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(HANSARD)

Monday, October 28, 2002

Speaker: The Honourable Peter Milliken

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HOUSE OF COMMONS

Monday, October 28, 2002

The House met at 11 a.m.

Prayers

● (1105)

[*English*]

BUSINESS OF THE HOUSE

The Speaker: It is my duty pursuant to Standing Order 81(14) to inform the House that the motion to be considered tomorrow during consideration of the business of supply is as follows:

> That, in the opinion of this House, government appointments of ambassadors, consuls general and heads of regulatory bodies and crown corporations should automatically be referred to the appropriate committee of the House of Commons for consideration, and that the relevant standing orders of the House of Commons should be amended accordingly.

[*Translation*]

This motion, standing in the name of the hon. member for Charlesbourg—Jacques-Cartier, is votable. Copies of the motion are available at the Table.

GOVERNMENT ORDERS

[*Translation*]

HEALTH CARE SYSTEM

Hon. Lucienne Robillard (for the Minister of Health) moved:

> That this House take note of the ongoing public discussion of the future of the Canadian health care system.

Mr. Jeannot Castonguay (Parliamentary Secretary to the Minister of Health, Lib.): Mr. Speaker, I rise today to participate in the debate on the future of the health system in Canada.

This is the second take note debate on this issue and that in and of itself sends the signal that this government is committed to dealing with the renewal of the health care system so that Canadians can continue to have timely access to high quality health care now and in the future.

Before I make my brief formal comments, I would like to thank Senator Kirby and the Senate committee for their contribution to the debate on the future of health care. Their report, "The Health of Canadians—The Federal Role", will be thoroughly analyzed and carefully considered as we move forward to renew our health care system.

The Speech from the Throne made it clear that the renewal of our health care system is a priority without compare. No issue, it said, touches Canadians more deeply than health care.

Our health system is a practical expression of the values that define us as a country. Our commitment , therefore, is to ensure a comprehensive system of care that remains publicly administered and universally acceptable. One that continues to be envied by the world.

In late November, just a few weeks away, the Romanow Commission will table its report on the future of Canada's health care system.

I want to assure all Canadians that, like them, the Government of Canada is anxious to get to the task of setting health care right for the future. The recommendations of the Romanow report, as well as those of the Kirby report, will undoubtedly assist us in our efforts.

With reports such as these and others, we can proceed with an agenda of positive change, ensuring that the views and values of all Canadians are reflected in our actions.

The Speech from the Throne makes it clear that health care renewal with our provincial and territorial partners is certainly one of our key priorities, but it is by no means the single area of focus.

Another issue that we will be focussing on is healthier living. I do not have to tell members of this House that increased physical activity, healthier eating and other preventive measures would translate to a better quality of life for all Canadians.

That is why, together with the provinces and territories, we will hold a healthy living summit next March. We will bring together all governments as well as experts and other interested parties to develop practical strategies for use in our urban, rural, and remote communities so that Canadians are given the information they need to lead healthier lives.

And the minister will be working with provincial and territorial colleagues to develop short, medium and long term pan-Canadian healthy living strategies that emphasize nutrition, physical activity, tobacco reduction and healthy weights, among other issues.

Our goal is to promote good health and reduce the risk factors associated with diabetes, cancer, and cardiovascular and respiratory diseases, and the burden they place on health care.

This government is dedicated to collaborative solutions to ensure that Canadians enjoy a healthier quality of life and a higher standing of health care.

[*English*]

Mr. Stephen Harper (Leader of the Opposition, Canadian Alliance): Mr. Speaker, I wish to begin my remarks today by asking why we are suddenly debating health care. Is it because the federal government is doing something about health care? The answer is no. Is it because the federal government has any new policy for health care? No. Is it because the federal government is announcing any new funding for health care? No.

In fact a representative of the government today barely spoke at all on health care. I am appalled. I wish no insult to the parliamentary secretary but the government called this debate on health care and it would have been appropriate for the Minister of Health to come here and begin this debate today.

Instead, all we got was a very brief lecture which seemed to concentrate mainly on the necessity that we all live more healthy lifestyles. This unfortunately is standard practice. This is the second take note debate we have had in the House, a standard practice of the government which, at critical times, wants to change the subject, indulge in rhetoric rather than action and engage once again on a critical matter in careful positioning: watch where all of the various opposition parties stand before taking a communications position itself.

We have seen this before. We saw it even last week. Since I became a member again in May we have had scandal after scandal and so last week suddenly an ethics package appears. It turns out the ethics package has nothing to do with changing any of the practical rules for the ethical standards of the Prime Minister and members of cabinet whatsoever.

We have the same thing with Kyoto. We have the Kyoto accord which is sinking fast. Today it was mired in provincial opposition at the conference in Halifax. We had this developing last week. There was lack of industry consensus and lack of a plan. Suddenly late last week we had a Kyoto package, although the Kyoto package of course provides no key answers to questions on targets or costs.

I would suggest that this particular manner of acting by the government is most dangerous in the area of health care where people are genuinely being affected by it. We have had nine years now of excessive rhetoric from the Liberals on health care and lack of action, which is genuinely contributing to the continual deterioration of our health care system.

Of course this reached a crescendo in the last federal election, and I will speak about this later, when the government attacked provinces that were trying to reform the health care system while offering no alternatives of its own. Much of this situation comes today because of the cutbacks that the government introduced in health.

I remind the House that the former minister of finance loves to take credit for the elimination of an over $40 billion federal deficit. We have never begrudged him that credit but he also must be frank about how he did that. Between 1995 and 1998 tax revenues rose $30 billion. In other words, three-quarters of the deficit was eliminated by taxes. Ten billion dollars was eliminated by a reduction in expenditures in which $6 billion came from a reduction in health care transfers to the provinces.

The record of the government in health care and in federal spending was that it cut in its own back yard on its own administration by 2%. It cut military spending and security by 20% and cut health care by one-third. These ratios are exactly the opposite of what every province did to balance their budgets, although every province ultimately managed to balance their budget.

As a consequence of this, according to data from the Organisation for Economic Co-operation and Development, today we have a health care system that ranks 18th in terms of access to MRIs, 17th in terms of access to CT scanners and 8th in terms of access to radiation machines. In terms of risk of death by breast cancer, for example, Canada ranks sixth among OECD countries. According to the Fraser Institute, across Canada total waiting time is high both historically and internationally compared to 1993. "Compared to 1993, the waiting time in 2001-02 is 77 per cent higher". Waiting time under this government has increased in all but one of the past eight years. Canadians deserve a much better health care system than that.

When the government came to power it was very common to hear Canadians refer to our health care system as the best health care system in the world. It is extraordinary now how seldom we hear that phrase spoken.

● (1110)

Before I move on to what we think is critical in health care, let me talk once again about the values that should guide us in the health care system. Whatever flaws our health care system has today, it is the only one we have and the only one ordinary Canadians have come to depend on it. In fact we were promised we could depend on it and persuaded to do away with most other alternatives.

Canadians are increasingly worried about the future of the health care system, which is one of the reasons I re-entered politics. Now that my wife Laureen and I have children we have had discussions over the past several years about our future, about planning our future and about planning our children's' future. We have had repeated discussions about some of the challenges we face and health care has come up a lot. My wife and I know we are at the end of what is called the baby boom and that by the time our critical health care needs develop health care will be well into a massive crisis unless something is done about where the system is going.

Where will ordinary Canadians go when we enter this crisis? The government has a monopoly on key health services. My wife and I and many other Canadian families have saved a lot of money for our retirement and other things, but not necessarily for health care. We thought we were paying tens of thousands of dollars a year in taxes toward a long term health care system. For most of us, unlike the Liberal elite in this country, running to the United States to get health care services is not an option simply because those services are expensive. They are expensive not just in absolute terms but expensive because of the policies of this government. With our dollar falling every year, anything purchased in the United States becomes more and more expensive.

What is important? Anyone who thinks about this should be very worried about this in the next 10 or 20 years. Anybody who thinks about this will need to ask some important questions. What is important about the health care system? What is it we are trying to preserve? What is it that we have to let go?

We will hear the Liberals tell us a number of things about the health care system and how important they are, but these often miss the point. They will talk about this as being a Canadian value, a nationalistic thing. They will talk about the public non-profit nature, about equality and about the fact that services are free. Let me address some of those issues because it is important that we have an honest debate.

First, is it really critical for us as individuals seeking health care that this system is Canadian, that somehow it defines the country and our nationalism? We are told this repeatedly by the Liberals and I know it is a popular view, but is it really true? My ancestors engaged in two world wars to fight for the values and freedoms of this country. They fought in those wars without a public health care system. I am not suggesting they did not want one. In fact, having public health care has been one of the benefits of winning those wars, preserving our freedom and moving our society forward. However, we did not fight wars to preserve the health care system. I would suggest that not many Canadians are willing to die for a health care ideology in a health care line-up. They may be willing to die for their country but they are not willing to die for the Liberal definition of the health care system.

When I talk about the health care system as a national value, I will speak specifically about the federal role in health care which has been particularly problematic.

Second, is the important thing about health care that it be public and non-profit? Contrary to a lot of Liberal rhetoric, the fact that our system is public is not what actually makes it terribly unique. For instance, even in the United States a majority of health care is provided publicly, not privately. The most recent figures I have suggest that roughly 69% of our health care is public versus 53% in the United States.

● (1115)

Most Canadians are shocked to learn, particularly with the deterioration in federal funding for health care, that the United States now actually spends more per capita on public health care than we do in Canada. All this spending should point out that while health care is non-profit in most cases in Canada, it is certainly not charity. It is an expensive business.

Do people care about how the health care system is delivered? I would suggest not. They care about whether they are getting treated or not. When we have a public system that increasingly justifies its monopoly through rationing, I must point out that this is having real impacts on ordinary Canadians with diagnoses, treatments and ultimately on mortality itself.

The third point is equality. Equality is an important value in our system and I must say that health care is more equally accessed in Canada than in the United States. That is an important value and one that we should continue to preserve.

However, health care is not equal in this country in any absolute sense of the word. I have already mentioned the fact that some Canadians, including the Liberal elite, can go regularly to the United States whenever the health care system fails them here, but not all Canadians have equal access to health care. Depending on where they live, their province, and whether they are rural or urban, some have superior access, as is the case in any publicly run monopoly. Those who are connected with its running have superior access.

Most important, public health care in Canada has never come close to covering all health services. Most Canadians have supplementary health care coverage. Some pay for it individually and others have it paid by their employers. The House of Commons has one of the best supplementary health care packages in the country. It is simply not available to average Canadian workers. We are fooling people if we think that somehow every Canadian gets equal access under our system.

Is it important that the system be free? First, let me be clear that no reasonable person believes that our health care system is free. We do not generally pay at the point of service, but our health care system is very expensive. It is very expensive and increasingly slow to deliver and hard to access.

The cost of our public health care system in 2001 was about $75 billion. Over $100 billion was spent on combined private and public services. It is not free. It is reflected largely in our tax burden. Our tax burden is too high. It is close to half of the disposable income of the average Canadian. In the U.S. the equivalent tax burden is only about one-third.

All those things may to some degree define our system, but if all of them are not what really matters or what should matter to people in our health care system, then what should matter? I would suggest two things.

First, that we actually get health care, that it be available. That is the single-most important thing and it tells us how ideological this debate has become when we have to remind people that health care be available, especially when we are sick. That means that health care must be patient-centred. It is the health of people that we must be concerned about and not as the Liberal government says, not as many of the invested interests of the health care system say, or so-called health advocacy groups say. It is the health of people that matters, and not the health of the system and those who work in it. That is our primary concern here.

Second, health care needs to be affordable. It is important that we can get it and that we can afford it. I would point out that affordability of health care is almost invariably delivered, whether it is publicly or privately, through insurance. Because of the nature of health care and health care expenditures which are unexpected and often large, it is almost always the case, with the exception perhaps of the extraordinarily rich, that health care must be delivered through an insurance program, whether public or private, and almost everyone requires health care insurance in this combination.

● (1120)

That does distinguish Canada, to some degree, from the United States. We have, as do most advanced industrial countries, a universally available public health insurance system. The United States, notwithstanding its large public expenditures on health care, has no such program. This is a system that this party supports. This is a principle which we will always defend and on which we should build.

However, what is important is that all Canadians get necessary, timely service regardless of financial means, that we do not saddle ordinary people with enormous bills for catastrophic health problems or, on the other extreme, provide them with a system that is so monopolized and rigid that they cannot get health care at all, regardless of these principles. The tax burden of doing this and providing this should crush neither our individual pocketbooks or our economy.

In this regard, what are the key challenges that our health care system faces today? First, what must we do about the availability question? This party has been clear. We must support efforts of the provinces and others to ensure that we have greater choice in health care delivery mechanisms.

Several provinces are involved in pushing for alternative private delivery, even on a profit basis. This is a natural development. In a properly functioning system, profit is the reward that businesses obtain for making substantial, long-term capital investments. One of the problems, given the nature of a government or a non-profit model of anything, particularly as we have seen it in our health care system, is the tendency to under invest in the long term.

This is a serious problem in this system. We have continually, progressively under invested in the development of health care professionals and we have under invested in capital equipment and purchasing, particularly as this system is becoming more capital intensive. That is a key reason why it is deteriorating.

Before the Liberals jump to their normal rhetoric, let me be clear that when the provinces today, which are talking about private delivery, talk about it, they are talking about private delivery options covered through public insurance mechanisms. The federal government, the Liberal Party, has been playing games opposing this, sometimes opposing it strongly, sometimes opposing it not so strongly. It is playing games with the health of Canadians, playing games with the efforts of the provinces and others to ensure that this health care system is properly funded and properly invested in for the long term.

During the last election, for example, this was particularly bad. The government attacked the provinces, especially Alberta, and has since attacked Quebec and has made not so subtle attacks on Ontario for all the same reasons, for trying to broaden private delivery of publicly insured health services. The government has repeated and has a rich record of rhetorical excess when it comes to this area. There is no better example of this approach than what happened in Alberta prior to and during the last federal election.

The Alberta government introduced the health care protection act. This act was introduced in the Alberta Legislature March 2, 2000. I want to make it clear what this act did because we would not know it if we listened to representatives of the government. This act banned the operation of full service, private hospitals. It banned queue jumping for medically necessary services, as well as charges for those services. It set out strict patient protection rules for the sale of enhanced services, services outside the medically necessary definition provided in the Canada Health Act.

The one change in this act by the Government of Alberta was to allow alternative delivery of health services. It provided for surgical facilities, whether public, private or non-profit, to receive public funds to deliver such services to Albertans. It did not change how Albertans received health care. They still require only their provincial health care card. It simply changed the way health care was delivered. I would point out that even the World Health Organizations has stated that the ownership of a health facility should not matter, what does matter is control, sanction and regulation by public bodies.

● (1125)

The Alberta reforms were modest. They allowed for surgical services to be delivered outside the public monopoly system. Yet despite their modesty and the sensibility of the reforms, a mere eight days after the bill was introduced, the federal government cranked up its rhetoric about this development.

On March 10 the federal government, in the form of the former health minister, did the equivalent of a drive-by shooting by delivering a speech in Calgary. He did this without first talking to the Alberta government and without letting it know he had concerns about the bill or acknowledging what Alberta's health care protection act actually had. What he did is he gave a speech. It was not a private talk. He gave a public speech in which he implicitly suggested without any evidence that the delivery of health care outside of existing public facilities threatened the system.

He made sure that this overblown rhetoric was nationally televised. He gave the media advance notice of this address more than he gave the Alberta government. He hand picked the audience. He ensured it was filled with the fearmongers about the health care system in Alberta, the Alberta Liberal Party and also the union backed friends of medicare. Then he sped away from the drive-by shooting without so much as a phone call to his Alberta counterpart to lay out his case. He even refused to provide a copy of his remarks to the Alberta government for three days.

The rhetorical excess of this speech, the refusal to work with the provinces, the imposition of a centralized view of health care from above has not been an isolated event. I could go through example after example of this with regard to various provinces on various issues over the last three years.

Let me point out that only as recently as this September, at a federal-provincial health minister's meeting, and later when the Alberta government made some additional announcements on new facilities, the present health minister was attacking and raising fears about the development of private health facilities within the public system. The position of the government is clear. Both the current and former health ministers have opposed the idea of allowing private firms to deliver health services even when that delivery means no additional charges to Canadians.

I have spent much of my time talking about alternative service delivery within the single pair system. I do so because this is the direction most provinces are moving in. It is a direction the government opposes. It is a direction that we support.

A government monopoly is not the only way to deliver health care to Canadians. Monopolies in the public sector are just as objectionable as monopolies in the private sector. It should not matter who delivers health care, whether it is private, profit, non for profit or public, as long as Canadians have access to those services through the public insurance system regardless of their financial needs.

We are going to have to become a lot more innovative and flexible in how we deliver health care while holding fast to the principle of universal access regardless of ability to pay.

On the affordability of the current system we have the Senate Kirby committee and we expect to have the Romanow commission soon urging that we spend more money on our health care system. We believe that is necessary. We have allocated, in our own draft budget documents, money for additional health care expenditure. We believe that is important, and I will not get into all the considerations today, provided there are careful considerations and we work with the provinces to ensure that these funds are used efficiently.

The Kirby committee and we expect the Romanow commission will go much farther. They are suggesting not just that we need more money but that we need more taxes as well to pay for health care. Let me make it clear on behalf of every member of this party that this is absolutely unacceptable.

The tax burden in this country is too high. It must fall for this country to be competitive, and for Canadians, whether through private or public facilities, to be able to access health care. The government must adjust its priorities to make health care a higher one.

For example, I just cannot help mentioning the money spent on Groupaction and Groupe Everest and all these friends. Is the sponsorship program as important to this country as spending additional money on health care?

● (1130)

I will say again that this is a government that is out of control in its general spending. In the past three years, under the former minister of finance, the government has raised program spending by over $25 billion. Only a portion of that, contrary to mythology, has gone to health care.

I was just looking at the public accounts report for 2001-02. Last year of the over $7 billion in additional spending, less than $3 billion went to fund additional health care expenditure. The question I need to add here is this. Given the way the federal government does it, are those additional infusions of money really even very effective?

This is the final point to which I want to get. Independent of the difficulties I have with the Liberals and some of their individual decisions in the health area, we have serious reservations of whether this is a party opposite that can ever really deal effectively with the health care problem because of the nature of the party's philosophy, in particular the nature of its attitude toward the federal structure of the country and toward the provinces.

It is significant that once again we are engaged in a grandstanding debate here. Literally the government says “Let's talk about health care” but it has no position whatsoever to deliver. We have had three national studies, two that are now completed and one that is ongoing, yet no meaningful proposals from the government. In fact, after 30-some years of federal intervention in the health care area, there remain no real national standards of what constitutes even core or medical services. Instead what we have and have always had is a constant painting of the provinces, which deliver the system and must improve the system, as somehow the enemy of the health care of Canadians. Of course today what we ultimately have over this period is the federal government using the basic fiscal imbalance that we have in the structure of our federation to score political points against the provinces.

● (1135)

[*Translation*]

The problem is the Liberal government's philosophy. The Liberals have always wanted to centralize all powers and decision making in Ottawa. In their view, while the provinces may be an administrative necessity in such a large country, they are also a nuisance. In our book, the Liberals have never been real federalists. They are centralists.

For example, we will remember that recently, and in the last federal election, this government attacked those provinces which had undertaken a comprehensive reform of health care, Alberta and Quebec in particular, provinces which were trying to attract private investment to the health system. The Liberals contended that there was nothing fundamentally wrong with Canada's health care system. That is their philosophy.

Following the election, recognizing public concerns about rising health costs and the deterioration of health care, the Liberals established the Romanow commission, which toured the country for two years at a cost of millions of dollars for a study in an area of provincial jurisdiction. Just weeks before submitting his report, what is Mr. Romanow telling us? He is telling us that there is no problem with the health system, except perhaps for some lack of funding and confidence.

Our party, the Canadian Alliance, must tell the truth to Canadians and Quebeckers. Our health care system is experiencing serious long-term problems. We can inject more money into it. We advocate this, but money alone will not solve the problem. The federal government must recognize that the health care system is first and foremost a provincial responsibility, that it was the provinces that established the system, that run it, and that, in the end, must solve the problems that are plaguing it. It is the Liberal government, it is the Liberals, who messed things up all along, who never kept their promises for funding, who reduced health care funding to balance the budget. They are the ones who are preventing innovation and blaming the provinces for their own failures.

We saw it again recently, when the former Minister of Finance, he who made drastic cuts to provincial transfers, attacked the Action Démocratique du Québec simply because it was suggesting new policies.

Mr. Dumont's ideas are somewhat different from ours. However, his ideas must be discussed by Quebeckers in the debate that is taking place in their province. It is not up to a leadership candidate for the federal Liberal party to decide, a candidate who, more importantly, is the one who created these problems.

A number of provinces are currently trying to cope with the problem by attracting more private investment into publically insured services. The federal government must support this initiative. Ever-growing waiting lists are unacceptable. Regardless of who is providing the health care services, what matters is that Canadians and Quebeckers have access to these services, regardless of their ability to pay.

[*English*]

The hon. member for Yellowhead, our health care critic, and others will speak at greater length today about some of our concerns in the health care area, our reaction to some of the proposals that are on the table and where we think the country should go.

I just want to end here by summarizing what I have talked about today. What I have tried to outline is the contrast between how the Canadian Alliance approaches the health care system and how the Liberals have approached it. First and foremost, just as a general phenomenon, the Liberals engage repeatedly in grandiose rhetoric aimed at generating headlines or diverting headlines from other subjects, headlines that hide the deeper reality that they have done nothing to address the health concerns of ordinary Canadians. This contrasts with our approach in addressing health care in a way that deals with the health concerns of average Canadians, the kind of average Canadians who fund and support the Canadian Alliance.

Second, when it comes to availability, the Liberals have and continue to oppose alternative service delivery for health care by making grandiose claims that this will somehow destroy the public medicare system. This contrasts with our support for provinces that are wishing to find alternative methods of delivering health care, to shorten waiting lists, to improve service and to reduce costs, while ensuring that Canadians have access to insurance services using only their provincial health care card.

Finally, when it comes to affordability, the Liberals engage repeatedly in grandiose rhetoric about the dollars they have spent or the dollars they will spend on health care. Of course the reality is that what they really want is new taxes to deal with health care because they simply cannot control their spending in any area whatsoever.

The reality of course is that after all this spending the Liberals do across the board, health care spending at the federal level is still actually below what it was when the government took office. Instead what we have is the Liberals pursuing this in a way that hampers efforts at reform in a key area of provincial jurisdiction. This contrasts with our approach of accepting the diverse nature of the country and accepting the positive leadership that the provinces have provided historically and are trying to provide now ensuring that Canadians have strong accessible health care services provided in a timely manner.

This party wants to work cooperatively with the provinces in this manner. There is no more important concern that ordinary Canadians have than receiving health care in a timely and accessible way. That is what we will continue to do. We will continue to challenge the government to stop this shameful charade of raising health care, attacking the provinces and, as it has done today, providing no solutions whatsoever.

● (1140)

[*Translation*]

The Acting Speaker (Mr. Bélair): Beginning with the next speaker, speeches will last for 20 minutes and will be followed by a 10 minute period for questions and comments.

[*English*]

I would ask your cooperation also in indicating to the Chair if you will be sharing your time. It would greatly help us better manage this very important debate on a very important issue.

[*Translation*]

Mr. Réal Ménard (Hochelaga—Maisonneuve, BQ): Mr. Speaker, it goes without saying that I will use my 20 minutes, and more if the House gives its consent. This take note debate initiated by the government is an important event, because there is no greater priority than health care and its availability.

I would like to mention a number of historical facts to help clarify the situation in which we find ourselves. In 1984, the Liberal government was about to lose power. This was a washed up government, overtaken by events, plagued by patronage and bad budget decisions. The result was that Canada found itself faced with an anticipated budget deficit of several millions of dollars.

What is often overlooked is the fact that, during the last year of its mandate, the Liberal government—under then Minister of Health Monique Bégin—introduced a bill which became a very important piece of legislation, namely the Canada Health Act.

Of course, this bill could not have been introduced if the federal government had stayed within the strict confines of the respective jurisdictions of the two levels of government. We all know that the federal government cannot get directly involved in the delivery of health services, except in the case of aboriginals, penitentiaries, epidemics, quarantines, drug certification and its logical corollary, drug licensing.

In 1984, the federal government, on the advice of the Privy Council, which is often said to be Canada's largest department of political science given the scope of its resources, used its spending power has an excuse to introduce a national health act. This sparked a more or less general outcry.

Even in Ontario, doctors went on strike for days because they feared that, under this national health legislation, they might be restricted in their ability to organize their work.

The Canada Health Act established a number of guiding principles to direct the way the provincial governments would organize the health system. This is why the majority, if not all of them, were opposed to the legislation. In this House, however, in 1984, all parties supported the Canada Health Act, including the opposition—Brian Mulroney had just come into power. I do not, of course, include the NDP here, as we are all aware that its approach has always been centralist. In short, all opposition parties, including the one now in government, were in favour of the National Health Act.

To recap briefly, this act encompassed five principles. There was to be public administration. There was to be comprehensiveness, in other words the provincial or territorial health insurance plan had a duty to cover all insurable health services. There was to be a specific minimum of coverage, or comprehensiveness. Then, of course, there was universality, which continues to be discussed to this day. There was the principle of portability, which implied that we were part of a common market as far as health was concerned. By virtue of his mobility, a person in Alberta, Saskatchewan or Quebec was supposed to have the same coverage. This, of course, was the principle of accessibility.

At that time, with the debates in the House of Commons, there was confirmation and reaffirmation of the commitment made in 1957 and again in 1961, when the federal government passed the legislation on health insurance and on hospital insurance.

● (1145)

It is important to recall that at that time the federal government made a commitment to be a partner and pay 50% of health care costs. That is the irony of the situation in which we now find ourselves.

There have been a number of commissions of inquiry by the federal government, by the Senate, the other House; there have been several studies, such as the report of the Romanow commission that is expected at the end of November. We have been asked to reflect on how the health care system should be reorganized. I do not mean to suggest that this should not be done, and I will come back to this later before my time runs out, but we are sidestepping the most fundamental fact.

That fact is that the government with the most resources, the federal government, the government which made promises in the past to cover 50% of health care costs, has completely, or almost completely, backed out of this promise. In what can only be described as a betrayal, it has broken its past promises and it has gotten away with it.

When the debate took place in 1983-84, the federal government was a significant partner in health care funding. Today, the situation is so troubling that all of the premiers, from Bernard Lord—I do not mean to bring up bad memories for the Tories—in New Brunswick, to the New Democrats in Saskatchewan, including the government of British Columbia, and the sovereignist Government of Quebec, have formed a coalition. They have mounted a campaign, with ads running on television almost every day, to remind people of the extent to which the federal government has backed out of its commitments.

Do members know how much the federal government is investing? For each dollar spent on health care, the federal government's contribution amounts to 14¢. For every dollar spent, the federal government's contribution is only 14¢. It is incredible. The federal government has a surplus of $6, $8, $12, $15, or $18 billion, yet it is unable to honour commitments it made in the mid 1980s.

I do not mind commissions of inquiry, to reflect on the issue of health care and how to solve the problems and how to reorganize it, but I think we must remember the following three facts.

First, as we speak, seven of the ten provinces have already set up commissions of their own; they have done a diagnosis of their environment and are well aware of the main challenges facing them in coming years.

In the years since 1996, Nova Scotia, Prince Edward Island, New Brunswick, Ontario, Saskatchewan, Alberta and Quebec have conducted their own commissions of inquiry. They have themselves done a diagnosis of their environment and are fully aware of what major changes lie ahead in health.

Before discussing the substance, let us look briefly at these major changes affecting health. Regardless of who is in power in the various provinces, some things are certain. For one, people grow old; our population is aging and people are living longer. Today, we are no longer talking about the old, but the very old.

In our ridings, it is not unusual to meet people who are 80, 85 or 90 years old and who are in relatively good health. But this puts considerable pressure on the health care system.

My friend, the hon. Parliamentary Secretary to the Minister of Health, is himself an internist, if I am not mistaken. This brings me to what the main pressures on the health care system are. People are living longer and want to stay in the community as long as possible.

● (1150)

This is the whole challenge of primary care, natural caregivers and home care. So much so that, at present, with the great pressures put on the health care system, it is matter of figuring out how to reorganize care to allow people who, again, are living to be not only old but very old, to remain in their natural communities. The information required to manage these situations is available.

We will recall that, in its 1998 budget, the federal government established three funds, one of which was for the acquisition of new medical technologies and another for monitoring the evolution of the health care system. It is within this fund that, on the basis of the expertise they had and the work of the task forces they had set up, most of the provinces identified the major changes that lie ahead. Home support is a very important issue.

The second—and not the least—challenge we face is the advancement of medical technology. Equipment and facilities are evolving so quickly that there is a new generation of equipment every three years on the average. Of course, these are what help provide care and extend life expectancy, so that a number of sicknesses that were fatal fifty years ago have been conquered and are now chronic conditions instead. Medical technology has, therefore, a major role to play.

The acquisition of new medical technology has, however, meant that now forecast investments are not in the thousands or millions, but billions. Where cardiovascular disease alone is concerned, we have the possibility of prolonging people's life expectancy, but often at a cost of $800,000 to $1 million per person. That is what we have to deal with. We are confronted with the cost of medical acts that have to be performed by specialists.

After the challenges of extended life expectancy and medical technology, we have a third challenge: a whole new generation of drugs. There is no longer any question of reopening the debate on generic versus the patented drugs.

Let us not forget that, last year, the House passed a bill that was the result of the ratification of a treaty. Since Canada is a member of the Council for TRIP, or Trade-Related Aspects of Intellectual Property Rights, this means that some things are now illegal. Canada would be in violation of the treaty if it did not provide a 20 year protection for all patents. This is true for patents that relate to copyrights and to the pharmaceutical industry. So, this is now a moot point. Canada cannot amend its legislation.

I was a member of the Standing Committee on Health when it reviewed the Patent Act, in 1997. I was also there when the legislation was reviewed in 2000. We can no longer think that Canada can reduce its protection for patents. Three factors must be considered, namely the increased life expectancy of people, the new medical technologies and the new drugs.

For example, let us look at hospital budgets. When I meet with hospital administrators, the first thing they mention is that the issue of drugs impacts on the pressure that contributes to the operating deficits of hospitals.

The debate that will have to take place in the House will have to deal with pharmaceutical companies that do research. Of course, I am not denying that it is a major investment. I am convinced that the Secretary of State for Amateur Sport is aware of that, because he runs and he is in good health. In fact, I would like to challenge him. I would be pleased to go for a run with him whenever it suits him. Mr. Speaker, I run half an hour every day and I am in relatively good shape. But let us not forget that some our fellow citizens need drugs.

An hon. member: Let us go for a walk on the Hill.

Mr. Réal Ménard: Let us go for a walk on the Hill. I am taking the Secretary of State up on his offer and I also invite all members of Parliament to practice some sport, because exercise is important. It oxygenates our system and it improves blood circulation, not to mention of course that it also helps eliminate some of the fatty tissues that, all too often, is present on the abdomens of some hon. members.

● (1155)

Back to the heart of the matter, the real issue that needs to be looked at. New drugs are very costly when they hit the market, and it is no simple matter. The Patented Medicine Prices Review Board, whose report I read every year, lists new drugs that have been registered and that are available. It is really quite easy for pharmaceutical companies, through their advertising people, to promote these drugs, yet there are very few new drugs with new therapeutic value. That is where we have a problem, as a society. Consumers want these new expensive drugs, but their therapeutic value is in reality far below that of drugs that already exist.

The debate should not be over how long patents should last. There must be a mechanism that gives us some guarantees, as parliamentarians, that when drugs are registered, they have new therapeutic value. This is how to put pressure to bear to obtain new drugs. Drugs, as a budget item in the hospital operating budgets, make up an extremely large share of expenses.

We know what to expect when it comes to health care systems. The Romanow commission will not contain anything new on the subject. This is not to say that we should not give some thought, as a society, as to how to reorganize the health care system. Of course, we should.

I recently had the pleasure of meeting with the minister of health, Mr. Legault. The Parti Quebecois really does provide excellent government for Quebeckers. The government has concerns, which need to be given some thought. For example, in a society like Quebec, there are 5,000 general practitioners, but only 1,000 of them work in emergency rooms.

Obviously, it is up to the government to ensure that emergency rooms are open 24 hours a day. That is the role of the government. However, if the Government of Quebec is to be able to carry out its responsibilities, the federal government will have to come up with some cash.

Let us be clear. All premiers are demanding—there is no ideological split here, and no partisanship—that transfer payments be restored to their 1993-94 levels. For health, this would mean at least $5 billion more.

With respect to the accumulated deficit, in Quebec alone, the cuts made by this government in health in 1993-94 have deprived the various health and finance ministers in the Quebec government of at least $3 billion. This is for health alone, to say nothing of income security or education. For health alone, there is a $3 billion shortfall when the provinces and the Quebec government have to plan the services they will be providing to the public.

What do we know? The finance ministers gave a mandate to a task force, whose report was released two years ago. If it wanted to provide citizens with exactly the same services in 2003 as in 2002, the Government of Quebec would have to increase its health budget by 5%. This trend will continue beyond 2003. It will continue in 2004, 2005, 2006. You can imagine the challenge it will pose for the provinces.

I cannot have only one minute left; I have not said half of what I wanted to say. I am confident I will have consent to continue.

Five percent, that is where the pressure comes from and by how much the budget will have to be increased. Quebec is investing $17 billion in health.

If this take note debate we are having today is to be meaningful, it would seem to me that it should result in a consensus to urge the federal government to agree with the analysis of all premiers, who are putting ads in newspapers and on television asking for the purse strings to be loosened. We do not need a new tax. There are constant surpluses.

Is there unanimous consent to allow me to continue for 10 minutes? Could you please check, Mr. Speaker?

● (1200)

The Acting Speaker (Mr. Bélair): Indeed, we can ask. Is there unanimous consent for the hon. member for Hochelaga—Maisonneuve to continue to speak for another 10 minutes?

Some hon. members: Agreed.

Some hon. members: No.

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, today we are discussing health and the problems in each province. Last week, I myself asked a question on this subject here in the House. That question triggered a general reaction in the Bloc. My reference to Minister Legault was what triggered the reaction.

I was making reference to Minister Legault's reaction as reported on Radio-Canada, that there had been no complaints about private clinics renting out operating rooms for $350. He said that he would take action only if there were complaints.

What I would like to know is if the member agrees with acting only if there are complaints or reasonable doubt that the law is not being complied with, particularly in the private system. I believe the Bloc Quebecois does not support the existence of a private health system, or at least that is my impression. The hon. member could perhaps enlighten me on this.

There is also the matter of responsibility for making sure this does not happen in the provinces, and not only in Quebec. It makes no difference whether it is New Brunswick, Alberta or Ontario, the provincial government is responsible for being the guardian of our health system. It is not just a matter of waiting until there are complaints and of letting the rich take advantage, as they are doing at present.

● (1205)

Mr. Réal Ménard: Mr. Speaker, I would respectfully ask the hon. member to mind his own business, in three ways.

The Quebec government will decide how it delivers services in its own jurisdictions. It is not something for this House to decide. As an individual, I can say that I do not support the privatization of the health system. Having said that, 30% of the services in Quebec are already delivered by private stakeholders, under a relatively loose partnership. This is partly because the federal government has pulled out; in some cases, it is for reasons of convenience.

We can discuss this. I hope that the services will be public services when it comes to diagnosis, treatment and everything that is related to palliative care and primary care.

We can have a societal debate on this. For example, must laundry services absolutely be fully paid by the state, under a cumbersome organizational framework like the one we know? I think we should be open to other options.

The hon. member's question is surprising, because we know what this government and all its predecessors have done in their own jurisdictions. The hon. member should ask questions on what the federal government has done regarding health and the aboriginals. He should ask questions on health in penitentiaries, or on the national drug strategy, which was a dismal failure. The federal government should properly shoulder its responsibilities and the provinces will look after their health system, as is their prerogative under the Constitution.

[*English*]

Ms. Alexa McDonough (Halifax, NDP): Mr. Speaker, I want to say how pleased I am to have the opportunity to speak today on this take note debate on health care, although I think the traditional manner in which we express the resolution supporting a take note debate is rather feeble and is inadequate to the challenge that is before us. I just briefly remind all members that the resolution coming from the Minister of Health reads:

> That this House take note of the ongoing public discussion of the future of the Canadian health care system.

Feeble and inadequate, to say the least, and I would be a lot happier if we were here today debating a resolution which very clearly expressed the urgency of every member of the House and every party represented in this House to nurse back to a state of health our health care system, the health care system that is the promise and the true benefits of a public, not for profit, comprehensive, universal health care system that Canadians need.

The member for Acadie—Bathurst will be sharing my time and I am very happy to do that. I listened to the question the member for Acadie—Bathurst put to the Bloc member who just spoke. I found it absolutely astounding, and I have to say deeply distressing, that the response of this Bloc member whom I generally admire for his progressiveness was to say to the member for Acadie—Bathurst to mind his own business, not to criticize what the Péquiste government in Quebec is doing on health care, and to only put the challenges to the federal Liberal government.

I have two responses to that. One is that it is precisely a question that is pointing out the weaknesses and inadequacies of what the federal Liberal government is doing on health care, because it is not taking seriously its responsibilities to enforce the standards of the Canada Health Act as it relates to privatization. Second, and I guess the reason I found that response so astounding from the Bloc member, was that in his retort to the member for Acadie—Bathurst he revealed how similar the view of his party is to that of the Canadian Alliance, by basically saying that what happens to health care for people all over this country is not the shared concern and responsibility of every member of the House.

I could not believe my ears when I heard the leader of the Alliance Party, the official opposition, stand up and say basically that people do not care where their health care comes from, they do not care how it is funded, they only care that an individual Canadian, when he or she is sick, is going to get the health care, period, which again shows that it completely lacks an understanding. Yes, individual Canadians, when they are sick, need and deserve health care and of course they are very upset when they are not getting it, but there is a fundamental Canadian value, one that was rejected by the Bloc member in his question, one absolutely rejected by the Canadian Alliance leader in the House today, which is that Canadians care about health care for themselves, but they also care deeply about Canadian health care for their neighbour.

That gets to the real question about the crisis that our medicare system is in. It is not an exaggeration to say that medicare in the country today is at a crossroads. We have a fundamental decision to make about the kind of health care system that we want in the 21st century.

I think that all Canadians are very concerned about the report that is to come from the Romanow commission, not from the backrooms or the inside of the Liberal Party or from a Liberal Senator but from a royal commission that has been given the mandate to go out across this country and invite Canadians' input. I think that Canadians are very concerned about ensuring that this report is given the weight and the careful attention that it desperately needs. Canadians deserve to make this decision about the future of our health care, both on the basis of shared values, which the opposition leader has rejected, and on the basis of solid information.

● (1210)

We have seen too many scare tactics and this has had the effect of stampeding Canadians toward extreme solutions and solutions that have no place in this debate, as we heard this morning.

It is remodelling, not demolition, that should be our watchword. The evidence is clear and convincing. Canadians strongly believe in the fundamental tenets of medicare. A single payer, public not for profit health care system does not solve all the problems because we decide to create that. However it does create the conditions, the possibility, the potential for Canadians to receive the health care they need when they need it, regardless of wealth or privilege and regardless of where they happen to live.

Health care in recent years has fallen short of the goal for far too many Canadians. Starved through cutbacks, Canadian health care has been ill-equipped to grapple with the challenges of increased costs, partially as a result of excessive drug patent protection, but also as a result of medical and technological advances. The result is an intolerable and growing burden, both on patients and on those who care for them.

I could not believe what I heard from the Canadian Alliance member when he said that the health of the system was not a problem and that we were not talking about the health of those who provide the care. Those are critical elements of a universal not for profit system. What does the leader of the official opposition think the health care system is other than those who work in it to prevent ill health and to provide treatment when people are sick and to bring them back to a state of health? Something has to change.

The interim report of the Romanow commission outlined four possible paths for medicare. Let me reiterate that the New Democratic Party of Canada believes that the first two of those paths would lead backward, not forward. They would lead back toward the very for profit health care system that made medicare so necessary in the first place.

Behind the friendly rhetoric of private sector choice lies the simple reality that for profit health care offers less care at a higher cost than public health care. Public sector health care dollars should go to health care, not to marketing campaigns, not to investor relations, not to mergers and acquisitions of health corporations and not to profit. Real world experience backs that up.

In Alberta waiting lists and costs for cataract surgery are greatest wherever private clinics dominate. In the United States for profit dialysis centres, patient death rates are 20% higher than in not for profit centres. U.S. health administration costs are more than double those in Canada. The failure of for profit health care is echoed in efforts to shift costs onto patients and their families. We believe that those efforts are blatantly unfair. They amount to regressive taxation and they hit hardest at those who can least afford them.

Evidence has shown that as well as being unfair these initiatives just do not work. Singapore's experience with medical savings accounts has been a disaster. User fees are no more successful in controlling costs. They discourage lower income patients from seeking the treatment they need for a minor ailment until it becomes a major expensive one.

It is critically important that we not give up the dream for universal, comprehensive, not for profit health care, a system of public health care that calls up among all members the requirement for courage, leadership and vision. It is important that we get on with ensuring that we have a comprehensive system that not only deals with people's illnesses, but also deals with the kind of preventive measures that can only be assured if we recognize the fact that it is the responsibility of government to create a system of health care that will address the need for prevention as well as for treatment for people when they need it, wherever they happen to live, whether they live in a province that is mean-spirited and tight-fisted or a province that understands that priority should be given to health care. We need national standards that will ensure that each Canadian gets the health care they need regardless of where they live. It is everybody's business to be concerned about that issue.

● (1215)

[*Translation*]

Mr. Réal Ménard (Hochelaga—Maisonneuve, BQ): Mr. Speaker, I was a little saddened as I listened in the lobby to the comments by the leader of the New Democratic Party, which suggested a parallel between the position of the Bloc Quebecois and of the Canadian Alliance. I must point out to her that this is a rather ill-advised comparison.

I want to ask her if she agrees that the whole organization of health care should be the exclusive and undisputed prerogative of the provinces. Does the hon. member agree that the centralizing vision of her party is completely outdated and that it definitely has something to do with the small number of people who vote for her party?

I attended the NDP convention, where I was welcomed because I have many friends in that party, and I must say that it is time NDP members realized that their views are even more centralizing than those of Mr. Trudeau. These views are totally outdated.

[*English*]

Ms. Alexa McDonough: Mr. Speaker, this is not a question of centralizing health care. This is a question of recognizing that every Canadian, regardless of where they live or regardless of their financial circumstances, should be assured that health care is there for them when they need it.

I did not say lightly how disappointed I was when the member attacked the member for Acadie—Bathurst for sticking his nose into what is happening to health care in Quebec. My point again is we have in the House a party and an official opposition that basically does not take the view that government matters. When it comes to issues such as health care, far too often we have a party in the form of the Bloc that basically says that it is not Canada's business what happens in Quebec.

I am say that it is not a matter of centralization. It is a matter of having a health care system that is universal, that has standards to be met and that those standards will be enforced when they are violated, whether it is by a Quebec government, an Alberta government, an Ontario government or by any other government.

Yes, it is absolutely true that health care is the mandate and the domain of provincial governments. I do not think there is an individual in the province of Quebec who would take the view that they do not care what kind of health care is available elsewhere in the country. I think we will only create a health care system that is truly there for Canadians when we have national standards and when we recognize that the system can only be made to work if the federal and the provincial governments work together around those basic standards and to ensure the kind of health care funding from the federal government that is necessary if the dream of a universal system it to be realized.

● (1220)

Mr. Dale Johnston: Mr. Speaker, I rise on a point of order. Discussions have taken place between all parties and I think the Chair would find that there is agreement, pursuant to Standing Order 45(7), to further defer the recorded divisions scheduled for 3:30 p.m. on Tuesday, October 29 until the end of government orders, Tuesday, October 29.

The Acting Speaker (Mr. Bélair): The hon. member is saying there is agreement among the parties, therefore the vote is further deferred to Tuesday, October 29, 2002 at 6:30 p.m.

Mr. John Williams (St. Albert, Canadian Alliance): Mr. Speaker, the leader of the Canadian Alliance pointed out this morning that our party is committed to ensuring there is a universal health care system available to all Canadians. The Liberals say the same and I hear the NDP say the same thing.

The point is this. How will we ensure that we can deliver universal health care to all Canadians when they need it? I listened to this rant about how other countries can or cannot do it and how they do or do not do it.

Since the leader of the New Democratic Party seems to be so totally wedded to this government centralized concept of delivering health care, the only thing being a government monopoly, will she recognize that we have basically three issues?

First, we can continue to see health care decline under the way she is proposing. Second, we can raise taxes the way the Liberals are proposing. Third, we can be innovative and allow perhaps some private money into the system, as Alberta has proposed, to ensure that health care is available universally at no cost to all Canadians.

Ms. Alexa McDonough: Mr. Speaker, first, the reality is that these are weasel words for the Alliance to talk about the government monopoly on the provision of health care. Second, it is a total distortion of what I said when he suggested that I was talking about the federal government delivering health care. Neither of those things are true.

What it comes down to is recognizing that every bit of research evidence indicates that it is a poisonous prescription, that it is snake oil, to say that we should adopt the system that Alberta is pushing, that Ontario is busy implementing and that absolutely is aping and mimicking the worst features of the American health care system.

Canadians value a public, not for profit system. The Alliance leader is dead wrong when he says otherwise. To misrepresent our health care system as a federally delivered government monopoly is just nonsense. I cannot describe it as strongly as I would like because I would be in trouble with parliamentary language if I did.

[*Translation*]

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, it gives me great pleasure today to speak on the issue of Canada's health care system, to have the chance to say a few words on the subject.

First, I was somewhat disappointed, earlier, when the member for Hochelaga—Maisonneuve told me to mind my own business. As a Canadian, I think this is my business; as a citizen, this is my business. No one in this House will silence me when it comes to this, as long as I am alive.

Last week I asked a question that I felt was important. Whether it is Nova Scotia, New Brunswick, Quebec, Ontario, Manitoba, Saskatchewan or Alberta, when a government violates the Health Act, be it British Columbia or Prince Edward Island, I will not shy from asking a question of one of its partners, the federal government.

It is unfortunate when one of my colleagues tells me to mind my own business. It is a unfortunate that a colleague would stoop so low.

I would like to repeat the question that I asked last week here in the House, and I quote:

> Mr. Speaker, it was reported on the news, on Radio-Canada, that some private medical clinics in Quebec are renting out operating rooms to health professionals to perform surgeries. A total of 11,000 surgeries have been performed in violation of the Canada Health Act. The Quebec health minister says "If there are no complaints, I am not taking action". They do not care about the act.

Am I doing something wrong by standing in the House today to say that we have a partnership between the federal government and the provinces, not centralization, but a partnership where both pay? Does the hon. member think I am here to commend the Liberal government for paying its share? No way. It is impossible to have adequate health care for Canadians with a mere 14% contribution. The government needs to pay up its share to the provinces, which is 50%.

I certainly will not argue with you that the federal government is contributing its share. It is not. However, when I hear that it makes no difference if a province violates the act, and that it will wait for a complaint before taking action, I do not think that is right. Nor do I think it is right when a member of this House defends that position.

Last week, when I asked a question in this House, the member for Rivière-des Mille-Îles shouted "Get out of Hull". I am renting an apartment in Hull. I am living in Hull. As I say "My home is in New Brunswick, my work is in Ontario and my bed is in Quebec". I am proud of that.

Besides, I am just as entitled as anyone else to speak of what is going on in Quebec. I have a daughter who has been living in Quebec for years. I have a grandson living there. I love my grandson and I would like him to have a good health care system. It does not matter where he lives in Canada.

I find it shameful for someone to rise in this House this morning to tell me to mind my own business. This is my business and I am minding my business. I have a sister-in-law in Lévis who has a brain tumour. She has not had her hair washed in three weeks. It is my business to discuss in this House the ill health of the Canadian health care system.

It is my business if back home, in our rural regions, we are not getting the services we need because the federal government is not putting money where it should, that is into the health care system.

The Canadian Alliance is prepared to put a private system in place; in Alberta, the Progressive Conservatives are also headed down the private health care road. In the U.S., we know what their experience was; a private system is very expensive. There are large companies making their money on the backs of patients. I think we should be able to have a public system that can be monitored. We should organize it so that we have a public system that is even less expensive. Instead, there is talk of handing it over to private insurance companies.

● (1225)

As for the experience with private insurance companies, we need only look at car insurance. Today, an automobile owner in New Brunswick can go to his or her insurance agent and be told, "You are costing us too much and we no longer want to give you coverage". That is what the private system is telling us now, "You are costing us too much".

Sick children, sick families, people who are often hospitalized because of poor nutrition, will all hear from the private insurers, "You are costing us too much, and we no longer want to give you coverage".

That is where we are headed. That is what a two-tiered system is all about: one system for the rich and one for the poor. The poor stay at home and do not get treatment. This is where we are headed. Our system is sick.

If the government does not assume its responsibilities and if it does not give money to the provinces as it should, there will be no going back. The insurance companies will have bought off the politicians as they have in the United States. Actually, The U.S. wants to get out of the situation it is in. The ordinary people no longer want a private health system.

How can any member of this House stand up and say that this would be a good system, that a two-tiered system would be a good system. It is shameful to say such a thing and to hear the reaction from our colleagues here, when a province is affected, that the federal government should mind its own business. This is bad manners in the extreme. Frankly, when I heard that from the member, I was upset, because this was a member I held in great esteem. Yet that is what he just said.

In a democratic country or province, we ought to have the ability to express ourselves. When the only thing a person can say is "mind your own business", it is because he or she lacks any supporting arguments.

Frankly, it upsets me—which is why I am repeating myself—to be told "go back where you came from". That is not what I expected from Quebec, and I did not think I would ever hear that from colleagues here in the House. There was mutual respect here, I thought.

Coming back to health, it is a disgrace that we should be moving toward a system where specialists may choose to practice in the private sector, where they perform operations, and not in the public sector. This is where our specialists have gone. They are making money on the backs of patients, people who are sick, people with cancer. These specialists would rather be making loads of money in the private sector. That is not what I want for my province, New Brunswick.

I want people, veterans for example, to be welcomed in our hospitals, I want them to have access to services by the public sector, not the private sector. It is not right for private companies, insurance companies, having made money with people, to start getting rid of those with whom they are not making any, as is happening in car insurance. We are not cars. We are people.

If there is one thing in life that is important, it is good health. This is true whether you live in Quebec, New Brunswick, Ontario, or anywhere in the country or the world. The single most important thing is health, and we must be able to look after our people.

I have often said that dogs and cats are better treated at the veterinarian than people are in hospitals. This is a disgrace. If animals were treated in veterinary hospitals the way human beings are in hospitals, veterinarians would probably be thrown in jail.

But such treatment is tolerated in the case of human beings. We put up with the fact that some children cannot be admitted to a hospital; we put up with the fact that the federal government is not doing its fair share in health to help the provinces. I am convinced that our public sector can manage our health system. We must give it the tools and the money necessary to do so. We can work together to build a good health system.

Whether one is poor or rich, one should be able to get admitted to hospital and enjoy the same services as others. We should not, as suggested by the Canadian Alliance a few weeks ago, be able to go to a private clinic in Quebec and simply pay to get an MRI because we can afford to do it, when a person who is poor does not have that option. This is the type of health system that we do not want.

We want a health system under which everyone would be treated on an equal footing and under which money would not make any difference at an individual level. Globally, the whole community must get together and say "We will not tolerate that a young person has to stay at home and cannot have access to health services. We will not tolerate a system in which the poor are shoved aside while the rich can pay for luxury services".

No, this is not the country that I want. This is not the type of province in which I want to live. I want to live in a country that has a good health system and in which our children can be treated, whether they are rich or poor.

● (1230)

Mr. Réal Ménard (Hochelaga—Maisonneuve, BQ): Mr. Speaker, I would first like to apologize to the hon. member for Acadie—Bathurst. If I hurt his feelings, I am really sorry. That was not my intention. I want to see the debate address the facts, and I will never accept anyone rising in this House to question the way any government whatsoever delivers services. I repeat, it was not my intention to hurt the hon. member's feelings. He is a friend. I know the work he does and the convictions behind what he does.

In Quebec, however, people are not treated like animals. I know that is not what he said, I do not want to make insinuations. But let us focus the debate on reality. Governments have been tempted by the private sector because the state has pulled out.

In Quebec we had the Arpin report. The NDP leader gave the impression a while ago that the positions of the Bloc Quebecois and of the Canadian Alliance were the same; I would respectfully submit that I was hurt by that. All Bloc Quebecois members believe that the state and the Government of Quebec have a fundamental responsibility to deliver health services. This is such an important point that the National Assembly held a debate to ensure that all emergency rooms were kept open.

We subscribe to the same ideological sources, that is that money must be available for the delivery of services from birth through to palliative care. Where we diverge is on the way this is to be done. If Alberta decides this is to be done through the private sector, I regret to say that it is not up to the federal government, not up to the NDP, not up to the Bloc Quebecois, to decide on this, nor to pass judgment on it. This is a provincial responsibility.

I want to see the sovereignty of the provinces defended. I support the hon. member's wish for all citizens, regardless of social or financial condition, to be able to benefit from available services. We agree on that point. I do not, however, accept the centralist view that the federal level, under a law of this Parliament, is the one that must discuss the availability of such services and make decisions on that availability. That I will never accept.

● (1235)

Mr. Yvon Godin: Mr. Speaker, the member apologized. Apologies are always accepted in the House. However, this does not change the fact that it is our business. Provinces should not be allowed to go ahead with a private system. It is not true that they should be able to.

I am sorry, but I cannot agree with the member for Hochelaga—Maisonneuve. I cannot agree with him because this is not what the people of this country need. As a Canadian citizen, I will stand and defend this as long as I am alive.

[*English*]

Mr. Rob Merrifield (Yellowhead, Canadian Alliance): Mr. Speaker, I appreciate the debate today and some of the comments being made, but I would like to clarify some of the misrepresentations that have been made. I will do that in a minute.

I am absolutely astounded at how the NDP can have things so wrong in its interpretation of what we are saying. We are saying very clearly that we are not asking for a parallel private system. I do not hear any province or any party in the House asking for that and yet we are being accused of it.

Why would members accuse us of that when we do not have a mandate to look after health care? We see health care falling apart at the seams by a government that has been in power for 10 years and yet the attack comes from there to here, which is absolutely astounding to me.

Would my hon. colleague like to stand and answer why the attack is there and being misrepresented because of how he feels we feel as a party?

Mr. Yvon Godin: Mr. Speaker, if we were to look at the position of the Canadian Alliance in 1993 we would see what happened in 1994. That is what happened with all the cuts in health care. At no time will I agree that we should have private care in our country. I believe that globally we should not give the money to the private sector. Instead we should keep it in the public sector and deal with it properly. That is what we should do.

The problem is that the Liberals have been listening to the Canadian Alliance too much and that is why we are in such a mess.

Mr. Greg Thompson (New Brunswick Southwest, PC): Mr. Speaker, there is no question that we need change in our health care system. It was interesting to listen to some of the members this morning. There is some commonality in our approach and differences as well, but there is one thing we agree on. We do not want to go to an American system of health care.

The leader of the Canadian Alliance talked a little bit about the American system this morning. I want to point out a couple of things. In comparison to the American system, our system is working pretty good. We do know there are problems with it. I am experiencing some in my home town in terms of doctor and nursing shortages, people who cannot get doctors and doctors retiring.

There is a headline story today in the Ottawa *Citizen* about the doctor retirement problem in Ontario. It is a big problem. One of the doctors pointed out how we got into this mess in Ontario in terms of doctor retirement. Twenty-five years ago Ontario decided it had too many doctors and launched action to stem the flow of doctors into the system. We are all victims of mistakes that were made many years ago. We have these changing demographics in Canada that makes it even more urgent that we address the problem soon.

In the American system 14.5% of GDP goes to health care. The Americans usually say it is 40% of people, but clearly well over 40% of people are completely left out of the American system with no health care. In Canada, where everyone is in the publicly funded system, it is costing us 9% of GDP, so we are getting a deal. However there are some problems that have been examined very carefully by Mr. Kirby.

I do not want to get into debate back and forth with members from various parties, but the member did mention something just a moment ago. I want to talk about that as well, because the Canadian Alliance leader is a trained economist, which I am not, and I do not know whether or not that gives him an advantage over me.

In the American system the tax brackets or the level of taxation in their society compared to ours, whether it is for corporations or individuals does not say it all. We know full well that in the American system one of the huge costs for American businesses is health care because they are required to pay that. It is just like a tax.

I want to use the specific case of a young family I spoke to in the United States a couple of weeks ago. This is typical, not an unusual case at all. It gives the example of how much it costs companies or corporations, either private or public, in the United States to do business and provide their workers with health care. The young couple in their mid-thirties have two children. He is working for a company where his health insurance premium for the year was $15,000. We might call that the Cadillac system because there is a zero deductible. In other words if he went to the hospital the first dollar would be paid by his insurance plan. The premium was $15,000 a year. His company paid $10,000 of that.

That is an expense that most companies in this country do not have. A lot of companies could not afford it, as is the case in the United States. In addition to that, the young man and his wife had to pay $5,000, but that was for Cadillac coverage in that system. The young man lost his job and now he is working for a smaller company that cannot afford that kind of coverage so it is up to him and his wife to provide coverage for their family. That coverage is costing him $600 a month. In my province that is the monthly rent or the mortgage payment for a lot of people or at least a car payment.

● (1240)

Mr. Loyola Hearn: Or the income for seniors.

Mr. Greg Thompson: The member for St. John's West just said the income for seniors when we look at some of the restricted incomes that our seniors are on.

However, under the new plan, which is not a Cadillac plan, there is a $5,000 deductible. In other words, the only time the insurance company will pay anything is when it is over $5,000. It is a huge expense for them. I do not think we want to go there. We understand that the American system has big problems. I do not think we want to consider going into that system.

As one of the member's mentioned this morning, there is no question that the American health care system is driven by two groups of people, lawyers and insurance companies. I might mention actuaries as well who determine the rates of these individuals whether they are young people or older people. In fact some people cannot get any coverage at all. It is just like car insurance, if people are poor drivers it is really tough to get insurance. Some companies simply will not insure them no matter how much money they want to pay.

The interesting thing about the Kirby report is that it hit some of this head on and is pretty daring in some of the things that it proposed. One of the things that he suggested was that any new money, and he was talking about $5 billion a year going into the system, must buy change. He stated that throwing money into the system would not do the trick. It would not produce the kind of results that we want to see.

One of the reasons that would lead to that conclusion from those of us who watch the Auditor General's reports with a great deal of interest is the simple fact that under our system today, the system where we are transferring money to the provinces to deliver health care, the Liberal government has no idea how much money goes to the provinces. It does not know how much money is being spent on health care. The Auditor General pointed that out.

The reason being is that under the social transfer that money can be either spent on health, welfare or secondary education. How much of it goes to health? We do not know. What are the outcomes? There is no way under the Canada Health Act to measure whether it is being used in an efficient manner or if some of it is being wasted.

I would like to give an example. A couple of years ago the federal government put $250 million into new technology. Would a lawnmower be new technology? Would woodworking equipment in a hospital be new technology? Without being sophisticated health care administrators or doctors at any level, our answer would be no. However it shows the lack of safeguards and insurances built into the system to ensure that money is being spent wisely and in a fashion the program was designed for in the first place.

The money must buy change according to Senator Kirby and his committee. He said the health care system cannot go on the way that it has been going because we cannot sustain it. If we want to save the system, he suggested that we must be willing to pay for it. This is where we will part company with a lot of people on this one. He said that if we want this system we must ante up to the cash register.

● (1245)

He suggested that we could do it in a couple of different ways, but the final report came down to premiums for all Canadians on a progressive scale. People in the higher tax brackets would be paying more for that premium and people at the lower end would be paying less. It would boil down to people in our income bracket paying about $4 a day to preserve the system under the Kirby plan. People in the lower income brackets would be pay about 50¢ for that or the price of half a cup of coffee. Those are the decisions or observations he has thrown out there. Are we willing to pay for it? Before we jump up and start screaming that we are not willing to do that, we must examine a number of things.

First, is the statement made by members of other parties regarding the waste in government. There is no question there is waste in government and that those people over there have gone on a spending spree over the last number of years. I give them credit for some of the things they have done, such as deficit reduction, but there is no question that the spending side of it is something they do not brag about. That spending now is 25% higher than when they came to office. We must sort some of that out as well.

How much of it went to health care? We do know that the government put money into health care a couple of years ago. That money, as Kirby said, just disappeared. Nobody knows what happened to that money. It is, in a sense, unaccounted for.

We have spent a little bit of money on the military and not enough, of course. Some in the House are saying that we need more money for infrastructure in our cities. How much would that cost? It would be in the billions. Some are saying that the military needs a massive infusion of money. How much would that be? It could be $4 billion or $8 billion over a period of years. Some of us are suggesting that it must be billions immediately. What that precise number would be, I do not know, and I do not think anybody does, but we do know that money must come from some place.

We must be careful how we categorically reject that idea of a premium. When we are saying that we will find that money, that $5 billion a year that Kirby says must go into the system immediately on a sustained basis, can that money be found in government waste? I do not think we can find $5 billion in government waste today. Even if we take the two jets the Prime Minister bought that the Government of Canada did not need, that totals only $100 million. It is like C.D. Howe said, but we have gone from "What's a million?" to "What's a billion?" Well, a billion is a thousand million. That is a lot of money.

The Kirby committee suggested and rejected the idea of a dedicated tax. However, this might come with the Romanow report. The committee said that half of the GST, that is 3.5% of the 7%, should go directly into health care. It would be very transparent. We would know exactly how much was coming in from the federal government. However, the option other than a premium would be a dedicated tax. How would that work? Would Canadians categorically reject that?

The Prime Minister does not get out of bed in the morning, and he seldom puts his slippers on, unless he does a poll. The government has done a lot of polling on this, as have the think-tanks. What that polling has told the government is that 80% of Canadians support either a premium or a dedicated tax provided there are guarantees that health care will be there for you, Mr. Speaker, your children, my children and generations of Canadians who are coming behind us. This progressive decline in our health care system has all of us worried.

● (1250)

We only have to look to the south of us, which is how I opened the debate in the first place, to see how a system can come off the rails. We do not want that to happen in Canada, so I think that as Canadians we have to be prepared to make tough decisions. It reminds me of the 1980 election. There is a gentleman sitting behind me, the right hon. member for Calgary Centre, who as the prime minister at the time, going into that very tough election, proposed some tough dues for Canadians. What he suggested at that time was an 18¢ per gallon gas tax, which would have delivered the country from debt within five years, if I am correct. We as Canadians categorically rejected that. We said we would not do it. I can remember a friend of mine saying, and this is as true as I am standing here, "That's a case of beer a week for me. I'm not going to go for that". But look where we have gone from there. The country would have been debt free. Now we are still burdened with a $550 billion combined debt in the country from over the years.

An hon. member: But what did the Liberals do?

Mr. Greg Thompson: Of course we saw the other side of the story, which my political friend from Newfoundland would not want me to leave out. I think we can conclude that gas taxes in the next 12 months after that election went up by something in the order of anywhere from 36¢ to 72¢ a gallon. That is what I have heard.

My point is that it is reminiscent of that debate of over 20 years ago now. Canadians did not want to suffer any short term pain for long term gain. I would have to say that it is a tough thing to take to the electorate. I am not sure how accurate this is but an historian told me that at that time in our history there had never been a Government of Canada elected to office by promising less and not more. We would have to check our history. Can we believe that? As I look at the sloppy habits of behaviour that successive governments have gotten into over the years, I would say that the statement is probably true.

I think we have grown up a lot as a nation. I think we need to have an intelligent debate on this issue of premiums and taxes. If we look at the more advanced countries in the world in terms of delivery of health care, the European nations, particularly Sweden, Denmark, Britain, France and Norway, they all have good systems. Just about every one of those countries, without exception, has some sort of premium or tax involved in the payment of that system of delivery.

Senator Kirby has gone a long way in bringing that forward in terms of getting some intelligent debate out on that particular aspect of his plan. Now we are looking for the Romanow report, but I think we have to look very carefully at what the option would be if it is not going to be that one. I think most of us feel that there has to be a buy-in by the Canadian people, even in terms of smart cards, which is something that they are talking about as well, so that as individuals we know how much is being spent on health care for us and how much a particular service is costing.

I will conclude with this and I hope I get some questions from my colleagues. In regard to the American system there is an old expression that I think really sums it up: Americans are only one sickness away from bankruptcy. That is the system we do not want, but I think we have to approach this in a very mature, reasoned way. We have to look at all the options that are on the table before we conclude that one system is bad or that any system that might suggest a premium is bad and one that does not is good. I think we have room for some intelligent debate here. We look forward as this debate unfolds on the reports from Senator Kirby and Mr. Romanow. Certainly the government will have some tough choices to make and I hope we can contribute to some of the intelligent debate as the government makes those tough choices.

● (1255)

Mr. John Bryden (Ancaster—Dundas—Flamborough—Aldershot, Lib.): Mr. Speaker, the member who just spoke acknowledged that $5 billion is needed but that $5 billion could not possibly come simply from trimming government waste. I must say to the member that I take that as a compliment to the efficiency of the government, that cutting waste in government would not provide $5 billion.

I would like to advance a very serious question to him. The reality is that health care spending, we understood from an earlier speech, amounts to about $75 billion a year, chiefly spent by non-profit organizations that are not directly accountable for their actions through the Corporations Act and not otherwise transparent. Would he feel that perhaps increased efficiencies would come of bringing these institutions, including the great hospitals, under the Access to Information Act and under the Canada Corporations Act, where there would be standards of corporate governance that they must obey, and would he not feel that this move alone would probably create sufficient efficiencies to not only find the $5 billion but to find far more than $5 billion?

● (1300)

Mr. Greg Thompson: Mr. Speaker, I believe that there has to be transparency at every level of government. There is no question about that, but I want to try to stick just to the health care system. That is one of the points that the Auditor General made. We need to have transparency, accountability, predictability and a measurement of outcomes, because there is no question that in the health care system money is being spent in ways that are not really providing us with any new efficiencies in the system or that have anything to do with the delivery of services to clients or patients. There is no doubt at all about that.

I want to brag a little bit now and I do not want to be too boastful, but one of the bills I introduced last week, Bill C-238, is a patients' bill of rights. It is something that I think we have to consider in our country. I had a chance to introduce it last week. That was one of the things that Bill Clinton tried to do when he was trying to overhaul the American health care system. Actually I wrote to Washington and did a little bit of research on it. I said to myself that maybe it is time we had a patients' bill of rights so that we know what services we are entitled to and that we in turn know what our responsibilities are as users of the system. The Auditor General has identified that difficulty in our system in regard to that sense of accountability, that transparency, where the money is being spent, and who follows the money.

The other thing I want to point out is that it is not just a federal government problem. I have to be careful how I talk about this, because when we talk about closing hospitals in any part of the country we always get into trouble. There is a great article written by David Lutz, a family, criminal and personal injury lawyer from Hampton, New Brunswick, in the constituency of Fundy—Royal.

This is just to show how protective of the status quo we are in our own neighbourhoods, because we are talking about changing the status quo. That is what Kirby talks about, about not just throwing money at it. Money has to buy change. In New Brunswick we have a population of 757,000 people. We have 51 hospitals. Metro Toronto, and I think we have some Toronto members here today, has a population of 4.6 million and has 36 hospitals. Quoting from his article, he says “do the math”. Could anyone say it any better than Mr. Lutz?

He goes through it. We know that there is a difference between the country mouse and the city mouse, and we do know that there is a difference between a country hospital and a city hospital, but he goes on to say that if Toronto can get by with 9,600 beds, less than 10,000 beds for six times our population, and he is talking about the population of New Brunswick, of course, 750,000 or so, why do we need 12,800 beds? These are just questions he is throwing out. He is not suggesting that we close down any hospital. These are questions that I think are worth debating. We do have the doctor from Edmundston here. I am glad to see the parliamentary secretary to the minister here.

Mr. John Bryden: Mr. Speaker, I rise on a point of order. With the greatest respect to the colleague who is speaking, a question was asked. I wonder if, in the interests of debate, the member could give us an opportunity on this side to ask other questions.

The Deputy Speaker: The member was able to make his request but it is certainly not a point of order.

● (1305)

Mr. Greg Thompson: Mr. Speaker, I hope we can. I love these types of debates, but I wanted to get this point across.

What he is talking about is the area between Edmundston, the parliamentary secretary's hometown, and the part of the province that I represent. There is one constituency between us. I am going to quote directly from the article because I think it says it better than any of us can. It states:

> Typical of the problem is the fact that between Fredericton and Edmundston there are eight hospitals, with Dr. Chalmers having 350 beds—

That is the name of the hospital in Fredericton.

> —and Edmundston with 169. In between are facilities in Perth-Andover (42 beds), Bath (23), Woodstock (62), Tobique Valley (15), Grand Falls (35), and Saint-Quentin (12). I suggest that if all patients were polled as to whether they wanted to be treated in a hospital with more specialists and the latest technology, they would say "take me there".

I think that point is worth considering. What I am trying to lay out here is that tough decisions are going to have to be made by all Canadians if we are going to change the system and make it better.

It is no good for me to point my finger over there, because when I do I have three fingers pointing back at me. We are in this collectively. We have to work together to fix it and that includes the provinces.

Mr. Roy Bailey (Souris—Moose Mountain, Canadian Alliance): Mr. Speaker, both the hon. gentleman opposite and the member in his response talked about accountability. I would like to ask my colleague from New Brunswick to imagine for one moment that he is CEO of a large hospital operation and finds that he could buy an MRI from a private clinic for $750, but you know by looking at your books and through accountability it is costing $1,000. What would you do about that, sir?

The Deputy Speaker: I will just remind the hon. member for New Brunswick Southwest that the question really came through the Speaker.

Mr. Greg Thompson: Mr. Speaker, they are legitimate questions. I guess it depends on whether the administrator of that hospital is a chartered accountant, a sociologist or a practitioner himself. I guess it depends on the mindset. The point I think the member is making is that there are certain efficiencies in the private sector that there may not be in the public sector. That is one of the points that Senator Kirby is making. Basically he believes in a public, single payer system, that is, the government, but some of these services can be performed in the private sector and probably better. For example, let us look at doctors. Doctors are businessmen. Most doctors are not practising within the walls of the hospital. They are paid by the government.

I think there are a lot of different ways under the system that we have, the public, single payer system, where that can actually work, but again this is about driving some of those efficiencies and working toward them. I think that given time and a deliberate choice that is what Canadians will want.

Ms. Judy Sgro (York West, Lib.): Mr. Speaker, I am very pleased to be sharing my time with the member for Western Arctic today and to talk in the important debate on the future of health care in Canada. Clearly this is something that all of us value as Canadians, probably more than any other program that is delivered.

I am happy to speak a little in relation to seniors today. Seniors constitute the fastest growing population group in Canada. We have one of the highest life expectancy levels in the world, 81.5 years for women and 76 years for men. We must be living right in order to continue living the extra years that we clearly are living.

In 2001 it was estimated that 3.92 million Canadians were 65 years of age or older. By 2026 one Canadian in five, which equals 6.7 million people, will have reached the age of 65. The fastest growth in the seniors population is occurring among the oldest Canadians, that is, those 85 years of age and older. I am happy to state that Canadians generally are living longer and are living their later years in relatively good health. In 1997 more than three-quarters of seniors living at home viewed their health as good, very good or excellent while only 6% reported their health as poor.

It is important to note that healthy aging is not just for those who are free from disease and disability. It includes the successful management of chronic conditions such as diabetes, arthritis or incontinence so that seniors can continue to function well and remain actively engaged in life.

Multiple factors influence healthy aging. They include adequate income, education, appropriate housing, satisfying relationships, and of course safe environments. Older Canadians have the potential to improve their health and their well-being because many aging related diseases are preventable.

The federal government is constantly working to develop strategies and initiatives to expand disability free years of life to reduce the complications of chronic diseases and to improve the health of seniors. Investment in health promotion and disease prevention strategies to maintain the health of those who are aging well and to improve the health of those with chronic conditions who are at risk for serious problems is very important. Solid evidence shows that these interventions can improve the health of seniors even very late in life.

Let me give an example of two major initiatives. Through the Canadian diabetes strategy, Health Canada is working with a wide range of stakeholders to address the serious impacts of diabetes on an ever increasing number of Canadians, especially seniors. This is because the prevalence of type II diabetes is approaching 50% among Canadians over 65. The good news is that type II diabetes is preventable, controllable and manageable.

Veterans Affairs Canada and Health Canada have partnered on a community based program called the falls prevention initiative to help identify effective falls prevention strategies for veterans and seniors. Approximately one in three seniors will suffer a fall this year. Falls within this age group are a significant burden on the health care system, accounting for $2.4 billion in direct health care costs. Care for seniors injured from falls represents 41% of these costs, or almost $1 billion.

We are also addressing the issue of palliative care and end of life care. Senator Carstairs is the special minister responsible for palliative care and has established a secretariat on palliative and end of life care to coordinate and facilitate the development of a strategy to improve the end of life care for Canadians.

The Canadian Institutes of Health Research were established in 2000 to create and disseminate new knowledge to improve the health of Canadians, provide more effective health services and strengthen the health care system. The Institute of Aging is focusing on advancing knowledge with respect to understanding the aging process; promoting healthy aging; preventing and treating age related diseases and disabilities; improving health policies and systems; and understanding the social, cultural and environmental factors affecting the life of older Canadians. This work will yield valuable knowledge in specific areas of concern such as population, public health, cancer, circulatory and respiratory diseases, arthritis, diabetes, health services, and gender and health.

● (1310)

We are taking further action to close the gap in health status between aboriginal and non-aboriginal Canadians by putting in place a first nations health promotion and disease prevention strategy, with a targeted immunization program and by working with our partners to improve health care delivery on reserves.

Good health cannot be achieved alone. Health Canada's work with the provinces, territories and non-governmental stakeholders provides an opportunity to influence and support health initiatives in our communities. It is necessary to work together to respond to aging related issues.

At their June meeting, the federal, provincial and territorial ministers responsible for seniors discussed a wide range of issues posed by an aging population. They identified healthy aging, seniors wellness and elder abuse as priorities needing further attention. Ministers directed their officials to identify actions to help their governments as well as the Canadian society as a whole to prepare for these challenges and opportunities of our aging population. They reaffirmed also that enabling Canadians to maintain health and wellness in later life is a shared priority by all.

Increasing public awareness as well as encouraging and supporting initiatives such as active living, healthy eating, injury prevention and smoking cessation are key contributors to the health, independence and quality of life for today's and future seniors.

In April 2002 Canada along with 156 countries endorsed the Madrid international plan of action on aging which was presented at the United Nations Second World Assembly on Aging. The Madrid plan sets out three key policy themes: one, older persons and development; two, advancing health and well-being into old age; and three, ensuring and enabling supportive environments.

Canada was instrumental in significantly influencing the contents of the international plan of action on aging. We are looked upon as being a leader in aging policy and program development. The federal government is now examining its existing programs related to aging and seniors in order to determine its own domestic priorities.

Seniors play an important role in Canadian families and in our communities. It is a role that is best assumed and enjoyed when seniors experience good health. That is why we are all working together continuously to help the people of Canada maintain and improve their health.

● (1315)

Mr. Peter Stoffer (Sackville—Musquodoboit Valley—Eastern Shore, NDP): Mr. Speaker, my hon. colleague's office happens to be across the hallway from mine. I have great respect for her and her efforts in trying to promote Canadian values among all Canadians, but there a couple of things I wish to raise.

The first is the disability tax credit. The government talks up a great storm but at the same time takes money away from those vulnerable in our society. I would hope that she would be one of those many backbench MPs in the Liberal Party who are opposed to the changes to that tax credit.

Most important, she did mention Sharon Carstairs and her work regarding the concerns of palliative care. As my colleague would know, I have had a bill in the House of Commons now for over three years which was just reintroduced and which was chosen in the lottery. We will get a chance to debate what she so eloquently talked about.

The bill basically says that anyone who has to be institutionalized as per a licensed physician could stay in the confines of their own home if there is a caregiver. If that caregiver needs to take leave from work in order to provide that care, that person should be able to collect employment insurance similar to the maternity leave benefits.

There is something for at the beginning of a person's life called maternity or paternity leave, which is a great program. It could be improved but it is still a good program. However there is nothing for at the end of a person's life, such as eternity leave. This is something that we hope to address. I could not help but notice that part of this issue appeared in the throne speech. Senator Carstairs is promoting it across the country as well.

Does the member for York West support those initiatives? Would she strive in all ways possible to make my bill a votable item so that we could have a proper debate for all Canadians to listen to?

Ms. Judy Sgro: Mr. Speaker, the comments by my colleague across the floor and across the hall in our building are indicative of the fact that many of us come to Ottawa on issues we are concerned about, in particular the health care system, the issues in and around disability, and how we can help people in our communities.

I look forward to seeing his private member's bill come before the House. In fact I would like to see us work as quickly as we can to try to resolve those issues, whether we are doing them through my colleague's bill or through the recommendations and actions from Senator Carstair's committee.

Mr. Deepak Obhrai (Calgary East, Canadian Alliance): Mr. Speaker, I was one of those guys who definitely benefited from our health care system this year when I had my medical problem. Through personal experience I can vouch that we have one of the best medical systems in the world. The doctors and nurses are critically important. It is very important for us to ensure that the system survives and is there for future generations. Today's take note debate is based on that.

My point is that while we debate this issue, the underlying fact remains that it is important for us to maintain the system, as the member alluded to, for all Canadians, seniors and everyone. I would like to know her thoughts on that.

● (1320)

Ms. Judy Sgro: Mr. Speaker, I am pleased to see our colleague looking so well and so fit and applauding our system.

All of us as Canadians are immensely proud of the system we have. The question is how we are going to make it sustainable in the long term. Demographics clearly show that we have an aging population. We have been working with our partners in government to find more efficiencies in the system. Clearly we have enormous pressures ahead of us.

This debate is the beginning, along with Senator Kirby's report and Mr. Romanow's report. I would expect that we would have a variety of opportunities to look at some viable solutions so that a year from now we are not standing here continuing the debate on what we are going to do. We will have some answers that we will put into place to ensure that the Canadian health system is protected.

Hon. Ethel Blondin-Andrew (Secretary of State (Children and Youth), Lib.): Mr. Speaker, I am pleased to have the opportunity to speak to this important debate today. I am very excited by the government's renewed commitment in the Speech from the Throne to close the gap in life chances between aboriginal and non-aboriginal Canadians.

In consideration of the debate I want to focus on aboriginal health issues. This is an approach that I have been advocating over my many years as a member of Parliament. I am thrilled to have the opportunity to work with the Minister of Health and her department in their commitment to close the health gap for our first nations and Inuit people. We know there is still a long way to go in closing this gap and, although progress is slow, it is being made.

Mortality and morbidity rates have fallen and the gap in life expectancy between aboriginal and non-aboriginal Canadians has decreased in the past 25 years. The life expectancy of status first nations women on and off reserve, for example, rose from about 66 years of age to 77 years of age. However that is still five years less than the Canadian average of 82 years of age for women nationally.

The health status of aboriginal people, particularly those living on reserve, still remains much poorer than that of other Canadians. Aboriginal people are still at greater risk of chronic disease. The rate of diabetes is four times higher, arthritis is three times higher and suicide is six times higher, especially among young people. Those are astonishing rates.

On some reserves conditions are such that the challenge of improving health outcomes is very complex. We are mindful that any long term solution requires an integrated and complementary approach. Factors, such as education and income, environmental factors like housing and water supply, and lifestyle factors like diet, exercise, smoking and alcohol intake, all influence the health status of first nations people and Inuit.

Work in improving the health of aboriginal people at Health Canada and with its partners is not just part of the government's broader commitment to improve life chances for aboriginal people. It is dependent upon the work of other federal departments and agencies, provincial and territorial governments and aboriginal communities to act on the broader determinants of health.

In my riding of the Western Arctic the health and social services department of the government of the Northwest Territories has put in place an action plan of commitments under the leadership of Minister Michael Miltenberger. This plan includes five areas and all residents of the Northwest Territories.

The first area improves the services to people. The second area improves the services to staff. This includes human resource development and planning. The third is improvements to system of wide management which will see a joint leadership council to provide leadership to the health and social services system and a system wide planning and reporting model. The fourth improves support to trustees of the leadership model for health and social services. The fifth improves system wide accountability by establishing clear accountability and action reporting.

We all have work to do and I am encouraged that the Speech from the Throne makes a number of specific commitments to take further action to close the gap in health status between aboriginal and non-aboriginal Canadians. These commitments are forward looking and positive and will work to support first nations people in laying the foundation for good health.

By putting in place the first nations health promotion and disease prevention strategy, the government will work to reduce the incidence of disease and mitigate the life threatening and disabling consequences of disease. A targeted immunization program that will ensure first nations' children on reserve have access to early childhood vaccinations will be an important part of disease prevention.

The first nations and Inuit health system delivered through Health Canada is the foundation for the federal government's delivery of health services to first nations and Inuit. Health Canada operates this large and dynamic health system providing a wide range of health care services. In the Speech from the Throne the government also specifically committed itself to working with its partners to improve health care delivery on reserve.

The first nations and Inuit health system provides services including nursing services, prenatal and children's programs, public health disease prevention, addiction services and environmental health services in over 600 first nations and Inuit communities.

● (1325)

In addition, Health Canada provides supplemental health benefits to over 700,000 first nations and Inuit individuals both on and off reserve in order cover the costs of prescription drugs, dental services, vision care and other benefits, including medical transportation to access medical services away from their home communities.

The federal government currently spends $1.3 billion per year to address the health care needs of first nations and Inuit. As well, provinces and territories cover the costs of physicians and hospital care. Greater coordination of the provincial and territorial governments to ensure efficient and seamless service delivery is the priority.

The government's goal is to work with first nations and Inuit communities and with the provinces and territories to renew, improve and close gaps in health services on reserve.

As for the broader health system, Health Canada recognizes that change and renewal are needed to provide high quality services to first nations and Inuit in the most efficient and effective way possible. This task has many challenges.

In its health delivery system role for first nations-Inuit, Health Canada faces many of the same pressures that are currently being felt by the provinces and territories. This includes nursing shortages in my riding and doctor shortages, rapidly increasing costs of prescription drugs and expensive new technologies. We also face challenges posed by such factors as remoteness, lower health status and a first nations and Inuit population growth rate more than twice the national average. Many of the communities in my riding are accessible only by air travel and people only have access to a doctor once a week, perhaps less than that, and a nursing station with one nurse the remainder of the time.

Amid considerable cost pressures, Health Canada has made progress in controlling expenditure growth. For example, the non-insured health benefits program has been successful in reducing its rate from 20% in 1991 to 5% and 8% in recent years. This does not go without challenges. There are many things to consider under the first nations non-insured health benefits system for aboriginal people. I must say that there are challenges and those are the things that we struggle with.

In collaboration with the Assembly of First Nations and the Inuit Tapiriit Kanatami, the national first nations-Inuit organizations, Health Canada has been working to develop and implement an overarching accountability framework. This framework is intended to ensure the most effective and efficient use of resources and better health programs and outcomes for first nations and Inuit people.

However our focus has not only been delivering our fundamental programs effectively and sustainably. We have also looked to improving and building upon that foundation.

Recently the government developed a home and community care program to provide core home care services on first nation reserves and in Inuit communities. Seventy-seven per cent of eligible communities have completed initial program planning activities and 37% of communities are already accessing home and community care services with over 180,000 clients.

Canada's aboriginal population is young. Thirty-five per cent of aboriginal people are under the age of 15. This means that aboriginal health care must have a strong focus on children. Childhood development from birth to age six lays the foundation for lifelong health and well-being. The focus on children and youth becomes more and more important as we see an increasing incidence of childhood diabetes and as we also work to combat tuberculosis in our communities.

Speaking of children, I welcome the commitment in the throne speech to put in place early childhood development programs for first nations, including an expansion of aboriginal head start. Aboriginal head start has proven to be a very successful program in first nations communities. It teaches our children simple life skills at an early age that will carry them through their school years.

In addition, the government has committed to improving parental supports and providing aboriginal communities with the tools they need to address fetal alcohol syndrome and its effects. FAS and FAE are disabilities caused by drinking during pregnancy. It is a completely preventable cause of birth defects and developmental delays that leave these children and their families with a legacy of profound and lasting challenges.

Consistent with the government's commitment in the Speech from the Throne, Health Canada is actively building partnerships with first nations and Inuit organizations and communities. We are moving toward the development of strategies to improve the effectiveness and sustainability of first nations and Inuit health.

Together we are working at finding solutions to these challenges and we are continuing our efforts to close the gap in the health status between aboriginal people and non-aboriginal Canadians.

● (1330)

There is no higher priority than the health of our citizens across Canada. As members can see from the statistics, we have a major challenge in dealing with the health of aboriginal people across the country.

I submit to the House that this debate is important in dealing with the health care of aboriginal people.

Mr. Peter Stoffer (Sackville—Musquodoboit Valley—Eastern Shore, NDP): Mr. Speaker, I could not help but notice that again it is the government that brought in the child tax benefit but allowed the provinces to claw it back. So there was really no benefit at all to the people when the provinces were allowed to do that.

I thank the hon. member for focusing on aboriginal people. One of the biggest concerns we have in Canada is finding qualified doctors and nurses of aboriginal heritage who are in the medical field so they can return to their communities as medical professionals. This is not due to a lack of desire on the part of aboriginal people. It is due to the lack of finances and resources. The cost for many Canadians who are now 18 years old and getting out of high school and wanting to enter medical school is prohibitive. If the cost is prohibitive for the vast majority of Canadians, imagine what it is like for aboriginal people who wish to enter into the medical field?

I lived in Yukon for nine years. I think a large part of our problem when dealing with northern communities is that a lot of aboriginal communities are suffering from permanence in their medical staff or having a regular doctor that they can see frequently. One of the concerns the aboriginal people have is that they simply do not have the finances to take the courses at university to get a medical education.

What will the hon. member's government do to prepare young aboriginal people throughout Canada to get a medical degree so they can move back to their communities, if they so desire, to help the men and women on their reserves in their area?

Hon. Ethel Blondin-Andrew: Mr. Speaker, my hon. colleague should know that we have a problem globally with recruitment and retention of professional health workers, be they doctors, nurses or in other categories. This is a global phenomena.

We are challenged and I suppose in days to come we will receive more reports that will help us to better focus on where we should go. It is not necessarily the issue of resources, it is the issue of priorities and this is definitely a priority.

Canadians should know that other organizations can speak to this better than us here in the House, one being the aboriginal physicians association. I have met with that organization since I became a member of Parliament 14 years ago.

It is true that many professional aboriginals have entered the field but more are needed. We need more health professionals in the mainstream, not just aboriginal professionals.

There was definitely a focus in previous budgets as well in the throne speech. I am presuming that the reports that have been put out and the ones that will come later will put greater emphasis on the need for health professionals.

The member is correct in saying that we share that concern. I know there will be a focus on that. I know we are doing a good job but we will continue to work harder for all Canadians.

● (1335)

Mr. Loyola Hearn (St. John's West, PC): Mr. Speaker, the hon. Secretary of State for Children and Youth knows that it costs a tremendous amount to operate the health care system in our country. It would cost less if we had fewer people using the health care system. Fewer people would use the health care system if they were healthier and better educated.

We do not hear anyone talking about prevention. Does the secretary of state not think that if the government invested more in our youth so that every young Canadian had the opportunity to receive a solid education that we would significantly reduce the cost of health care in Canada?

Hon. Ethel Blondin-Andrew: Mr. Speaker, I have been in cabinet for nine years and over those nine years most of the programs we undertake with young people are preventive and early intervention. These programs are geared to give children a healthier start. The national child benefit is one of those, prenatal nutrition, aboriginal head start, Inuit and first nations child care. All of those programs are designed to provide an earlier and a healthier start for children.

We know we have to be at the front end delivering the kinds of services to ensure a healthy start by building a foundation. Most if not all of the government programs are geared to that end. I think we are heading in the right direction and we will continue to do that.

Mr. Rob Merrifield (Yellowhead, Canadian Alliance): Mr. Speaker, it is a pleasure and a privilege for me take part in this take note debate. However I have to question why we are even debating this. It is startling to me that we have a government that has been in power for a decade, with three majorities and three mandates, and it has put nothing more on the table on how to deliver health care. Here we are in the House at the government's call to debate health care.

I have no problem debating health care. In fact I really enjoy it and it is long overdue that we have a debate not only on health care but on health care reform and how to sustain it. That is needed and it is long overdue.

I listened very intently when my hon. colleagues from the Liberal Party put forward what they thought was rational debate on health care. I have failed to hear any new, innovative ideas about which we could have a true debate. It is very frustrating to me. We have been asked to come here to debate new ideas about reforming health care so we can sustain it into the 21st century and the government really has nothing on the table to debate.

I would like to talk a bit about what is going on with health care and what needs to be done to sustain it. In the throne speech we thought we would get a glimpse of the vision of the government and its plans for the future of health care. We saw absolutely nothing. There was very little vision and virtually nothing when it came to health care reform.

What do we see from the government? We see more studies. The Kirby report was delivered on Friday of last week. We have the Romanow report coming up next month. It is interesting that, since 1993, the government has commissioned enough studies that amount to $243 million and absolutely no reform. It is something that has to stop. We absolutely have to do more than just study health care. We have to implement it.

Some of the reforms and studies that have been going on in the provincial jurisdictions amaze me. I can point to the Clair Commission out of Quebec and the Fyke report out of Saskatchewan. Ontario, New Brunswick and B.C. are doing their own. Then there is the Mazankowski report of Alberta. It is frustrating to see the opposition coming from the federal side when we talk about some of these reports, especially the one in Alberta because it is the only one where we have seen a government actually implement the report.

We saw the report of the national forum on health in 1999, but it has sat on a shelf and nothing has been done. It was not that good things could not have happened in 1997, but they did not. Whether we will get somewhere with the Kirby Commission and the Romanow Commission has yet to be seen. It depends on whether the government will actually implement them. We hope that happens. What is actually happening in the meantime?

I just received a note, Mr. Speaker, I will be slitting my time with the hon. member for Peace River.

The Environics Research Group released a study two weeks ago. It said that eight out of ten Canadians want significant reforms to Canadian health care. That is absolutely amazing.

The Canadian Alliance Party felt that something had to be done in health care as well so we commissioned our own study after the last election because we did not think any government or any party really hit the nail on the head when it came to health care. We did that over the last couple of years. We came up with what we feel is a very clear policy that coincides with what we think Canadians are feeling.

Canadians are saying they want a timely health care system, one they can access in a timely way; one that is of high quality when we get to access it; one that is sustainable for their kids and their grandkids; and one which they can access regardless of their financial means. That system should take its eyes off itself and put them on the patient it is there to serve. It has to be a patient driven system. We need a government that realizes that the patient comes first because the patient is the one who is paying the bill. This needs to be looked at as we sustain health care in the future.

I talked a little about the Liberal legacy. The Liberals pulled money out of health care and watched the system drift into a crisis. We have seen the cracks get so wide in health care that it is shameful. The most unhealthy place to work in the country is within our facilities where moral is poor and the stress of the workplace is unbelievable. At the same time, waiting lists for people trying to get into the system are unacceptably high. We have over a million people on waiting lists right now who are trying to get into the system.

● (1340)

We have nurse shortages that have grown to unbelievable proportions. We know that we will need 113,000 new nurses between now and 2011. We need 2,500 doctors a year just to keep up with the present demand and that demand is growing more and more.

Just by watching the news media every evening, we see week in and week out the problems in health care, whether it is the lack of doctors in emergency rooms or ambulances that are held and are unable to deliver services according to their mandate, as one article stated last week. Every week one hears something new and astounding.

On top of that there are the cracks in the system where the employees of that system are frustrated. The nurses unions and health sciences people are striking. Doctors are striking in different provinces. We are seeing major problems.

Canada ranks 18th of the OECD nations in the number of MRIs, 17th in CT scanners and 8th in radiology equipment. If we cannot be first, I would like to know why. We should be first. That should be the goal. We should be striving for that. Canadians deserve to have the best health care system in the world, and they can have it. There is absolutely no reason why we are not.

In a 1988 poll, 43% of Canadians thought the health care system was fundamentally flawed. Last year that same poll was taken and that 43% had risen to 77% of Canadians who thought it was fatally flawed, and it is. Our health care system is ailing.

The Kirby report came out on Friday. I would like to make mention of a couple of things on which that committee worked hard. It tackled some complex problems that were politically charged. It was very thoughtful about its deliberations and we should applaud that 300 page report and some of its aspects.

Romanow was commissioned to do another report. The Kirby committee started two years ago. Romanow happened after that. In fact, we scratched our heads and wondered why the government would do that? Why would it spend another $15 million on a commission when it already had a Senate committee doing a very comprehensive study? Nonetheless, another $15 million has been spent.

The big question is whether it will actually be implemented? Will it go anywhere? Those are the questions we have to ask as we go forward.

Some things that have come out in the Kirby report are health care related. He has tried to sustain the health care system in the long run and has tried to expand it. I will mention a little more about that in a few minutes.

The thing that really puzzles me about the report is the new money that he has asked be put into it. Romanow likely will ask for the same thing. We said that back in 1997 when we said that it needed an injection of $4 billion a year. That is not new. What is amazing to me is we had a Liberal Senate committee struck to look into health care, yet it came forward and suggested we needed to raise taxes. When it comes to the kinds of changes that are needed for health care, that is fair ball. However I guess a leopard does not change its spots. When a committee dictates that we should raise taxes for this new money, then all of a sudden that puts on a political hat, and we dare not play politics with health care anymore.

It very frustrating to see the Kirby committee recommend a 1.5% increase in GST or national health care premiums. Where it gets the money is up to the government in power, not to Mr. Kirby. How that money is raised or where it comes from should be decided by the government in power. Throwing money into a broken system gives us a larger broken system, so that is not a solution we should be embracing.

It is absolutely amazing to see this kind of a report come forward when no study was undertaken even within the Kirby committee's deliberations to study from where the money should come from, yet this is one of the recommendations in the report.

If we do not add accountability into our system, if we do not reform it to a place where we hold the users and the providers more responsible and actually implement some of the reforms needed in our system, we will lose it. A health care system needs that efficiency. Any new money that goes into health care needs to have that as its ultimate goal. If not, we will lose it within a very short number of years.

● (1345)

It is very important that we keep that in mind when we look at implementing some of the changes that have been brought forward by the Kirby commission. We dare not allow another thing in health care, and that is what happened in the mid-1990s when we had unilateral cuts by this government in health care. It destabilized health care and put an unbelievable burden on the provincial governments to provide health care, which is their mandate.

My time is going very quickly and I would like to just make mention of what needs to take place when it comes to fixing the system.

When we fix the system, we do not expand a broken system to fix it. One thing Kirby also mentioned was that we should go into a pharmacare, home care and palliative care. Although those are limited within his report, we need to get the fundamentals right and we need to fix the system before we expand it and make it weaker. We really have to be careful of that.

When it comes drugs and what is happening with the Canadian drug problem, first, we do not debate that in this House. We do not debate the kinds of massive problems we have with addiction to prescription drugs, which is a reality that we need to talk about much more in this House. If the government had come with that as something to debate today, we would have had a really solid debate on some of the changes that need to take place.

However we agree with some of the things that are in the report, which are more placements for medical school and health care technologists. We absolutely need that. We also agree that there should be some sort of guarantee to the patients. He is focusing more on patients and the importance of putting patients first in his report. We have been saying that is long overdue.

There is absolutely no question that we have to get on with reforming the system, but we have to do it in a way that is sustainable to the system. One of the flies in the ointment of the Kirby commission is that most of what he talks about is provincial jurisdiction and that instead of taking the big stick approach with the provinces, we have to take the collaborative approach. What will be interesting, when we come to implement this, is to discern the difference between the provincial jurisdiction and the federal jurisdiction.

Looking forward, the government owes it to Canadians by acting quickly on these reports. We are calling for the action to take place within 90 days of Mr. Romanow's commission. That absolutely must take place. We dare not put these reports on a shelf and debate health care without recognizing the need to implement these reports.

● (1350)

Mr. Peter Adams (Peterborough, Lib.): Mr. Speaker, I noticed that the member said the patient was the one paying the bill. I suspect he did not mean that exactly as I have said it. At least I hope he did not. I hope he meant that the patient, being one of the taxpayers, was one of the people paying the bill. It is my sincere hope that I am never sufficiently sick for all the taxes that I have paid into the health care system to be used for my bills. I am delighted that any addition to my taxes goes to pay for other people, and I strongly support a public system.

The member mentioned things like MRIs, radiology, drug plans and expensive things like that. He is obviously very concerned about the costs because he went on to discuss increased taxation and things of that type.

When I made a presentation to the Romanow commission on behalf of our rural caucus, I made the point that in rural areas not only was the standard of health lower than the rest of the country, the standard of health service was lower than the rest of the country, so the gulf between the two was particularly great. We emphasized prevention. We emphasized maintaining health so that we would not need the MRIs and that kind of thing, or at least that we would need them less; immunization programs; checkups for children in the schools, for example, physical checkups and dental checkups; and exercise programs, particularly for young children, being building into school programs. I know the member will say it is a provincial jurisdiction, but it is the sort of thing which if we start it earlier in a person's life, we can save billions of dollars and with the result of people living much happier and healthier lives.

What does the member think about prevention in health care?

Mr. Rob Merrifield: Mr. Speaker, I would like to thank the hon. member for his question. First, I would like to clear something up. Our party is not calling for and never has called for a parallel two tier system. My reference to the patient paying was as a taxpayer. We all collectively pay. That is a Canadian value that we adhere to and that we support 100%. We asked for a timely, quality, sustainable system regardless of one's financial means. I want to make that very clear. I hope that answers that part of the question.

When it comes to prevention he is absolutely right. We have major problems in the country with the amount of obesity or cigarette smoking. The way to curb that is in the school system. The earlier we can catch the problem, the earlier we can educate our youth, and the better off we would be. Prevention is one of the fundamentals that we must do more about than just talk about it. We have talked about it for the last 20, 30, 40 years. It sounds really noble. It sounds like a wonderful thing, but if we are just going to talk about it and not really do anything about it, we are going nowhere. We must do more than that.

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, as we know the private sector has its hand in car insurance. I would like to take the example of New Brunswick, the province I come from. Car insurance companies are saying that the people who insure themselves have too many accidents and now they have to double the price of premiums to make profits. What is the Canadian vision for the private sector that would make money on the backs of people who are sick? Would it not be better to have a public sector take care of it in order not to profit off of sick people?

Mr. Rob Merrifield: Mr. Speaker, the member may be referring to profit as being a dirty word. That is something we must careful of. When it comes to a single entity, whether it is a monopoly by the public system or private system, it is inefficient and does not work. We need competition to keep it healthy. Our health care system right now is 31% private. Whether it should be more or less, that is a provincial jurisdiction, but it should have some freedom to be able to explore that.

What we are saying is that if the private sector can do it and provide the efficiencies to do it for the same price, it should have the freedom to do it. Patients do not care who is providing the service. They are more concerned that the service is there for them when they need it. That is where we must go as Canadians because that is a Canadian value.

● (1355)

Mrs. Diane Ablonczy (Calgary—Nose Hill, Canadian Alliance): Mr. Speaker, I along with many MPs have talked to Canadians about the health care system. My colleague as health critic has probably talked to more Canadians than most of us.

People have a real anxiety about the fact that often when they or a family member are ill they cannot get the tests that they need quickly. Sometimes they cannot even see a doctor because the doctors are so overworked. When they do go to hospital they find nursing staff that are stretched to the limit and do not have time to respond to them on a timely basis. They do not feel that if they need health care that it is there. I hear this more and more. Some people are happy with their experience when they become ill or their family member becomes ill but a lot of people are not happy and they do not find that they receive the kind of service, and the kind of response that they feel is appropriate.

Would my colleague address the fact that under the Liberal government this has become a bigger problem? How can we fix it so that when people get sick they will receive the care they need and deserve?

Mr. Rob Merrifield: Mr. Speaker, the member is absolutely right. This is one of the things I said earlier and that is why when we did a poll last year we found that 77% of Canadians were prepared to reform the system. They were not reforming the system because it was comfortable, they were reforming the system because it was not doing what they expected it to do.

We also see that when two-thirds of our general practitioners are so swamped and overworked that they are not accepting any new patients. I talked to one individual from just down the street here who said he was going over to Hull to get an appointment to see a doctor. When I asked what the problem was he said it was not a problem he was just going to see if he would be accepted as a patient. That is a big problem when we see that happening in Canada.

We need to understand that $100 million was spent by Canada on approved procedures for health care in the United States in the last two years. These were approved. We sent patients there because we could not provide the health care. That is nothing. There are many individuals who go down and access services there because they cannot get it here in a timely way. That number may reach $2 billion a year. When we see those kinds of things happening we get a sense that the cracks in the system are wide and deep and will continue unless something is done.

STATEMENTS BY MEMBERS

[*English*]

TAXATION

Hon. Charles Caccia (Davenport, Lib.): Mr. Speaker, there is much talk these days about oil sands companies such as EnCana and Syncrude. This oil sector alone generates 22% of the greenhouse gas emissions by the fossil fuel industry. In addition, the extraction of petroleum from tar sands depends on the use of billions of litres of precious water every year.

Furthermore, the oil sands industry enjoys generous tax concessions amounting to hundreds of millions of dollars. In other words, our tax system presently increases the production of greenhouse gas emissions and the depletion of water which in turn disturbs habitat. Handouts of this magnitude are in conflict with a free enterprise economy and with Canada's efforts to reach the Kyoto goal.

This practice should be stopped, hopefully in the next budget, by phasing out perverse tax subsidies to the oil sands industry.

MEMBER FOR LASALLE—ÉMARD

Mr. Roy Bailey (Souris—Moose Mountain, Canadian Alliance): Mr. Speaker, is the former finance minister running a leadership campaign for the Liberals or the Canadian Alliance? I know he was elected as a Liberal but he seems to be walking our walk and talking our talk.

Our party spent years developing policies which are now part of our platform. We would think that he would at least give us some of the credit. In any other field, what he is doing would be plagiarism. Free votes, making more private members' bills votable, independent ethics counsellors, and electing chairmen of committees by secret ballot, are but a few of our policies and we have had them for years.

Now we find that the former finance minister believed in these policies or has he been recently converted? If we look at his record and what he is saying now, it looks to me that we have ourselves a modern day Dr. Jekyll and Mr. Hyde.

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HUMAN RIGHTS

Mr. Irwin Cotler (Mount Royal, Lib.): Mr. Speaker, we have been witness for some time to a revolution in human rights, where human rights has emerged as the new secular religion of our time. The whole inspired by a revolution in international human rights law where, in particular, more has happened in the last five years in international humanitarian law than in the previous 50, and where the United Nations, whose founding we commemorate, has been the linchpin of that revolution. Regrettably, however, the refugees of humanity, the agony of Africa, the brutalized child, the preventable genocide in Rwanda, each can be forgiven if they think that this human rights revolution has passed them by.

It is important now that we reaffirm the founding principles of the UN, of the equality of all states, large and small, so that no states are singled out for discriminatory treatment while major human rights violators enjoy exculpatory immunity; of the universality of human rights so that economic, social and cultural rights, the rights of the disadvantaged are seen as authoritative norms; of the guarding against undue politicization of the UN wherein the UN becomes an arena for the waging of conflict rather than for conflict resolution; of gender mainstreaming within the decision making of the UN; and of the protection against mass atrocity organized around a culture of prevention rather than belated intervention.

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● (1400)

[*Translation*]

FARMERS

Ms. Diane St-Jacques (Shefford, Lib.): Mr. Speaker, I wish to acknowledge the extraordinary campaign of solidarity that was conducted in the Eastern Townships to help those farmers in western Canada who had nothing to feed their cattle due to the prolonged drought.

Generous farmers from my riding, Shefford, and that of Compton—Stanstead rallied and pulled together to arrange transportation, while in the riding of my colleague from Brome—Missisquoi, more than 1,300 bales of hay were collected. This campaign was a success. I am very proud to live in a region where people get involved in their communities and roll up their sleeves to help other Canadians.

We too received help during the ice storm and we know how much comfort and hope this kind of sharing can bring.

I want to stress the outstanding work of numerous volunteers and the generosity of our farmers. They have just given us a fine example of solidarity and altruism.

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NUNAVIK MARINE REGION

Mr. Guy St-Julien (Abitibi—Baie-James—Nunavik, Lib.): Mr. Speaker, representatives of the Makivik Corporation, namely President Pita Aatami, Johnny Peters, and several Inuit people from Nunavik, as well as the hon. Minister of Indian and Northern Affairs and Liberal member for Kenora—Rainy River and the team of negotiators met on October 25, in Montreal, to sign the preliminary agreement concerning the Nunavik marine region.

This agreement in principle deals with an offshore region claimed by the Inuit of Nunavik and known as the Nunavik marine region.

The area is under the jurisdiction of the governments of Nunavut and Canada. It includes part of the islands and waters of Hudson Bay, Hudson Strait and Ungava Bay. It covers an area of 250,000 square kilometres.

This marine region is of vital importance to the Inuit of Nunavik, because nearly 85% of the wildlife harvesting takes place in that region.

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[*English*]

DIWALI

Mr. Deepak Obhrai (Calgary East, Canadian Alliance): Mr. Speaker, on November 4, Hindus across the world will celebrate the festival of lights, popularly known as Diwali. This day signifies the victory of good over evil. All those whose ancestry goes back to the subcontinent will light their homes and in the spirit of warmth share sweets and best wishes with all fellow human beings.

As one from the Hindu faith it is my pleasure to invite my colleagues from both sides of the House to celebrate the festival of lights with fellow Canadians in Room 200 West Block this evening at 6:30.

This is the third annual Diwali festival and this year it is jointly organized with the India-Canada Association of Ottawa. Aside from a small pooja, there will be cultural performances as well as a reception put on by the members of the India-Canada Association.

I wish to encourage all members to attend the Diwali celebrations in their own ridings. Let me and the executive of the India-Canada Association wish each and everyone in Canada a happy Diwali and a prosperous new year.

S. O. 31

BOOKER PRIZE

Mr. Peter Adams (Peterborough, Lib.): Mr. Speaker, Trent University alumnus Yann Martel has been awarded the prestigious Booker Prize for his novel *Life of Pi.* Other distinguished finalists included Carol Shields and Rohinton Mistry. Previous winners of the Booker included Solomon Rushdie, Michael Ondaatje and Margaret Atwood.

Martel graduated from Trent in the 1980s with a degree in philosophy. He now lives in Montreal where he divides his time between writing, yoga and volunteer work at a care centre. His novel is about a young man stranded in a lifeboat with a hyena, an orangutan, a zebra and a Bengal tiger. This sounds like something that members of Parliament could easily relate to.

We wish to congratulate Mr. Martel on his remarkable achievement. He has brought honour to himself, Canada and Trent University.

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[*Translation*]

JEAN-LUC BRASSARD

Mr. Robert Lanctôt (Châteauguay, BQ): Mr. Speaker, my colleagues from the Bloc Quebecois join me in paying tribute to an internationally renowned athlete from Quebec.

Freestyle skier, Jean-Luc Brassard, of Valleyfield, has just announced his retirement from competition. We would like to thank him for his exemplary involvement in Quebec's sporting world. He laced up skis for the first time at the age of seven. From then on, he made his mark with a mix of optimism and courage.

In 1991, when he was only 18 years old, Brassard was the youngest skier ever to win the World Cup.Crowned world champion in 1993 and 1997, Jean-Luc also won the World Cup on three occasions, 1993, 1996 and 1997.

Throughout the world, this decorated athlete always served as a well-known ambassador for Quebec. Jean-Luc has given us the desire to excel, the taste of victory, but most importantly, the desire to have fun.

Bravo and thank you, Jean-Luc. We are proud of you.

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● (1405)

ADISQ GALA

Ms. Liza Frulla (Verdun—Saint-Henri—Saint-Paul—Pointe Saint-Charles, Lib.): Mr. Speaker, last night, the 24th annual ADISQ Gala awards took place. Once again, the event was a great success. The audience and television viewers enjoyed the top-notch show masterfully hosted by Guy A. Lepage and the diverse talent being showcased by our artists.

Canada's French language recording industry is overflowing with talented performers and writers. This was clearly reflected in the calibre of the nominees. A few examples include Garou, Isabelle Boulay and Daniel Bélanger, who were chosen as performers of the year by the general public, not to mention the special tribute award that went to Plume Latraverse.

My colleagues join me in congratulating all of the artists who went home with a Félix, as well as all the nominees.

I would also like to highlight the excellent professional work done by the Association québécoise de l'industrie du disque, du spectacle et de la vidéo in putting the gala together.

The Government of Canada is proud of its contribution to the music industry, including establishing the Canada Music Fund, an initiative whereby the federal government will invest $81 million over three years and to strengthen the Canadian sound recording industry, “from creator to audience”. The fund—

The Speaker: The hon. member for St. Albert.

* * *

[*English*]

CANADA PENSION PLAN

Mr. John Williams (St. Albert, Canadian Alliance): Mr. Speaker, the Public Accounts of Canada indicate that a wrongful dismissal suit brought by the former actuary of the Canada pension plan, Mr. Bernard Dussault, has cost the taxpayers $365,000.

What was Mr. Dussault's crime? He told the former Minister of Finance, the member for LaSalle—Émard, that the CPP premiums might have to be hiked in order to save the system. Instead of acting to fix the problems in the CPP, the former Minister of Finance's grand solution was to fire the actuary because the actuary dared to tell the truth. Obviously the former Minister of Finance was in the wrong, since his actions have cost taxpayers over one-third of a million dollars.

Taxpayers should be outraged that they were forced to pay $365,000 just to keep the former Minister of Finance's numbers rosy. Perhaps he should reimburse Canadian taxpayers from that bottomless pit of his leadership campaign.

* * *

ARTS AND CULTURE

Mr. Gary Pillitteri (Niagara Falls, Lib.): Mr. Speaker, recently in Niagara-on-the-Lake, in the riding that I have the honour of representing federally, ceremonies were held marking the 190th anniversary of the death of the hero of Upper Canada, General Sir Isaac Brock.

It was General Brock who led local Niagara troops against American soldiers in the battle of Queenston Heights on October 13, 1812. The general led his troops into heavy enemy fire and pushed back the American invaders. He was shot in the chest and died during the pitched battle along the Niagara frontier. However, his leadership and victory showed Canadians that they could successfully defend their land. This was an important first step toward the birth of Canada.

I want to congratulate Colonel Bernard Nehring for his work in organizing this special event commemorating the memory of General Brock, the hero who helped guide our once-British colony into nationhood.

PAUL WELLSTONE

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, last week Americans lost a truly great humanitarian, Senator Paul Wellstone, who was killed along with his wife Sheila, his daughter Marcia and members of his campaign team in a plane crash on his way to a former steelworker's funeral.

Paul Wellstone was a committed fighter for social justice. He was a man with a huge heart and he could light up a room. This I experienced firsthand when I heard Mr. Wellstone speak two years ago to 3,000 union members at the International Steelworkers' Convention. He received many standing ovations for his passionate vision for working people everywhere.

Paul Wellstone was someone who had the courage to speak his mind on issues such as his opposition to President Bush's aggressive attack on Iraq. This dedication to principle will be missed on the American political scene. I and my colleagues in the NDP wish to offer our condolences to the surviving members of Paul Wellstone's family and to the people of Minnesota.

* * *

● (1410)

[*Translation*]

THE HOMELESS

Ms. Christiane Gagnon (Québec, BQ): Mr. Speaker, in mid-October, La Maison de Lauberivière released an album that brings hope to the homeless. The recording is the work of a group of homeless people and was made to restore a positive image in people's minds of what those on the margins of society are capable of.

André Vézina is the force behind the project and the author of everything on this first CD, which is titled *Le temps d'un café*. He commented that "This CD must be seen as a means of showing what we are capable of as well as a means of raising the funds to do more".

My congratulations to Aube et Rivières for this significant project. I would also like to draw attention to the work la Maison de Lauberivière does every day to fight poverty and social exclusion.

Congratulations, and I hope that this recording will be a real hit and lead to a performing tour.

* * *

[*English*]

INTERNATIONAL COOPERATION

Mr. Jim Karygiannis (Scarborough—Agincourt, Lib.): Mr. Speaker, I rise to welcome women delegates from Afghanistan and to speak on Canada's commitment to the rebuilding of Afghanistan.

Although the war in Afghanistan is long over, the battle to rebuild the nation has only just begun. In particular, the needs and rights of Afghan women, who under the Taliban faced many hardships and deprivations, is an area in which Canada has taken a lead role. Canadian organizations such as SUCO, or Solidarité Union Coopération, Development and Peace, and other Canadian-Afghan associations have been working together with groups in Afghanistan to ensure such things as women's participation in the reconstruction process and commissioning the building of orphanages.

In the last year through CIDA, Canada has distributed over $58 million to support emergency relief and reconstruction in Afghanistan and to improve the lives of Afghan women and provide quality basic education to Afghani children. In September of this year, the minister announced that CIDA had fully allocated the $100 million for Afghanistan pledged by the Government of Canada at the Tokyo donors conference in January. The—

The Speaker: The hon. member for South Shore.

* * *

VOLUNTEER FIREFIGHTERS

Mr. Gerald Keddy (South Shore, PC): Mr. Speaker, during Fire Prevention Week I had the great honour to recognize one of rural Nova Scotia's outstanding volunteers, Donald DeLong of the North Queens fire department.

Donald received special recognition for 60 years as an active firefighter with the North Queens fire department. Fire Chief Scott Hawkes, Deputy Mayor Wayne Henley and members of the public and I, along with the North Queens fire department, were all there to congratulate Donald on this remarkable milestone. Donald DeLong joined the department in 1942 and, 60 years later, at the age of 78, still drives truck number 5. It is this kind of unselfish community activism that makes volunteers such as Donald DeLong the true inspiration that they are.

Perhaps no group of volunteers exemplifies volunteerism better than our volunteer fire departments. They are there for us during the good times and the bad. They not only risk their lives to save others and protect property but also contribute on a daily basis toward the betterment of our communities. I wish to express congratulations to Donald and his family and to say thank you on behalf of all of us.

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WOMEN'S HISTORY MONTH

Mrs. Sue Barnes (London West, Lib.): Mr. Speaker, on October 3, Women's History Month had its kickoff at Saunders Secondary School in London. This year's theme is "Women and Sport—Champions Forever!". The Secretary of State for Multiculturalism and Status of Women was joined at the event by female athletes Sami Jo Small, Janice Forsyth and Tara Hedican, students and guests.

More than ever before, women and girls are now free to participate in a variety of sports and physical activity at all levels of participation. With pride, our female athletes brought home numerous medals from the Winter Olympic and Paralympic Games and also from the Commonwealth Games in Manchester.

From the pioneers of the past to the legions of young women now active individually and as team members, sport has truly evolved to provide increased access to all. Young girls are now active on soccer fields, in ice rinks and gymnasiums and other facilities, from the recreational level onwards.

The theme this year recognizes these and other successes. I wish to express congratulations to the participants, the coaches and the families who work hard to pave the road ahead from a proud history of accomplishment.

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QUEEN'S JUBILEE MEDAL

Mr. John Reynolds (West Vancouver—Sunshine Coast, Canadian Alliance): Mr. Speaker, it is my pleasure to rise and recognize individuals from my constituency who, as a result of their distinguished contribution to their communities, have been awarded the Queen's Jubilee Medal.

They are: Geoffrey Ballard, Geraldine Braak, Jack Warren Cameron, Owen Carney, Terence Rae Fellows, Gwen Harry, Shirley Henry, Rosemary Hoare, Wendy Holm, Betty Keller, Laverne Kindree, Frank Kurucz, Agnes Labonte, Kay Meek, Kenneth Moore, Charles Seton Parsons, Geraldine May Parsons, David Roberts, Peter Speck, Frederick Titcomb, Kathy Weiss, Roy Weiss and Allan Williams.

I wish to extend congratulations on behalf of all parliamentarians to these very deserving Canadians and British Columbians.

ORAL QUESTION PERIOD

● (1415)

[*English*]

KYOTO PROTOCOL

Mr. Stephen Harper (Leader of the Opposition, Canadian Alliance): Mr. Speaker, provincial support for the federal position on Kyoto appears to have totally collapsed. The coalition of provinces demanding a delay to the ratification of the accord is now unanimous. Today in Halifax the provinces and territories issued a joint declaration calling the federal government's plan inadequate, and they have demanded a first ministers conference.

My question, for whoever is speaking for the government today, is whether the Prime Minister will seriously consider this request for a first ministers conference on Kyoto before the vote on ratification in the House.

Hon. David Collenette (Minister of Transport, Lib.): Mr. Speaker, the Prime Minister has been very clear that the provinces will be consulted, and we take their views seriously. That is what today's meeting with my colleagues, the Minister of Natural Resources and the Minister of the Environment, is all about.

This is a matter that has been before us for more than five years. The government has said that we will ratify the Kyoto accord and we will go ahead and do it, but there will be a vote in the House of Commons. There is debate, and it is a chance for everyone to put their views forward.

Mr. Stephen Harper (Leader of the Opposition, Canadian Alliance): I will try again, Mr. Speaker.

[*Translation*]

There is now a unanimous coalition demanding that ratification of the Kyoto protocol be delayed. This government refuses to give the provinces a clear implementation plan, an estimate of the costs relating to an accord that affects their jurisdictions.

Again, is the government prepared to call a first ministers' conference before the vote in the House on the ratification of the Kyoto protocol?

Hon. David Collenette (Minister of Transport, Lib.): Mr. Speaker, the Prime Minister made it clear that it is our role to consult all the provinces. Today, we are having a meeting in Halifax with all the provincial and federal ministers concerned. We will listen to what the provinces have to say.

What is really important is that we will soon vote on Kyoto and all members in the House of Commons will have the opportunity to voice their opinion before voting.

Mr. Stephen Harper (Leader of the Opposition, Canadian Alliance): Mr. Speaker, it is the federal government's duty to get the consent of the provinces on an accord that affects their jurisdictions.

[*English*]

The environment minister yesterday stated his view that emissions are not the jurisdiction of provincial governments, yet notwithstanding his opinion, the provinces do have direct jurisdiction and responsibility for their own resources.

I will ask the minister this. If the environment minister has already decided that the views of the provinces are irrelevant, what was the purpose of today's meeting?

Hon. David Collenette (Minister of Transport, Lib.): Mr. Speaker, no one who has listened to the hon. Minister of the Environment and has appreciated all the hard work that he has done over the past years accepts that for a moment.

I can think of no other member in this House who is more concerned about the environment and who wants to hear the opinions of all Canadians than the Minister of the Environment. I think the hon. Leader of the Opposition should not be so cavalier with that kind of expression.

Mr. John Reynolds (West Vancouver—Sunshine Coast, Canadian Alliance): Mr. Speaker, the Minister of the Environment is so concerned about the environment that he has millions of gallons of raw sewage going into the ocean right in his own constituency.

The Premier of British Columbia has stated that his province has grave concerns over the government's failure to produce any kind of specifics on Kyoto. There is no limitation plan and no targets have been set. We have gross generalities and nothing in terms of what the real true economic impacts are going to be.

Is it the government's position to push through an accord that will damage British Columbia's economy?

Hon. David Collenette (Minister of Transport, Lib.): Mr. Speaker, the Prime Minister went to Alberta a few weeks ago and he said that this accord will not damage any one part of the country. We are all Canadians, we work together, and we shoulder burdens together. That is what being a Canadian is all about.

Mr. John Reynolds (West Vancouver—Sunshine Coast, Canadian Alliance): Mr. Speaker, that is what he said about the national energy program and that is what he said about a lot of other things. It is not fair on Canada.

Let me quote to this minister what the environment minister of Alberta has stated:

> Until the federal government tells us what they expect of us, there's no way we can sign or not sign any document—

Why is the government asking the provinces to sign a blank cheque on Kyoto without revealing the true costs to the provinces?

● (1420)

Hon. David Collenette (Minister of Transport, Lib.): Mr. Speaker, we tabled a plan in the House last week. We are asking the provinces for their views and we will listen to their views before the vote. We take their views extremely seriously. I hope the Leader of the Opposition does too.

* * *

[*Translation*]

HEALTH

Mr. Gilles Duceppe (Laurier—Sainte-Marie, BQ): Mr. Speaker, health has been a priority in the public's mind for years. Everyone knows that federal underfunding adversely affects the quality of health care services. However, the only thing that the federal government can come up with is a motion which reads, and I quote, "That this House take note of the on-going public discussion of the future of the Canadian health care system".

How can the government be content with tabling a motion that is so meaningless, when it has the means to increase its funding for health by transferring money to the provinces?

[*English*]

Hon. Anne McLellan (Minister of Health, Lib.): Mr. Speaker, there is nothing empty about the motion. This is the second take note debate which provides members of the House the opportunity to offer their views on the future of health care.

Let me remind the hon. member that in September 2000 the government put in 21.1 billion new dollars to health care. We created a $1 billion medical equipment fund. We created an $800 million primary health care renewal fund. In fact the province of Quebec has used those dollars to its advantage to provide better health care for the residents of Quebec.

[*Translation*]

Mr. Gilles Duceppe (Laurier—Sainte-Marie, BQ): Mr. Speaker, it is a meaningless motion. We are being asked to note that there is a societal debate on health. The Liberals are the only ones who have not noticed it. This is definitely nothing new. They just delivered a throne speech and they have nothing to say, except that we should take note that there is a debate on health.

They should note that it is time for them to give money back to the provinces to deal with health issues. This is waking up. It is time for them to wake up.

[*English*]

Hon. Anne McLellan (Minister of Health, Lib.): Mr. Speaker, as I have just indicated, the federal government has put considerable amounts of new money since September 2000 into health care. I have made it very clear as health minister that I do believe additional dollars will be required.

We had the Kirby report last week. We are awaiting the Romanow report. I have no doubt after the Romanow report that federal, provincial and territorial health ministers will meet. The first ministers will meet in January. I have every confidence that we will move forward with a plan for renewal which will involve new dollars for health care.

[*Translation*]

Mr. Réal Ménard (Hochelaga—Maisonneuve, BQ): Mr. Speaker, the provincial ministers of health and the premiers have spoken out unanimously against the federal government's withdrawal from health care funding. Ottawa has made dramatic cuts in its contribution to health funding and this has jeopardized the quality of care.

How, with such a clear consensus and such a clearly identified problem, can the government come up with no other solution than to propose a debate inviting the House to take note that discussions on health are under way in Canada? Is the federal government not thus indicating that it is out of solutions altogether?

[*English*]

Hon. Anne McLellan (Minister of Health, Lib.): Mr. Speaker, the take note debate today is an opportunity for members of the House who have not had the opportunity to speak on the future of health care or share their constituents' views on the future of health care to do so.

Let me reassure the hon. member that after we receive the Romanow report there will be a meeting of provincial, territorial and federal health ministers. There will be a first ministers meeting some time early in the new year. That commitment has been made by the Prime Minister.

The government takes very seriously the number one priority of Canadians. We are committed, as are our provincial and territorial colleagues, to the renewal of the health care system.

[*Translation*]

Mr. Réal Ménard (Hochelaga—Maisonneuve, BQ): Mr. Speaker, when the federal government has a substantial financial margin available to it, how can it justify the fact that, under this Liberal regime, the share of health costs assumed by the federal government has been reduced by one-third in the past eight years, which is the real problem of which we must take note?

[*English*]

Hon. Anne McLellan (Minister of Health, Lib.): Mr. Speaker, I have no intention this afternoon of engaging in a sterile debate around fiscal imbalance. What we need to be focused on is the renewal and future of our health care system.

I would remind the hon. member that the government put in 21.1 billion new dollars as of September 2000. We created a $1 billion medical equipment fund that has provided new medical equipment all over the province of Quebec. We have created an $800 million primary health care transition fund which the Government of Quebec is using to transform the way primary health care is delivered in that province.

● (1425)

Ms. Alexa McDonough (Halifax, NDP): Mr. Speaker, the health minister has already established herself as highly receptive to private, for profit health solutions.

Canadians are more concerned than ever after the minister on Friday described Kirby's prescription for more privatized medicine as a very important contribution. People are nervously wondering if Kirby is basically the health minister's insurance policy to back up her predisposition toward more private, for profit health care.

Will the minister assure Canadians that is not the case?

Hon. Anne McLellan (Minister of Health, Lib.): Mr. Speaker, I find it amazing that the leader of the New Democratic Party seems to be suggesting that the Kirby report should be discounted, that after three years of work and discussions with Canadians and health care professionals from coast to coast, somehow one should dismiss that work. Of course it is an important contribution, just as Commissioner Romanow's report is going to be a very important contribution to help all Canadians understand the challenges around the future of their health care system.

The hon. member should be fully aware that the Kirby report spoke to the importance and maintenance of a—

The Speaker: The hon. member for Halifax.

Ms. Alexa McDonough (Halifax, NDP): Mr. Speaker, let me make it very clear. The problem did not originate with Kirby, and it did not originate with the Reform-Alliance either, although it has been busy giving the federal government a free ride on privatization. The problem is the minister's steadfast refusal to rule out the expansion of private, for profit prescriptions.

Will the minister repudiate her earlier comments in the House that Canadians do not care who delivers their health care? If not, will she admit that she is not following her own advice, that she has no intention of waiting for the Romanow recommendations and that she is already programmed to pursue more privatized medicine?

Hon. Anne McLellan (Minister of Health, Lib.): Mr. Speaker, I do not suppose that anything has been clearer than my statements and the statements of many others including, dare I say, Senator Kirby, that there is no appetite in this country for a parallel private system. We will have a publicly financed health care system. The challenge for all of us is to figure out, and to ensure, how we maintain a high quality accessible, publicly financed health care system.

* * *

NATIONAL DEFENCE

Right Hon. Joe Clark (Calgary Centre, PC): Mr. Speaker, last Friday in what he called his first major speech, the Minister of National Defence said that the government "should be spending more than is currently planned" on national defence. The minister claimed he was expressing a personal view, but he was speaking as the Minister of National Defence. Ministers are not allowed the luxury of a split personality.

Will the acting prime minister tell the House whether the contents of the speech were approved in advance by the Prime Minister or by the Privy Council Office? Was the defence minister stating government policy?

Hon. John McCallum (Minister of National Defence, Lib.): Mr. Speaker, I was very careful in my speech to point out to the public that the government has put over $5 billion of new money into defence, that the government at the end of the day will make the decision on difficult choices on priorities, but that I as Minister of National Defence am conscious of sustainability problems and will be making a reasoned and respectful argument for more resources.

Right Hon. Joe Clark (Calgary Centre, PC): Mr. Speaker, how is Parliament or the public to know when the minister is just blowing off his own personal opinions and when he is speaking for the government?

The minister was asked at the Toronto Board of Trade meeting whether expanding Norad would include ground and naval forces. That would put Canadian ground and naval forces under a command structure headed by the United States.

The minister said that is not the plan but anything could happen. Was the minister speaking for the government when he said it is possible that Canadian ground and naval forces would be under U.S. command?

Would the acting prime minister have the courage to stand and answer that question?

Hon. John McCallum (Minister of National Defence, Lib.): Mr. Speaker, as I said several times in the House, the negotiations with the Americans for a joint new Canada-U.S. planning group for land and sea are underway and I think near completion. However, never has it been the plan for the Noradization of land and sea.

* * *

● (1430)

KYOTO PROTOCOL

Mr. Vic Toews (Provencher, Canadian Alliance): Mr. Speaker, the environment minister stated that emissions, and therefore Kyoto, are entirely and solely under federal jurisdiction. The environment minister in Saskatchewan stated, "We cannot accept unilateral action that has the potential to seriously impact our economy".

Why is it more important to the federal government to transfer wealth to foreign countries through Kyoto rather than protect the economy of one of our provinces like Saskatchewan?

Mrs. Karen Redman (Parliamentary Secretary to the Minister of the Environment, Lib.): Mr. Speaker, the government has been consulting for five years with its territorial and provincial counterparts.

This side of the House realizes that we have no monopoly on good ideas. This is why we continue to consult with our provincial and territorial partners to find the best solutions that pose no undue burden on any region or sector in Canada in order to move ahead with this very important initiative.

Mr. Vic Toews (Provencher, Canadian Alliance): Mr. Speaker, after five years of negotiations the government has effectively alienated every province in the country. The Prime Minister has stated that Canadians should have a full understanding of how Kyoto will affect their lives before ratification.

With ratification less than two months away, Canadians still do not know how Kyoto will affect them or more important, how it will protect our global environment.

When will the government provide a full cost benefit analysis as requested by the Government of Manitoba?

Mrs. Karen Redman (Parliamentary Secretary to the Minister of the Environment, Lib.): Mr. Speaker, I find it interesting that Canadians understand the initiative of Kyoto and it is actually the members in the official opposition who do not understand.

We have consulted with Canadians. We have consulted with industry and with the resource sector. We have tabled a draft plan. In November there will be another joint meeting of the ministers of environment and resources. We will continue to have meaningful discussions on a plan that is good for Canadians.

* * *

[*Translation*]

HEALTH

Ms. Pauline Picard (Drummond, BQ): Mr. Speaker, the Kirby report has proposed two approaches to increasing the share of health care funding, either a 1.5% increase in the GST or a variable national health insurance premium.

Since the federal government already has a substantial financial margin available to it, will it confirm, unequivocally, its rejection of these two scenarios?

[*English*]

Hon. Maurizio Bevilacqua (Secretary of State (International Financial Institutions), Lib.): Mr. Speaker, of course we will examine the Kirby report. I want to make something very clear to the House and to the hon. member. We will not be using the GST to fund health care in this country.

[*Translation*]

Ms. Pauline Picard (Drummond, BQ): Mr. Speaker, the federal government's surplus for 2001-02 was close to $9 billion. The Bloc Quebecois estimates that the surplus for the current year, 2002-03, will be about $10 billion.

Instead of getting us to debate a meaningless motion here in the House today, should the government not be consulting us on how much of the surplus ought to be transferred to the provinces for health care?

[*English*]

Hon. Anne McLellan (Minister of Health, Lib.): Mr. Speaker, I presume in today's take note debate there is absolutely nothing stopping hon. members from sharing their views as to what part of any surplus should be spent on health care. In fact, I encourage hon. members to provide us with their insight and opinions.

[*Translation*]

KYOTO PROTOCOL

Mr. James Moore (Port Moody—Coquitlam—Port Coquitlam, Canadian Alliance): Mr. Speaker, a declaration passed unanimously by the National Assembly of Quebec on the implementation of the Kyoto protocol states that:

> The federal government's proposal does not encourage conversion to lower emitting energy sources and deprives Canada of less costly opportunities for reductions.

When will the government reveal the real estimates of the costs of the Kyoto protocol?

[*English*]

Mrs. Karen Redman (Parliamentary Secretary to the Minister of the Environment, Lib.): Mr. Speaker, there will be economic costs associated with addressing climate change. Our analysis shows that the impact on jobs and economic growth is quite modest relative to the strong growth expected over the next decade. By spreading the burden across all sectors of the economy, regions as well as consumers, this impact will be manageable by everyone.

● (1435)

Mr. James Moore (Port Moody—Coquitlam—Port Coquitlam, Canadian Alliance): Mr. Speaker, what every single province is looking for is a plan with real numbers, with real answers to real questions and the government does not have them.

Last week the Ontario legislature voted against passing a resolution to endorse the ratification of the Kyoto accord. The premier said that it is unworkable and would put hundreds of thousands out of work.

When will the government present a workable plan that does not endanger the jobs of thousands of Ontarians?

Mrs. Karen Redman (Parliamentary Secretary to the Minister of the Environment, Lib.): Mr. Speaker, there is no doubt that provincial views on the draft plan we tabled in the House last week will help define our approach as we move forward on action on climate change.

We are listening to the concerns of the provinces and industry and we will adjust our approach as we go forward. We will continue to consult to prepare a made in Canada plan. We also have to make decisions. Global warming will have a serious repercussion on our environment and public health.

We are looking at a slight slowdown in growth, but we will continue to create jobs in Canada with the new research and development jobs that are created by this initiative.

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[*Translation*]

NATIONAL DEFENCE

Mr. Claude Bachand (Saint-Jean, BQ): Mr. Speaker, last Friday, the Minister of National Defence stated that he needed more money for the Canadian Forces.

Could he tell us for which programs and specific mission the funds he is requesting would be earmarked?

Hon. John McCallum (Minister of National Defence, Lib.): Mr. Speaker, it is true that I said I would seek increased defence spending, and I have yet to specify what for exactly.

It is also true that there is much public support for defence. A survey conducted by Mr. Marzolini revealed a 33% increase in public support over the past five years. We now have the support of the *Toronto Star*, Thomas Axworthy, Lloyd Axworthy and many other Liberals.

Mr. Claude Bachand (Saint-Jean, BQ): Mr. Speaker, this is surprising. The minister is telling us that he will seek increased funding, but that he does not know what for. That is what he just said. What is worse is there has not been any substantive debate on the role the Canadian armed forces should play in the years to come.

Is it not odd for the Minister of National Defence to be asking for more money when the future role of the Canadian armed forces has not yet been considered? Is that not putting the cart before the horse?

Hon. John McCallum (Minister of National Defence, Lib.): Mr. Speaker, we have received several reports from the Senate, this House and experts pointing to sustainability problems in terms of defence and funding. Everyone knows this. There is also the problem of military people spending too much time away from their family.

So, the problem is clear with respect to these pressures in the short term, and that is what I was referring to last Friday.

* * *

[*English*]

KYOTO PROTOCOL

Mrs. Diane Ablonczy (Calgary—Nose Hill, Canadian Alliance): Mr. Speaker, from the west coast to the east coast provinces are sounding the alarm over the government's hasty and thoughtless Kyoto scheme.

The premier of Newfoundland and Labrador states that if Kyoto is implemented, one-half of all predicted growth in that province will be wiped out. Unemployment in his province is over twice the national average.

Why would the Prime Minister need to build his legacy by adding to the unemployment problem in Newfoundland and Labrador?

Mrs. Karen Redman (Parliamentary Secretary to the Minister of the Environment, Lib.): Mr. Speaker, I would reiterate that what we have said as we have consulted over the past five years, and continue to reiterate, is that the made in Canada plan by the federal government will pose no undue burden on any region or sector.

As a matter of fact the modelling that has been done by the working group over the last four years on behalf of the federal government, in partnership with the territorial and provincial governments, as well as the industry sector and Canadians, shows that we are looking at a slowdown in the growth of our GDP that is between 0.4% and 1.6%.

Mrs. Diane Ablonczy (Calgary—Nose Hill, Canadian Alliance): Mr. Speaker, this is a made in the PMO plan. Let us be honest about that.

The premier of Nova Scotia is warning that Kyoto could "decimate his province's economy". He is asking the government to present a workable plan that will not destroy jobs, not devastate those on fixed incomes and not drain billions away from our social resources.

Why is the government hiding the Kyoto numbers and the fact that it will devastate the economy of Nova Scotia?

● (1440)

Mrs. Karen Redman (Parliamentary Secretary to the Minister of the Environment, Lib.): Mr. Speaker, the government realizes, as is demonstrated in our draft plan, that there is action, room for action and demand for action, not only from provincial and territorial governments, not just from the federal government to get its House in order, but indeed consumers can also act in order to achieve these targets.

We are asking Canadians to look at making energy efficiency an important factor in their daily living: when they buy new homes, when they replace their appliances and for them to take mass transit. There is action in this plan for Canadians.

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TERRORISM

Mr. Mauril Bélanger (Ottawa—Vanier, Lib.): Mr. Speaker, shortly after the September 2001 terrorist attacks on the United States, cement barriers went up around the American embassy here in Ottawa. We were told that they were erected in order to provide greater distance from the street in the event of a car or truck bomb attack thereby providing greater security for the people in the embassy.

My question is for the Solicitor General. In providing greater protection for the people in the embassy, are we not, by the same token, putting the Canadians neighbouring the embassy at greater risk? If not, what assurances can he give us to that effect?

Hon. Wayne Easter (Solicitor General of Canada, Lib.): Mr. Speaker, I recognize the concern brought forward by the member for Ottawa—Vanier. Through his representation we are very much aware of the inconvenience as a results of the extra security measures around the U.S. embassy.

I am advised by the RCMP that in consultation with the community partners, it is working with stakeholders to reach satisfactory solutions for residents and businesses in the area and at the same time ensuring the safety and security of our international community and residents in the national capital region.

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PARLIAMENTARY REFORM

Hon. Lorne Nystrom (Regina—Qu'Appelle, NDP): Mr. Speaker, my question is for the Deputy Prime Minister.

A candidate for the Liberal leadership said, in Brandon, Manitoba in 1984, that one of the first things he would do if elected Prime Minister would be to introduce a system of proportional representation. That candidate is now the Prime Minister.

Last week Law Commission of Canada insisted "Public engagement on the issue of proportional representation is essential to maintain a healthy democracy".

Canadians are ready for this debate. A recent Environics poll said that PR now stands at 62% popular support.

Will the government keep the commitment made to the Canadian people by the Prime Minister and will this be part of his legacy?

Hon. Don Boudria (Minister of State and Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I am quite pleased to note what various leadership candidates are saying in their own respective campaigns. I know the member who is asking the question is involved in one of those at the present time. We are anxiously awaiting what he will have to say in that regard.

There had been a private member's bill, and perhaps there still is, on the order paper from that member and perhaps by others. These discussions in private members' hour, as we will know, are always handled by this side of the House at least and perhaps only as free votes.

* * *

CHINESE CANADIANS

Ms. Libby Davies (Vancouver East, NDP): Mr. Speaker, the Chinese head tax of 1885 and the Chinese Exclusion Act of 1923 were terrible pieces of racist legislation that caused great harm to individual Chinese workers, their families and the community as a whole, but even today members of the Chinese Canadian community are still struggling to seek redress and compensation.

Will the Prime Minister commit today to enter into negotiations with the Chinese-Canadian community to redress this longstanding injustice in a just and honourable manner? Will the government commit to do that today?

Hon. Jean Augustine (Secretary of State (Multiculturalism) (Status of Women), Lib.): Mr. Speaker, I want to say to the member that we have all agreed, and I think all Canadians have agreed, that the wrongs of the past are lessons that we have learned.

We have put together and set in motion a whole series of programs so we can work together to recognize the diversity of all people and to ensure that the wrongs of the past will not be repeated.

* * *

NATIONAL DEFENCE

Mr. Rick Borotsik (Brandon—Souris, PC): Mr. Speaker, in his first major policy address last Friday, the Minister of National Defence stated "It is wrong to continue overstretching our military people and their families".

Finally we have a minister who is prepared to acknowledge what has been apparent to the rest of us for years. The minister has finally seen the light. We know that this is the position of the Minister of National Defence.

My question is for the acting Prime Minister. Was the minister speaking for the Government of Canada and has the Government of Canada finally seen the light?

● (1445)

Hon. John McCallum (Minister of National Defence, Lib.): Mr. Speaker, as I mentioned in response to an earlier question, I did acknowledge very clearly in my speech that the government has put more than five billion new dollars into the budget.

I acknowledged that at the end of the day the government would be making the decision but that I, having seen our soldiers in Afghanistan, having seen that they are in some cases overstressed and overstretched, will be making a case for additional resources.

Mr. Rick Borotsik (Brandon—Souris, PC): Mr. Speaker, actually the Minister of Defence said today that he was making respectful requests of his colleagues in cabinet.

Could I ask his colleagues in cabinet, has he made that request forcefully enough? Will the acting Prime Minister please tell me that in the next budget there will be funding for the military? Will the acting Prime Minister please answer that question?

Hon. John McCallum (Minister of National Defence, Lib.): Mr. Speaker, I thought the hon. member was an intelligent person who has been around this House a lot longer than me. He should know by now that budgetary decisions are made at the time of the budget.

* * *

TAXATION

Mr. Rob Merrifield (Yellowhead, Canadian Alliance): Mr. Speaker, the finance minister said that he would not raise the GST to pay for health care.

Five years ago the former finance minister stood in the House and said "We have stated that contributions to the Canada pension plan is not a tax".

Is the government considering an increase in the CPP premium to pay for health care?

Hon. Maurizio Bevilacqua (Secretary of State (International Financial Institutions), Lib.): Mr. Speaker, there are a number of reports, one obviously being the Kirby report, and the Romanow commission being another. We will be looking at various proposals. However let us be very clear, as I said earlier, that we will not increase the GST to pay for health care.

Mr. Rob Merrifield (Yellowhead, Canadian Alliance): Mr. Speaker, that answer had nothing to do with the question. Senator Kirby's committee has called for new funding for health care. The Romanow commission will likely do exactly the same thing.

Canadians do not need and do not want a higher tax burden. Will the government raise taxes, yes or no?

Hon. Maurizio Bevilacqua (Secretary of State (International Financial Institutions), Lib.): Mr. Speaker, quite frankly, the hon. member should know by now that this is the government that introduced the largest tax cut in Canadian history, $20 billion this year. That has to do with the fact that we want to reward Canadians for their hard work and sacrifice. We also want to make sure that we build a very competitive economy just like the one that is being created now.

The IMF and the OECD has said that Canada will lead in growth this year and next year. This is the type of economic management that speaks to the success of this country.

* * *

[*Translation*]

SOFTWOOD LUMBER

Mr. Paul Crête (Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques, BQ): Mr. Speaker, when the government presented its assistance plan for victims of the softwood lumber dispute, it said that specific measures might be proposed to help companies. In addition to Abitibi Consolidated, the president of Uniforêt has also confirmed that the softwood lumber trade dispute is seriously harming logging companies.

Will the measures being planned by the minister contain loan guarantees, which comply with WTO and NAFTA rules, as both the Bloc Quebecois and the industry itself have been calling for?

[*English*]

Mr. Pat O'Brien (Parliamentary Secretary to the Minister for International Trade, Lib.): Mr. Speaker, as the hon. member knows, the government announced a program some two or three weeks ago and opportunities will be there to add to that if the situation warrants. The reality is that we are pursuing our case through the courts. The facts are on Canada's side. We have won disputes in the past and we will certainly win again in the courts if necessary.

[*Translation*]

Mr. Paul Crête (Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques, BQ): Mr. Speaker, the Minister of Industry, to whom the question was addressed, knows quite well that Export Development Canada provides loan guarantees that comply with WTO and NAFTA rules.

What is stopping the minister from applying similar measures to companies that have suffered as a result of the softwood lumber dispute?

● (1450)

[*English*]

Hon. David Collenette (Minister of Transport, Lib.): Mr. Speaker, that was such a multifaceted question that many ministers wanted to answer it. We will certainly take the hon. member's representations and get back to him.

* * *

NATIONAL DEFENCE

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, Canadian Alliance): Mr. Speaker, the Minister of National Defence has now confirmed that it was wrong for his government to have treated the Canadian Forces in such a shabby way. The minister now states publicly that his predecessor's quality of life initiative was achieved by raiding the capital budget and that to continue in this way would mortgage our future.

Will the defence minister commit now to substantial increases in military funding?

Hon. John McCallum (Minister of National Defence, Lib.): Mr. Speaker, the hon. member across the way seems to have a tendency to take things out of context. What I did say was that there were stresses in the military, both in terms of people being stretched because of too much time away from home, and because of some of the very positive accomplishments of my predecessor in terms of improving quality of life. Some of those were financed by deferring the capital budget. We do have those sustainable issues. We do have them even this year and I will be making a case to address them.

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, Canadian Alliance): Mr. Speaker, Canada is currently fighting a global war against terrorism and faces the prospect of war in Iraq in next year. Canada's war fighting capability must be transformed for counter terrorist fighting, in addition to our conventional and peacekeeping roles.

The defence minister now admits that this government's gross negligence is not sustainable, but talk is cheap. What specific action will this minister take to ensure that his government will not fail to take the necessary action and provide the funding under his watch?

Hon. John McCallum (Minister of National Defence, Lib.): Mr. Speaker, I do not know why the hon. member considers it appropriate to dump all over our military that has always done what it has been asked to do and that has performed magnificently in Afghanistan.

As for Iraq, the ball is in the court of the United Nations. It is hoped that we will not have a war at all, so I will not comment on a hypothetical contribution to a hypothetical war.

* * *

ABORIGINAL AFFAIRS

Mr. Larry Bagnell (Yukon, Lib.): Mr. Speaker, in September of 2000 the first ministers announced the early childhood development initiative as a national priority. At that time the Government of Canada committed to working with aboriginal peoples to address the developmental needs of aboriginal children. We know that aboriginal children are more vulnerable to poverty than children in the mainstream of Canadian society.

Could the Secretary of State for Children and Youth tell us what is being done to address the pressing needs of aboriginal children?

Hon. Ethel Blondin-Andrew (Secretary of State (Children and Youth), Lib.): Mr. Speaker, in the Speech from the Throne the Government of Canada committed to improving the lives of aboriginal children by expanding aboriginal head start, establishing early childhood development for first nations, improving parental supports, providing communities with the tools to address fetal alcohol syndrome, improving educational outcomes for first nations children and taking steps to help special needs first nations children.

It also committed to helping families and children out of poverty by increasing the national child benefit, increasing access to early learning opportunities and quality child care and helping children with special needs and—

The Speaker: The hon. member for Edmonton—Strathcona.

CANADA CUSTOMS AND REVENUE AGENCY

Mr. Rahim Jaffer (Edmonton—Strathcona, Canadian Alliance): Mr. Speaker, the Canada Customs and Revenue Agency has been given the job of squeezing the last few cents from the wallets of Canadians. To do this the minister has targeted those least able to defend themselves, the disabled. There are claims that tax inspectors and CCRA management are receiving bonuses for meeting and beating tax revenue targets.

Could the Minister of National Revenue explain to the House why the CCRA has cut the number of qualified people receiving the disability tax credit and if bonuses are being paid for doing so?

Hon. Elinor Caplan (Minister of National Revenue, Lib.): Mr. Speaker, first, let me correct the member and say that there has been a 70% increase in benefits to Canadians with disabilities since 1996. In the recent throne speech the government committed to continue to improve benefits to Canadians with disabilities.

The criteria defining the disability tax credit is very clearly set out in the Income Tax Act, which CCRA administers. I also want to be very clear that there are no quotas for auditors at CCRA.

● (1455)

Mr. Rahim Jaffer (Edmonton—Strathcona, Canadian Alliance): Mr. Speaker, the only consistency the minister demonstrates is that she has no idea what is going on in her department. We hear from people on this issue. Why will she not come clean on exactly what is happening with her tax agents?

Are tax inspectors responsible for reviewing disability tax claims also receiving bonuses for taxing Canada's most vulnerable citizens? Yes or no.

Hon. Elinor Caplan (Minister of National Revenue, Lib.): Mr. Speaker, it is the role of CCRA to ensure that the income tax law is administered fairly. We are determined to ensure that those people who are entitled to receive the disability tax credit receive it and we are auditing to ensure that those who are not eligible under the law and are not entitled do not receive it. That is there.

* * *

[*Translation*]

IRAQ

Mr. Stéphane Bergeron (Verchères—Les-Patriotes, BQ): Mr. Speaker, a Montreal-based company specializing in the export of ambulances lost a contract of over $40 million with Iraq because of the U.S. government's position on that country.

Does the Minister of Foreign Affairs intend to let the U.S. government know that it is inconceivable to prevent the sale of humanitarian material, such as ambulances, to Iraq? Equating ambulances with military materiel is totally ridiculous.

Hon. Bill Graham (Minister of Foreign Affairs, Lib.): Mr. Speaker, we are closely cooperating with the United States on defence issues. The situation in the Middle East, and particularly in Iraq, is undoubtedly serious. We are making every effort to avoid a war.

That being said, we are continuing to cooperate with the U.S. authorities to reduce tensions in that region and not give materiel to Iraqis under these circumstances.

THE ENVIRONMENT

Ms. Yolande Thibeault (Saint-Lambert, Lib.): Mr. Speaker, my question is for the Parliamentary Secretary to the Minister of the Environment.

According to the report recently tabled by the Commissioner of the Environment and Sustainable Development, a lot remains to be done to deal effectively with the risks posed by toxic substances for Canadians.

Even though it has been making promising progress in that area, what does the government intend to do to improve its management of toxic waste?

[*English*]

Mrs. Karen Redman (Parliamentary Secretary to the Minister of the Environment, Lib.): Mr. Speaker, since a 1999 audit and the implementation of the new Canadian Environmental Protection Act, significant progress has been made in better coordination of activities.

Managing toxic substances is the cornerstone of the Government of Canada's commitment to protecting the environment and health of Canadians. CEPA is a key tool in dealing with our clean air regulatory agenda and putting in place measures for cleaner water.

Since 1999, we have assessed more than 14,000 substances that are in use in Canada for commercial use or proposed use. Our task is to address these, the highest—

The Speaker: Order, please. The hon. member for Saskatoon—Humboldt.

* * *

PUBLIC SERVICE

Mr. Jim Pankiw (Saskatoon—Humboldt, Ind.): Mr. Speaker, in defending racist government hiring schemes, the Treasury Board minister confirmed the use of racial targets and quotas. Although political parties endorse racial profiling for civil service hiring, the vast majority of Canadians are opposed to using skin colour and ethnicity as employment criteria. The truth is that we cannot discriminate in favour of someone on the basis of race without unfairly discriminating against someone else because of their race.

Why is the Treasury Board minister refusing to respect equality of opportunity by instead imposing racial targets and quotas?

Hon. Lucienne Robillard (President of the Treasury Board, Lib.): Mr. Speaker, could I ask the member if he would agree to respect the equity employment legislation in Canada and to accept also the fact that we need to have a public service representative of our population.

That is clear to me and it is clear for the majority of Canadians. When we have a diverse public service, Canadians are very proud of their public service too because it is exactly like the population of the country. We will respect the equity employment legislation.

* * *

NATIONAL DEFENCE

Mr. Peter Stoffer (Sackville—Musquodoboit Valley—Eastern Shore, NDP): Mr. Speaker, if the Minister of National Defence is successful in getting more resources for the military, I suggest the first place he put it is in the replacement of our Sea Kings. However NHIndustries and Eurocopter have now asked for a delay in the procurement process because they cannot meet certain specifications under the contractual bid out there now. In fact, the defence department has said no to their changes and yet they have gone to the PMO's office and the PMO has now told the defence department to look at this one more time, which causes a further delay in the replacement of the Sea Kings.

My question for the defence minister is: Why?

● (1500)

Mr. Paul Szabo (Parliamentary Secretary to the Minister of Public Works and Government Services, Lib.): Mr. Speaker, there has been and continues to be an ongoing dialogue with the industry to get interaction, consultation and feedback. It is that feedback and consultation which is evidence of a fair, open and transparent process.

* * *

STUDENT LOANS

Mr. John Herron (Fundy—Royal, PC): Mr. Speaker, over the past eight years student debt levels have quadrupled indenturing an entire generation of students. Worse still, the Canada student loan program in inaccessible and insufficient to meet their needs.

The amount that can be borrowed has not increased since 1995, yet tuition rates have increased 130% during the same time period. Students who are unable to access enough loan money are forced to take fewer courses per year, delay studies and worse still, drop out.

When will the government address the funding crisis created by an insufficient Canada student loans program?

[*Translation*]

Ms. Raymonde Folco (Parliamentary Secretary to the Minister of Human Resources Development, Lib.): Mr. Speaker, I remind the hon. member opposite that the Government of Canada is firmly determined to ensure that all Canadians have access to post-secondary education.

I also remind him that tuition fees for post-secondary education come under the jurisdiction of the provincial and territorial governments. Still, the Government of Canada has invested in post-secondary education through CHST transfers, and particularly an amount of $39.8 billion between now and the year 2005-06.

[*English*]

The Speaker: The Chair has notice of a question of privilege from the hon. member for Renfrew—Nipissing—Pembroke.

PRIVILEGE

NATIONAL DEFENCE

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, Canadian Alliance): Mr. Speaker, I rise today on a question of privilege under the provisions of Standing Order 48. It has been demonstrated that misleading information has been deliberately given to the House.

On October 25, in responding to a question on behalf of the minister, the Parliamentary Secretary to the Minister of National Defence made the following statement to the House in reply to my question to keep the Emergency Preparedness College in Arnprior open. He said, "no final decision has been made yet".

While I was certainly encouraged by that response, on the same day the parliamentary secretary was responding to my question, the staff at the Emergency Preparedness College in Arnprior were being instructed by the director of the college to start clearing out their desks in preparation for the closure.

The Minister of Public Works and Government Services has been far more forthcoming, and I thank him for taking the lead in arranging a meeting to disclose the details of its closure. This cooperation is in stark contrast to the department of the Minister of National Defence and the refusal of his officials from the Office of Critical Infrastructure and Emergency Preparedness to return phone calls.

Indeed, as I stated in my question, staff from the Prime Minister's Office had already confirmed to the media that it had ordered the college in Arnprior to be closed. A meeting was being arranged to provide the details of the closure. I submit that the parliamentary secretary, or his advisers, deliberately misled the House when the parliamentary secretary stated, "no final decision has been made yet".

On page 111 of the 22nd edition of Erskine May, it states:

> The Commons may treat the making of a deliberately misleading statement as a contempt.

On page 141 of the 19th edition of Erskine May, it states:

> Conspiracy to deceive either House or any committees of either House will also be treated as a breach of privilege.

On November 3, 1978, a member raised a question of privilege and charged that he had been deliberately misled by a former solicitor general. Acting on behalf of a constituent who had suspected that his mail had been tampered with, the member had written in 1973 to the then solicitor general who assured him that as a matter of policy the RCMP did not intercept the private mail of anyone.

On November 1, 1978, in testimony before the McDonald Commission, the former commissioner of the RCMP stated that they did indeed intercept mail on a very restricted basis and that the practice was not one which had been concealed from ministers. The member claimed that this statement clearly conflicted with the information he had received from the then solicitor general. The Speaker ruled that there was a prima facie case of contempt against the House of Commons.

In the case involving the parliamentary secretary, we also have a statement that clearly conflicts with information from other officials from other departments indicating that the government did indeed make a decision and it obviously knew it had made a decision because it was in the process of acting on it.

With respect to the Department of National Defence, I have a copy of an internal e-mail confirming that the Department of National Defence was aware of the decision, and I will provide the Chair with a copy. It is dated October 15, 2002. It states:

> The following information is not yet public knowledge, but I am advising key CEPC stakeholders prior to a public announcement. The Canadian Emergency Preparedness College (CPEC) will relocate to the Federal Study Centre at 1495 Heron Road in Ottawa. The projected relocation date is March 2003. The existing CEPC facilities, which date from the early 1940s, have exceeded their useful life expectancy and are no longer able to support CEPC's current and expanding training program requirements.

Therefore, either the department offered false information to the parliamentary secretary, who inadvertently offered false information to the House, or the department advised the parliamentary secretary of the decision, in which case the charge of contempt should be laid against the member.

You ruled on a similar case, Mr. Speaker, on Friday, February 1, 2002, in regard to misleading statements made by the then minister of defence.

● (1505)

The hon. member for Portage—Lisgar alleged that the former minister of national defence deliberately misled the House as to when he knew that prisoners taken by Canadian JTF2 troops in Afghanistan had been handed over to the Americans. He said:

> The authorities are consistent about the need for clarity in our proceedings and about the need to ensure the integrity of the information provided by the government to the House. Furthermore, in this case, as hon. members have pointed out, integrity of information is of paramount importance—

Mr. Speaker, if you find this to be a prima facie question of privilege, I am prepared to move the appropriate motion.

Hon. Don Boudria (Minister of State and Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I am sure others might want to react to this as well, but the hon. member started off her comments by alleging that somehow Standing Order 48 enables her to get into this debate, which of course it does not.

The second point she raised is that the Parliamentary Secretary to the Minister of National Defence on Friday indicated to the House that "the Canadian Emergency Preparedness College is expanding its training program". This is what was said. What the hon. member is alleging from that is that the college is moving to another community or another side of town or some other location and that constitutes a lowering of the budget. That is an extrapolation that needs to be proved by her, not by this side of the House.

I have no idea whether the college is moving a block away or a mile away. That is not the point. But whether it is or not, for the member to say in the House and to pretend that that constitutes another member misleading the House is an entirely different thing. I hope that she is called upon to account for why she is saying these things when she ought to know better and perhaps does.

Mr. Paul Szabo (Parliamentary Secretary to the Minister of Public Works and Government Services, Lib.): Mr. Speaker, this particular issue is a joint file between defence and public works, which acts as agent on behalf of all departments and we share information. In this regard the allegation of misleading may be a little strong at this point. It is well known that the facilities in Arnprior are inadequate and that there is much to be done.

The best information we had between the two parliamentary secretaries as of Friday is that no decision indeed had been taken as yet. Those representations were made from the latest information available to us.

● (1510)

Hon. John McCallum (Minister of National Defence, Lib.): Mr. Speaker, the only comment I would make is that I have absolute 100% confidence in the integrity of my parliamentary secretary. I am sure, as the other parliamentary secretary just said, that answers were given on the basis of the best information at his disposal.

The Speaker: The Chair wants to thank all hon. members for their interventions in this matter. I will examine the blues and the statements that have been made today and get back to the House in due course.

ROUTINE PROCEEDINGS

[*Translation*]

SAFE THIRD COUNTRY AGREEMENT

Hon. Denis Coderre (Minister of Citizenship and Immigration, Lib.): Mr. Speaker, pursuant to section 5(2) of the Immigration and Refugee Protection Act, I am pleased to table, in both official languages, the proposed regulations for the Safe Third Country Agreement.

* * *

[*English*]

COMMITTEES OF THE HOUSE

FOREIGN AFFAIRS AND INTERNATIONAL TRADE

Mr. Pat O'Brien (Parliamentary Secretary to the Minister for International Trade, Lib.): Mr. Speaker, pursuant to Standing Orders 109 and 32(2), I have the honour to table in both official languages the government's response to the report of the Standing Committee on Foreign Affairs and International Trade entitled "Strengthening Canada's Economic Links with the Americas".

* * *

GOVERNMENT RESPONSE TO PETITIONS

Mr. Joe Jordan (Parliamentary Secretary to the Prime Minister, Lib.): Mr. Speaker, pursuant to Standing Order 36(8) I have the honour to table, in both official languages, the government's response to 20 petitions.

DRUG SUPPLY ACT

Hon. Lorne Nystrom (Regina—Qu'Appelle, NDP) moved for leave to introduce Bill C-261, an act to ensure the necessary supply of patented drugs in cases of domestic emergency or to deal with crises in countries that receive assistance from Canada.

He said: Mr. Speaker, this is an enactment to provide for the development of a plan for the supply of drugs to protect the public from biological and biochemical aggression by means of terrorism or warfare. The plan includes the provision for necessary powers and reasonable compensation for drug suppliers and a proposal for any amendments to the Patent Act.

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

* * *

INCOME TAX ACT

Hon. Lorne Nystrom (Regina—Qu'Appelle, NDP) moved for leave to introduce Bill C-262, an act to amend the Income Tax Act (deductibility of expense of tools provided as a requirement of employment).

He said: Mr. Speaker, this is a very common sense private member's bill. It would allow people to deduct from their income tax the cost of the tools they use in their work. It would be a very credible thing to do in terms of the expense it costs people to do their jobs.

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

* * *

PENSION OMBUDSMAN ACT

Hon. Lorne Nystrom (Regina—Qu'Appelle, NDP) moved for leave to introduce Bill C-263, an act to establish the office of Pension Ombudsman to investigate administrative difficulties encountered by persons in their dealings with government in respect of benefits under the Canada Pension Plan or the Old Age Security Act or tax liability on such benefits and to review the policies and practices applied in the administration and adjudication of such benefits and liabilities.

He said: Mr. Speaker, it is a short title and it does not cover MPs pensions; I want to assure the House of that. The purpose of the enactment is to establish the office of a pension ombudsman to assist persons dealing with the government on benefits under the Canada pension plan and the Old Age Security Act or tax liabilities thereon in cases where they are dealt with unfairly and unreasonably or with unreasonable delay.

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

* * *

● (1515)

FAMILY FARM COST OF PRODUCTION PROTECTION ACT

Hon. Lorne Nystrom (Regina—Qu'Appelle, NDP) moved for leave to introduce Bill C-264, an act to provide cost of production protection for the family farm.

He said: Mr. Speaker, the purpose of this enactment is to provide a cost of production formula for family farms in cases where the weighted average of input costs of production typical in or suitable for the farming zone exceed the weighted average net back to the farm gate for such products averaged over three years. It is a very common sense bill.

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

* * *

PROPORTIONAL REPRESENTATION REVIEW ACT

Hon. Lorne Nystrom (Regina—Qu'Appelle, NDP) moved for leave to introduce Bill C-265, an act to provide for a House of Commons committee to study proportional representation in federal elections.

He said: Mr. Speaker, under this bill a report would be prepared by a standing committee of the House of Commons after public hearings regarding proportional representation formulas. A referendum may be held and the question would be whether the electorates favoured replacing the present system we have, which is a first past the post system, with a system proposed by the committee as concurred in by the House. I am sure the Prime Minister of Canada would support this in light of his promise back in 1984.

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

* * *

CREDIT OMBUDSMAN ACT

Hon. Lorne Nystrom (Regina—Qu'Appelle, NDP) moved for leave to introduce Bill C-266, an act to establish the office of Credit Ombudsman to be an advocate for the interests of consumers and small business in credit matters and to investigate and report on the provision by financial institutions of consumer and small business credit by community and by industry in order to ensure equity in the distribution of credit resources.

He said: Mr. Speaker, the purpose of this enactment is to establish the office of a credit ombudsman to be an advocate for the interests of consumers in credit matters.

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

* * *

CANADA PENSION PLAN

Hon. Lorne Nystrom (Regina—Qu'Appelle, NDP) moved for leave to introduce Bill C-267, an act to amend the Canada Pension Plan (early pension entitlement for police officers and firefighters).

He said: Mr. Speaker, I reintroduce the same bill as I have done in the last few sessions. This enactment is to allow police officers and firefighters who retire at 50 years of age or more after at least five years of service, for the years between the ages of 55 and 60, to elect to be deemed self-employed for earnings up to the total of last year's earnings in the force, or if actually self-employed, to add a sum up to that total to their actual self-employment earnings.

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

* * *

INTEREST ACT

Hon. Lorne Nystrom (Regina—Qu'Appelle, NDP) moved for leave to introduce Bill C-268, an act to amend the Interest Act (interest payable on repayment of a mortgage loan before maturity).

He said: Mr. Speaker, this is simply an enactment to amend the Interest Act. It would help consumers in terms of the loans and the mortgages they have in this country if they want to repay the loan or mortgage before maturity. It is a very common sense bill.

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

* * *

CRIMINAL CODE

Mr. David Pratt (Nepean—Carleton, Lib.) moved for leave to introduce Bill C-269, an act to amend the Criminal Code (firefighters).

He said: Mr. Speaker, it is my pleasure to reintroduce this bill which I introduced almost a year ago. My bill, an act to amend the Criminal Code (firefighters) would increase the severity of punishment for criminal acts such as arson that injure or kill a firefighter. This bill is long overdue.

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

* * *

● (1520)

WITNESS PROTECTION PROGRAM ACT

Mr. Jay Hill (Prince George—Peace River, Canadian Alliance) moved for leave to introduce Bill C-270, an act to amend the Witness Protection Program Act and to make a consequential amendment to another act (protection of spouses whose life is in danger).

He said: Mr. Speaker, domestic violence is a horrendous crime in our society that is often committed behind closed doors.

In 1996, 21,901 cases of spousal assault were recorded in a sample of 154 police departments across Canada. More recently in the year 2000, 166 police departments reported nearly 34,000 incidents of spousal violence.

The staggering increase with this form of violence is particularly cruel because it is committed within a family by an assailant known to the victim.

My private member's bill which I am reintroducing today provides protection to victims of domestic violence. If passed, the bill would serve to formally protect those people whose lives are in danger because of acts committed by a spouse or former spouse, a common law spouse or former common law spouse by allowing them access to the witness protection system.

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

* * *

[*Translation*]

PETITIONS

GASOLINE PRICES

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, I have the honour to present a petition on behalf of constituents from my riding of Acadie—Bathurst.

Thousands of people have signed the petition, urging Parliament to set up an energy price commission so that gas companies have to justify any increase in gas prices to Canadians.

[*English*]

FETAL ALCOHOL SYNDROME

Mr. Paul Szabo (Mississauga South, Lib.): Mr. Speaker, I have two petitions to present to the House today.

The first petition is on the subject of fetal alcohol syndrome. The petitioners draw to the attention of the House the fact that fetal alcohol syndrome and other alcohol related birth defects are 100% preventable. They also point out that the consumption of alcoholic beverages impairs a person's ability to operate machinery or an automobile.

The petitioners therefore call upon Parliament to mandate health warning labels on the containers of alcohol products to caution expectant mothers and others of the risks associated with alcohol consumption.

STEM CELL RESEARCH

Mr. Paul Szabo (Mississauga South, Lib.): Mr. Speaker, my second petition concerns stem cell research. The petitioners draw Parliament's attention to the fact that they support ethical stem cell research and that non-embryonic stem cells, also known as adult stem cells, have shown significant research progress without the immune rejection or ethical problems associated with embryonic stem cells. The petitioners therefore call upon Parliament to focus its legislative support on adult stem cell research to find the necessary therapies and cures for Canadians.

CANADA POST

Mr. Werner Schmidt (Kelowna, Canadian Alliance): Mr. Speaker, pursuant to Standing Order 36 I would like to present three petitions.

The first petition deals with rural mail couriers. The petitioners request the government to repeal section 13(5) of the Canada Post Corporation Act.

JUSTICE

Mr. Werner Schmidt (Kelowna, Canadian Alliance): Mr. Speaker, my second petition is signed by a number of petitioners who request that the Parliament of Canada, under section 15(1) of the Charter of Rights and Freedoms, uphold the Latimer decision of the Supreme Court of Canada.

CHILD PORNOGRAPHY

Mr. Werner Schmidt (Kelowna, Canadian Alliance): Mr. Speaker, the third petition deals with child pornography. The petitioners call upon Parliament to protect our children by taking all necessary steps to ensure that all materials which promote or glorify pedophilia or sado-masochistic activities involving children are outlawed.

I submit these petitions with all due respect on behalf of these petitioners.

Mr. Grant Hill (Macleod, Canadian Alliance): Mr. Speaker, I have one petition to present today and it adds to the signatures of literally hundreds of Canadians who have condemned the Liberal government for its stand on child pornography.

This petition comes from the citizens of Okotoks and the surrounding area in my constituency. The petitioners want the Liberal government to take far more powerful steps against child pornography.

● (1525)

Mr. John Williams (St. Albert, Canadian Alliance): Mr. Speaker, I would like to present a petition from constituents in my riding who say that the creation and use of child pornography is condemned by a clear majority of Canadians. They therefore call upon Parliament to ensure that all materials which promote or glorify pedophilia or sado-masochistic activities involving children are outlawed.

JUSTICE

Mr. Rob Merrifield (Yellowhead, Canadian Alliance): Mr. Speaker, pursuant to Standing Order 36 I have the honour to present this petition to the House on behalf of the constituents of Yellowhead, who request that the Parliament of Canada, under section 15(1) of the Charter of Rights and Freedoms, uphold the Latimer decision of the Supreme Court of Canada.

CHILD PORNOGRAPHY

Mr. Greg Thompson (New Brunswick Southwest, PC): Mr. Speaker, I have a number of petitions from constituents of New Brunswick Southwest, principally from the residents of the following communities, St. Stephen, St. George, McAdam, and Grand Manan, who condemn child pornography. The petitioners call upon the federal government to take strong action to outlaw anything that would put our children at risk.

Mr. Vic Toews (Provencher, Canadian Alliance): Mr. Speaker, I am pleased to table two petitions in the House today under Standing Order 36. These petitions condemn the use of child pornography and the inadequate application of our child pornography laws by the courts. The petitioners call upon the government to take all necessary steps to protect Canadian children against pedophiles, child pornographers and others who exploit them.

These petitions have been signed by over 4,000 concerned citizens, mainly from my riding of Provencher. Unfortunately, since the rules of the House of Commons do not permit me to express my support for these petitions, I wonder whether I could have the unanimous consent of the House to allow me to provide that expression of support.

The Speaker: Is the hon. member serious?

Is there unanimous consent to permit the hon. member to do this?

Some hon. members: Agreed.

Some hon. members: No.

STEM CELL RESEARCH

Mr. Jim Pankiw (Saskatoon—Humboldt, Ind.): Mr. Speaker, I have a petition from individuals of St. Brieux's parish in which they ask Parliament to focus its legislative support on adult stem cell research instead of embryonic stem cells to find the cures and therapies necessary to treat debilitating illnesses.

CHILD PORNOGRAPHY

Mr. Jay Hill (Prince George—Peace River, Canadian Alliance): Mr. Speaker, pursuant to Standing Order 36 I would like to table three more petitions with a total of 1,137 signatures from my constituents in Prince George—Peace River.

These petitioners from my riding join with many other Canadians in calling upon Parliament to take all necessary steps to eradicate every form of child pornography in Canada. Only with clear legislation that severely punishes those who promote or glorify this material will we curb this form of child exploitation in Canada. Obviously since all Canadian Alliance members support these petitions, I do not have to say that I do.

Mr. Murray Calder (Dufferin—Peel—Wellington—Grey, Lib.): Mr. Speaker, pursuant to Standing Order 36 I would like to present the following petitions whereby the petitioners call upon Parliament to protect our children by taking all necessary steps to outlaw all materials that promote child pornography.

CHINESE CANADIANS

Ms. Libby Davies (Vancouver East, NDP): Mr. Speaker, I rise today in the House on a very important issue. Close to 2,000 Canadians are petitioning the House to draw attention to the historical significance of the Chinese head tax and the Chinese exclusion legislation that prevented Chinese Canadian workers and their families from entering Canada and imposed a very devastating head tax, as much as $500, which at the time amounted to about two years' wages, against Chinese Canadians.

The petitioners are urging the Government of Canada to recognize the importance of this issue and to sit down and negotiate to provide compensation, to provide an apology, to understand the historical injustice that was perpetrated upon the Chinese community and to make sure this injustice is righted today.

STEM CELL RESEARCH

Mrs. Lynne Yelich (Blackstrap, Canadian Alliance): Mr. Speaker, it is a pleasure to rise today on behalf of my own parish, St. Andrew's Roman Catholic Church, to present a petition calling upon Parliament to focus its legislative support on adult stem cell research to find the cures and therapies necessary to treat the illness and disease of suffering Canadians.

CHILD PORNOGRAPHY

Mr. Charlie Penson (Peace River, Canadian Alliance): Mr. Speaker, thank you for the opportunity to present 10 petitions today calling for Parliament to protect our children by taking steps to outlaw all materials promoting and glorifying pedophilia and sado-masochistic activities involving children. These petitions are signed by 750 individuals and it is my pleasure to present them on behalf of these Peace River constituents.

● (1530)

STEM CELL RESEARCH

Mr. Brent St. Denis (Algoma—Manitoulin, Lib.): Mr. Speaker, I have the honour to present a petition from dozens of constituents from Chapleau, Ontario. They are very supportive of research in support of finding cures for Parkinson's, Alzheimer's, diabetes and other terrible diseases. They support what they refer to as ethical stem cell research and would prefer that Parliament focus its legislative efforts on adult stem cell research.

* * *

QUESTIONS ON THE ORDER PAPER

Mr. Joe Jordan (Parliamentary Secretary to the Prime Minister, Lib.): Mr. Speaker, I ask that all questions be allowed to stand.

The Speaker: Is that agreed?

Some hon. members: Agreed.

GOVERNMENT ORDERS

[*English*]

HEALTH CARE SYSTEM

The House resumed consideration of the motion.

Mr. Peter Stoffer (Sackville—Musquodoboit Valley—Eastern Shore, NDP): Mr. Speaker, I thank the hon. member for Yellowhead for his speech. He is correct in one assumption. The Liberals have dropped the ball when it comes to the health care debate.

My question for him is this. He said very clearly that the Canadian Alliance does not support in any way, shape, or form a parallel two tier system, but we have yet to hear members of that party say anything about the creeping privatization happening in provinces like Alberta, Quebec, Nova Scotia, et cetera. I am just wondering if he can clarify his position as to why we have not heard any kind of criticism or critique of the private sector creeping into the provinces when it comes to health care in the country.

Mr. Rob Merrifield (Yellowhead, Canadian Alliance): Mr. Speaker, I am a little puzzled by the question because I understood that the NDP agreed with the Canada Health Act, which allows

private delivery of health care within a publicly funded system under the jurisdiction of the provinces, and to be flexible in that. We would agree with the Canada Health Act and complying with that. I am a little confused by the question. We certainly agree with that and I thought the NDP did. I hope that is clear enough for him.

Mr. Charlie Penson (Peace River, Canadian Alliance): Mr. Speaker, I am happy to take part in today's take note debate in regard to health care. This has become a very important issue for Canadians in the last few years as we have seen a serious decline in our health care system. The budgets of several provincial governments are approaching 50% just for the delivery of health care. People are concerned about whether this will be sustainable in the future. Several commissions have been established in order to try to deal with the health care issue.

I welcome the national debate that is taking place on health care and I welcome the debate in the House today, but I do have to say that we have really gone quite a ways from the days when Lester Pearson introduced health care as a national priority and guaranteed, in his words, from the Liberal government of the day, that no less than 50% of the cost of health care delivery in the country would be provided by the federal government.

We know that is no longer the case. There has been a severe decline in health care in terms of the amount of money that the federal government is putting into it. I suggest that this no different from the decline that we have seen in several other areas. We have seen a decline in productivity. We have seen a decline in the Canadian dollar. We have seen a decline in the amount of foreign investment in Canada as a percentage of world investment. Correspondingly, we have seen increases in taxes and big growth in government. We have seen growth in government in business subsidies, in areas that they have established as priorities on the other side of the House and which we certainly do not share in terms of their position.

What do we have in our health care system right now? We have a decline. We have a problem in that provinces are facing difficulty in being able to fund health care. The national amount of money coming from the federal government is now only 14%, and yet the government wants to dictate all of the rules to the provinces on how health care should be delivered. We welcome this debate.

Three studies, Kirby's, Romanow's and of course the Mazankowski report in Alberta, either have indicated that reforms are needed or are in the process of doing that. We have seen that Mr. Kirby's report, tabled the other day, is calling for increases in taxes so that we can fund over $5 billion in increased funding for health care. I want to deal with that, but I want to also deal with what Canadians really want.

What we believe Canadians want is a public system that is accessible on a timely basis. In other words, if they have a health problem, they want to be able to go to their doctor and have that health problem diagnosed and dealt with in a timely fashion. We know that if this does not happen, things could deteriorate fairly quickly.

How do we propose to get there? These three commissions have all indicated or are in the process of indicating that there needs to be more money for health care. A couple of elections ago, the Reform Party and the Canadian Alliance recognized this. We recognized that Canadians have health care as a high priority. In fact we think that if Canadians were able to set their priorities, it certainly would be health care funding over things like money for Bombardier or some of the business subsidies that the government currently gives out.

What Canadians want is a public system. They want accessibility and they want it in a timely manner. We really support that idea. Unfortunately, the only thing that the Liberal government can see as a way to address this is to raise taxes. It is not as though the government is not used to raising taxes. We have seen a lot of tax increases and that seems to be its answer to everything. That is its philosophy: tax it.

What would a family do if faced with a similar situation? What would family members have to do if the family budget were overtaxed? They would say that they have these new expenditures they have to make and they would say "I guess we are just going to have to find some new money someplace". It is not a realistic possibility for most families. Unless they go out and get part time jobs to support the present jobs they have, that is not a possibility. Yet the government seems to take the attitude that if it needs more money, it will just tax Canadians higher.

● (1535)

We have been down that road. The former finance minister and the Prime Minister have been here since 1993 and since that time taxes have increased steadily. We have seen 53 corporate and personal income tax increases, excluding the Canada pension plan and bracket creep; 28 corporate tax increases, 25 of those being personal income tax increases; 6 bracket creep de facto personal income tax increases from 1994 to 1999; 8 Canada pension plan contribution rate increases from 1994 to 2001 up to 9.4%. This was an 88% increase for the Canada pension plan.

We have seen 67 corporate and personal income tax increases, including CPP and bracket creep, from the government since 1993. What do we have? We have less money being spent on health care in real terms today by the federal government than it was spending in 1993. What a travesty when it is telling the provinces to clean up their act on health care.

The government made a commitment in the late sixties and early seventies that its portion of funding would never fall below 50%. What is it today? It is 14% on average. Some provinces of course are less than that. What happened to that promise? This is consistent with the long term decline in the way the government has run the country for so many of those 30 years.

The budget of 2001 had a 9.3% increase in program spending but not one cent was cut to low priority areas. In 2002 federal government revenues total almost $180 billion. The average Canadian taxpayer will pay about $8,300 in federal taxes. That is a lot of money. In fact the *Globe and Mail* and Ipsos-Reid had a poll just recently that found that three-quarters of Canadians felt that they were taxed too high in comparison to the services they received, such as health care and education.

What do we have from the government? We have proposals for tax increases. Kirby suggested it. What is he doing? I suggest he is trying to lay the groundwork for the federal government. He is talking about raising in the GST from 7% to 8.5%. He is talking about a raise in either the GST or else a premium that would be raised through a national tax system to raise $5 billion. I do not think that is what Canadians want.

Why will those guys not just cut spending and set their priorities? Why do they have to raise taxes to pay for those services?

It seems to me that they just cannot get their own fiscal house in order. What are they spending the money on? Why do they require all these taxes? Why can they not find the $5 billion within the existing budgetary framework? I think the reason is that they have a lot of friends. They have a lot of business subsidy programs. Over $12 billion in loans were granted to companies like Bombardier, Pratt & Whitney, Rolls-Royce and Honeywell over the past five years. Of that $12 billion granted how much have they received back on their investments? They have received $25 million, a 2% return on investment.

Why do they have to raise taxes further for health care? The answer is that they do not. They just have to get a hold of their own out of control spending.

Canadians are concerned because total government expenditures as a percentage of GDP back in the 1960s were roughly equal in Canada to the United States. Today the Canadian government spends approximately 42% of GDP on public programs and interest payments on debt, a full 11% more than in the U.S.

It is commonly assumed that the extra expense is used to pay for health care but, as was pointed out earlier, the U.S. spends more money on public health care, although many people have private insurance as we heard earlier, than does Canada. We also know that the United States spends a significant amount on its military, which takes up a big portion of its GDP, but it still has government spending that is 12% less of its GDP than ours.

The government certainly can do better. We have had advice from people, such as Toronto Dominion economist, Don Drummond, who used to work for the government as a deputy minister. What he has said is that for every new dollar of spending there should be an onus to identify another dollar that is a low priority dollar to be cut back. That is the total missing approach in Ottawa at the moment. I could not have said that better.

● (1540)

The government has no idea how to get its priorities straight. Money is there for health care if it is required but not from new taxes. Canadians do not want more taxes. They want the government to act fiscally responsibly and find the money within the existing budgetary framework.

Mr. John Bryden (Ancaster—Dundas—Flamborough—Aldershot, Lib.): Mr. Speaker, I would like to pick up on a comment that has been made several times by the opposition during the debate, which is the reference to the fact that the United States spends more on public health care per capita than does Canada.

I point out, given the fact that the U.S. health care system is not universal, that there are enormous numbers of people left out, this very statistic that the opposition is citing all the time indicates that public health care delivery in the United States is hugely inefficient, much more inefficient than in Canada.

Mr. Charlie Penson: Mr. Speaker, I believe Canadians want a rational, reasonable approach to the health care issue. I also believe Canadians want a government to deal with this and not push it off, as the government has done for 30 years, and see a steady decline in the health care system.

Canadians are looking for answers. They want to see the health care system improved. Their bottom line is, in my view, timely accessibility to the health care system and they want it through a public system. If that means there needs to be some private delivery within that, we are prepared to look at that.

The business of a dedicated tax for health care has been raised. We are prepared to look at that as well but we do not believe that it is necessary. The provinces and Canadians need to have the chance to read and digest all the reports from the Kirby commission and the Romanow commission to understand what is being asked of them, which is an increase in funding. We think it is incumbent upon the government to look within its budgetary framework. We have identified lots of areas of government spending that are low priority, such as regional development programs from coast to coast to coast and business subsidies to companies like Bombardier.

We believe that if Canadians were asked whether they would rather give money to Bombardier or have more money for health care, we think they would choose health care. Therefore why is the government playing the stock market for us in a de facto position in the stock market? That is really what it is doing.

In terms of the U.S., I think my figures stand in spite of the fact that a big portion of its health care is being delivered by private insurance. Even its sector from the public side spends more money per GDP than we do in Canada. We think there have to be some efficiencies there but the government has really let the side down. It has let the side down by letting the ball drop. Back in the 1970s the government promised to pay 50% of the cost of health care. What do we have today? We have 14% on average.

The government is not doing the job for Canadians. We think it has failed Canadians miserably on the health care issue.

● (1545)

Mr. Jerry Pickard (Chatham—Kent Essex, Lib.): Mr. Speaker, I have had the opportunity to talk with my constituents and with health care professionals in my riding. What I heard was that our health care system was under a tremendous amount of financial stress. The system is short on health care professionals. The system needs many adjustments and changes. We need to come up with a plan to make certain that we have long term care and sustainable funding to ensure that the Canadian health care system serves the public well.

Quite frankly, I hope the debate is not only on where the money comes from. I heard my colleague across the way and I realize he certainly has his viewpoint but I do not think the debate should focus only on whether new taxes are created or whether other things are done. Consultations with the public are most important. Through the consultations by Mr. Kirby and Mr. Romanow we are arriving at a point where we can see a lot of things that need to be done, a lot of actions that need to be taken in the health care system.

I, and I believe every Canadian, have no doubt that there will be extra expenses if we are to tackle the system properly. Making sure that we do have those dollars in place will be very important. However let us also look at some of the shortfalls of the system right now.

It used to be in a rural community we would hear about the lack of doctors and areas that are totally underserviced. I come from an area in Chatham—Kent Essex that is as highly underserviced as any area in this country. That is a real disaster for all of us. When we do not have doctors, nurses or health care professionals that we need to deal with patients, it is very critical. However it is not just the rural communities any more. We are short of doctors in some of our major areas like Toronto, Vancouver and Montreal.

We need to look at a system where we can have the number of health care professionals trained and in practice in this country, not just doctors, by the way, but let us look at nurses. Let us look at all other health care delivery service people that we have in the system. We are totally underserviced. The opportunity in the future does not seem to be as bright as it should be either. Where will those doctors come from? Do we have the numbers to deal with those issues? I do not believe so.

One of the reasons a lot of the consultation and work that has been put in place is to try to deal with not only financing, but numbers of health care professionals.

How do hospitals get stable funding and make sure they can plan for not only today but for five or ten years down the line? How can they be sure that the administration in our hospitals is provided with the tools it needs in order to deliver proper, adequate health care to people coming into the system?

How do we deal with the cost of drugs, which seems to be escalating over time and in fact is putting more and more stress on our system every day? Are there means by which we can look at those extra costs and deal with them in a more adequate, better way?

From my point of view, from my constituents' point of view and from the point of view of the health care professionals with whom I have spoken, obviously more money needs to be put into the health care system but we also need to deal with many other issues in the health care system that will make our system the system that we want it to be.

I have no question that the Liberal government, every person in the House and all Canadians want to make sure that we put a health care system in place that will serve everyone well. The problem obviously is that we focus our debate on who will pay the bills. We focus our debate on who is wrong and who is right. We focus our debate on most of the wrong things.

● (1550)

When I hear that Canada does not pay its fair share in health care, I wish we would stop that type of debate and start looking at what is the past record, what have been the expenditures? Are we living up to our obligations to the people who are electing us? Are we moving that agenda forward, or are we playing petty politics on funding issues and not really looking at a system that needs some repair, that needs a cash injection, and that needs a lot more support and thought to go into it?

I am a disappointed in what I am hearing at times. We must have institutions in this country that will train nurses and doctors, that will put professionals with the proper tools and skills in small communities. In my riding the town of Tilbury is a good example. Tilbury has been searching for a doctor for years to replace the doctor who was in the community. There are outreach programs. There is funding to recruit doctors. There are all kinds of activities going on. We have not been as successful as we can in dealing with that.

I have heard of systems where doctors would set up practices in different communities to help with the building, the material, and the professional equipment that is required, but to no avail because there are not enough doctors trained in the communities.

We can look at the systems as they are changing. We have clinics in many of our communities today. Those clinics will have people come in with colds and other problems from nine in the morning until four in the evening and the doctors in those clinics can deal with those patients quite quickly.

When it comes to long-term, major health care programs, the patients are turned back to the family practitioner. The family practitioner then has a tremendous number of hours, a tremendous amount of work, and a heavy burden of individual patients who have diseases that require a long-term of care. Possibly the funding in those areas is not as good as the type of funding that a doctor might receive if he received payments for everybody coming off the street. He could deal with them in five minutes and bring the next patient in and deal with him or her for five minutes.

We must look at the role and the work that our practitioners are doing in practice as well. We must look and see if the clinics are serving our society well. Perhaps many of the long-term cases should be taken over in some other way. We should look at how the whole structure of funding to the medical community is put in place.

In Ontario there are projections that we will be short tens of thousands of nurses over the next 10 years and that is scary. When we start talking about the shortage of all kinds of professionals, not just in the medical field, but in all fields, we must be concerned where this whole system is moving.

I want to touch on funding to a small degree. It is critical that people understand that the federal government has been working very hard. It is my understanding that in the last four years we have increased health care spending by $35 billion. That is $35 billion put into the health care system that was not there before.

People have played with the numbers and they have not been accurate about those numbers in this debate. I have never heard anyone talking about all the types of transfers that go to the provinces and covering health care system costs. I can say without equivocation that our health care system is financed by the federal government at the rate of 40%. I believe all of the numbers, when we talk about transfer to the provinces, cash transfers, tax transfers, and equalization payments, would hear me out.

● (1555)

The Acting Speaker (Mr. Bélair): Questions or comments? Resuming debate, the hon. member for Ancaster—Dundas—Flamborough—Aldershot.

Mr. John Bryden (Ancaster—Dundas—Flamborough—Aldershot, Lib.): Mr. Speaker, I would begin by saying that I have followed the debate today right from the very beginning and I heard the Leader of the Opposition speak first. I note that one of the techniques around here, if we want to find out what the opposite side's viewpoint on an issue is, is to listen to the leader and we will find everything else echoed by the subsequent speakers. I expect there is an exchange of information that enables subsequent speakers in the opposition to basically echo that which their leader said.

I listened to the leader's speech very carefully. I noted that despite 25 minutes of condemnation of rhetoric from the government's side, in fact the Leader of the Opposition made only two concrete suggestions in his entire speech which took about 35 seconds, each one of those suggestions. I would like to deal with them.

The first suggestion was that we should spend more money for health care. The federal government should put up more money and it should not raise any new taxes in doing so. That is very laudable but we do note that the opposition is asking the government to spend more money on defence and is asking the government to spend more money in a variety of areas. I do not know about the practicalities of what is suggested by the—

Mr. Ken Epp: Mr. Speaker, I rise on a point of order. I need some clarification. Is the member rising on questions and comments or is he making a speech? The person to whom he should be directing his questions and comments has gone.

The Acting Speaker (Mr. Bélair): The hon. member is actually making his speech. I asked for questions or comments a while ago after the hon. member for Chatham—Kent Essex spoke and nobody stood up, so we resumed debate with this hon. member, who has the floor.

Mr. John Bryden: Mr. Speaker, I always thought the whole point of this place is to exchange in a debate and so I am commenting in debate on the suggestions made by the Leader of the Opposition and all the subsequent members of the opposition.

To finish my thought, and hopefully without any further interruption, all the Leader of the Opposition said is to put more money into health care from the federal government but without raising taxes and he did not suggest how to get that money.

We learned from the member for New Brunswick Southwest that a minimum of $5 billion more is required for an infusion into health care, according to Senator Kirby's report, but in fact to cure the problems in health care delivery it is probably many billions of dollars more than that. I would submit that the answer is not more federal money and I am personally opposed to adding more federal money into the health care situation because I believe the savings and the money can be found elsewhere

That brings me to the Leader of the Opposition's second point. He suggested that we should consider the Alberta model of the private corporation delivery of health, in other words private clinics. The genesis of that point was the idea in Alberta that perhaps the public provision of health care delivery, which is usually by charitable non-profit organizations, could be more efficient if some of these services were provided by for-profit organizations, the idea being that the profit motive creates certain efficiencies.

I do not think we should discount that particular suggestion. It is a legitimate suggestion and the Leader of the Opposition was careful to point out that it would still be public care, that everyone would be entitled to equal care. The question would only be if in some instances the health care delivery would be better delivered by a private organization.

I suggest however that before we ever get to that point what we need to do is to make the health care delivery institutions more transparent and accountable. We would save, if we did that, all the money we need, in order to upgrade the current health system.

Mr. Speaker, you may not be aware of this but the $75 billion of government money that goes out to the health care institutions to provide health care delivery is not managed in any way that is legislatively transparent and accountable to the public. Hospitals which spend billions of dollars are not under the Canada Corporations Act save as a regime of guidelines of corporate governance. They do not operate under legislated standards of corporate governance.

Consequently if we talk to senior health care professionals we find them telling us that there is no administrative standard governing hospitals or health care institutions all across the country. In other words, one hospital may be operating effectively. Another hospital may not be operating effectively but there is no interchange of ideas. There is no parent standard from the national government or even the provincial governments.

Even in research hospitals have their own institutes of research and there is no peer exchange of ideas in the research that these institutes do. In other words, we have a situation where individual hospitals may be running a research institute operating as a charity or receiving money from a charitable foundation but there is no peer review of the actual work they are doing, other than when they finally come out and produce a paper and there is no coordination of the actual practices.

I point out that this extends to health care delivery, this problem of transparency and accountability. The Canadian Institute for Health Information, which was created about eight years ago by the health ministers federally and provincially, has disclosed all kinds of problems in the health care delivery system which all has to do with the failure to keep proper records and exchange information.

● (1600)

I will give just one example of the Canadian Institute for Health Information. It found in its research that there is no Canadian data on follow-up procedures in hospitals. It also estimates that there are 10,000 infection and non-error medication deaths in hospitals. The error basically boils down to when a doctor or nurse prescribes the wrong medication and the person dies. Because we are not a society in which litigation surrounding our medical practices is the norm, as it is in the United States, these accidents occur and for years and years there has been no follow-up and no central collection of data on these accidents.

While we all would like to believe that we have some of the best health care delivery in the world in Canada, the reality is that because of the lack of transparency in major hospitals and other health care delivery systems, only now are we beginning to realize that perhaps our health care delivery is not anything like as efficient as we would like to believe.

The analogy is very apt. If that is the case in health care delivery, where there are huge inefficiencies because of the lack of reporting, the lack of transparency, the need to exchange data, the lack of public accountability, then it is easy to conclude that there must be the same situation with the delivery mechanisms of hospitals and other health care institutions. In other words, if one does not have to tell anyone what one is doing, there can be nepotism and every kind of inefficiency imaginable.

If the total bill is $75 billion dollars a year of taxpayer money going into health care delivery and we have no way of knowing how administratively efficient that health care delivery system is, then I would suggest that at the very minimum, at a 10% minimum, we would get $7.5 billion to add into the health care delivery system. I would say that is just a minimum.

Therefore it becomes a no win game. When the federal government gives money to the provinces and the provinces give money to the health care delivery systems or institutions, and even the provinces cannot be sure how that money is being spent, what happens anecdotally is we occasionally find a situation where money is going out, which hopefully was to go toward some sort of magnetic resonance system or some other important piece of hospital machinery, for lawnmowers and garden care.

That is precisely the problem. We could save the money. We could reform the health care delivery system. We could do it all without an additional cent of money, if we brought hospitals and health care delivery systems under the Canada Business Corporations Act, where they would be forced to conform to proper standards of corporate governance, and finally under the Access to Information Act, because I suggest that if transparency is good for government, it is also good for those institutions that spend government dollars.

● (1605)

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, I feel it is a cheap shot when to say that a hospital bought a lawnmower to cut the grass in front of the hospital. What does he want the hospital to look like? Does he want to have hay in front of the hospital and bring in horses and cows to clean it up?

Is it not because the federal government has made cuts and is only paying 14% of the costs of health care? If we had the 50% like we used to have, I would like to see the difference in each province of our country, instead of leaving the burden on the provinces to look after the health care of Canadians.

The federal government has a responsibility, and I believe where the Liberals went wrong was when they made the cuts in 1994. They should stop talking about the lawnmower because we still need that grass to be cut. We are not going to put horses in front of our hospital to eat the grass.

Mr. John Bryden: Mr. Speaker, I would rather worry about lives than how long the grass is. That aside, the fundamental point here is this. Do not ask for more money. Do not put more money out before knowing how that money is being spent. We cannot see how hospitals and these institutions are spending money. The losses, when we talk about $75 billion, must be enormous. I do not see why any institution in this land should be afraid of transparency and accountability, especially as it will save lives and money at the same time.

Mr. Greg Thompson (New Brunswick Southwest, PC): Mr. Speaker, I want to go a little further than the member who just spoke when he talked about the lawnmowers, the woodworking equipment and so on that had been bought for hospitals. I agree that that is a necessary part of making a hospital presentable and in running it. However, the member did not explain this and I know he knows this. I guess it is the lack of time to go into the detail. However the point that I think we want to make is that came under the special technology fund, where the federal government put somewhere in the order of $250 million to $500 million on new technology.

We are talking about transparency and I fully agree with the member. These programs have to be measured very carefully and there has to be total transparency. However, when a lawnmower qualifies for new technology spending, what does that tell us? It is a no brainer.

I agree fully with the member in terms of transparency. The Auditor General has mentioned the same thing. We will be talking about putting more money into health care, and to his credit Senator Kirby said the same thing, that new money—

● (1610)

The Acting Speaker (Mr. Bélair): I have to give time to the hon. member for Ancaster—Dundas—Flamborough—Aldershot to respond.

Mr. John Bryden: Mr. Speaker, I thank the member for New Brunswick Southwest for correcting the remarks of the New Democratic Party member for the record.

I want to make a point that, when it comes to transparency, we have to bear in mind that the salaries of hospital administrators are huge as well. The chief administrator for Hospital for Sick Children makes $500,000 a year. There is nothing requiring the CEOs, the paid executive staff of the hospitals, to even report the truth to their board of directors. There is this gap of information.

In the end transparency and accountability is the way to go. We should really look at the possibility of extending legislation like the Access to Information Act to institutions like hospitals. They should have nothing to hide. They should be open for public scrutiny and it would save lives.

Mr. Dennis Mills (Toronto—Danforth, Lib.): Mr. Speaker, I will be sharing my time with the member for Bonavista—Trinity—Conception.

First, I want to congratulate the committee led by Senator Michael Kirby and the committee led by former premier, Roy Romanow for all the work that they have be doing over the last year in advancing the debate on this issue, which essentially stamps the character of our country. If there is a defining issue that makes Canada so special, so unique on the world stage, it is our universal health care system. I believe that all of us in this room want to do everything we can to ensure that the universal health care system is enshrined.

A few weeks ago I was talking to one of the doctors in one of the hospitals in my riding in downtown Toronto, the East General Hospital. He was complaining about the lack of MRI equipment and staff. He brought to my attention that in Toronto a dog, a pet, could get access to an MRI machine faster than a person who was in desperate need of an MRI. I am not against pets. I have over 10,000 pet owners in my riding. I totally celebrate and do not want to take anything away from pets or that community. However the priorities in Canada are wrong when pets are on MRI machines before patients, human beings.

We really have to look into all the possibilities that exist to reinvigorate our health care system before we spend another five cents. I agree with the member for Ancaster—Dundas—Flamborough—Aldershot. The notion of us just automatically transferring another $5 billion, $6 billion, whatever the number is, without going through the system line by line ensuring that we are operating at our capacity at our maximum potential for efficiencies would be irresponsible. I am definitely against a dedicated tax.

We have missed a lot of opportunities in improving the health care system and improving the efficiencies in the health care system. I would like to bring one specific area to the attention of the House which we talked about four years ago.

A number of us in the House and in all parties chaired a committee on the importance of physical fitness and amateur sport in Canada. We had some of the best doctors in our country appear before us. They brought to our attention that of all the G-7 countries, we were the worst in terms of physical fitness; we were right at the bottom. They said that only 29% of the people in our country spent an average of half an hour on physical fitness in a day. They brought to our attention that if we could move that number from 29% to 39%, a 10% increase, then we could save $5 billion a year in health care costs. That is where we should be looking.

● (1615)

What disturbs me about this specific idea given to us by experts is that we have let four years slip by. We have missed four years. Let us be conservative. If in three of those four years we had fully mobilized the will of the country, we could have saved around $15 billion in our health care system. That would have more than looked after what Senator Kirby has recommended in his committee report.

I personally have a view about just transferring money. I do not know how this $5 billion has been calculated. It seems very strange to me. It is a number that I sometimes find hard to absorb. It seems there is the idea we would just throw more money at it without doing a line by line check not just of efficiencies but also of what are the areas of prevention we could take advantage of.

One idea is in the area of physical activity. That is a savings of $5 billion a year. My goodness, what if we could get to a point where 50% of our nation exercised 30 minutes a day, walked for 30 minutes a day? Just think of the savings. This would all go to our capacity to sustain our universal health care system.

The second point I want to put on the table is also in the area of prevention. In my community in downtown Toronto there are many communities that use alternative therapies such as shiatsu therapy and acupuncture. There are all types of therapies in the area of prevention that could save millions and millions and possibly billions of dollars for our health care system.

There are certifiable statistics showing that 10% of our country's workforce is clinically depressed and only one-quarter of 1% of that 10% is diagnosed. The cost to our health care system of 10% our workforce being clinically depressed is staggering.

We have to get in to the whole realm of prevention. To get prevention exercises moving forward costs money, but it does not cost billions to prick the conscience of Canadians and get them involved in a national exercise when collectively they know they have a responsibility to do their part in order to sustain our health care system.

It would probably cost us about $100 million a year in promotion and mobilization. I would invest $100 million if I thought it could save $5 billion. Experts have given us this advice time and time again in committee. I am sure the Secretary of State for Amateur Sport will deal with this issue in even more detail when he speaks on Wednesday.

I applaud that we are having this debate. I do not like the idea that it is only 14% or 16%. I do not think Canadians really care about that. They want to know that we have come up with an action plan that we can get on with right away. I would like to see a very focused effort in the whole area of prevention.

● (1620)

Mr. Rob Merrifield (Yellowhead, Canadian Alliance): Mr. Speaker, I listened very intently to the hon. member's comments.

I am a little disturbed that he said to get on with the plan. I have not seen the plan yet. Canadians have not seen the plan. It would be quite interesting to see what the plan is. The government passed it off to Mr. Romanow for a two year hiatus that Canadians cannot afford.

It seems that the bulk of the member's comments were about preventive health care. If we want to see if someone means what he is saying, then we should find out where his feet are on the issue. The government talks the good talk about preventive health care, but it pulled the rug out from under the Participaction program, as an example. If the government is really serious about prevention and looking after our youth and having a nation that is dealing with preventive health care, then why has it not reinjected the dollars to put that program on its feet again?

Mr. Dennis Mills: Mr. Speaker, I can answer that excellent question in a very specific way. Over the years Participaction has done a fantastic job. It appeared in front of our committee.

An hon. member: Then why did you pull the money?

Mr. Dennis Mills: I am going to answer why we pulled the money. Especially after the Human Resources Development Canada debate we had here, the Auditor General decided that before any government funds would be transferred to organizations, and there were no exceptions, they would present a proper business plan and an indication of how the funds would be spent.

With all the affection and admiration I have for Participaction, it failed to deliver that business plan. It resisted. Those are the facts and they can be checked anywhere.

I would like to go to the member's opening comments about putting feet to the fire. I have challenged my own government on the whole issue.

Three years ago we should have spent $100 million in mobilizing Canadians around the whole area of physical activity. I think Canadians would welcome an investment of $100 million if we could save $5 billion. It would be a great thing if the opposition could help press that point. It is a heck of a lot easier to spend $100 million to save $5 billion than to throw $5 billion at something without knowing where it is going.

Mr. Greg Thompson (New Brunswick Southwest, PC): Mr. Speaker, I think most of us would agree with the member, to use the old expression, that an ounce of prevention is worth a pound of cure.

If we are talking money we would accept what the member is saying that prevention could save us a lot of money. I am not sure if it could save billions but let us assume that he is correct on that.

I do know that the Kirby report identified a couple of areas where we have to spend money. One of them is the catastrophic drug prices. I do believe that the member is supportive of our patent law legislation that protects pharmaceutical companies on the research side. Being a free market person himself I think he understands that and supports it. Does he support the idea that Canadians should have protection against catastrophic drug prices, in other words, that they would pay no more than 3% of their income on drugs?

● (1625)

Mr. Dennis Mills: Mr. Speaker, I thank the member for the question.

I support my colleague, the member for Pickering—Ajax—Uxbridge. The most profitable sector on the planet is the brand name pharmaceutical drug sector which makes more money than the banks. I for one have passionate views that there has to be a way to do that. We have to respect the drug companies' research, but we also have proof of a lot of examples where sales and marketing were lumped into research to get certain percentages.

It is an absolute shame, the drug costs for seniors in Canada. They are using their equity, their savings, to buy pills to keep themselves alive. In a country like ours, shame on us.

Mr. R. John Efford (Bonavista—Trinity—Conception, Lib.): Mr. Speaker, I have listened intently to members on both sides of the House debating this issue today. I have been around provincial politics for about 17 years and for just a short time here in the House of Commons. I want to say at the outset I do not think there is any piece of legislation or any issue that could come before any house that is of greater importance than this issue and where we are going in the future.

I have listened to some rhetoric from the Canadian Alliance. I was a bit disappointed this morning when the Leader of the Opposition made some very derogatory comments about the Canadian health care system. I know the health care system needs a lot of improvements but I do not believe that anybody in Canada believes it ranks where the Canadian Alliance leader said it did this morning.

We live in the greatest country in the whole world. I believe that the health care system in Canada is very, very good. Does it need improvements? Absolutely. Do we have major problems in the health care system? Absolutely. However, to say that it ranks where the leader of the Canadian Alliance said it did this morning is very unfair to the people who live from one end of the country to the other and benefit from the health care system.

In talking about the national health care system, I will focus more on a regional level and my own province of Newfoundland and Labrador. Newfoundland and Labrador has a population of approximately 510,000 scattered over a vast geography. The province is actually four times larger than the country of Japan which has 125 million people. Therein lies a major problem in delivering the health care system in my province. Because the population is scattered over such a massive geography, the cost of delivering health care is much greater than in many other parts of Canada. Even though rural Canada, the northern parts and many other parts of the country have similar problems, because of our small population, the problems are escalated in Newfoundland and Labrador.

What I find a problem with and which I hope will be addressed in the decisions that will be made in the federal health care system is the delivery of funding when it is increased. If it will be delivered according to the formula used in the past, on a per capita basis, then there will be a problem for Newfoundland and Labrador. With such a small population the province will not get sufficient moneys from the federal system that it would need to deliver the health care system in Newfoundland and Labrador.

Money is not the only issue nor the only problem in the health care system. I heard comments made earlier today on accountability. Accountability is a major issue. When I ran for the leadership of the Liberal Party in Newfoundland and Labrador, I said that before I would put any more money into the health care system, I would have to know exactly where the problems were and the accountability in all of the hospitals and delivery systems throughout the province. Once it is known where the problems are, the money can be spent more wisely to address the problems rather than doing it in an ad hoc manner which has been done far too much in the past.

Money is one issue. Accountability is another issue. As was stated earlier today, prevention is a major issue. How do people living from coast to coast in Canada look at their own personal health? Should solving the problem of health care begin with money, begin in the hospitals, begin in the delivery systems, or should it begin right at home? I believe very strongly it should begin right at home. How we manage our personal day to day lives is a major problem for our health care system.

I visit hospitals in my riding occasionally. The first thing I see on the hospital steps are people smoking. Around any public building or institution anywhere we see people smoking. Areas in restaurants and public places are set aside for people to smoke.

● (1630)

Those people who add what is close to the greatest costs in the health care system are the people who abuse their own health in relation to smoking. If we could convince people that smoking is a major problem and get people to stop what I would call a crazy way of trying to get some satisfaction then we would save millions and billions of dollars in this country.

The other thing that we should be doing is promoting healthier eating habits. I have had occasion to visit Japan a couple of times. There are 125 million people there. When we look at the general population of Japan we seldom see an obese person, because of their eating habits. The Japanese are concerned about their own personal health, and the type of food that they consume gives them a better, healthier environment.

In fact, as far as I understand, about 85% of the food consumed in Japan comes from the ocean. There is not a healthier food we can eat. Regardless of the type of food, eating wisely and keeping good, healthy eating habits is certainly a major step in beginning not only to improve our own personal health but certainly to lessen the costs and burdens on ourselves as taxpayers and governments, whether federal or provincial.

The other thing I think we should be looking at is our drinking habits. Again, as has already been said today, an ounce of prevention is worth a pound of cure. I think if we lessened the ounces of alcohol consumed throughout this country it would be many pounds of cure that would be seen throughout our health care system.

The problems in solving health care, as I said earlier, are not just money, accountability and how the delivery system actually works. This begins right with Canadian citizens. This is what I would like to hear throughout the country: a greater role for people accepting responsibility for the problems we have in our health care system. If only we can convince, through public relations, through the appropriate programs throughout the country, the Canadian people to start thinking "This is my problem". If only we can convince them that this is a problem that they personally can play a role in solving, without any cost to them whatsoever, probably less than the cost of the day to day and week to week spending on themselves personally, whether it be eating, drinking or smoking. We could then begin to improve the health care system in our country in which we all are now experiencing major problems.

I want to conclude by saying these words. In the Province of Newfoundland and Labrador we accept a responsibility for solving the health care system's problems. We do not say to the federal government that it is the government's problem alone. We, the people, accept responsibility and the government accepts responsibility, but we also are looking to the federal government and the federal treasury to help solve the major problems we have.

We ask, in the recognition of and in the upcoming decisions that the government will be making with the Minister of Finance and the Minister of Health, the government to look at the geography of Canada, to look at the diverse population of the regional and rural parts of Canada, particularly the Province of Newfoundland and Labrador. We ask it to take into consideration that one size does not fit all. We have to make decisions based on the great country of Canada that we live in for the benefit of all the citizens and regions of Canada, and in particular the rural regions, our Atlantic region and the Province of Newfoundland and Labrador.

● (1635)

Mr. Rob Merrifield (Yellowhead, Canadian Alliance): Mr. Speaker, I have one quick comment and a question. I would like to clear up the hon. member's comments in his speech, because I think he referred to my leader as suggesting that he had some opinions about how our health care system was ranked. I would like to make a reference to that ranking, because that was not our leader's suggestion. It is the OECD nations that have ranked Canada eighteenth as far as MRIs, seventeenth for CT scanners, and eighth for radiology equipment. But when it comes to per capita dollar spending we are fifth. If we get rid of the United States, because it is not an example we like to look at, and factor in age in Canada, we are putting in more dollars per capita in Canada than any of the OECD nations do. These are what the facts are and they are not our facts. That is out of twenty-four.

As for the question I would like to ask, I think the member made reference to the piece of legislation that we are dealing with here. I would like to know what that is because I do not know what piece of legislation we are dealing with. In fact, I do not even know what we are debating, because the motion today states the debate was to be on health care. I am not sure. But let us have a plan to debate. I do not see a plan coming from the other side to have a good debate on, unless the hon. member has something.

Mr. R. John Efford: Mr. Speaker, it is quite clear that the hon. member is trying to defend his leader, but what is also quite clear are the facts in his leader's statements made over the last number of days, in particular early today.

Let us get right back to the proposed legislation that we are discussing here before the House. When decisions are to be made in the House of Commons to put extra funding toward improving the health care system, I suspect that not only will the Minister of Health and the Minister of Finance have to make decisions, in the upcoming budget they are going to have to make major decisions which are going to, I suspect, call upon changes in legislation that will have to make things happen in future. We sure hope that those decisions will be made for the best interests of the health care system for all Canadians.

[*Translation*]

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, I do not know if I can ask this question, but the debate started this morning with a speech made by the parliamentary secretary that lasted only five minutes.

Could my colleague tell the House how seriously the Liberals are taking the issue of health services, since the minister chose not to speak on this motion? She wants to improve health services, invest more money and try to solve the problems, but she was nowhere to be found today.

[*English*]

Mr. R. John Efford: Mr. Speaker, I would support and recognize the major role that the Minister of Health is playing in the health care system of the country. I have no doubt that she is working very diligently on the things that need to be done and meeting not only with her own department but with Canadians right throughout the country, when the appropriate time is allowed, to make improvements to the health care system.

A person's absence from this hon. House does not necessarily take away from her ability to do what is necessary to improve the health care system in the country.

Hon. Andy Mitchell (Secretary of State (Rural Development) (Federal Economic Development Initiative for Northern Ontario), Lib.): Mr. Speaker, I appreciate the opportunity to rise on debate today. I will be sharing my time with the member for Yukon.

I am pleased to have an opportunity to speak to this debate, which is about putting forward ideas about health care. This debate allows members of all parties on all sides of the House to give us, collectively, ideas about how we should move forward into the future. This is an opportunity for a brainstorming session, so that all members can give us their ideas about the types of approaches that the government ought to take.

In speaking to my constituents and talking to Canadians as I travel right across Canada, I have learned that they are not particularly interested in hearing a partisan debate about health care. They are not particularly interested in seeing one level of government point a finger at another level of government or one side of the House point a finger at the other side of the House. They do not want to hear that. They do not want to see that. They want us as parliamentarians, as governments, to come up with the solutions to deal with the renewal of health care in the 21st century. That is what Canadians want and that is what this debate is about. That is why I am pleased to participate in it today.

I want to follow up on comments made by my hon. colleague in terms of talking about health care from a particular perspective. It comes as no surprise that as the Secretary of State for Rural Development my perspective deals with the realities of rural Canada. If we are going to be successful at renewing our health care system, and if we are going to develop something that will work in the 21st century, we need to ensure that we take into account the realities of rural Canada. That is something I am absolutely convinced of. When we develop a health care system we have to ensure that it is not an attempt at making one shoe fit all. Rather, we have to understand that we need a flexible system which would allow for the delivery of health care in a rural context in an effective way.

That is important. Besides the reality that 30% of Canadians live in rural Canada, there are some unique and particular realities about rural Canada and health care. First, if we take a look at the demographics, and this is important in terms of health care, generally speaking there is an older population in rural Canada. That puts a demand on our health care system to a greater extent in a rural context than in an urban context.

If we look at the issue of life expectancy, there is a lower life expectancy in our rural areas than in our urban areas. The mortality rate in our rural and remote areas of Canada, particularly the infant mortality rate, is almost twice as high as it is in our urban areas. These types of health care outcomes speak dramatically and specifically to the need to design a system that is particular to rural Canada and will deal with the issues in rural Canada. Another important issue is the number of physicians available to rural Canadians. There are about half as many physicians available for a population of 1,000 in a rural context than in an urban context.

These are health care outcomes that make it absolutely essential that as we reform the health care system we do it in a way that will meet the needs of rural Canadians and rural communities.

When looking at the types of initiatives that we ought to undertake in this renewal, there are some that I would like to put forward to my parliamentary colleagues and place on the record in respect of rural areas in Canada, initiatives that I think we should consider.

First is a principle that I believe it is absolutely essential to follow, that is, access to the health care system should be based on Canadian citizenship and not on where we choose to live. In other words, all of us, whether we live in rural and remote or urban Canada, should have access to a good and totally accessible health care system.

● (1640)

That is a principle that I believe we need to keep in mind as we reform the health care system in the 21st century. It is something that I firmly believe in and I believe rural Canadians across this land think that is an important principle we need to follow.

Second, is the whole issue of technology. I and my colleague beside me have often spoken about the need to ensure that our rural communities have access to high speed and broadband Internet access. It is not that we want to have quicker e-mails or more computers in rural communities. It is about ensuring that we have the technology so that our rural communities can have access to health care in a new and innovative way.

The opportunity to have a diagnosis done remotely is important. It provides the kind of access that rural Canadians need. This technology, which we want to assist through a public-private partnership being rolled out in rural Canada, will help in that respect in terms of treatments as well. It goes beyond just diagnostics. We can use the new technology to treat Canadians in rural remote areas in a way that we could not have even dreamed about when medicare was first brought into force in the 1960s. As a second principle, we need to look very closely and strongly at this and move to ensure that rural communities have access to the technology that will give them an opportunity to have full access to the health care system.

Third, it is important that when we train health care professionals, be they doctors, nurses or other health care professionals, we do it in a way that makes sense for rural Canada because the issues that a physician, for instance, may face in a rural context can be very different than those of an urban context. For instance, oftentimes, if one is practising in a rural area, one is expected to undertake a number of additional tasks that one may not have to do in an urban context where there is a far greater number of specialists that may be available.

What that means is that physicians who are intending to practise in a rural area need the training in a broad range of functions that they may have to undertake. That is why it is important, when we look at reforming the health care system and look at how we train our health care professionals, that we understand and recognize there may have to be a different rural curriculum than there is, a broader curriculum or at least an additional part of the curriculum that reflects the kinds of challenges that a physician or other health care professionals may face in a rural context. It is absolutely essential we do that. That would be a third issue that I would like to see put forward as we reform the health care system.

Fourth, is the whole issue of health research. Many of the health related issues that are faced by rural Canadians are a bit different or can be somewhat different than those faced by the general population. It is absolutely essential, as our Institutes of Health Research undertake their work, that they apply what I like to refer to as a rural lens to ensure that it is undertaking that research in a way and on issues that have an impact directly on the lives and on the health of rural Canadians. As a fourth issue, we have to take a very close look, when we do health research, to ensure that we do it in a way that will address the challenges and address those issues that rural Canadians face.

My fifth point is particularly important. It has to do with the recruitment of health care professionals. Most of us who come from rural communities have faced, and our communities have faced, the challenge of attracting health care professionals to those communities, whether it is doctors, nurses or technicians. That is a key issue. We need to undertake some steps that will help to alleviate that. In many respects the provinces will need to undertake some of that activity.

Being a fellow member of Parliament from northern Ontario, Mr. Speaker, you will be familiar with this. One of the innovative things that we have been able to do through FedNor is to help with a study that is leading to the establishment of a northern Ontario medical school. What that means is that we will be able to train our health care professionals in northern Ontario. What the evidence has demonstrated to us is that where people train is where they tend to practise. This is a major step forward in terms of ensuring that we have health care professionals in a rural area, in a northern area.

In closing, let me just say I am pleased that we have the opportunity to have this debate and that all members have an opportunity to help chart the course for the reform of health care. I would very much want to ensure that we undertake those issues that affect rural Canada in a way that makes sense to rural Canadians and to the communities of rural Canada.

● (1645)

[*Translation*]

Mr. Paul Crête (Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques, BQ): Mr. Speaker, I listened with great interest to the speech made by my colleague but, as is often the case, this government manages to find a solution that is more complicated than needed to solve the problem.

I too represent a rural riding and I am very aware of the situation that exists in health care. The question that I will ask of my colleague is the one that everyone in my riding has been asking, especially over the last month or two, ever since it has been known that the government had a $9 billion surplus last year, and will have another surplus of several billions this year, while the provinces' health care needs are not being met.

Why does the government not apply a simple solution to the fiscal imbalance problem and find a way of transferring the necessary funds to the provinces to enable them to adequately manage their health care system? This is what has to be done so hospitals in the provinces can have the equipment and the staff they need.

It is not about having somewhat useless debates, as is the case today, on a problem that has been known about for a very long time. Will the government finally decide to transfer the money to the provinces so they can take their responsibilities?

● (1650)

[*English*]

Hon. Andy Mitchell: Mr. Speaker, I appreciate the question of the hon. member and I know that over the years he has worked on rural development files and is very dedicated to the issues of rural Canada.

In terms of funding, as I am sure has come up in this debate already, in the year 2000 the federal government put an additional $21 billion into the health care system. We have transferred increasing dollars to the provinces for health care. It has been an important thing to do and we have worked in that respect. However reform of health care is more than just an issue of dollars, although the hon. member is right, dollars are important. It is also an issue of how we will redesign the health care system, what kinds of structures, delivery platforms and new technologies will be in place.

I do not agree with the hon. member when he suggests that the solution is easy and we should simply just stop talking about it. That is not the case. Just transferring money will not solve the problem. There are some real structural issues in reforming the health care system with which we need to deal. We need to ensure that we understand it. We particularly need to understand it in a rural context. That is why I rose in debate. That is why it is appropriate to have this discussion, and I am pleased to see members participating in this debate.

Mr. Larry Bagnell (Yukon, Lib.): Mr. Speaker, I would like to talk about a few things generic to the north and will basically build on what the Secretary of State has said. I want to emphasize the problems that we have in rural areas.

I agree with a lot of the suggestions the minister has related to in serving rural areas because some of our problems are different. One of the main problems is the recruitment of health care professionals for the north, doctors, nurses and other specialists. I have mentioned this in the House and I have worked with the Yukon Medical Association to try to come up with ideas and plans as to how we might deal with that problem.

The Yukon Medical Association believes that all the elements in the Canada Health Act are threatened with the present pressures on health care system in the north. Accessibility, comprehensiveness and universality means something different to a northern resident. If the residents in the north expect to have the same advantage as the majority of Canadians, then some changes in how we train health care professionals and deliver the services have to occur.

The fragile nature of recruitment and retention of medical and other health care professionals puts the system under growing stress. Uncertain financial sustainability, new technologies, increasing expectations of patients and greater difficulty in accessing the specialized medical care outside Yukon add to this stress.

Yukon has a population of 30,000, for which we have about 45 physicians and a number of extended role nurses for carrying on their rural needs. Over the past four years, we have had a turnover of 24 physicians, or more than 50% of our physician population. Fifty per cent of our physicians are over 50 years of age, thus our turnover will continue to be high. Many of the physicians who left were very talented and over the years developed many skills to assist them in the delivery of medical care specific to the needs of the north. We have encountered a special difficulty in replacing these skilled physicians.

The medical needs of the north are unique and the skills and training required to provide for these needs are much broader than in the south. It would indeed be difficult to bring physicians from larger communities in the south and expect them to be comfortable quickly with family or specialty practice in the north. In fact we tend to recruit from a very small pool of physicians, the same physicians who would go to northern Ontario or rural B.C. Yukon does not have the funds to compete with most provincial jurisdictions when recruiting for medical talent. As well, many larger jurisdictions develop their own recruitment initiatives that they hope will give them an edge in attracting physicians to their areas.

Physicians for very small northern communities are especially hard to recruit. Frequently, the population base does not support the number of physicians necessary to allow a high quality of professional and personal life.

Governments have been slow to recognize the measures necessary to support physicians in smaller communities. Flexible primary care delivery models that enhance a physician's ability to both care for his or her patients and himself or herself are necessary. These programs frequently have to be tailored to the individual northern communities.

New technologies include everything from new treatments and cures for cancer, treatments of the unborn baby, brain implants that cure blindness, mechanical hearts, ears, joints, cloning, et cetera.

Patient expectations are creating major pressures on our health care resources. With the increase to direct patient advertising, medical websites, designer drugs and sensationalized medical miracles, physicians and other health care providers are under increasing pressure to try to meet escalating patient demands.

Patients are much more sophisticated about their health care needs and are becoming more directive about their care. They understand to a much greater degree the differences between various medical investigations and treatment options. With this sophistication comes an expectation by many patients that they have access on demand to outside specialists and advanced technologies at the expense of the local government.

Yukon, like most other isolated areas, does not have easy access to a lot of the most basic investigations and treatments, let alone cutting edge technologies. These treatments and investigations will be very expensive, probably far more expensive than most publicly administered health programs will be able to afford, should they be available at all. Should Canadians be allowed to access them in Canada under any circumstances? Will our only chance to access them be by leaving the country? This is what northerners are asking themselves.

● (1655)

Yukon has a small population. This has important implications when it comes to decisions on what health care services and technology should be available in Yukon, particularly if we are concerned about having an efficient and effective health care system. Specifically it means we must consider the population base, skills and support services that are required to acquire and maintain advanced technologies and services such as CT scans, cardiac stress testing, MRI scanners, hip replacement surgery, organ donation programs, full time internists, TB laboratory services, renal dialysis, autologous blood banking, et cetera.

The list can be endless. We can fall into some expensive and inefficient programs in response to pressures from various groups with a special interest in one disease or another. On the other hand, there may be some compelling reasons to provide some of these services in Yukon and avoid the need for travel to outside centres. It is clear that Alberta and British Columbia do not make decisions about their health care system with the needs of Yukon in mind. We must develop a plan to determine which of these services should be publicly available in Yukon, which should be readily accessible referrals outside Yukon, and ensure these services will be available when they are needed.

The medical association has some ideas and options as to what we might do to improve the recruitment in the northern and rural areas. First, it suggests that we form a board of relevant stakeholders to determine the physician resource needs and develop initiatives tailored to the recruitment and retention of needed specialists and family physicians.

Second, as a government we should acknowledge that the recruitment and retention of health care professionals in the north is difficult and offer enhanced funding to allow northern jurisdictions to compete for these skilled health care professionals.

Third, we should support the funding of training for northern specialists and health care practitioners to enhance their skills in training centres to the south. A lot of this training is not in the north and it is expensive to get out to them. These skills can be brought back to the territory.

Fourth, we must recognize that some isolated communities do not have sufficient populations to support the number of physicians necessary to provide a sustainable service. The alternate funding models and tailored primary care delivery models that enhance professional and personal quality of life must be recognized as necessary.

Fifth, we must develop guidelines as to what is affordable and what can be handled and delivered in Yukon.

Sixth, a board should be established to develop a plan to determine which technologies should be publicly available and which should be readily accessible and available by referral outside Yukon.

Seventh, the government in conjunction with the local governments should develop guidelines for reasonable access to advanced technologies with a specific view on how isolated, northern and first nation communities can access them in a timely fashion.

Finally, the local government should negotiate with individual hospitals, the private sector and other provinces for assurances of access to the necessary medical facilities, technologies and specialty services outside Yukon.

Certain things will be affordable and certain things that are not as essential or urgent will have to have a lower priority. One thing that is not negotiable is the length of the waiting lists. These must be cut down when life is at risk. It is intolerable for a person to wait for either a diagnosis or required surgery. I have had people come to me in relation to knee surgery saying it has taken far too long to get on the list and similarly in cases where there has been a diagnosis of a cancer. The longer one waits the more dangerous the situation becomes.

In the north we are totally different compared to the rest of the country in that we are sort of held hostage to southern systems. We do not have the major surgical or technical equipment and we must Medivac people at great expense to Alberta or British Columbia. Of course, this upsets their system. There is no organized guaranteed time that we have in those systems. I am hoping that as we review the system and fix it we will be able to determine some sort of system, either by purchasing time or some guaranteed schedule, so that Yukoners can have access to southern hospitals and specialists and can be guaranteed that in their times of need.

● (1700)

Mrs. Diane Ablonczy (Calgary—Nose Hill, Canadian Alliance): Mr. Speaker, today the government has called for a take note debate on health care. We should point out that there does not seem to be a lot of taking note here. The health minister has not spoken. Some of the members who have spoken are reading canned speeches with no new ideas coming forward and just a lot of platitudes about health care. The country is owed a lot more from the government than just filling some space.

We hate to be cynical in this place and I know you are not, Mr. Speaker, but some of us do tend to be from time to time. It leads me to wonder whether this debate is not just designed to be a distraction from the nuclear fall out from the Kyoto implosion or whether the government has nothing to put on the agenda so it has just asked members to speak about health care because it knows Canadians care about it. It is difficult to say because there is so little focus from the government.

The lead-off speech by the parliamentary secretary which was about four minutes long said that we need to lead healthier lives. This is not what we would call leadership on the number one issue on the minds of Canadians.

If the government cared about health care, then we wonder why it has spent so much of its time and credibility making us all believe that spending billions and billions of dollars on an accord which will slow the production of carbon dioxide into the atmosphere by .25% is a priority.

The government's own numbers are $16.5 billion a year to fund this Kyoto project that the Prime Minister has latched on to. If we have $16.5 billion a year the Liberals might be talking about putting that into health care if they care about it so much. But no, they are talking about putting $16.5 billion into slowing the production of carbon dioxide, which is not even a pollutant, by .25%.

That is the priority of the LIberals and yet they call a debate on health care when that is the kind of mess that they have put us in.

Let us try to add a little clarity to the debate by talking about the issues that the Kirby report of the Senate brought out last week. The main recommendations from that report were set out. I have a lot of respect for the work that the Kirby committee did. It took a lot of time to do this. It brought out six different reports, starting with the background of health care and a read of the international experience in health care because all countries are dealing with the same issues as we are: aging population, dwindling resources, escalating costs for technology and drugs. This is not something that just Canada is looking at but all countries are looking at.

The Kirby committee has done a tremendous amount of work. We owe it a vote of thanks and we should be talking about its recommendations. I do not hear the Liberals talking about the Senate report but we should talk about it.

First, Canadians should know what the Kirby committee is recommending. It is talking about a home care program for patients who are discharged from hospitals. The cost would be shared 50% by the provinces and 50% by the federal government.

I point out in passing that when health care was brought in, in 1968, the federal government said it would fund half of the health care system and the provinces would pay the other half. However it reneged on that promise. The federal government now funds an average of about 14% of our health care system and dumps the rest on the provinces. However it feels free to stand off to the side and carp, complain and criticize at everything the provinces do. It beat its breast about being the guardian of the health care system and the Canada Health Act while it throws a piddling amount of money at such an important program. I am a little skeptical of new programs that the federal government is supposed to fund fifty-fifty because it does not have a good track record on that.

● (1705)

Mr. Speaker, I wish to inform you that I will be splitting my time.

The Kirby committee talked about a home care system for the dying so that a person with a terminal illness could die in comfort and dignity. It talked about capping the out of pocket expenditures on drugs so that it will not be ruinous for people whose drug costs run into the thousands of dollars. I have a nephew who must take a drug that costs him $200 a week. This young man is a doctoral student at McGill and does not have $200 a week. This is a real problem for him and for many other people whose drug costs are very large and who have no way of paying for them.

The Kirby committee talked about a national health care guarantee which would say to Canadians that if they cannot get the kind of treatment they need within a reasonable amount of time where they are, that the health care system would pay for them to be sent to another part of the country or to another country to receive that treatment. That is what the Kirby committee was suggesting.

It talked about a $2 billion investment for new equipment and upgrading facilities. The government likes to boast about the $1 billion it supposedly gave the provinces to invest in upgrading technology: buying MRIs, CAT scan machines and all those good things. However the federal government never did a thing to ensure that the money was actually spent on the upgraded equipment that it bragged about. We know very well that it was not spent on that, that the money went for things that did not fall into the category of medical equipment.

There is no point for the government to say it gave money if it did not ensure that Canadians actually got what they were supposed to for the money. It is not the government's money, it is money belonging to Canadians. If it was put out, cash on the table, to buy certain things, then the government has a responsibility to ensure those things were purchased. They were not in this case and if we are going to put out more money to purchase new equipment then we should ensure that those things get bought.

The Kirby commission talked about a $2 billion investment to develop a national system of electronic health records to bring us into the 21st century, to ensure that we have the kind of record keeping that keeps up with technology and allows us to be more efficient and accountable in the way the system is run.

The Kirby commission talked about $250 million annually to train more doctors, nurses and health care professionals. That is sorely needed. Some bright light a few years ago convinced the Liberal government that if it cut back on the number of doctors and nurses that were being trained then our health care costs would fall. If there were fewer doctors ordering fewer tests and doing fewer procedures, then we would not spend as much on health care. It does not take a genius to figure out that if we do not have doctors and nurses to do the job, Canadians will not be able to get the services they need and that is exactly where we are today.

The Kirby committee talked about a dedicated health care tax. We do not agree with that, nor do a lot of other groups. A dedicated revenue source such as the GST, which is not very popular, is much less stable than a general income base. Stability can best be assured through a legislated commitment to predictable and stable funding, which is exactly what the Canadian Alliance policy is. It states that a federal government would be committed to, and the provinces could be sure they would receive, *x* amount of dollars from the federal government each and every year on which to plan their health care delivery. Right now, who knows where the Liberals are?

They take away a big chunk, they chop health care funding and then they give a little back. The provinces do not know where they are. We do not need a dedicated tax because that only artificially links funding to expenditures. We need real accountability by having proper reporting on the system, which is what the Kirby committee recommended.

● (1710)

If the government really cared about health care it would not have cut the heart out of it by chopping support big time. It would not be fighting with the provinces and the people who are trying to deliver health care with very little help from the Liberal government. All the Liberal government does is complain, criticize and attack the other players in the health care system while doing almost nothing to make sure the system works. It would have some real proposals to put on the table.

However the Liberals are not even talking about the proposals that other people, like those on the Kirby committee, have put on the table. We just hear blah, blah, blah from over there. They have no plan. It is just a day spent. Why? Because the Liberal government had nothing else to talk about and it thought it would be good to talk about health care, but it is not putting anything on the table.

Canadians deserve better from the Liberal government.

Mr. Rob Merrifield (Yellowhead, Canadian Alliance): Mr. Speaker, I listened very closely to my colleague's comments on health care. I am relatively new to the House in the sense that I have only been here since the last election and do not exactly understand all of the integral details of how things work around here. However it seems to me that when a government asks for a take note debate, an emergency debate or a debate on an issue there should be some sort of a plan put before the House so we can intelligently debate it.

What we have today is a debate on health care. We have had 10 years of absolute neglect by the government on health care and yet we were asked to come here and debate but I have heard nothing of any substance at all from the other side.

Why would the government be doing this at this stage and why today? Is there something I am missing? I would like her comments on that.

● (1715)

Mrs. Diane Ablonczy: Mr. Speaker, as my colleague points out, not only does the government have nothing to put before the House to take notice of but—and I know I am not supposed to do this, Mr. Speaker—the health minister has been nowhere in the House for this debate.

The Deputy Speaker: Order, please. I would invite the hon. member to take her seat. I must remind the House that it is quite well known, particularly now that everyone is well experienced, some more so than others obviously, that it is never acceptable to refer to the absence of a member in the House at any time.

I will give the hon. member a few moments to wrap up her intervention and then we will move on in the debate.

Mrs. Diane Ablonczy: Mr. Speaker, I apologize. I would simply point out that if we are going to have a meaningful discussion about the top issue on Canadian's minds, it is important that we are really engaged in it with, as my colleague said, some meaty proposals on the table and some real solutions to a situation that is obviously of concern to everyone. Even though the Senate has done yeomen's work over about two years to put some very strong proposals on the table, which I have laid out in my speech, they are not even being talked about on the other side.

If we are going to have a meaningful debate, if we are going to get serious about fixing and reinvigorating the most important social program in our country, then I would say that it is up to the government, which called this debate, to have something of substance to put forward for the consideration of Canadians and of the House. I say shame on the government for simply throwing the subject open without taking any leadership at all on this important subject.

Mrs. Carol Skelton (Saskatoon—Rosetown—Biggar, Canadian Alliance): Mr. Speaker, I am pleased to rise today to address the House during this supposed take note debate on the future of our health care system.

A recent Environics poll indicated that 80% of Canadians wanted significant reforms to our health care system. A debate of the surrounding issues is quite timely if there was a debate. If the system is going to change, Canadians want to be part of it.

The Canadian Alliance recently conducted its own health care review. We made clear our values on health care. Our policy declares our commitment to ensure that timely, quality and sustainable health care is available to every Canadian regardless of financial means. We will achieve this by placing the interests of the patients first. This is what we expect the government to do and what Canadians expect the government to do.

Unfortunately, the government was disappointingly quiet and unspecific in the recent throne speech when it came to health care issues. While Liberals may try to blame their lack of vision on something else like waiting for the Romanow report, the health care system gets worse every day.

More than anything, our health care system needs to know that there is substantial and sustainable funding from the federal government. We have seen the government shirk its funding responsibilities and then dangle funding carrots in front of the premiers like they are the ones who are solving the problem. Let us put an end to these charades and admit the federal government needs to carry its share of the burden.

While the Prime Minister is focusing on a spending legacy, the irony is that it will be this and the former finance minister's funding reductions in health, education and the military that will undoubtedly be their legacy. When it comes to the military, we believe that the existing funding has been exhausted. However, when it comes to health care, we believe there are still plenty of opportunities for reprioritization and reallocation of funding within the existing budgets before considering massive funding increases.

Only after all these options have been explored should we consider raising the tax burden of Canadians. Nonetheless, the health care system must be patient driven, not system driven. We have a responsibility to determine what Canadians want in their health care system and then find a responsible means to deliver it. It will be Canadians who determine what, if anything, is not covered. It will be Canadians, not politicians, who determine what should be funded.

Our job in the House and within government departments is to come up with a cost effective, sustainable plan to meet those demands. We all use the health care system from time to time. Some of us are lucky and do not require it often, if at all. Others like myself may have had one or two crises in their lives. Still, it is those who must rely on the system daily who need to be heard. They do not enjoy the benefit of good health. Health care is a necessity. This demand on our health care system and the growing dependence on medicare is guaranteed to increase. In fact, some conditions, like diabetes and heart disease, are expected to reach epidemic proportions as more and more Canadians take less and less responsibility for their own personal health.

On October 19 the *Globe and Mail* reported that Canada had more fat children than adults and that one-quarter of children aged two and three were clinically obese, meaning that one-third of their body weight was composed of fat. The article went on to say because children tended to become overweight and obese, it was widely predicted that rates of diabetes and cardiovascular disease would soar. These problems and lifestyle choices will have to be considered and accounted for in the future of our health care system.

What will be the areas of increased demand and how are we preparing to meet them? Unfortunately, the Romanow commission and the Kirby report are more about ideas than about a plan so far.

● (1720)

While they have suggested some methods for achieving their goals, they both do not have concrete plans with exact costs, responsibilities and targets. This is something that has been missing in the past and I am afraid we may be following the same path again. I look forward to being proven wrong in this regard but I do not think I will be.

I have identified what I think the others should do but I would like to conclude with some comments on what the Canadian Alliance would do and what we would like to see.

Before I outline our plan I want to stress that we would ensure that a timely, quality and sustainable health care system is available to every Canadian regardless of financial means. Our health care system would be patient driven, not system driven. We would give Canadians the health care system that Canadians want. It is their choice.

We would modernize the Canada Health Act in light of the new technologies, priorities and techniques to ensure timeliness, quality and sustainability. We would end the roller-coaster cycle of funding for which the government has become famous. We would work with the provinces to ensure adequate, stable and transparent funding. This is essential in long term planning and preparations for future demands on the health care system.

While working to ensure that Canadians have equal and fair service no matter where they live, we are also committed to ensuring that the provinces have maximum flexibility to deal with innovations and unique service demands. The goals may be the same but the provinces require the flexibility to develop their own strategies to get there.

There is an ongoing debate of the role of the private sector in the public system. We cannot tie the hands of those tasked to deliver health care. We are confident, if given the freedoms to incorporate private involvement, the provinces under direction from their electorate will do so with proper safeguards in place. Let us not tie the hands of those we need to be creative and innovative in conquering the challenges of the system today and in the future.

Finally, we need to have a complete review of the system, its services, its funding, its goals and its sustainability at local levels and, more important, at the first ministers level. All need to be involved from the highest political offices on down to the neighbourhood doctors who are charged with the job of delivering services to their communities.

The motion today calls for the government to take note of the concerns of Canadians. I strongly urge the government to do so and to listen to Canadians. Give them the health care system they want and do so in such a way that it will be there tomorrow and into the future. Let us end the cycle of the unsustainable, underfunded, unresponsive health care that we have today. Let us learn from our mistakes and do better in the future.

● (1725)

Mr. John Harvard (Charleswood St. James—Assiniboia, Lib.): Mr. Speaker, I appreciate the opportunity to take part in this take note debate. I congratulate the government for scheduling it at this time. It is not only important to the health care system, but it is important to the country itself. Our health care system is one of the pillars of Canada. As the health care system goes, so does the country.

Over the next few minutes I would like to share some thoughts which I think reflect the thoughts, attitudes, and views of my constituents in Charleswood—St. James—Assiniboia. I also want to share some of my own thoughts and opinions on this very important matter. If I know my constituents quite well, I think many of my views will coincide quite remarkably with their views. I earnestly hope that I represent adequately and objectively the views of my constituents.

My constituents are not unlike all Canadians and it goes without saying that they have concerns about the health care system as we know it. The health care system that we know goes back to the 1960s. There is no doubt that over the last three plus decades our health care system has begun to show some wear and tear and it faces new challenges. There are more older Canadians than ever before. Canadians are living longer. Medical technologies are more comprehensive and more in number than ever before and they are also extremely expensive.

Our health care system faces enormous challenges. Some of the challenges did not exist 30 years ago, but they do now and they raise serious questions. That is naturally one of the reasons that the Kirby Senate committee has been studying the issue for the last three years. That is why Roy Romanow has been studying the issue for the last year or so. These are very important works that are underway. We heard from Senator Kirby last week and we expect to hear from Mr. Romanow in November.

This debate today is extremely timely. The health minister has indicated there will be a health ministers conference on this issue in the month of January.

My constituents certainly are concerned. Even though they are concerned, I think I can say without any equivocation and without any doubt in my mind at all, that they overwhelmingly support our health care system. They want a health care system that is publicly controlled. They want a health care system that is publicly owned. They want a health care system that is publicly administered. In other words, my constituents want a health care system that is much like the one we have now. Yes, it needs improvements but they want something like they have now. They certainly support the five principles of the Canada Health Act.

My constituents do not want to go back to the old days. There are many of us who remember what health care was like before the medicare system came to us in the 1960s. We do not want that kind of system.

● (1730)

Thirty-five or 40 years ago, there were many Canadian families who denied themselves necessary medical treatment because they simply could not afford it. We do not want that kind of a situation. We want a system that provides the needed care when the situation arises. That is very important.

It is interesting to note that polls indicate that those who have experienced the health care system, who have received service from it, are much more supportive of it than those who have never used it or who have used it extremely infrequently. That tells us something right there. I think those who have had this experience are in a better position to judge it. Others who have not perhaps are relying on perception. Sometimes perception, while it can be reality, is still very faulty.

Canadians, and certainly my constituents, cherish access to our health care system. That is their number one priority, besides naturally getting the kind of service and treatment they need. They consider it a right of citizenship. It is a right of citizenship. When they are sick, they do not want to be judged by their bank accounts; they want to be judged by their needs.

We all have to realize that at some time or another, whether we are young, middle aged or getting older, we all will need health care. Canadians want what might be called an egalitarian system. Certainly they want a level playing field. With all playing fields, there are good parts and perhaps some bad parts. We Canadians have decided that we want the level playing field, the good parts even with some of the bad parts. We will take the good parts with the bad parts.

My constituents certainly do not want anything to do with what is called queue jumping. They think it is inherently unfair. They do not believe that their fellow citizens should be able to reach into their pockets, certainly if they have deep pockets, to jump to the front of the line for service. With medicare having been around for as long as it has been, they feel that is fundamentally unfair and they do not want that.

It goes without saying that when it comes to health care, we all have to be involved, the rich and the poor. We have to be careful not to give any kind of support or comfort to those who would want to hive off a system of their own, a system for the rich. That would hurt our health care system. If that were allowed to happen, sooner or later it would lead to the political erosion of the system. To use the analogy of a motor vehicle, I want all of us riding in the same vehicle and if we can all ride in the front seat, so much the better. It is extremely important that we maintain that kind of a medicare system.

Those are some of the feelings and views held very passionately by my constituents in Charleswood—St. James—Assiniboia. I certainly feel that the status quo is not an option. That there are these new challenges of Canadians living longer, more older Canadians than ever before, and expensive medical technologies, would suggest that the status quo is not an option.

● (1735)

That is one of the many reasons for the Kirby report in the Senate. That certainly is why the government headed by the Prime Minister decided to appoint Mr. Romanow to head a commission. I have no doubt that Mr. Romanow has done thorough work and that he will have a strong report that will generate a lot of debate. That is all well and good, but I think we can also expect from Mr. Romanow a fairly strong blueprint, a plan which, if enacted, or at least much of it, will lead to a better health care system for all Canadians.

As I said, the status quo is not an option. One of the things that concerns me is that we do not have enough information about what is going on inside the health care system. I am depending on Mr. Romanow to help us in that regard. As we seek solutions and improvements to the health care system, one thing we have to insist on is better outcomes. We have been somewhat complacent in that regard. To a great extent we have not been demanding enough. We must insist on better outcomes, better performance of the health care system.

For example, when it comes to a lack of information, I do not think we really know how the money is being spent in the provinces. As we know the federal government has a block fund. We provide block funding under the CHST to the provinces. We do not ask any questions. The money simply goes to the provinces.

I do not want to show any disrespect to the provinces. I am quite sure that in the main they try to spend the money responsibly, but the fact of the matter is we really do not know where that money is going. We should know where absolutely every nickel goes. We should not be satisfied with anything less than knowing where all that money goes.

I think it was a mistake on the part of the federal government several years ago to come up with block funding. I want the federal government to be a full participant in health care funding, but we should send health care money to the provinces and insist that they spend every nickel on health care and that none of it be bled away into some other areas of provincial budgets.

When it comes to outcomes, do we really know who is doing a good job, who is doing a mediocre job and who is doing a lousy job? I doubt it. I am sure that there is a range of knowledge and expertise in that area, but does the public really know who are the good doctors, who are the mediocre doctors and who perhaps should be given the pink slip? I am not here to cast aspersions on any doctor, but it goes without saying that it is humanly impossible for all doctors to be top performers. Some will be top performers. Some will be something less than top performers. We should know who is and who is not. We do not have that kind of information and we should have.

There has been a lot of bickering and political fighting going on between the provinces and the federal government over the past many years about health care. Maybe some of it is necessary, but I get the sense when I talk to my constituents that they are getting sick and tired of it. They want it to stop. They want us to fix the system wherever the fix is required. They are turned off by the bickering, the shouting and the screaming. They expect something better from us. There is enough blame to go around.

● (1740)

I am sure that we at this end, at the federal level, have made some mistakes but I think the provinces have too. I get the feeling from my vantage point in Ottawa that the provinces think it is in their political interests to band together and to attack us. It may work in some regard, but I think that overall it is hurting them. It certainly hurts us in Ottawa, but I think most of all it hurts the country's health care system and that we cannot afford. As politicians, we simply have to do a better job.

On the question of privatization, this is my opinion and I think it is the opinion of most of my constituents, that is, when it comes to core services there can be absolutely no privatization, none, zero. Would my constituents tolerate some privatization with respect to some supply and services on the periphery of the system? Yes. But when it comes to core services, I do not think for a moment that my constituents want anything to do with privatization. All we have to do is look at the situation in the United States. If privatization were as good as some people suggest, then we would just have to model our system after that of the United States. I do not think we would want to do that.

Let me say just a couple of things about the American system. This is not designed as American bashing, but the fact of the matter is that the American system is hugely costly. It is very costly. The Americans are spending almost 15% of their GDP on health care services. We in Canada spend a little under 10%. There is another thing, and I do not know why it is not mentioned more often. I know that here in Canada, and rightfully so, people get concerned about either a lack of beds or the long waiting lists. What about the Americans who have no health care at all, none? I have seen estimates that between 40 million and 50 million Americans have no health care at all. We do not want that kind of system. We do not want any risk whatsoever of our system being changed so that we would find ourselves drifting in that direction, none at all.

Let me say in closing that I welcome the Kirby report from the Senate, with Senator Kirby and his co-workers suggesting that another $5 billion be pumped into the system. I am not too sure whether that is necessary. I certainly respect his recommendation. I, for one, though, want to feel absolutely sure that this kind of extra expenditure is necessary. I am not going to give Mr. Kirby just a blank cheque in that regard.

The other thing is that I want this debate to continue. I think it is very important for all Canadians, because as the leader of the New Democratic Party said earlier today, let us keep the dream alive. This is the social program in Canada and we have to do absolutely everything in our power to maintain it and keep it performing at an extremely high level.

Mr. Loyola Hearn (St. John's West, PC): Mr. Speaker, when I listen to the hon. members, especially from the government side, talk about health care, it seems that everybody is waiting for a report to come in so they can do something. We are talking about Romanow. We have just seen the report from the Senate. It might be very interesting to compare both, I suggest to the hon. member, to see which is the better one, especially if we factor in the cost of both reports. However, once we get both of them, what is government going to wait for then? Because it is not moving on dealing with the major health care problems in our country.

One of the major problems is the discrepancy in how we fund health care. Most of the funding, as the hon. member well knows, that goes to the provinces goes through the Canada health and social transfer payments on a per capita basis. I have said before here, and the more people that understand it the better chance we have of clarifying this discrepancy, that this works exceptionally well for provinces with populations that are expanding or increasing. It works in the reverse for provinces with populations that are declining. Unfortunately, or maybe fortunately, we only have one, and that is Newfoundland and Labrador. Instead of getting more money as health care costs increase, we get fewer dollars because the population is dropping. The people who leave the province are the young and healthy. The people who remain are the older people who require more health care costs. Consequently, we get fewer dollars and we have greater costs and a geography that is comparable to none in the country over which we have to deliver health care.

How does the member suggest that a province like Newfoundland can receive equal treatment from the federal agencies in relation to funding that would be able to provide the same level of service in such a province, and I know there are others of varying degrees, compared to just a blanket formula that rewards some and punishes others?

● (1745)

Mr. John Harvard: Mr. Speaker, I appreciate the comments made by the hon. member from Newfoundland. I know that he is concerned about his constituents and his great province. I would like to address both his observations.

First, he started by suggesting that we as a government are not moving. I would suggest that we are moving, and I think we are moving rather expeditiously. Let me just put it this way. I think that a lot of the opposition members around here forget that we did provide, just less than 24 months ago, something more than $21 billion toward the health care system. I would consider that action.

We have the Romanow commission. The government has decided that it will not do this without a good strong study, without getting input from all Canadians. That is what Mr. Romanow has done and we will get that report in the month of November. As the health minister has already indicated, there will be a health ministers conference in January. Are we moving fast enough? Maybe not for the hon. member, maybe not for some other opposition critics, but I think we are moving as quickly as we can.

He wondered about equal treatment for smaller provinces, and Newfoundland and Labrador is certainly one, as least when it comes to population. Let me just point out one thing, because I have a set of figures in front of me. When it comes to the federal share of provincial health spending by province, the Province of Newfoundland and Labrador ranks number two. The federal government shares 62% of all the health care spending in the Province of Newfoundland and Labrador. Only Prince Edward Island exceeds that, at 68%. My own province, the Province of Manitoba, is down at 46%.

Of course the other thing when it comes to a Province like Newfoundland and Labrador, and the hon. member perhaps just forgot, is that we do have something called equalization payments. That is what equalization payments are all about: to address the financial abilities from one province to another. That is why Ontario does not get it. That is why Alberta does not get it . That is why, up until I guess recently, British Columbia did not get it. So we do have something to address the issue that the hon. member has just spoken about.

● (1750)

[*Translation*]

Mrs. Suzanne Tremblay (Rimouski—Neigette-et-la Mitis, BQ): Mr. Speaker, I listened very carefully to the remarks made by my colleague. I know that accessibility is one of the fundamental principles.

He told us that all his constituents are against total privatization. I hear a lot of people, a lot of politicians, say that they are against a two-tier health care system. In Canada, we already have a three-tier or four-tier health care system in some places, and a single-tier, the lowest tier, system in other places. It is quite simple. Let us not be hypocritical. Let us just look at accessibility. Even in Rimouski, all health care services are not accessible.

What is the government of my colleague willing to do to respect the five principles for the benefit of the people of this country? It is fine to say that one is in favour of comprehensiveness, universality, portability and public administration, but what about accessibility? Personally, I live in Rimouski but I have to go to Quebec City to be treated for heart problems. The cardiologist told me that if it takes more than three hours to get to the hospital after a heart attack, the patient will die.

How many Canadian men and women risk their lives because health care is not accessible?

Personally, I would like to see an end to the empty rhetoric and more emphasis on reality.

[*English*]

Mr. John Harvard: Mr. Speaker, I think the hon. member has touched on a very important matter and some of what she says I think is true. There is no doubt that in a country of this size and of this population there are inequities with respect to health care. There is an uneven distribution of health services.

If one lives in downtown Toronto, one perhaps may be just down the road from Sunnybrook Hospital. If one lives in my riding, there is a great hospital called Grace General Hospital. In fact, from my home I could drive to the Grace Hospital in perhaps two minutes. Do I have greater accessibility to nearby service than someone who lives way up in northern Manitoba at Norway House or Pukatawagan? Of course. Can the system be improved in that regard? Yes, and I am hoping that someone like Roy Romanow can address that very issue.

Will the playing field be level for all 31 million Canadians, whether they live in Rimouski, in Sept-Iles, in Olds, Alberta, in Kamloops, British Columbia, or in Wawanesa, Manitoba? I do not think so. Can we do a better job than we are doing now? I hope so, and I hope someone like Roy Romanow will provide some of the answers.

The Deputy Speaker: With two minutes remaining I would ask the cooperation of the hon. member for Calgary Southeast to divide that time with his colleague across the way in his response.

Mr. Jason Kenney (Calgary Southeast, Canadian Alliance): Mr. Speaker, I have just a couple of points. This member repeated the hackneyed Liberal rhetoric about health care being the unique value which distinguishes Canada. Is the member not aware that virtually every single democratic developed nation in the world, with the exception of the United States, has a universal, comprehensive health care system?

Why is it that he and his colleagues constantly make reference to the straw man, the bogeyman, of the United States, when I do not know of a single person in public debate in Canada who proposes that as a model for this country? Why does he not make reference to the public universal health care systems with varying degrees of private options and different ways of delivering and financing services in capitalist countries like Sweden, Norway, Finland, France, Germany, Italy, Australia and New Zealand? As opposed to attacking a fake straw man, would he not be willing to actually look at countries that provide universal comprehensive insurance through different ways than we do as possible models for reform?

● (1755)

Mr. John Harvard: Mr. Speaker, my friend from Calgary has a point. Perhaps we should compare our system more often with that of Britain, France, Germany or one of the Scandinavian countries. I will allow my friend from Calgary that point, but the fact is we live beside this behemoth called the United States of America. It does not have the kind of health care system that we have. It has privatization.

Canadians, and those who support our health care system, must always be on guard. There are always voices who preach privatization. It is interesting to note that many of those voices are in the Canadian Alliance. They are the ones who would love to have a two tier system. They would like to have more privatization.

It is the responsibility of the members on this side to remind Canadians over and over again that we cannot have truck or trade with privatization because we run the risk of having a system closer to that of the United States and that will never do.

[*Translation*]

Ms. Pauline Picard (Drummond, BQ): Mr. Speaker, might I begin by stating that this is not the most brilliant motion on which I have had the opportunity to speak. For us it is devoid of meaning and insignificant. I will justify our opinion by reading the motion:

> That this House take note of the on-going public discussion of the future of the Canadian health care system.

The Liberal members across the way have not yet realized that their decision to slash transfer payments had serious consequences for the health system. I really wonder where they have been for the past ten years.

I believe we have had this motion moved today because the federal government is stuck and had nothing else to propose. It might have been worthwhile to consult the members of this House on fiscal imbalance or the financial leeway the Minister of Finance will soon be announcing to us. We could have discussed how part of that could have been transferred to the provinces for health services delivery.

As far as this motion is concerned, it seems that the Liberals in this House are the only ones who have not yet taken note of the fact that health care in Canada has been under discussion for some years now.

The mess the health care system is in is a harsh consequence and proof that fiscal imbalance indeed exists. The federal surplus announced for the past few months is clear proof that Ottawa is collecting too much for the services it delivers to the public.

With this surplus, the federal government keeps looking for opportunities to interfere in areas of provincial jurisdiction, and to create duplication and overlap.

How can the provinces manage to do any financial planning when here in Ottawa the federal government is resorting to its discretionary and arbitrary spending power. Over the years, the federal government has had many reminders that what it was doing was not the right approach. The provinces are short of money for health care, social services and education. The bulk of the responsibility for the health care system problems of the provinces lies, no doubt about it, with the federal government.

The conclusions of Quebec's Séguin commission, which confirmed the existence of fiscal imbalance, produced a broad consensus, not only among MNAs but also throughout the general public.

What more will it take for the Liberals to acknowledge that they are painting the provinces into a corner when it comes to their finances? Because of the fiscal imbalance, the provinces will have to deal with growing needs, particularly in the area of health funding. According to Conference Board projections, the pressure on Quebec's spending will come, for the most part, from the health care sector, which will eat up the lion's share of Quebec's revenues if nothing is done to rectify the fiscal imbalance.

This means that if we do not receive our fair share to fund the health care system—given that health care needs are growing due to an aging population, very high drug costs and high technology—not only Quebec, but the provinces will find it very difficult to fund their other responsibilities because health care will take up the largest share of their budgets.

The fiscal imbalance is in the process of becoming a fiscal strangulation. If this situation persists for long, Quebec and the provinces may be left unable to provide significant funding in other areas.

● (1800)

The federal government has no choice but to acknowledge the fiscal imbalance and take measures to correct it. If it continues to stubbornly deny this reality, given everything that has been said and written about the imbalance, we will have to conclude that it is acting in bad faith.

The Minister of Finance will present his economic update this week. Once again, he will announce that his wallet is fatter than he thought. The current Minister of Finance is no different from the last one: he too minimizes revenue and overestimates spending so as to make us think that tax revenue will be down and that we need to continue tightening our belts.

This type of accounting keeps a large amount of money away from the public eye. With this kind of bookkeeping, these amounts—almost $9 billion to the end of the current fiscal year, 2001-02—can be transferred directly to debt repayment. In this way, people do not have the opportunity to assess priorities or to transfer any money. Of this more than $8 billion that is being taken away from the public, $3, $4, or $5 billion could have been put back into the Canada health and social transfer to help the provinces with their health care system.

Yes, a surplus. The Minister of Finance tells us that he will use the same method as his predecessor, which is to continue to underestimate his revenues. That is what he is telling us when he says that he will be prudent.

We in the Bloc Quebecois predicted that the federal government would have a huge surplus. We said $10 billion; the government says $8.9 billion. We were not too far off. We were called stupid; we were told that we were out of touch with reality. As it turns out, we were right again.

Some members opposite claim that Quebec, among others, is jealous of the federal surplus and that is why it is fueling the discussion on the fiscal imbalance. Need I remind members that it is the way the federal government balanced its budget that has brought this imbalance to light? This imbalance began to exist in 1993, 1994 or 1995 when drastic cuts were made to transfers to the provinces. But the provinces are the ones that have to face the cost of the health care system.

The Liberal government's behaviour has been compared to that of a stingy brother-in-law who leaves the table just before the bill arrives. I could also compare it to a father who, to pay his gambling debts and finance his unreasonable expenses, decides to reduce his child support payments. This last example shows unfairness. However, in the case of two governments having the same taxpayers, it is an imbalance.

In health care, the provinces are the ones that have to absorb cost increases. They have had to bear the burden of increasing health care costs.

● (1805)

The figures released in June by Statistics Canada bore it out. While health costs for 2001-02 literally exploded in the face of the provinces, this Liberal federal government managed to reduce general spending, another clear indication of fiscal imbalance.

A journalist wrote in a Quebec paper this morning, “In Ottawa, they have found the solution to the problems that plague our health care system: Ottawa has to step in.”

The federal government has set the machine in motion to try to convince the public that this is necessary. Witness the Senate committee report tabled last Friday, and that of the Romanow commission.

Hinting at massive federal interference will do nothing to reassure us. Why is the federal government planning to cause chaos in health care?

What are we to make of an assertion like turning medicare into a more consistent and integrated national system instead of a combination of 13 increasingly unequal and dissimilar systems?

Do the Liberals intend to make the words universal and uniform interchangeable?

As far as the Kirby report tabled last Friday is concerned, how can digging into the pockets of the taxpayers to the tune of $5 billion, when the federal government is rolling in surpluses, be justified?

When it cut provincial transfers in 1993-94, the federal government created, as indicated earlier, the fiscal imbalance. While substantially reducing its share of health care funding, the federal government left the provinces to deal on their own with skyrocketing health costs.

Once again, we in the Bloc Quebecois are recommending that the government solve the fiscal imbalance problem. The surplus of recent years and those forecast for the next few years show that the government has the flexibility necessary to tackle the issue immediately.

The motion we are currently debating reads as follows, and I quote:

> That this House take note of the on-going public discussion of the future of the Canadian health care system.

Yet, we have been concerned about this for a very long time. We sounded the alarm quite a while ago, but the people opposite were unmoved. Now they are waking up; our universal health care system has deteriorated to such an extent that alternatives like private health care paid out of the pockets of recipients have surfaced and are being discussed.

One of the positive points of the Kirby report is the recognition of the fact that the system is not viable in the long term under the current funding level. The report confirms what we have been contending since we first came here in 1993, namely that the federal government can no longer evade its responsibilities, but must assume them. How? By increasing its financial contribution, of course, but also by guaranteeing to the provinces that this funding will be stable and not affected by economic fluctuations.

As for the rest of the Kirby report, it is unfortunate that it neglected two important facts: first, the federal government does not know anything about health care management and, second, the provinces do not need new additional constraints. Their task is already complicated enough as it is.

Finally, while the provinces are condemning the fiscal imbalance that exists between them and the federal government, the federal Department of Finance is announcing an $8.9 billion surplus for the 2001-02 fiscal year.

Provincial fiscal balance is precarious all across Canada: Quebec has zero surplus, zero deficit and zero reserve; in Ontario, they have zero deficit, but a $1 billion reserve. These two provinces are on a tight rope and it would not take much to put their public finances in the red again.

It is desolation in British Columbia and not much better in Newfoundland and in Prince Edward Island, which are in a deficit situation. Saskatchewan has balanced its budget, while New Brunswick, Manitoba and Nova Scotia have managed to achieve microscopic surpluses.

● (1810)

By contrast with this sad picture, Ottawa is announcing surpluses. Yet, the aspiring Prime Minister and former Minister of Finance did not anticipate any surplus, only a balanced year at best.

Is this sound management of public funds? Not at all. The scandals and blunders that we have discovered and strongly condemned show rather clearly that the federal Liberal government is very prone to laxness and improvisation when it comes to managing taxpayers' money.

During the summer, the federal Minister of Intergovernmental Affairs circulated a document among the media to try to justify denying the existence of a fiscal imbalance.

He suggested, among other things, that the provinces have access to the same major tax bases: individual income tax, corporate tax, sales tax, specific taxes, and that they are free to make their own decisions.

The federal government is forgetting that there is a limit to taking money from taxpayers' pockets and that these tax grabs can have serious consequences, including moonlighting, smuggling, loss of competitiveness, taxpayer revolt and widespread disillusionment.

Liberals argue that provincial revenues exceed federal revenues. That is not particularly helpful to the debate, because it does not reflect what is needed. The federal government needs more money to finance old age pensions, native programs, technological research and development and security measures. But that accounts for only a fraction of what the provinces need.

It is very plain to see that the provinces expect to become less able to deal with their growing expenses, in part because of the dramatic increase in health costs. They demand that the federal government increase its contribution to health care funding, and rightly so.

Let us review some of the conclusions found in the Conference Board study on which the report of the Séguin Commission on fiscal imbalance is based.

Provinces are faced with a dramatic increase in health costs. These currently stand at $72 billion, but should reach close to $167 billion by 2020. Health costs are the fastest growing expenditure item for both the federal and the provincial governments. In 18 years, they will represent over 45% of all provincial revenues.

Of all the provincial sources of revenue, the one that has increased most slowly is the federal transfer payments, which have gone from $35 billion to $59 billion. Over the next 18 years, provincial health expenditures will rise nearly two times faster than all federal transfer payments, including equalization payments.

I will repeat that, so that everyone gets it: Over the next 18 years, provincial health expenditures will rise nearly two times faster than all federal transfer payments, including equalization payments.

The increase in expenditures for education will slow down because of our greying population. Education absorbs 22% of provincial revenues, and by 2020 this will be down to 19%. This is indeed a reality, but it will not be sufficient to compensate for the explosion in health costs.

What will the future of the provinces look like? Under these circumstances, they will have no choice but to sink back into deficits and debt. When the Bloc Quebecois had an opportunity to address fiscal imbalance in an opposition day last March, not one member of the party over there rose to speak, not even those primarily concerned, namely the ministers of intergovernmental affairs and of finance.

This is in strong contrast to their attitude outside this House, where they agree to provide the press with brief responses. If they cannot come up with an answer, one or the other of them will settle for the answer that fiscal imbalance is a conspiracy of the political pundits.

The Bloc Quebecois is, therefore, the only party capable of defending the interests of Quebeckers.

● (1815)

Ms. Diane Bourgeois (Terrebonne—Blainville, BQ): Mr. Speaker, today we have been treated to a true plea in favour of Canada's health care system.

I now have the opportunity for a few minutes to condemn what is going on in the House. We have wasted time on a meaningless and empty motion, as my colleague said. I do not know how much it costs the House to talk into a void for a day on a motion that asks that we take note that discussions are currently taking place. We are all able to read the papers and everyone knows that discussions are underway.

I do not know how much this type of day has cost. What I do know is that community organizations, organizations that work in the area of mental health for women and organizations that help families, are having trouble making ends meet and they would not want us to spend money in an alleged attempt to control the problems in health care. They would not want us to spend money on empty talk about motions that do not mean anything.

Today, I read a document from Carrefour familial des moulins. This organization is involved, among other things, in providing respite care to women who have had difficult deliveries. It also provides young women aged 13, 14, 15, 16 years and older with eggs, milk, orange juice and the like. These are single mothers who did not marry and are in school. Carrefour familial helps women with several children by providing classes on food preparation, teaching them to help themselves out of poverty.

Carrefour familial describes its precarious financial situation and asks "When will something be done to help us?"

Today, all the discussions I have heard dealt only with immediate care. I heard nothing about prevention. Nothing either about the overall health of women. Looking after the health of women, children and families requires being able to take an overall look at what is causing the health problems.

The problem with this government is that it does not have any global vision of how to address health problems. The World March of Women asked "Where are the federal Liberal MPs, the government MPs, from Quebec?"

I must not be the only member to have starving community groups in her riding. I must not be the only one to receive requests from women's groups, shelters, family centres, early childhood centres. Where are these federal Liberal MPs from Quebec? They are keeping quiet right now. They are not asking for money for the people in their ridings.

Where are the federal Liberal MPs from outside Quebec who have French-speaking communities in their ridings? These communities came to my office telling me they did not have access to health care in French, nor to psychosocial services.

Thank you, Mr. Speaker, for allowing me to at least describe one situation, and to vent, because this is infuriating today.

● (1820)

Ms. Pauline Picard: Mr. Speaker, I thank my colleague for her comments. She has talked about points that have not been raised today. We are not talking about prevention, because we are debating a motion the meaning of which is hard to figure out.

This is ridiculous. It would have been much more interesting to have had a motion inviting a debate on precisely the points my colleague just raised.

Why did the government move this motion? I think it is not very clever. It did not have to look very far to come up with such a meaningless motion, which says that there is an on-going public discussion of the health care system.

The health care system has been talked about for years. We have been talking about it since cuts were made in the Canadian social transfer. Ever since, provincial governments have set up commissions to assess the needs and priorities of their citizens. In Quebec, the Clair commission did a fine job.

Why did the government appoint commissions such as the Romanow commission or have the Kirby committee produce a report? Today, all of a sudden, we are reminded that it might be a good idea to discuss the situation of our health care system in the House. Clearly, the government cannot fool the public all the time. What is going on here does not make sense. We saw it during oral question period. This is unprecedented.

Everyone was flabbergasted. If this goes on, we should stop our proceedings and adjourn, because it is ridiculous. It is beyond comprehension. In order to move motions such as this one, the government must really think that we cannot sit in this House. They tried to pull a fast one on us to be able to keep going next week, because seemingly there is not much on the legislative agenda.

This is really not serious. If the government had been serious, it would have used some of the money available, some of the surpluses that the Minister of Finance will announce. This is no secret. We know what the minister will announce on Wednesday in his economic statement. Everyone knows.

Indeed, everyone knows that there is an $8.9 billion surplus. If the government had been serious, it would have said, "We are having a debate because part of this surplus must be given back to the provinces to help deliver health services to the public". It was agreed long ago that health care would be accessible to everyone, under the five basic principles governing health care services.

Now, there is a need for money. This is normal. Everyone agrees on the reasons why the provinces need money. As I said earlier, it is because of the aging population, because of the cost of drugs, because of the new technologies and because of research.

It is easy to understand. Why does the federal government stubbornly refuse to give the money back to the provinces, when their needs are so urgent?

● (1825)

[*English*]

Mr. Murray Calder (Dufferin—Peel—Wellington—Grey, Lib.): Mr. Speaker, I have been listening to this debate with a lot of interest. The member across the way raises an important point which is key to what we will have to discuss here because eventually the debate will get down to the dollars.

As the chair of national rural caucus, our caucus has been debating the health issue in rural Canada at great lengths. We know first off that by 2024, 25% of the population will be 65 and older. It will start using the health care system much more than it has in the past. We know that a large number of people who are now in urban centres will retire back to where they originally came from, which was rural Canada. That will put a lot of stress on the health care system in rural Canada.

We must look at the funding aspect, which is accountability. We currently transfer money to the provinces through the Canada health and social transfers. Tax points and equalization payments are transferred to the provinces for direct health spending. When we take all that into consideration that is nearly 40%. Yet the provinces say that we only transfer 14%. If we are to have accountability, there has to be a transparent accounting system so we can see how much the federal government is putting into health care and how much the provinces are spending on health care. Currently that does not exist. Statements like this would not stand. We must come up with a better accounting system.

Baby boomers make up a huge part of our population, of which I am a part. Approximately 9.8 million of us were born between 1946 and 1966. That is a third of Canada's population. We are aging right now, turning 50, at the rate of 50,000 a year. We can see how this will translate.

I would hope that when the Romanow and the Senate report come out they will directly look at how we work with the provinces and the accounting system for the money that is being transferred from the federal government to the provinces. Last year we saw some high tech money that was supposed to be put into MRIs and CAT scans spent by some of the hospitals on low tech equipment like lawnmowers. I am a Kinsman, a life member of a service club. If hospitals were looking to buy low tech equipment for which the federal government has allotted high tech dollars, they should go to their local service clubs in the community and get the money that way.

I want to stress the fact that we must have a good accounting system. The federal government and the provincial governments must get together and negotiate how the accounting system will work or we will constantly be in the same trouble we are in right now. When we get into the shortage of doctors in rural Canada, we can look at things like telemedicine and nurse practitioners.

The Deputy Speaker: It being 6:30 p.m., the House stands adjourned until tomorrow at 10 a.m. pursuant to Standing Order 24.

(The House adjourned at 6:30 p.m.)

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