CANADA

House of Commons Debates

VOLUME 139 • NUMBER 052 • 3rd SESSION • 37th PARLIAMENT

OFFICIAL REPORT
(HANSARD)

Tuesday, May 11, 2004

Speaker: The Honourable Peter Milliken

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CORRIGENDUM

In the November 18, 2002 issue of *Hansard*, in the righthand column on page 1551, the following text should appear immediately above the Editor's Note:

The Speaker: I would also like to draw to the attention of hon. members the presence in the gallery of Mr. George Bowering, the first Parliamentary Poet Laureate, who was appointed on November 8, 2002, in accordance with recent changes to the Parliament of Canada Act.

Some hon. members: Hear, hear.

HOUSE OF COMMONS

Tuesday, May 11, 2004

The House met at 10 a.m.

Prayers

ROUTINE PROCEEDINGS

● (1000)

[*Translation*]

COMMITTEES OF THE HOUSE

ENVIRONMENT AND SUSTAINABLE DEVELOPMENT

Hon. Charles Caccia (Davenport, Lib.): Mr. Speaker, pursuant to the order of reference of Friday, May 7, 2004, your committee has considered Bill C-34, an act to amend the Migratory Birds Convention Act, 1994 and the Canadian Environmental Protection Act, 1999, and agreed, on Monday, May 10, 2004, to report it without amendment.

I want to thank the hon. members who supported this bill and helped facilitate the completion of the work.

* * *

● (1005)

[*English*]

PETITIONS

TAXATION

Mr. Jay Hill (Prince George—Peace River, CPC): Mr. Speaker, it is indeed a pleasure for me to rise this morning to present to the House a petition signed by individuals from Braeside, Arnprior, Renfrew and Perth in Ontario, and from Lampman, Weyburn, Tribune, St. Walburg and Carnduff in Saskatchewan. The petitioners draw the attention of the House to the fact that adoptive parents make a significant social contribution to our society and often face significant adoption related costs, but out of pocket adoption expenses are not tax deductible.

Therefore, they are calling upon Parliament to pass legislation to provide an income tax deduction for expenses related to the adoption of a child, as contained in the private member's bill, Bill C-246.

MARRIAGE

Mr. Darrel Stinson (Okanagan—Shuswap, CPC): Mr. Speaker, on behalf of my constituents of Okanagan—Shuswap, I am pleased to present a petition calling upon Parliament to pass legislation to recognize the institution of marriage in federal law as being the lifelong union of one man and one woman to the exclusion of all others.

Hon. Andrew Telegdi (Kitchener—Waterloo, Lib.): Mr. Speaker, I am going to be tabling a number of petitions. They call on Parliament to invoke the notwithstanding clause and pass a law so that only two persons of the opposite sex can be married. Approximately 100 people have signed the petitions.

● (1010)

HEALTH

Mr. Garry Breitkreuz (Yorkton—Melville, CPC): Mr. Speaker, the first petition that I would like to present concerns my woman's right to know act. I am presenting petitions signed by 3,263 concerned Canadians from across Canada who support my woman's right to know act. These petitioners support my bill because it would guarantee that all expectant mothers considering an abortion would be given complete information by their physician about all the risks of the procedure before being referred for an abortion and would provide penalties for doctors who perform an abortion without the fully informed consent of the mother and penalties for doctors who perform a medically unnecessary abortion.

On Thursday of this week, thousands of people will gather on Parliament Hill for the annual March for Life. They march every year to mourn the death of more than 100,000 unborn children in Canada through medically unnecessary abortions. As you can see, Mr. Speaker, there is quite a number of petitioners.

MARRIAGE

Mr. Garry Breitkreuz (Yorkton—Melville, CPC): Mr. Speaker, the second petition I would like to present is with regard to preserving the traditional definition of marriage. These petitioners point out that in 1999 Parliament voted to preserve the traditional definition of marriage, and a recent court decision has redefined marriage contrary to the wishes of Parliament. Now the government wants Parliament to vote on new legislation, but only after it has been approved by the Supreme Court. This is a dangerous new precedent for democracy in Canada. Elected members of Parliament should decide the marriage issue, not appointed judges. The petitioners are calling on Parliament to hold a renewed debate on the definition of marriage and to reaffirm, as it did in 1999, the traditional definition.

RADIO CANADA INTERNATIONAL

Ms. Judy Wasylycia-Leis (Winnipeg North Centre, NDP): Mr. Speaker, I have the privilege of presenting four petitions.

The first petition pertains to Radio Canada International. The petitioners are concerned about the reduction in the number of hours of international broadcasting to Ukraine. They believe that RCI plays an important role in strengthening Ukraine's emerging civil society.

They call upon Parliament to indicate its support for the reinstatement of full Radio Canada International broadcasting to Ukraine.

IMMIGRATION

Ms. Judy Wasylycia-Leis (Winnipeg North Centre, NDP): Mr. Speaker, the second petition pertains to immigration and the concern about a narrow and restricted definition for family class sponsorship. The petitioners are anxious to see this provision under the Immigration and Refugee Protection Act changed.

They call upon Parliament to give full consideration to the addition of other relatives to this class so that family reunification can once again be a cornerstone of our immigration policy.

TRANS FATS

Ms. Judy Wasylycia-Leis (Winnipeg North Centre, NDP): Mr. Speaker, the third petition pertains to the issue of trans fats. The petitioners are concerned that trans fats raise levels of bad cholesterol in the body and prevent good cholesterol from clearing the circulatory system.

They call upon Parliament to eliminate trans fats from Canada's food supply.

LABELLING OF ALCOHOLIC BEVERAGES

Ms. Judy Wasylycia-Leis (Winnipeg North Centre, NDP): Mr. Speaker, the final petition, which is a matter very close to my own heart, pertains to fetal alcohol syndrome and the need to have warning labels on all alcohol beverage containers.

The petitioners call upon Parliament to remind the government of the motion that was passed in the House and to enact provisions to ensure that a warning is placed on all alcohol beverage containers stating that drinking alcohol during pregnancy can cause birth defects.

* * *

QUESTIONS ON THE ORDER PAPER

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

The Deputy Speaker: Is that agreed?

Some hon. members: Agreed.

GOVERNMENT ORDERS

[*English*]

SUPPLY

ALLOTTED DAY—HEALTH CARE

Mrs. Bev Desjarlais (Churchill, NDP) moved:

> That this House condemn the private for-profit delivery of health care that this government has allowed to grow since 1993.

Hon. Bill Blaikie (Winnipeg—Transcona, NDP): Mr. Speaker, the NDP is pleased today to provide the House with an opportunity to debate a motion having to do with the delivery of health care in the country. We think it is particularly appropriate given the confusion that seems to abound on the government side with respect to the Liberal position.

We hope that during the course of the debate today, assuming that Liberals wish to speak to the motion, that we might get some clarity with respect to the Liberal position, particularly when it comes to private for profit delivery of health care.

Therefore it is no coincidence that our motion reads:

> That this House condemn the private for-profit delivery of health care that this government has allowed to grow since 1993.

In effect, what the motion addresses is the Liberal record, as much as any abstract or ideological debate about the merits of for profit delivery versus non-profit public delivery, although we stand firmly on the side of non-profit and-or public delivery of health care, as did Roy Romanow in his conclusions vis-à-vis the royal commission that was conducted by Mr. Romanow on health care.

However our concern today is what has happened under the Liberals over the last 10 years. Privatization of our health care has increased markedly in that last 10 years,as a result of changes that the Liberals made to the Canada Health Act, as a result of cuts that were made by the Liberals, particularly under the current Prime Minister when he was the minister of finance, and also just the way in which the Liberals have sort of turned a blind eye to the creeping privatization of our health care system. We see that blind eye continuing to operate in the kinds of things that have been said recently by the Minister of Health.

At the same time as he acknowledged that there was room for the private delivery of insured services within the Canada Health Act, he did not express any concern about the tendency of that sector within our health care system to grow. We would have liked to have heard him say that the government was concerned about the growth of that kind of privatization and was determined to do something about it.

Instead, it was obvious that this was regarded as a neutral fact about the current health care system by the Minister of Health. It was only after alarm bells rang that the minister felt obliged to stand and say that the government was not encouraging the private delivery of publicly insured services. However it would have been much more authentic and convincing if this had been said right off the bat, which it was not.

It is also important that we get some clarity on this matter of health care because we are facing an election. In the election it is obvious that the Liberals want to create what we think is a false distinction between themselves and the official opposition when it comes to health care. It is no secret that part of the Liberal strategy is to demonize the official opposition when, in our view, there is very little daylight between the position of the Liberal government and the official opposition when it comes to health care, particularly when it comes to the role of private for profit delivery of health care in the country.

If the House will permit me a little bit of historical reflection, I think I am one of the few members of Parliament left in the Chamber who was here when the Canada Health Act was brought into being in the spring of 1984, 20 years ago. In fact, I was the NDP health critic at that time and sat on the Standing Committee on Health and Welfare that considered the Canada Health Act, amended it and heard the witnesses. Certainly it was one of my formative political experiences to be part of that process by which the Canada Health Act came into being. Therefore I know a little bit about it.

● (1015)

I find it curious that the Minister of Health, instead of answering the questions we ask him in the House of Commons, all he says is that the Liberal government will stand by the Canada Health Act, as if this tells us what we want to know. It is not enough to say that the government will stand by the Canada Health Act because the act, frankly, was not designed to deal with the problems that our health care system has today.

The Canada Health Act, which was the successor to the Medical Care Act which brought medicare into being in the first place, came as a result of advocating that the then Liberal government, under Pierre Trudeau and health minister Monique Bégin, do something about the proliferation of extra billing by physicians and user fees in the health care system.That is what the Canada Health Act, to the extent that it was different than the legislation that proceeded it, was designed to do.

The principles that are embedded in the Canada Health Act were also in the previous legislation. What is substantially new about the Canada Health Act is that it has given the federal government the ability to withhold from provinces, which allow the extra billing and user fees for medically necessary services, the equivalent amounts, so there would be no incentive, in fact there would be a punishment for allowing extra billing and user fees. This is what the Canada Health Act was about.

The Canada Health Act was not designed to punish, discourage or deal with the whole question of privatization. It is quite disingenuous, not to say intellectually dishonest, for the Minister of Health and the ministers of health before him, to get up, whenever they are asked a question about oranges, say privatization, and say that they are all for apples. As I said before, that is not what the Canada Health Act was designed to deal with.

It was very interesting that at that time, in 1983-84, after the second Hall commission report and the recommendations by Justice Emmett Hall, the government would do something like the Canada Health Act. The Conservatives of the day were led by Brian Mulroney after his entry into the House in August 1983 in a byelection in Central Nova. I remember going down to Central Nova to challenge him to a debate on health care, which, incidentally, he did not take up.

In any event, the Conservatives at that time moved to the left to adopt the emerging Liberal position. It was not easy to get the Liberals to move on and create the Canada Health Act. It took three or four years of persistent questioning in the House and agitation by the Canadian Health Coalition, the Canadian Nurses Association and all kinds of people who were concerned about what extra billing and user fees were doing at that time.

The principles are the same with respect to extra billing, user fees and privatization. What unites those issues is the concern that Canadians have to pay out of their own pockets, whether it is in the form of extra billing, user fees or privately run clinics, particularly those who are now making available diagnostic services so that people can actually pay for those services, and then even more unacceptable, jump the queue because they have their diagnosis before someone else who has to wait in the public system.

I want to get back to the politics of this. In 1983-84 Brian Mulroney decided that he would not stick to the usual historical Conservative position on health care, which was to be critical of medicare or at least not defend it. In fact, in all those years leading up to the Canada Health Act I do not think there was a single question asked in the House of Commons by the Conservative opposition at the time with respect to extra billing and user fees, just as, 20 years later, there has not been a single question asked by the Alliance and now Conservative Party in the House leading up to this current debate on health care with respect to privatization, with the exception of the official opposition raising the question of health now as a way of trying to get around the Liberals' strategy.

The difference now is that I think there was for a while, until Mulroney changed it, a genuine difference between the Liberals and the Conservatives at that time. I am not so sure that the Liberal government is anywhere near as progressive when it comes to health care as Monique Bégin and Pierre Trudeau were in the early 1980s and which culminated in the Canada Health Act.

● (1020)

Instead of the Conservative position moving over to adopt the Liberal position, we have a kind of meeting of the minds, and I use that word loosely, meeting somewhere in the middle of the aisle, with there being very little distinction between the Liberals and the Conservatives, when it comes to private delivery of health care.

The leader of the official opposition said—

The Deputy Speaker: I hesitate to interrupt the hon. member for Winnipeg—Transcona. The Chair needs some guidance in terms of whether it is his intention to use the full 20 minutes allocated or will he be splitting his time with a colleague.

● (1025)

Hon. Bill Blaikie: If I intended to split my time, Mr. Speaker, I would have indicated that to you at the beginning of my speech. However, I thank you for your concern.

The leader of the official opposition is reported to have said that he does not really care who delivers health care. Whether it is public or private, it is not a big deal for him. I commend the leader of the official opposition for at least being honest about his position. If he had said otherwise, I would not have believed him. I know where he is really at. I did not just walk into this chamber yesterday. Anybody who has listened, particularly to former Alliance members over the years, really knows where the Conservatives also are on this, and is not surprised by that position. I commend him for at least being straight up about his indifference. I would say he probably has a preference in some cases for private delivery, but at least he is willing to say that it does not make any difference to him.

Whereas the Liberals are being quite disingenuous and dishonest with the public about their true feelings on private for profit health care. Either they are indifferent or in their heart of hearts they think this is part of what they mean when they talk about the need for innovation or part of what they mean when they talk about the accord they want to reach with the health ministers on new federal money, plus innovation and reform in the health care system.

When I asked the Minister of Health the other day in the House if he saw a place for a privately owned chain of MRI clinics in the Liberal vision of health care in this country, he would not answer the question.

If we were going to have an honest debate about health care, then instead of answering a question I did not ask or repeating the mantra about the Canada Health Act, which is what he did, would it not be useful for Canadians to know before the election what the Liberal position on this is? We know what the Conservative position is. We know what the NDP position is. Why can we not know what the Liberal position is? Why can we not even know what their preference is? Liberals might say that this is what they prefer and then go into negotiations with the provinces, but they will not even go there. We hope they might go there today and shed a little light on their position.

While I am talking about user fees, extra billing and the origins of the Canada Health Act, I was very distressed to see that the *National Post*, in its editorial about the Canada Health Act, actually had the nerve to recommend user fees in an article by Nadeem Esmail, senior health policy analyst at the Fraser Institute. I suppose it does not take much nerve at the Fraser Institute to come up with a recommendation like that. If the Fraser Institute has its way, I cannot believe we will have another debate about user fees. I thought that debate had been put to rest 20 years ago.

We have had study after study. We have the Romanow Commission. We even have studies that do not necessarily agree with everything that the NDP says. None of them have advocated a return to user fees. Unless we have significant enough user fees, the cost of administering them cancels what we gain from the user fees. If we have significant enough user fees, then we begin to punish people who do not have the money straight up to go to the doctor or whatever the case may be, and we begin to penalize people. This has been proven over and over again.

Every once in a while we might get an intelligent notion from the Fraser Institute or from the *National Post* about these kinds of issues, but to suggest that somehow a return to user fees is the answer is really retrograde and harmful to what could be a useful debate about the future of health care.

While I have not had a chance to check, at the end of the debate on the Canada Health Act 20 years ago, on various occasions during that era I had occasion to say that no amount of principles enshrined in the Canada Health Act and enforced by the federal government would save medicare if it were progressively underfunded to the point where the system became untenable and people therefore felt they needed some kind of alternative to the publicly funded health care system.

● (1030)

We have not exactly reached that point yet, but there is no question that over the last 20 years successive federal governments have unilaterally changed the terms of reference by which medicare was created in the first place. The original deal that brought provinces into medicare, the fiscal midwifery that brought provinces into medicare, was the fact that for every 50¢ provinces spent on health care, they would receive 50¢ from the federal government. What is that 50¢ down to now? The most popular and accepted percentage that I have heard is 16% of spending on health care. Clearly, we have a case of governments progressively, in an unprogressive spirit, reducing the role of the federal government in health care.

This goes all the way back to a Liberal finance minister under Allan McEachern. Under the Mulroney Tories in 1984, the first budget had unilateral cuts in federal spending on health care. This occurred in budget after budget. The mother of all cuts was in the budget of 1995, when the Prime Minister was the then minister of finance. All those other nicks and cuts were bad, but they paled in significance to the cuts that came under this current Prime Minister. Billions of dollars were taken out of the federal transfer to provinces for health care.

It is that cut, the deepest cut of all, that created the circumstances in which we now have this debate. There would not be any need, perceived, real or otherwise, for MRI clinics and for other private for profit delivery of health care services if the public system was adequately funded. If we are to save medicare, the public system does have to be adequately funded or Canadians will rightfully want an option to a system in which they have no trust.

I think at this point Canadians still have trust in their health care system, although they know that it is not perfect. They know that with respect to certain kinds of services, diagnostic tests and others, there are unacceptably long waiting lists, et cetera, but they do not think it is beyond repair, and it is not, if we can gather the political will across this country to create a federal government that is willing to contribute its fair share.

What are we talking about here? Romanow was only talking about 25%. A minute ago, I was talking about 50%. That was the original deal. For the longest time, the NDP and others who were concerned about medicare advocated a return to fifty-fifty cost sharing. We still do in our heart of hearts, in our dream world. However, for now, we would be happy with a Liberal government that is willing to spend 25%, half of the original contribution by the federal government to medicare. That is not what we have over there.

It is clear to us that we need to have a much more honest debate about health care. The Minister of Health has come into the House. I hope he is not here to tell us that he stands by the Canada Health Act over and over again. As I said before, and I will say it for the benefit of the Minister of Health, that is not enough. The Canada Health Act was not designed to deal with that which now threatens the health care system; and that is, the proliferation of private for profit delivery of even insured services. However, we have the private for profit delivery of diagnostic services, which people are able to pay for and then they jump the queue.

● (1035)

Since 1993, there has been a complete lack of will on the part of the Liberals to deal with this. Why have they been unwilling to deal with it? They do not exactly have the moral high ground with the provinces. On the one hand they are drastically reducing their contribution to health care and on the other hand they are laying down the law to the provinces. The provinces are rightly irritated that the Liberals are reneging on the fiscal side, but they want to get tough on the regulatory side, and they have a case with regard to this. Some provinces have tried to deal with it differently than others.

We think it is time for the Liberals to fess up to where they are really at on private for profit delivery of health care. They should share our concern. Even if the for profit sector in our health care system is providing insured services now, at some point a second tier will be created. A private health care system would be created that initially would deliver insured services, but five or ten years from now say that it could make a lot more money if it were not under medicare. It could break free of medicare and create a second private tier all by itself. That is the danger.

Our system has always been an ideological hybrid, but public delivery and non-profit delivery of health care has been the dominant mode. If this Liberal government allows the private for profit delivery of health care to become the dominant mode, to expand even more so than it already has in their last 10 years of government, medicare will suffer a defeat on its watch, despite the fact that the Prime Minister's father had something to do with it in the 1950s.

Mr. Jay Hill (Prince George—Peace River, CPC): Mr. Speaker, I certainly agree with the hon. member. It is way past the time that we in Canada had an honest, open and fair debate about the future of health care. I appreciate the fact he has recognized that the leader of the Conservative Party has been forthright in expressing his opinions on where Canada should go in the health care field. However, I have a few questions for him in the interest of adding to the openness of the debate.

I watched a discussion of a panel on television last night. His colleague from Vancouver East was asked whether the NDP proposed that existing private clinics, such as MRI clinics and other clinics that provide health care services for Canadians, be shut down. Is that the NDP's position? His colleague from Vancouver East did not answer the question.

My colleague mentioned jumping the queue and also stated that if we were not careful, there would be a second tier. I would suggest to the member that there already is multi-tiered health care in Canada. If we are going to be honest about it, then let us talk about it.

When Canadians are faced with terribly long waiting lists, partially because of inadequate funding from the federal government, they seek other means. If people are told by their doctors that they might have tumours, but they might have to wait six months to have an MRI in Canada, or they could go to the United States, pay a few thousand dollars and get one next week, what would people do? They would try to access other health care services. If that is not another tier, then what is, even if it does not exist within our borders? It is a situation where those who can beg, borrow or plead with their banker to get the money, if they do not have it in their bank account, would consider to find out what their true health is.

He mentioned adequate funding in his speech. Could he attach a number to that? What is the amount of adequate funding that would solve all the woes of Canada's health care system?

● (1040)

Hon. Bill Blaikie: Mr. Speaker, obviously the solution to the clinics that now exist is twofold at least. One solution is to create a publicly funded health care system where there is no demand for such clinics, particularly those clinics that enable people to pay for diagnostic services by themselves and then queue jump because they got their diagnosis and people who are waiting for the public system do not.

There were private clinics in Manitoba. I can think of one in particular. The Manitoba NDP government did not want to have this private for profit clinic in Manitoba, so it negotiated with that clinic and brought it into the public sector. This is certainly one of the things that was done by the Manitoba NDP government. It has been a huge success as far as I know.

There are different ways to do this. The member wants to force us into some kind of radical unacceptable position, that somehow if the NDP government was elected, all these places would be shut down tomorrow. We want to initiate a process by which, by a certain time, there would not be these kind of private for profit clinics. If that means changing the Canada Health Act, then that is exactly what we would do.

In terms of the so-called second tier that exists by virtue of the fact that some Canadians can go to the United States, we can never change the fact that some Canadians may choose to go to the United States for health care. What we can do is reduce the number of Canadians who feel that they have to go to the United States in order to access particular services. We can do that by properly funding the publicly funded health care system.

I am glad to see that the Conservatives are now saying this kind of thing. However, it is getting awfully close to the election. I can remember when the hon. member's colleagues often rose in the House and talked about the fact that there needed to be cuts in federal transfer payments to the health care system. The record will show this.

The member makes a point that, yes, we will always have this other tier called the United States, for people who either have the money or who can get the money together. We should create a publicly funded health care system in this country where no one feels that they have to do that.

With respect to adequate funding, I have already said that we accept the recommendations of the Romanow commission.

Mr. Stockwell Day (Okanagan—Coquihalla, CPC): Mr. Speaker, I would appreciate some more clarification. The hon. member said that he could not see any daylight between the positions of the Conservatives and the Liberals on health care.

The member said that the NDP endorses what the Manitoba government did with a clinic. He used the words "brought it into the public sector". There is a clinic, one or more, delivering services and he says that is all right. It sounds like something I have heard from the Liberal side and something along the lines of what we talk about in terms of delivery of services, but still full access to everyone.

Would the member shed a little more light on the narrowing daylight between the NDP position and the Liberal position? They sound identical. He is talking about allowing a clinic to deliver services within the public system. That is what it sounded like to me.

Also, would the member reflect on the federal government when it talks about a transfer of payments? This is referring to health care also, and it includes going back to the 1970s where a certain amount of tax points would be transferred when the government talked about fiscal responsibility. What does he see as the present percentage of that tax point transfer and would he like to see that continued or expanded, especially as it relates to requests from Quebec?

Hon. Bill Blaikie: Mr. Speaker, I have debated the member before and he is always very careful with his words. He talked about clinics. He did not say private clinics, for profit clinics, or non-profit clinics. All of a sudden he is trying to misrepresent the NDP position.

I said that we do not want for profit clinics. What happened in Manitoba was that a for profit clinic was turned into a non-profit clinic and brought under the public health care system. That is what I said was done in Manitoba. That is the sort of thing that we would like to see done right across the country.

That is our position. The member does not have to like it or agree with it. It is clearly quite different than the federal Minister of Health who stood up and talked about for profit private delivery of services in clinics or otherwise that he did not seem to feel was a problem.

The next day of course he said that he did not want to encourage that sort of thing, or he did not want to promote it. These were afterthoughts after the alarm bells went off that showed that the Liberals were actually sort of neutral when it comes to providing our public health care services by for profit private delivery.

● (1045)

Mrs. Carol Skelton (Saskatoon—Rosetown—Biggar, CPC): Mr. Speaker, I would like to ask my hon. colleague what he thinks about the NDP government in Saskatchewan sending compensation patients out of province for MRIs and diagnosis that they need? How does he feel about that?

Hon. Bill Blaikie: Mr. Speaker, I am sure that if the federal Liberal government, over the last 10 years, had been providing the kind of money to the provinces that it should have been providing, provinces like Saskatchewan or, for that matter, other non-NDP provinces would not feel that they have to do some of the things that they have to do today.

Mr. Maurice Vellacott (Saskatoon—Wanuskewin, CPC): Mr. Speaker, I want to ask my colleague from Winnipeg a question. He did answer the question from the hon. member for Okanagan—Coquihalla in the matter of the tax point transfer. Could the hon. member for Winnipeg—Transcona give us a response to that as it relates to Quebec?

The hon. member for Winnipeg—Transcona did not remark on whether or not it was a private clinic. The member talked about profit and not for profit, but I would like to ask whether or not it was a private clinic? It is obviously not making money now. I do not know if what he meant by that. Was it going into a hole? Was it a private clinic or not? What was the status there? I would like a response to the tax point transfer as well.

Hon. Bill Blaikie: Mr. Speaker, how often do I have to explain the nature of the clinic in Manitoba to the hon. member and his colleagues? However, we will get him some more information on that so that he can be as well informed on that as he likes.

Clearly, it is not a for profit clinic. It was a for profit clinic and the Manitoba NDP government did something about that because it found it philosophically unacceptable and changed the clinic. I can get the hon. member more details on that.

With respect to tax points, this is an ongoing debate between the provinces and the federal government as to what the federal government is contributing vis-à-vis tax points. It goes back to the seventies. The provinces and the federal government, depending on which stage we enter the argument, are guilty of various kinds of sophistry with respect to tax points.

I wonder, is the hon. member suggesting that the Conservative position is that the federal government is already giving enough money through tax points and that there is no need for more federal funding for health care? Is that what the hon. member is suggesting because that is what is implied in the question.

With respect to Quebec, I believe that Quebec has made even more suggestions with respect to the transfer of tax points. This is something that would have to be worked out between the federal government and the provinces and/or Quebec, but this is not relevant to the debate today about privatization. It is only relevant to the extent that anything that impinges on the federal government's ability to regulate with respect to for profit health care in this country because it is not contributing its fair share to the overall cost of health care and therefore it has no moral high ground from which to preach to the provinces.

Hon. Pierre Pettigrew (Minister of Health, Minister of Intergovernmental Affairs and Minister responsible for Official Languages, Lib.): Mr. Speaker, I would like to advise you that I will be splitting my time with my colleague, the Minister of State for Public Health.

I welcome the opportunity that this motion offers to speak to the government's commitment to ensuring the long term sustainability of Canada's public health system.

I want to assure Canadians that this alarmist motion is both misguided and unnecessary as it in no way reflects the government's vision for health and our 10 year plan, which I believe to be consistent with and founded upon Canadian values.

[*Translation*]

The Government of Canada, like all Canadians it serves, cares a great deal about the fundamental values behind our health care system, namely equality and justice. These values, which are at the heart of our social program most appreciated by Canadians throughout the country, define us and unite us as a people and a nation. They sum up perfectly what it means to be Canadian.

The members of my party reject the idea of having a system whereby jumping the queue—in other words, using one's ability to pay in order to avoid waiting in line—determines one's access to health care or how quickly it is delivered. We expect all our partners to honour to the spirit of the Canada Health Act.

I can assure all Canadians, regardless of where they live or how much money they earn, be they men or women, young or old, that they can have complete faith in their public health care system, which is universal, accessible and single-tiered. The system is there for them and their family if and when they need it because that is the medicare promise.

This national program provides all Canadians with access to medically required health services according to their needs, not their means. Clearly, user fees for insured and medically required services are contrary to the Canada Health Act.

Over and above any debate, this government has a commitment with respect to the health system of our country. The 2004 throne speech and budget have sent a clear message: we plan to bolster the social foundations of Canada, including our universal health care system.

The announcement in the budget of an additional $2 billion on top of the $34.8 billion in new funding over five years announced a year ago in the 2003 agreement, are all proof of our commitment to provide the provinces and territories with lasting, predictable funding that will increase over the long term so that the system may continue to meet the needs of all Canadians.

The federal government's transfer payments in support of social and health programs will be increased by an average of 8% a year for five years. Thanks in large part to these investments, the health system in Canada compares favourably with that of other OECD countries as far as accessibility and health outcomes go.

● (1050)

[*English*]

However, I am certainly not pretending that we have achieved perfection. The health system, like society itself, is not static. It is constantly undergoing change and, indeed, must continually improve to keep pace with Canadians' evolving needs and expectations.

There are all kinds of pressures confronting the system, from the introduction of new diseases that sweep the globe in a matter of days, to our aging population, which puts more demands on the system, and to the impacts of new technologies that offer treatments and therapies unimaginable at the time Canada adopted medicare four decades ago.

Of course, a lot of misinformation and exaggerated anecdotes have led to urban legends about Canada's health system, which motions like the one we are debating today only inflame. But we have to acknowledge some legitimate concerns that arise out of real encounters with the health care system.

For example, we know we need to deal with long waiting lists by addressing mismatches in the demand, supply and distribution of health human resources and service delivery capacity. We also require greater progress in delivering care in the most appropriate setting, whether in a primary care clinic rather than an emergency room, or at home with the right support to recover from surgery.

Given the explosion of health problems related to obesity and unhealthy lifestyles, we clearly need to develop national health promotion and protection strategies to relieve pressure on the health care delivery system. My colleague, the Minister of State for Public Health, will have the opportunity to speak about that contribution of our government. I want to thank her and congratulate her for the excellent job she has been doing on the public health file. Canadians also want greater transparency and accountability to be sure that their tax dollars are put to good use.

Undeniably, these are very real problems that need fixing. That is precisely what we propose to do in partnership with the provinces and territories, health care providers and interested individuals, because Canadians have told us they see their health care system as a collaborative partnership. This is not only what Canadians want and expect; it is what first ministers have agreed to do.

Since the first ministers meeting in September 2000, all governments have been working together, implementing important health reforms to ensure timely access to quality health care services. Despite these improvements, we know more needs to be done. To that end, the Prime Minister will convene a first ministers meeting this summer to discuss the sustainability of the health care system. Our efforts will be aimed at building and strengthening the public health system in Canada. The Prime Minister has promised that first ministers will meet “for as long as it takes...to agree on a long term plan for a health system that is properly funded, clearly sustainable and significantly reformed”.

What has become abundantly clear to users of the system as well as to those who have studied it and those who work within it is that the sustainability of the health care system is about far more than funding. It is equally about fundamental structural reforms to ensure that Canadians receive the services they need and that these services are delivered in an efficient manner.

What is equally obvious is that reforming the system really comes down to strengthening the relationship with our provincial and territorial partners, because we share responsibility for this critically important social program. Clearly, it was by design that the Prime Minister assigned me to the dual role of serving as Minister of Health and Minister of Intergovernmental Affairs, recognizing that these responsibilities are directly related.

I can assure the House that I am committed to working in partnership with the provinces and territories to restore Canadians' confidence in their health care system and to make the reforms necessary to revitalize the system and place it on a more secure financial footing for the future.

I will work closely with our colleagues in other governments to do just that, ensuring that the principles of the Canada Health Act are upheld so Canadians can have access to a single-payer, publicly administered and publicly delivered health system when they need it. There is every reason to be optimistic that we will succeed.

● (1055)

The Canada Health Act has been and remains for Canadians a symbol of national solidarity and shared values. Its five principles are as relevant today as they were two decades ago when the legislation was unanimously supported by all political parties. I have every confidence that together with our provincial-territorial partners and all members of the House we can strengthen and expand the public health care system, recognizing that it provides our citizens with the best system possible.

[*Translation*]

I am in no way suggesting we remain with the status quo. Canadians do not want to have better access to a 1960s-era health system. They want to have access to a dynamic system on the leading edge of technology, one that is patient-focussed and quick to integrate new medical technology and the best, and most recent, treatment possibilities. This is what I am seeking to do, in conjunction with the provinces and territories.

I am sure that, with a good plan and the proper resources, the health insurance plan will remain appropriate for all Canadians. Working with our partners, and with all Canadians, we will be able to improve access and put solutions in place that will last for a generation. This is the direction we need to take.

I cannot support this motion by an opposition member, but instead strongly encourage her to work along with this government in continuing to build a health system that reflects our country's reputation as a compassionate and humanitarian society.

[*English*]

The Deputy Speaker: Since we are at the early stages of this debate, I want to remind the House that when members choose to split their time, it also means that the time for questions and comments is equally divided. As the minister took only 10 minutes, there are only 5 minutes for questions and comments. If members ask questions that are brief and succinct, more people can participate.

● (1100)

[*Translation*]

Mr. Réal Ménard (Hochelaga—Maisonneuve, BQ): Mr. Speaker, I was extremely surprised by the minister's speech because he left some things out. I would have felt better if the minister had made a clear commitment and agreed to what all the provinces are demanding—which also happens to be a recommendation in the Romanow report—that the federal government provide 25% of health care funding.

Hon. members all know the story. I will not go over it again because there is not a lot of time. Nonetheless, the one thing Canadians and Quebeckers want to know is how the federal government could be so negligent and refuse to fulfil its responsibilities with respect to funding. What is the Minister of Health waiting for to make a firm commitment whereby his government will contribute 25% of the cost of health care, as recommended by the Romanow commission?

Hon. Pierre Pettigrew: Mr. Speaker, I hope that my colleague from Hochelaga—Maisonneuve will take the opportunity that I expect will be given to him to make his own speech in the House and tell us exactly what the position of his party is, 25% of what? I would like him to be more precise, when he asks us to invest 25%.

What I would like to say is that we, the government, are very much committed to caring for the health care system. These arguments over the numbers, figuring out what share—

Some hon. members: Oh, oh.

Hon. Pierre Pettigrew: The members of the Bloc do not want to hear the answer, because the answer bothers them. The only thing that interests them is money, Ottawa's money, federal money. They are always trying to eliminate responsibility. That is normal, because they belong to a political party that wants, essentially, to completely remove responsibility from the political process. They never seek to govern; they certainly do not want that. They want to stay in opposition.

What I am saying is that while we are governing, we are determined to invest $34.8 billion in health, plus an additional $2 billion, over and above our current investments, over the next five years.

What Canadians and Quebeckers want to know is that our government is determined to invest additional money when we sit down at the next meeting of first ministers, where we will sit down with representatives of the provinces and determine the best way to make these investments so as to ensure the long term viability of our health care system. We shall try to do so without bickering over numbers.

[*English*]

Mrs. Bev Desjarlais (Churchill, NDP): Mr. Speaker, in response to the minister's comments that he cannot support the motion, I have to wonder what part he cannot support after his flip-flop at the health committee a few weeks back.

He indicated that he supported Romanow's position that public delivery was the best way to provide health care services to Canadians. There are numerous reports that have proven it is more cost effective, so one has to wonder why we would not be looking toward public delivery. I think the key factor in this is not for profit delivery. That is the key factor: that it is not for profit. If we have private and not for profit delivery, there will not be an objection. We have the Victorian Order of Nurses, which is a not for profit organization.

I wonder whether the minister has done another flip-flop on his position that he supports Romanow's comment and also on the fact that the government has allowed this to grow since 1993. All we have to do is look at the figures. It has grown immensely since 1993, so what part does he not support?

Hon. Pierre Pettigrew: Mr. Speaker, I find it quite interesting to hear the policies of the NDP evolving this very morning. Now its members are telling us that they support private delivery in the health care system. That is quite interesting.

I will say one thing. This government is absolutely committed to every one of the five principles of the Canada Health Act. We are determined to work with the provinces to continue to build on it. We have looked at the Romanow report, which came to the same conclusions as the Kirby report, the Mazankowski report and the Clair report done in the province of Quebec. We believe that the road to reform involves investments in home care and our interest in pharmacare, and we have begun to do work on catastrophic drug care. These things are new elements.

The NDP loves to live in the 1970s. The NDP thinks the 1970s were so much nicer. Those members want to turn back the clock. Canadians do not want access to the public health system of the 1960s or 1970s. They want to make sure that our health care system integrates the best technologies available and integrates what exists now with the new way of delivering services on the health front with home care and with primary care that can be done differently.

The system has evolved. It is not only hospitals and doctors. It has other elements. That is what the government is trying to integrate and give Canadians: the best possible public health care system in Canada.

● (1105)

Hon. Carolyn Bennett (Minister of State (Public Health), Lib.): Mr. Speaker, as my colleague the Minister of Health has clearly articulated, we are committed to the values that make the Canadian health care system one of the best in the world. In his speech the Minister of Health spoke about a comprehensive and collaborative system. I want to expand on this idea by speaking to the House about the balance of upstream and downstream in health.

Just as we are committed to a publicly funded and administered health care system, the government also believes that we must be proactive about the health of Canadians today and in the future. That is why we approach health from a holistic perspective. We understand that poverty, violence, the environment, shelter, education, equity are all about trying to keep as many Canadians healthy for as long as possible. This is absolutely pivotal in our vision for a long term sustainable system.

Shortly after I was appointed the Minister of State for Public Health, I was asked if public health was the opposite of private health. I have to admit I was little surprised at the question. Today I want to state publicly that absolutely a strong public health system for Canadians stands in stark contrast to the for profit health care that waits for people to get sick and then lets the market determine their costs and their access, leaving countless people out. This is indeed about the public good. It is about Canadian values. It is about those public health goals of health protection, prevention and promotion.

Canadians should be proud of the health care system they have created, a system founded on accessibility, universality and quality. Some have described it unfortunately as a sickness system that has too much focused on the repair shop or the tyranny of the acute.

Our recent experiences with SARS, West Nile and the avian flu have exposed areas of our system that need to be improved. Developing trends such as obesity and inactivity and health disparities tell us that more can be done and more should be done.

The clear consensus of the Naylor and Kirby committees last year, as well as that of other public health experts, is that the Government of Canada must act to demonstrate leadership in this field. We are acting.

The Speech from the Throne clearly articulated our commitment to public health and the federal budget has given us the means to move forward. We have committed in the budget over $665 million targeted at issues like the first ever national immunization strategy, building surveillance capacity through the Canada Health Infoway and supporting front line provincial and territorial capacity.

The immunization strategy is a perfect example of our commitment to proactive and preventive public health and investing in the system. It is also a splendid example of real federal-provincial cooperation.

In the 2004 federal budget the Government of Canada has committed to providing the provinces and territories with $400 million over the next three years to enhance their immunization programs and help relieve the stresses on local public health systems. Three hundred million dollars will be earmarked to support the national immunization strategy. It will support the introduction of new and recommended childhood and adolescent virus vaccines such that no longer will family physicians have to recommend a vaccine and then ask if the family can pay for it.

In the 2003 federal budget $45 million over five years was allocated to pursue this national immunization strategy. With these investments we have begun strengthening key federal infrastructure programs for addressing immunization issues such as vaccine safety, surveillance of vaccine preventable diseases and immunization coverage, procurement processes and professional and public education.

The strategy will result in an enhanced national collaboration on immunization issues; improved monitoring and control of vaccine preventable diseases; better vaccine safety monitoring and response to safety concerns; more affordable vaccines; improved security of the vaccine supply; increased public and professional confidence in vaccines and immunization programs; and better information on which to base policy decisions related to immunization.

Additionally the funds will support a forum for discussion and exchange of information on immunization with provincial and territorial jurisdictions and other stakeholders in order to improve the safety, effectiveness and efficiency of immunization programs in Canada.

The national immunization strategy will address a number of challenges currently being faced by all jurisdictions. It will allow federal, provincial and territorial governments to work in partnership to improve effectiveness and efficiency and toward equitable access to immunization programs in Canada. It is a proactive investment in the future and wellness of our children.

● (1110)

We are confident that this and our other investments will strengthen public health care capacity across Canada, ultimately contributing to a stronger and more responsive public health system for the future.

In addition to this, we are following through on our announcement in the Speech from the Throne to create a public health agency of Canada. Using Health Canada's population and public health branch as a foundation, the agency will be a focal point for federal efforts in the areas of public health emergencies, chronic and infectious disease prevention and control, and will also promote population health and wellness.

The agency will be key in building on the existing relationships with our counterparts in the provinces and territories as we work toward the ultimate goal of making Canadians among the world's healthiest people. It will also be key in representing Canada and working with international health organizations, such as the World Health Organization and the Centers for Disease Control in the United States.

We are also moving forward with the appointment of the chief public health officer of Canada. The chief public health officer will manage and lead the agency, providing clear federal leadership on public health. He or she will be the national spokesperson in public health emergencies. He or she will be seen as the country's doctor, someone whom Canadians can count on for accurate and timely public health information.

Finally, we are developing a pan-Canadian public health network that will ensure coherence and collaboration across all jurisdictions and structures, a truly integrated public health system for Canada. We are in the process of establishing an action plan for this network. We are confident that it will lead to a more robust public health partnership.

The network will be founded initially in five centres of collaboration, one in each region of the country. Each centre will be a champion for a component of public health and will build on the already existing expertise in each particular area. These centres will be national resources for the benefit of all Canadians. We are confident the network will strengthen federal, provincial and territorial collaboration and increase public health capacity in all jurisdictions.

I should mention that we recognize the role of our partners in this integrated public health strategy. The public health system must be built on a strong common purpose and respect the local wisdom and local knowledge to get the job done.

Provinces, territories, local authorities, various other stakeholders and the citizens themselves are the real experts on the challenges and opportunities in their own communities. They have a key role to play in relation to emergency response, disease control and prevention, and health promotion. It is absolutely essential that all stakeholders and citizens have a chance to contribute to the development of our public health strategies.

Over the last few months I have met with numerous public health stakeholders across the country on a broad range of public health issues. Their input has been invaluable to our vision on a way forward for public health in this country. I have also met internationally with the World Health Organization, the U.S. Centers for Disease Control and public health experts from the United Kingdom and the European Union.

As we talk about the health care system in Canada, we remain committed to continuing to foster this interaction.

I am personally committed to ensuring that citizens and stakeholders will be embedded into the very DNA of this new agency. They will play a role in all future public health strategies.

Together with my colleague the Minister of Health, I have provided tangible examples of the government's commitment and vision for a comprehensive strategy on health in this country, one that values the preventive, proactive and educational pieces as much as it values a responsive health care system that will be there when Canadians need it.

Building on the voice of Canadians, we are confident that we are taking the right steps to ensure that citizens get the public health care they deserve and more important, that as many Canadians stay healthy for as long as possible.

Mr. Jay Hill (Prince George—Peace River, CPC): Mr. Speaker, I appreciated the comments of the junior minister for public health.

I note that in her speech she remarked about the Canada public health agency and the chief public health officer for Canada, which were key recommendations contained in the Naylor report.

I should point out to the viewing public who might be watching the proceedings that the Naylor report to which the hon. minister referred was tabled last October. The commitment to go through a process to appoint a chief public health officer for our country was contained in the budget in March, a couple of months ago. To our knowledge there is not even an application form out there yet.

The minister made the statement that the government is following through on its commitment or its promises in this regard. Especially in light of the fact that SARS has reared its ugly head again and is only a plane trip away, and that the West Nile virus will certainly be flaring up again this summer, I think it is incumbent on the government to further enlighten us about where it is in bringing about the actual existence of this agency and the appointment of the chief public health officer for Canada.

What is the government waiting for, would be the question, and will these steps actually be taken before an election is called?

● (1115)

Hon. Carolyn Bennett: Mr. Speaker, in my view, from the tabling of the Naylor report, to what was in the Speech from the Throne, to the dollars we actually got in the budget so that a chief public health officer could actually do his or her job, to what I have seen in my 32 consultations around the country, we are trying to make sure that in the job description for the chief public officer for Canada we have reflected the voice, relevance and responsiveness of what the people of Canada have said that they would expect of that person.

I am pleased to tell the member that we now have the job description and it includes a very significant piece of citizen engagement. We will be able to announce the committee within a few days to commence that really important search for Canada's doctor.

Ms. Wendy Lill (Dartmouth, NDP): Mr. Speaker, I thank the member for her comments and commitment to public health which I believe is very real.

I am trying to understand as I listen to the thousands of comments that are now flying around about health care. All Canadians have the same concerns. They have concerns about the lack of diagnostic services, about waiting lists, about the lack of cancer treatment, about the fact that we have a sicker population, about the fact that we have an unequal level of services across the country.

All of those problems are deeply embedded in our very troubled health care system which has been underfunded for many, many years. I do not believe that money is the only thing that is required at this point in time but it clearly is one of the things that is needed to bolster our system.

In light of the huge structural problems that now exist, how is it that the government can actually stand up and say that it is going to do this and this without putting forward a significant dollar figure? That figure at this point is way above what is going to be available from what I am hearing from the member.

Hon. Carolyn Bennett: Mr. Speaker, I share the member's concern. Really this is about confidence. Canadians need to know that over the next generation the health care system they cherish so much will be there for them when they need it.

As much as money is an issue, I think the member will recognize that a lot of the concern has been about our not having a real system. It has been a patchwork quilt of non-systems, with perhaps not as much emphasis on quality, appropriateness of care and a real integration of the way the system works.

I was pleased on my trip to and from Whitehorse this weekend to have read the book by Michael M. Rachlis, *Prescription for Excellence*. He makes a very good case that there may well be some need for additional funds but really we have to work hard on sharing best practices across the country and looking at results, the areas that are really getting good results.

Therefore I say to the member, I am thrilled that since the Romanow report we have been able to establish the Health Council of Canada. Michael Decter and his colleagues at the council have been able to tackle the really important issue around wait times.

As we look to the first ministers meeting with the Prime Minister, what they call that long, boring technical meeting, we will look at important things like the confidence around getting diagnostics and treatment and outcomes. We can share across the country where it is working better, where areas have certain needs and how we can get the best value for the money that we are spending.

I cannot resist explaining to the House that after seeing a *National Post* headline criticizing the Canadian system, I want everybody to look at the Fraser Institute survey and look seriously at why it would leave out the United States when it is trying to slam us. It is purely partisan and poor methodology. We cannot tolerate that kind of bad examination of our really fabulous health care system.

● (1120)

[*Translation*]

Mr. Réal Ménard (Hochelaga—Maisonneuve, BQ): Mr. Speaker, I am pleased to speak on the motion moved by our colleagues in the New Democratic Party, and I will have an opportunity to answer the question the Minister of Health put to me earlier.

I must say that I was taken aback by his remarks, which struck me as somewhat petty and vicious, since there is no question of taking responsibility away from anyone, or playing partisan politics with the health care system. I think it was beneath him, as a minister, to say what he said. Since he became one the 24 lieutenants in Quebec for the Liberals—it is hard to tell who is in charge—the higher his hierarchical standing, the more demagogic he becomes.

That said, what is important to recall is that, by the end of the 1970s, the provinces were spending $11 billion on their respective health systems. Since 2000, they have been spending $56 billion, and it is estimated that, in 2010, which is really not too far in the future, they will be spending $85 billion.

It must be remembered that, when hospital insurance was first introduced back in 1957, the federal government had made the commitment to cover 50% of health care costs.

There is no doubt that the system has evolved in such a way that, currently, many services are no longer provided in a hospital setting. The fact remains that the so-called medically necessary and medically insured services account for a major portion of the services provided by the health care system.

If there is a single example of the federal government's ability to cause fiscal instability in the provinces—justifying ultimately the need for the people of Quebec to achieve sovereignty—the health care system is the best example.

When Jean Chrétien's government was sworn in in October 1993 et assumed responsibility for the nation's business, the CHST was $18.7 billion. Today, as we know, this transfer has been divided; since April 2004, there is a dedicated health transfer and a dedicated social transfer.

In the early budgets presented by the current Prime Minister, the ceiling dropped to a rather disturbing $12.5 billion. Thus, in 1996, 1997, 1998, 1999, 2000, 2001, 2002 and 2003, the provinces obviously had to continue providing health services in a profoundly altered environment. We know that people are living longer, and living with debilitating diseases, and they want to remain in their own communities longer. Still, throughout all these years the federal government was decreasing funding, there was never any consultation.

Just now, the Minister of Health showed he has a lot of nerve. He has the nerve of a herd of wild bulls to rise in this House, his hand to his heart, with his soft little philosopher's voice, and tell us that in the summer of 2004, there will be a first ministers health conference, as if the government itself were not responsible for the mess in the health care system.

I have seen and I have read—I will mention it later as well—the speech that the Minister of Health gave in Toronto, talking about a new partnership and new conditions.

● (1125)

The Minister of Health talked about four requirements for the health care system. But they are responsible for the mess in the health system. And here I can make the connection to the New Democratic Party motion. In fact, if our fellow citizens have turned increasingly to the health care system, it is not because they believe in it philosophically; it is because of the federal government's cuts to health. Health transfers have declined from $18.7 billion to $12.5 billion, which means that the ability of the provinces to provide adequate health care has been seriously cut.

I would like to answer the health minister's question. He can act innocent, and resort to philosophy and rhetoric, but he will fool no one. The provinces are asking for one thing. The provinces have made common cause, something that is very rare in federal-provincial diplomacy. In 1999, 2000 and 2001, all the premiers—whether New Democrats, Conservatives, Liberals or, of course, the premier of the excellent Parti Quebecois government, when they were at the helm in Quebec—were part of this consensus. They mobilized their civil servants. They submitted a report to the health minister and the Prime Minister of the day about the evolution of the health care system.

The premiers documented this report with econometric models with which the member for Joliette is familiar. In the years to come, even before offering any new services, all provinces will have to invest an additional 5% in health if they want to continue to offer just the same services, without adding even one more.

In the meantime, the federal government has disengaged, disinvested in health services. People wondered how it could be that the systems were working so badly, why there were waiting lists, and why people did not have immediate access to the health system they wanted. What were the consequences of this? The irresponsible actions by the federal government have increased the private sector's part in the system in all provinces. It was not that certain health services were no longer insured, but rather that people who could afford it wanted to have faster access to a system that was slowing down because the federal government had not met its responsibilities.

Before speaking about Quebec's Arpin report on the private health system, I would just like to remind hon. members of three figures. Even with the February 2003 agreement signed by the premiers, the federal government's contribution to health system funding—and I hope the hon. member for Shefford realizes this—will, after hitting its ceiling in 2005-06 with cash transfers of $24 billion, be no more than about 15%.

It is unbelievable, when we know that the government's commitment, when the first joint federal-provincial programs were signed in the 1950s, was to contribute 50%.

Secondly, for 2004-05, that is for next year, there is a cumulative shortfall. Looking at the 2004-05 level for the Canada health and social transfers in comparison with their initial level in 1994-95, and taking inflation into account, we will see that $14.7 billion is needed to bring these transfers up to where they ought to have been based on the initial 1994-95 levels. This is dramatic. Once again, it must be kept in mind that the provinces continue to be under pressure to deliver services to their populations.

● (1130)

In 2004-05, Quebec will be receiving a mere $200 million more in CHST payments than it did in 1994-95. That is absolutely ridiculous, especially considering the fact that Quebec has had to increase its spending on health, education and social programs by $9 billion. Meanwhile, the federal contribution is a meagre $200 million, or 2% of the additional costs.

This is the background of the situation we are facing: under-investment by the federal government; a minister who puts on a philosopher's air and suggests, in a charming tone, that the government has taken its responsibilities, when in fact it has acted totally irresponsibly; provinces whose ability to provide our fellow citizens with services has been strangled.

Again, I refer to the motion by the NDP, our neo-Bolshevik friends, as we like them to be. In Quebec, a commission was struck which produced the Arpin report. It makes for interesting reading. I would like to quote two excerpts.

> From 1982-83 to 1998-99, cuts in federal health transfers totalled $16 billion, or nearly two-thirds of the cuts in federal transfers in Quebec.

I spoke earlier of the 1995 to 1999 period.

> For the period between 1995-96 and 1998-99 alone, the shortfall in health funding for Quebec totalled $8.2 billion.

The federal government reduced transfer payments from 1995 to 1999, while major changes were taking place in the health care system. It is not the Bloc Quebecois, the Parti Quebecois or the NDP, but the scientists behind the Arpin report who reported an $8.2 billion shortfall. That is one comment.

I have a second, very interesting one to make, which, in my opinion, captures the quintessence of the Arpin report. I want to stress that point. It reads as follows:

> It was observed that, between 1989 and 1998, the increase in the relative share of private health care spending does not originate in the categories of services funded mainly through public programs, but essentially in categories of expenditures that are mostly the responsibility of individuals, including seeking treatment from institutions other than hospitals, buying medicine and consulting practitioners other than medical doctors.

What does that mean? That means that in the mid-1990s, after Alberta, 30% of health spending in Quebec occurred in the private sector. I am not talking about private insurance, which was not a factor because the services were not insurable. That is not what we are talking about. It is not because there were fewer services in the hospitals. Of course the services had slowed down and the waiting lists were longer, that is for sure, since the government had made cavalier cuts to health transfers.

The reason private services increased in Quebec is twofold. First, more people consulted health professionals not practising in hospitals. Second—and my colleagues will not be surprised to hear me say this—the biggest reason is the whole drug issue.

● (1135)

I would like to quote the Arpin report again:

> Private spending on drugs has increased from 32.3% in 1989 to 34.2% in 1998. This increase can be attributed in part to the significant increase in the price of drugs and in part to the increase in rates for pharmaceutical services—

Now, we really must talk. Hon. members know that of all the budget items for health, the one that has grown the fastest is for drugs, prescription drugs in particular.

What does that mean? That means that the federal government acted irresponsibly, in a cavalier manner and with obvious contempt for the basic principles of federalism.

When I was studying political science and the topic was federalism, we were told that a certain number of conditions were required in order for there to be federalism. There are two levels of government that are sovereign in their respective spheres. Obviously, there cannot be federalism if a government, namely the federal government, can destabilize provincial public funding without any consultation or any warning.

The fact is that there needs to be extremely serious reflection on the issue of drugs. At the Standing Committee on Health I tabled an order of reference with four very specific proposals. The first is on the entire issue of drug advertising.

We know that direct consumer advertising is not allowed under the Food and Drugs Act. There can be no connection made between a drug and a particular condition, no claims made in TV advertising that a product will cure this or that disease or disability.

The Department of Health has not been able to gain compliance with the Food and Drugs Act. Television ads contain more and more direct links between products and conditions.

I do not know, Mr. Speaker, whether you have ever paid any attention to the Viagra ads. Who does not get the message, when someone is depicted as leaping with joy first thing in the morning, that he has had a great night. Imagine if there were a court challenge on this, it would not have been easily settled.

The federal government has not been able to enforce its own legislation. More and more, we are finding direct consumer advertising on television and in print. We know that advertising of this type is allowed in the United States, and it has certainly increased the tendency to take medication.

The second thing the Standing Committee on Health will have to consider is the issue of renewing patents. We in the Bloc Quebecois believe in intellectual property. We know that if a company, on the West Island of Montreal, or anywhere in Quebec—in Laval, for example, because there is a very strong biotechnology development there—spends $800 million to bring a drug to market, we agree that the company should earn a return on its investment. The problem, however, is that some pharmaceutical companies, when a patent expires, renew the patent without any real therapeutic innovation in the medication. Without questioning our international obligations under the TRIPS agreement, we must look at the way we deal with this reality.

Thirdly, the generic companies must be subject to regulation by the Patented Medicine Prices Review Board. There cannot be a double standard. We cannot say that we will examine the expenses of the innovative companies while allowing the generic companies onto the field without having to be accountable.

Those are the proposals my representative took to the Standing Committee on Health.

I could also talk about the whole phenomenon of Internet pharmacies. That is a very worrisome thing.

● (1140)

My conclusion, since time is flying, will be this. The best way to keep our fellow citizens safe from privatized health care is for public investment to be sufficient. On that matter, we have no praise for the federal government, which has withdrawn from this sector in a cavalier manner. What we are going to ask during the election campaign is for the government to assume its responsibilities, for it to contribute 25% of the funds in the health transfers to provinces, in order to provide and keep viable the public health system, which we in the Bloc Quebecois believe in.

[*English*]

Mr. Paul Szabo (Mississauga South, Lib.): Mr. Speaker, the motion is very important but I note the reference to delivery of health care, which, in itself, is not defined, although I think there was an intent to define it.

The member, who just gave his speech, spoke substantively to the issues of pharmacare and drugs, which is not covered by the Canada Health Act or in terms of federal responsibility. The fact is that we have had this speech which includes or suggests somehow that the whole debate should be inclusive of all the things that we can imagine are in health care, as someone said, for example, dental care, vision care and mental health care, none of which is paid for under the public health system.

We define health care holistically and we are using that in this discussion. I am pretty sure, based on the member's identification of priorities, that he would be opposed to the motion simply because health care, as he defines it, is not as it is intended by the mover of the motion. This may be part of the problem of what we are trying to address here.

What does the Canada Health Act cover and what is the federal responsibility? More specifically, how do we define medically necessary? I think Canadians have quite a different view as to what constitutes medically necessary. That is a very important element. Maybe the member would like to comment on the element of medically necessary.

[*Translation*]

Mr. Réal Ménard: Mr. Speaker, I think that the intent of the motion before us today is to say that, when hospital insurance was introduced in the mid-1950s, we had a service delivery model which was essentially based on in-hospital care. I recognize that many services are no longer provided in a hospital setting.

The NDP motion is intended to recall that the federal government has acted unilaterally, without consulting the provinces, and in a cavalier manner, and transfers have been reduced from $18.7 billion to $12.5 billion. Accordingly the waiting lists for medically insured services, provided in a hospital setting, have grown longer and longer. Some services have become less accessible because the provinces were financially strangled, and the federal government did nothing about it. In certain provinces, this has created room for the private sector where none was planned.

It is hard not to correlate the federal government's irresponsible attitude with the appeal of private health care. I was in agreement with the minister when he said that no one should be able to jump to the front of the line because they have money. But at the same time, for this to be true, the federal government must take its responsibilities. What we are calling for is 25% in cash transfers of the cost of operating the health care system.

That is very clear. That is what the Romanow report says. I am sure that my hon. colleague from Joliette will have a question for me.

● (1145)

The Deputy Speaker: I can understand that a number of members may want to ask questions, but it is always up to the Chair to make this difficult choice. I will give the floor to the hon. member for Trois-Rivières.

Mr. Yves Rocheleau (Trois-Rivières, BQ): Mr. Speaker, I will begin by congratulating my colleague for Hochelaga—Maisonneuve for again demonstrating his expert knowledge of this matter.

I would, however, like to ask him whether perhaps there are not two ways of looking at things. My colleague for Hochelaga—Maisonneuve is right to criticize the federal government for its attitude over the years and its cavalier, authoritarian and irresponsible attitude. As hon. members are aware, there have been attempts ever since 1867 to gain more and more control, particularly over health, which is such a crucial aspect of our collective lives.

Are there not, however, grounds for seeing the situation as even more threatening? The federal government can be faulted for its cavalier and disdainful attitude, except when it has a post-referendum game plan to ensure that things will be done here in Ottawa, where all national standards and objectives will be determined for the provinces to adhere to or be penalized. This can be seen from a negative angle, as my colleague has done, but it can also be seen from a positive angle, which is even more dangerous.

I would like to have my colleague's impressions on this. Where are we headed, Quebec in particular? It is no doubt a good thing for Canada that all decisions are made here, once and for all. But what happens to the Quebec difference then? What happens to the Quebec genius in health, as in other sectors, when the huge federal steamroller comes along? What is happening in health is also happening in education, culture, and with the municipalities. Where will it end? What would become of Quebec if it were to remain within Canada?

Mr. Réal Ménard: Far be it from me, Mr. Speaker, to deny you prerogatives. You do the deciding when you are in chair. There is no doubt about that.

I think that the Minister of Health and member for Papineau—Saint-Denis will recognize that health will be to his government what the Rowell-Sirois report was to the last century, in the sense that it will provide an opportunity, the framework for nation building. The federal government will use the Romanow report in its effort to define health policies.

I have published an article in *Le Devoir*, which I hope the hon. member for Papineau—Saint-Denis has read. The four conditions for the partnership he proposed would be the way to nation building in the area of health, and that is something we cannot accept.

The Deputy Speaker: I give the floor to the hon. member for Joliette, because he is always very patient.

Mr. Pierre Paquette (Joliette, BQ): Mr. Speaker, one should never hesitate to be patient and I am pleased to see that you agree and have given me the floor.

I, too, would like to congratulate the hon. member for Hochelaga—Maisonneuve, who has given a brilliant demonstration of the problems in the health systems in the provinces and Quebec, and the relationship between these problems and the federal government's withdrawal from funding.

I would like to return to the question the Minister of Health asked during his speech. We know that there has been a withdrawal, and everyone agrees on that, including the finance ministers and premiers of the provinces. The Romanow report also made reference to it and all parties in the National Assembly are agreed. At present, the federal government's share of transfers to the provinces for health care costs stands at 14 or 15%.

We have found one other measurement that I think the hon. members would be interested in. In a report prepared by the former president of the Quebec treasury board, Mr. Léonard, it can be seen that in 1994-95 for every dollar the federal government collected in revenue, in all kinds of taxes, it invested 4.5¢ in the CHST. If we look at the breakdown in the CHST, 60% for health and 40% for other social programs, it means 2.8¢ for each dollar in revenue the federal government collected. That was at the time the Liberals took power, with the current Prime Minister as Minister of Finance.

In 2002-03, the federal government's share in health and social programs was only 2.7¢, or 1.7¢ on health for every dollar of revenue. And they want to make us believe there has been no federal withdrawal.

Once again, for the benefit of the our audience, I would like the hon. member for Hochelaga—Maisonneuve to explain the Liberal government's mathematical sleight of hand.

● (1150)

Mr. Réal Ménard: Mr. Speaker, I thank the hon. member for Joliette who, as you know, is my former professor of economics—a most fascinating course.

Basically, when the Liberal government came to power under Prime Minister Jean Chrétien, the Canada Health and Social Transfer was $18.7 billion. It has dropped as low as $12.5 billion. Today, as we know, the federal government's contribution is not even 16% for health spending.

This is utterly unacceptable, and I am counting on the Minister of Health to correct this situation.

Hon. Pierre Pettigrew (Minister of Health, Minister of Intergovernmental Affairs and Minister responsible for Official Languages, Lib.): Mr. Speaker, I would like some clarification from the member for Hochelaga—Maisonneuve, who says that we should take Mr. Romanow's 25% funding model. Mr. Romanow was very specific, however. He said that the Canadian government should invest some 25% of funding in health, but that money alone would not be enough.

The supplementary sums of money to be invested in the health care system must allow us to make some changes that would ensure the long-term sustainability of our health care system.

I would like the hon. member to explain just how far he is going with Mr. Romanow. Did he just happen to focus on the 25% but not think it necessary or important to look at the recommendations in the Romanow report, which states that this money must be invested, in a sense, to ensure the long term sustainability of our health care system?

Mr. Réal Ménard: Mr. Speaker, I thank the minister for his question. I follow the Romanow report right from its beginnings until it hands on the torch to the Clair report.

The latter identified the reforms clearly. First of all, the Minister of Health must be aware that seven out of ten provinces held commissions to reform their system from the inside, and they have carried out that reform. The Romanow report says reforms must be carried out. This is true. The provinces need to have the torch passed on to them so that they may accomplish this.

The difference between the minister and us is that he suggests our fellow citizens need to be accountable to the federal government, whose share of funding is less than 16% but who would like to become the guardian of the health care system.

This is where we deviate from the Romanow report and the minister's position. We say that it is not true that the government, which makes a contribution of under 16%, will become the guarantor, the definer, the guardian of the system. There must, however, be reporting mechanisms, and the National Assembly will provide them.

[*English*]

Mrs. Bev Desjarlais (Churchill, NDP): Mr. Speaker, I want to acknowledge your indication to try to correct a technicality in our presentation of the motion. As a result of it, I need to seek the unanimous consent of the House to proceed with my speech.

The Deputy Speaker: Is that agreed?

Some hon. members: Agreed.

Mrs. Bev Desjarlais: Mr. Speaker, I want to reintroduce the motion so people throughout the country will know specifically what we are dealing with here. The motion reads:

> That this House condemn the private for-profit delivery of health care that this government has allowed to grow since 1993.

I want to emphasize that by saying that we are talking about the private for profit delivery of health care and that there is no question that privatization and for profit services have been increasing in Canada since 1993 by great amounts. If there is documentation out there contradictory to that, I am certainly willing to take it in, but, quite frankly, I would be surprised if anyone found it because we have numerous documents that say otherwise.

Canadians still raise health care as their number one priority: access to new technology for testing, receiving care in a timely manner, cost of prescription drugs, cost of home care services, availability of services throughout the country and the numbers of health care providers, as well as the increasing costs for services that are not presently covered.

Canada is regarded as having the best, most affordable health system in the world. When critics of our system, mostly private for profit interests, highlight the faults in our system they tend to compare us with the U.S. and they tend to focus on two areas: one, Canadians have to wait too long for tests or treatments; and two, if those who can afford to pay want to go elsewhere or pay a private service they should be able to do so and this would free up spaces in the public system.

A few months back, Belinda Stronach, one of the Conservative leadership candidates, stated that she favoured a two tier system. That was no surprise. Two tier health care favours the rich, but even the wealthy have difficulty with the expenses of a serious illness. Thus, we have the push for private insurers.

Private insurers must market and make profit and, to sell their goods, make the need for private providers who can deliver to their clients quicker since they are paying. It goes without saying that those private providers want to make a profit so these costs are higher. To keep the costs down for their clients without giving up their profit, the private insurer and a service provider will argue that the public system should pay the portion it would have paid in the public system and the client should just pay the extra.

There have been a number of high profile reviews of Canada's health system. All those reviews came to the same conclusion: public funding of health care is more equitable and more efficient. The for profit supporters would have us believe their system is more efficient and more economical to the public purse. The facts do not support their statements.

First, Romanow's report on health care, which was extensive and included hundreds of presentations and meetings throughout the country, concluded that our health outcomes, with a few exceptions, are among the best in the world, and that a strong majority of Canadians who use our system are highly satisfied with the quality and standard of care they receive.

Medicare has consistently delivered affordable, timely, accessible and high quality care to the overwhelming majority of Canadians on the basis of need, not income. It has contributed to our international competitiveness, to the extraordinary standard of living we enjoy and to the quality and productivity of our workforce.

Opponents of our system fail to mention that in Canada administration costs amount to 16.7% of health care spending. In the U.S. the cost is 32%. Canada spends 10% of its GDP on health care, the same as in 1992. The U.S. spends 14.9%. In Canada everyone is covered. In the U.S. 44 million people have no health coverage. The same arguments that were used to oppose medicare in its beginnings are the ones being used today.

Canadian health economist, Bob Evans, described private pay advocacy for health care as a zombie: "intellectually dead but destined to keep rising". Gordon Guyatt, in a *Winnipeg Free Press* article a few months back, noted that for the wealthy the security of universal publicly funded health care could not begin to make up for the necessity of waiting their turn.

One of my favourite quotes, and I apologize that I do not know who said it, is "The critics say in Canada we ration our health care". That is true. We ration according to need, whereas in the U.S. it is rationed according to the bank balance.

● (1155)

I will gladly give whatever information people need on where I got my figures. I want that to set the tone for the discussion on whether or not for profit health care is what Canadians want. I suggest it is not.

Canadians want to have access to their health care services and to the new technology, and they should have that right. They would have had it made available in most instances without the long lineups had there been proper funding of our health care system.

When we have the health minister work around and fiddle with the fact of what is medically necessary, I am sorry I do not have the opportunity to question him or his colleague, the public health minister, because I am sure she would be indicating that if he has to work around what is medically necessary and possibly suggest that diagnostic tests are not medically necessary, I would question whether he should be the health minister.

No doctor worth his or her grain of salt would suggest that blood tests, when checking for different types of cancers, or an MRI, a mammogram or a PSA test for prostate cancer are not medically necessary when looking to make a diagnosis. To suggest that our health care system should not be funding those tests, I think, is unconscionable. Quite frankly, I think Romanow was very clear when he said that we need to enhance what is covered under our public system.

I will now go into the arguments on for profit health care. I have a pile of paper around me because there and so many reports that put to rest that ridiculous argument, which has been called a zombie, that private health care delivers quicker, is better and is more efficient. The facts just are not there.

Furthermore, it is not the best economically sound position for our government to be taking. The public system delivers a more cost efficient system.

In the United States the Americans have those figures. They have for profit and public hospitals. The figures show that the non-profits provide equal services, they are less costly per hospital patient to the tune of something like $1,000 U.S. It would be much less in Canada.

I will read into the record the following comment, "Independent health service providers, the private for profits, need to pay advertisers, investors, insurance companies, marketing and a whole host of other hidden costs which would in the end get passed on to the public deliverer".

The government wants to use the argument that as long as health care is publicly delivered it is all right to waste taxpayer dollars paying a for profit company, when it can be provided, and the figures are there, for at least 15% less if it is in a publicly delivered system.

It is shameful that members of the Conservative Party, who at one time were reform and then alliance, who try to present themselves as the grassroots people and the protectors of the public purse, are in here saying that taxpayer dollars should be used to set up for profit clinics to provide health services. I make no bones about the fact that ideologically I do not believe anyone should be profiting from someone's ill health.

I firmly stand behind the principle of a balanced budget. Without question, we cannot do everything all at once. However, without question, the most cost effective way to provide existing services or new services is through the most cost effective measure, which is not for profit. The moment we bring in the for profit aspect, somewhere along the way there will be increased costs to the public deliverer or to the patient. I think that argument needs to be put to rest.

I would wager that most members have not read the Romanow report. I know most Canadians have not because, although the government supported the Romanow commission, the cost for a full copy of the report in hard cover is $50, unless people have access to the Internet. I know it may come as surprise to many members but not everyone in Canada has access to Internet services.

● (1200)

The report states that this is what private, for profit companies do:

> —these facilities "cream off" those services that can be easily and more inexpensively provided on a volume basis, such as cataract surgery or hernia repair. This leaves the public system to provide the more complicated and expensive services from which it is more difficult to control cost per case.

I will say that this is like going to Shoppers Drug Mart for a loss leader sale. We buy something at a special rate, but we spend extra money. We should not be putting that kind of system in reverse into the health care system, where we have private companies that are going to deliver the services they will make a whole lot of profit on, but the public system has to pick up the real costs.

Here is what a colleague of mine once told me. The province of Manitoba had a program with Manitoba Hydro. To encourage sound energy resource use, it provided people with assistance such as loans if they wanted to put on new doors or new windows to conserve energy. These were loans, and people paid the money back. It came off their hydro bills. Someone asked me why it would do that when its whole intention should be to make a profit. I said, for crying out loud, if we had that kind of attitude on health care we would not do the preventive work to treat people with heart problems or diabetes. We would be waiting until people get really sick so we could make a buck. That is what a lot of private providers do. They want to make the big bucks. Quite frankly, that is what has happened in our health care system.

We have not provided the community clinics and the preventive measures. Health Canada or the Minister of Health did not come up with a piece of legislation to ban trans fatty foods. Those are the things that prevent excessive use of health care dollars. That did not happen.

There is something I want people to know. Frankly, I was quite surprised, because many times over the years I have heard about medicare and Tommy Douglas and the great things that were done, but I have to admit that I had not read the whole plan from way back then. Members should know that community clinics and preventive medicine were supposed to be there at the same time that medicare was brought in, but the Conservatives, Liberals and governments time and time again never did any of that stuff. As a result, we have greater costs within our health care system.

I do not believe in throwing the baby out with the bathwater, so I say we get in there right now, implement the changes that need to be done and put in place the community clinics. We absolutely need to do those things.

My colleague, the Minister of State for Public Health, mentioned Dr. Michael Rachlis. Dr. Rachlis mentions a number of different alternatives that we can do. They have been talked about time and time again, but the provinces have not been able to implement a lot of those projects or changes to the way things are done because they do not have the dollars. They have been fighting to survive and provide whatever services they could. Why? Because this Liberal government in the last decade has cut more from health care than any of the others all together. As a result, we are playing catch-up.

The time has come. There needs to be the commitment. There needs to be the sound commitment to our health system. My colleagues have asked how much has to go in and I will say that right now what is being recommended is to just get it up to the 25%. I think a good number of provinces have indicated that we should start with 25%. It was meant to be a fifty-fifty deal. We have heard that. The federal government provides 50% and the provinces provide 50%. I have yet to hear anyone argue that this is still not fair, but what we are hearing now is, "Let us just get it up to the 25%".

What would that mean in actual dollars? We have to break down the health and social transfer payments, which covered a number of things. I think Canadians want to see transparency, not just within health care funding but within all the other government funding. We are seeing that there is not a lot of transparency. As a result, we are seeing a lot of misuse of taxpayers' dollars. Let us have some transparency. Let us look generally at the figures. It is not always easy to get the total figures, but the figure I have heard is roughly $24 billion. Right now that goes specifically to the health care funding that would apply under the Canada Health Act.

That is $24 billion. If we are looking at increasing funding to 25%, some have said it would be roughly $8 billion. I use those figures because those are the different figures that have come out. There is no specific breakdown because of the health and social transfers. We would be looking at $8 billion to bring it up to 25%.

My colleague from Winnipeg—Transcona mentioned Monique Bégin. At times I have been in attendance when she has spoken about public health care and its needs. She used a figure of 25% at one point too, but also said that it needs to be moved further. We should be back to the relationship where there was the agreement.

● (1205)

Again, I would not for one second suggest that we just throw a bunch of money at it and not have a guarantee that services will be provided. Or, quite frankly, what if we do not have the money? But if we have the dollars we should be putting them into the system and we should be ensuring that Canadians nationwide get the same services. It is not always easy to do. Sometimes we have to pay a little more in an area of the country.

I specifically want to mention first nation communities here. I want to tell the House about something that happens in first nation communities. Over the last number of years, through the First Nations and Inuit Health Branch, communities have been trying to get additional funding to have full time nurses in their areas. They could not get the additional funding through Health Canada. However, Health Canada was quite willing to pay out to a private agency to provide a nurse to the tune of $900 a day.

That was $900 a day to a private agency for the nurse, but Health Canada would not give first nations the dollars to provide full time services in the community. There has been a huge increase in agency nurses throughout the whole system. Hospitals may say they do not have to pay the benefits and stuff, and yet $900 a day was paid to a private agency to provide a nurse. That is way beyond the cost of benefits.

This being nursing week, I think it would be indicative to mention the stress on health care professionals overall but certainly on nurses as the government has cut time and time again. They were there because nurses tend to be the kind of people who cannot just say, "To heck with it. I'm not going to work here anymore". They keep struggling along because people do not go into that profession unless they genuinely care about what they are doing. Anybody who has worked in a hospital will tell us that. People do not become doctors or nurses unless they care about their patients, and they have a hard time not continuing services and not giving their 200%. They have suffered a great deal under the cuts.

I mentioned the increase in agency nurses and Health Canada's position of not funding the first nation. The government says it does not want to encourage private health care but it seems to me that paying $900 a day is encouraging private health care costs.

There was another situation, and I can bring in the news articles about it to prove that this is accurate. Again it involved the first nations health branch. There was a mammogram clinic located in one of the remote communities. In order to make it cost effective, the clinic wanted to fly in patients from a short distance, from one community in the riding to another, to have the mammograms done. Let me tell members, though, that Health Canada would not cover the cost. The reason I was given by the health branch—and this is not just out of the blue—was that it did not cover the preventive side of health care. These patients could not just have a routine mammogram; that was their reason for not doing it. That is the type of health care service first nations are getting from this government, that is the position the government is taking, and that is not acceptable.

I know I only have a minute more. There is obviously a fair bit to comment on with regard to the private, for profit health care system. That is the key factor here and I make no bones about that fact. I am adamantly opposed, as most Canadians are, to someone profiting from someone's ill health. It is unacceptable. I do not think those private providers have any moral ground to stand on. There have been numerous situations involving drug companies in the States where court cases have been brought against them because of their illegal positions in a good many cases. I do not think they have any moral ground to stand on when they say they are going to give the same service. The proof is out there that private, for profit companies do not provide the best service.

● (1210)

Mr. Paul Szabo (Mississauga South, Lib.): Mr. Speaker, I would like to make a couple of comments and then finish with a question for the member. The member started by talking about health care, the term that is in the motion. Then she went on to mention drugs and home care and spoke in much of her speech about prevention and so on.

As members know, home care and pharmacare are not within the purview and jurisdiction of the federal government. These are not items that the federal government can withdraw or somehow police.

The definition of health care that we are talking about in regard to the motion is unclear. We should be talking about those elements of health care which are under the purview of the Canada Health Act and which are medically necessary. I think the motion is flawed in that regard.

Second, I notice that the member was shifting her definition of private, for profit care in terms of what she was referring to. In one instance she was referring to private, for profit care being the situation wherein a Canadian or a resident would go to some health care provider and pay that doctor for the services rendered. It is two tier. She talked about two tier, where, instead of getting it through the hospital and having it covered under the health card, someone actually paid. That is private, for profit care as most Canadians would understand it.

Then the member started to talk about private, for profit care—and confuse everybody—in the sense that it would provide the service and bill the public health system an amount which would include its return on investment. So the private, for profit scenario is one where the patient would pay and the other is where the public health system would pay. Those are two different aspects on which she was not clear.

My question for the member is with regard to the motion. If she agrees that the motion has to deal with items for which the federal government under the Canada Health Act has responsibility, and the motion says that these are items which the government "has allowed to grow since 1993", could she give the House some examples of the specific matters, specific services or health care elements, which, under the Canada Health Act, under federal jurisdiction, we have allowed to grow?

● (1215)

Mrs. Bev Desjarlais: Mr. Speaker, health care might be unclear to the member, but I could pretty much wager that health care and what people see it as is not unclear to Canadians.

His colleague, the health minister, suggested that somehow the NDP was not in tune with what was happening today because there were more things that should be considered under health care now, such as technological changes and the difference in delivery. There is no question there have been changes to what people consider necessary.

I tried to make it clear, that there should be no question in some areas about what is medically necessary. We have private MRI clinics and we have doctors who order them because they are medically necessary. Should anyone pay extra money to get that or should dollars be provided through the system? Should this not be the position of the government, to make enough dollars available?

We have a situation with home care. Manitoba, under the Conservatives, tried to privatize home care. I urge members to get the results. We are talking about private for profit. Whether the member thinks it is federal or not, if he goes to the Romanow report, he will see that Canadians think this needs to be covered. I know it was a big report, but each member received one. They did not have to pay the $50.

Conservatives brought in private home care in Manitoba. It was so bad even they had to cancel it. The cost was that much greater. The service was much worse. It was horrible. They did not have to wait until the NDP got there. It was so bad they got rid of it because it did not work. There is not full funding for every type of home care service provided because the provinces are struggling to make a go of things. There is no question about the issue of what is being provided.

I mentioned a number of different things in my speech, and I am sorry it was confusing in the way it came across. However, it will be in *Hansard* tomorrow. I urge my colleague to read it. It was not my intention to mix apples and oranges. I want to be very clear that we do not support for profit delivery. I know later on one of my colleagues will mention a number of plans within our platform for our health care system.

We have not seen any plans from the Liberals, and I do not want to get into the election issues. We are quite comfortable where we stand on health care. We do have a plan in place. It is not all over the board. We are not just saying throw money into it. We have a plan on how we would proceed to improve the health care system, to improve access for Canadians, to improve the number of services covered and to decrease the cost of prescription medications, which is a huge part of it. I would challenge anyone to suggest that some of the prescriptions are not medically necessary. They certainly are.

● (1220)

Ms. Wendy Lill (Dartmouth, NDP): Mr. Speaker, I want to thank my colleague for her comments about private for profit delivery. One of the ways provinces struggle with the cuts to health care funding is very clearly to put their money into such things as P3 facilities. We have seen this happen across the board in terms of schools. We now have public-private partnership schools and public-private partnership health care clinics. That allows the provincial governments to put off the payments until a later date and to get them off the books.

Everyone is struggling with the financing of both education and health care. The point is it is just putting the costs off. They pay now or they pay later. With these public-private health care clinics, we see an increase in long term care for people, an increase in user fees and an increase in hospital support services that the private companies need to put in place simply to get their profits. Could the member comment on the phenomena of P3 health care services?

Mrs. Bev Desjarlais: Mr. Speaker, there is no question that governments are trying to promote the whole P3, the public-private partnership, approach as an answer. There is also no question, in my mind, that the reason they are doing this is so those dollars will not show on the books. The reality is that the Canadian taxpayers will ultimately pay more out of their pockets. That is the one thing they fail to mention when they talk about this. Over the long term, it will cost the taxpayer more and, quite frankly, it will be a lot more.

The same scenario will show in toll roads. It will show in the partnerships. In the building of hospitals, schools, any of those things, it becomes a much greater cost. The government can get away with saying it does not owe this much money because it is not on the books.

I just want to mention a couple of things that happen with the private for profit providers. Investors expect 15% profits annually. This is a U.S. survey. We do not have all the comparisons within Canada because no one has bothered to go ahead and do that. I mentioned already the significant time and money that has to be put into strategies for defence, marketing, insurance administration and bill collection, which drive up the costs.

There is also a necessity to compete. Imagine one hospital or one clinic competing with another so it gets all the business and, as a result, it increases the cost because there is a duplication of services.

Here is the clincher, and I do not think many people out there will doubt this any more, the prevalence of fraud among for profit providers in the U.S. has become a major cost factor. The cost of monitoring, suppressing and prosecuting such behaviour has become part of the administrative overhead associated with for profit providers.

Mr. Julian Reed (Halton, Lib.): Mr. Speaker, I will be dividing my time with the hon. member for Dufferin—Peel—Wellington—Grey.

I appreciate the opportunity to make a few comments on the motion from the member for Churchill.

April 17 marked the 20th anniversary of the passage of the Canada Health Act, Canada's federal health insurance legislation and the cornerstone of the Canadian health care system. The five principles enshrined in the act reflect the values that inspired Canada's single payer, publicly financed health care system over 40 years ago. The Canada Health Act aims to ensure that all residents of Canada have access to necessary physician and hospital services without direct charges.

As Roy Romanow said in the Romanow Commission report, the principles have stood the test of time and continue to reflect the values of Canadians. No single issue touches Canadians more deeply than health care. Our health care system is a practical expression of the values of fairness, equity and solidarity that define us as a country. Medicare is part of our heritage.

Before the second world war, Canadians paid for health services in the same way they paid for any consumer service. Many Canadians had debts for health care and many suffered because they just could not afford the health care they needed. After the war, both commercial and non-profit insurance began to spread, but many Canadians could not afford that either.

I would like to inject, if I may, a very personal story. In 1941 our family was just beginning to recover from the effects of the depression. At that time, my late mother was admitted to hospital for a routine surgery, a tonsillectomy, that was botched. She ended up with blood in her lungs which caused a series of infections. She spent 13 weeks in hospital and nearly succumbed. In those days there was not even penicillin, so any drugs to combat infection were known as sulpha drugs in those days. At any rate she recovered and came home from the hospital, but the process bankrupted my father. He spent the rest of his life, until he passed away in 1957, paying off that debt. Therefore, the whole subject of medicare is particularly personal, as far as I am concerned.

By 1957, the year my late father passed away, 40% of the population of Canada still had no coverage at all. Medicare predates the Canada Health Act, but the passage of the act was a defining milestone. The Canadian health insurance system in fact evolved into its present form over several decades, and it will continue to evolve and continue to be improved as the years go by.

Saskatchewan was the first province to establish universal public hospital insurance in 1947. Ten years later the Government of Canada passed the Hospital Insurance and Diagnostic Services Act to share in the cost of these services.

By 1961, all provinces and territories had public insurance plans and provided universal access to hospital services. Saskatchewan again pioneered in providing insurance for physician services beginning in 1962. The federal government adopted the Medical Care Act in 1966 to cost share the provision of insured physician services with the provinces.

● (1225)

By 1972, all provincial and territorial plans had been extended to include physician services. Through cooperation between the provinces and the federal government, Canada developed a national health insurance program which became the hallmark of Canadian federalism.

The federal government agreed to contribute financial support and the provinces would administer the programs. The conditions were that each province had to guarantee that its program would be universal, comprehensive, portable and publicly administered. With these guidelines established, the interlocking provincial plans formed our national health insurance program. It was tailored especially for Canada. Coast to coast medicare was created.

However, in the late 1970s, extra billing by some physicians and user charges levied by some hospitals were increasingly becoming a cause for concern. Universal access was at risk. In 1979, at the request of the federal government, Justice Emmett Hall undertook a review of the state of health services in Canada. In his report he reiterated that health care services in Canada ranked among the best in the world, but warned that extra billing by doctors and user fees levied by hospitals were creating a two tiered system that threatened the accessibility of care. This report led to the adoption of the Canada Health Act in 1984.

The Canada Health Act was introduced to ensure that Canadians had access to the medical care they needed without out-of-pocket charges. The road to passing the legislation was not always smooth. It involved four years of intensive debate and negotiations before the Canada Health Act was passed with the unanimous support of all political parties by Parliament on April 9, 1984 and received royal assent on April 17, 1984.

The act consolidated previous legislation on hospital and medical care insurance, and set out standards and criteria that had to be met for the provinces to qualify for federal funding. Canadians were assured universal and timely access to the health care they needed on a pre-paid basis.

Universally accessible health care is not just a program. It is much more than a system. It is central to our way of life, a source of pride and identity. The Government of Canada is committed to protecting the health care system that Canadians consider part of their identity. The Prime Minister recently stated that our health care system is more than a program; it is a statement of our values as a nation.

Canadians continue to strongly support the principles of the Canada Health Act. They want a system based on need, not wealth. They consider equitable and timely access to medically necessary health care services to be part of our national character, not a privilege of status or income.

Times have changed considerably since the act was passed. What has not changed is the support among Canadians for the principles underlying the health care system. There are challenges and pressures to continue to provide quality services in the face of rising costs, emerging and costly technology, and increases in the ability of physicians to treat hitherto untreatable diseases.

The Canada Health Act has been instrumental in protecting reasonable access to medically necessary care by all, regardless of age, income or place of residence. Canadians have expressed their support for universal health care time and time again, and all levels of government remain committed to upholding what Canadians consider a top priority which is their publicly funded health care system.

● (1230)

Ms. Wendy Lill (Dartmouth, NDP): Mr. Speaker, I thank my colleague for his comments and for telling us of his mother's situation and the importance of, in his own life, the passing of the Canada Health Act and what that meant, and of the kind of duress his family was under financially. I do not think anyone could have said it better.

I think the problem is that many Canadians now feel that they are heading back to those bad old days and that they are actually experiencing them themselves. People feel that they can be just a step away from being wiped out financially because of the high cost of drugs. They do not have any drug insurance and they are in fact incurring huge costs that are taking years to repay.

In many parts of the country, and mine being one of them, there is no health care coverage for seniors in nursing homes. They are paying their own health care costs in nursing homes so that at the end of their lives they are finding themselves having to eat up absolutely every penny of their savings to pay for health care coverage that is available in hospitals for other Canadians across the country.

There are so many examples of people who do not feel they are protected in the way that some feel they once were protected. I would like the member to address the strong concern that Canadians have across the country with the state of our present health care plan.

● (1235)

Mr. Julian Reed: Mr. Speaker, I thank my hon. friend for those comments. There is no question in my mind that our health care system is constantly evolving, and constantly needs to be improved and upgraded as we go along.

We also know that the standards that are applied in different provinces sometimes differ. For instance, there are some provinces that charge for ambulance service and other ones that do not, and so on. It takes constant vigilance, if we like, to impress on the provinces that there is a standard to be maintained and that there are improvements to be made.

I do sympathize with the cost of the new drugs that come on the market. Some of them are very effective for curing or controlling illnesses that could not be controlled 20 or 30 years ago. They are, admittedly, very costly. It is the constant tossing the balls in the air as to how much of that can be borne by the taxpayer.

We still have excellent basic medical care in the country and I would not take that away for a minute. I talked to one physician who took the Canadian health care idea to other countries in the world. I met him at the Ottawa airport about a year ago. He said there was a lot that had to be continually improved and fixed in the Canadian health care system and when we do that we should never forget that compared to every other country in the world this is still the very best health care system.

Mr. Murray Calder (Dufferin—Peel—Wellington—Grey, Lib.): Mr. Speaker, I am grateful for the opportunity to speak to the motion by the hon. member for Churchill respecting health care delivery.

Canadians enjoy one of the world's most successful health care systems. Canadians are among the healthiest people in the world. Our universal, publicly administered health care system has worked well for our country. The principles, as enshrined in the Canada Health Act have conferred significant benefits, both in terms of health status and our economy.

Nothing optimizes this philosophy better than Canada's universal, single payer health system that provides everyone, regardless of income, age, gender or place of residence, with equal access to quality medical health care. In the view of many, our health system is central to our national identity. It defines us and unites us as a nation.

On standard measures of both life expectancy and infant mortality, Canada outperforms the United States. In 1990 the life expectancy for Canadian men was two years longer than American men. By 1995 it was 2.8 years longer. In the same timeframe, Canadian women's life expectancy increased from 1.6 to 1.9 years beyond that of American women. Medicare has contributed to the improved health outcomes for our children. In fact, our infant mortality rates are among the lowest in the world. This is largely because Canadians have access to necessary medical care.

A report just released by the Commonwealth Fund on the quality of health care in industrialized countries comparing Canada, the U.S., the U.K., Australia and New Zealand found no single country to be superior overall. However, it did note that the U.S. spends 13.9% of GDP on health care versus just 9.7% of GDP in Canada, with no appreciable difference in health results. The results of that study clearly demonstrate that Canada has a quality health system and that Canada spends 57% less per capita than is spent by the U.S.

Similarly, according to a 1991 KPMG study, the administrative costs of maintaining health care accounted for 31% of health expenditures in the United States and just 16.7% in Canada. In Canada, more of our health care dollars go to providing the health care services our residents need, not paying to administer the program.

In the United States, where health care is privatized, there are over 43 million people who do not have any health insurance because they cannot afford it. American media reports have indicated that just over one-half of bankruptcies in that country are the direct result of an inability to pay medical bills. This alone is a strong argument for single tier medicine in Canada. We do not want to see Canadians suffering serious financial loss because of health related difficulties.

Health care in the United States is based on income and an individual's ability to pay rather than the need for care. Health costs continue to be a major burden for employers. The difference between our public system and the American private system is that a two tiered system simply costs more to deliver and administer.

Our health care system is critical to our country's productivity and ability to compete in an aggressive global marketplace. In Canada, we recognize that our success as a nation comes from our ability to commit to our core values: sharing risks and benefits; looking out for the most vulnerable; and equality of all citizens, all of which contribute to a strong economy.

The Canadian single payer health care system has made Canadian businesses more competitive in the world markets by helping to keep their costs of doing business down. This is because the cost of health care is shared between individuals, businesses and government. Medicare is an economic asset, not a liability.

● (1240)

Medicare is one of the factors that has allowed Canada to have one of the lowest payroll taxes among the G-8 countries.

The very nature of our health care system puts Canada in an excellent position to control the aggregate expenses of the health sector in our economy, since each provincial and territorial government is a predominant buyer of health care in this jurisdiction. This provides enormous leverage to negotiate fee structures and service costs, and to manage spending to achieve cost effective health outcomes.

Resources can be directed to factors that improve health status, not only those related to health care but also other determinants of health. Obviously, a lower cost system leaves workers with more disposable income to stimulate the economy, but that is only part of the story.

We also know that when there are fewer work days lost to illness, productivity increases. There are greater opportunities to obtain better paying jobs and a higher standard of living for all.

Finally, healthier people, as we know, make fewer demands on the health care system, live longer and contribute significantly to the overall wealth of a nation. What is good for society is good for our economy and vice versa.

The government is committed to doing its part in sustaining medicare. In addition to the commitment of $34.8 billion under 2003 accord, the government also created a new health transfer. This transfer enhances transparency and accountability and provides Canadians with a more accurate picture of federal contributions to health care and other key social sectors.

Provinces and territories retain their flexibility to decide where and how they will invest federal resources in each sector, but Canadians know what the federal government's significant contribution to health is all about.

We acknowledge that our health care system is in need of revitalization. We must find news ways of responding to Canadians' health care needs in a timely manner. We must not be afraid to accept the challenge of adopting new approaches consistent with the principles of the Canada Health Act.

Let me remind the members what those principles are. Public administration: In order to satisfy the criteria of public administration, the health care insurance plan of a province must be administered and operated on a non-profit basis by a public authority appointed or designated by the government of the province. The public authority must be responsible to the provincial government for that administration and operation.

Universality: Under the universality criteria all residents of a province must be insured persons under the provincial health plan.

Portability: Portability means that the insured persons are covered for medically necessary services when they move from one province to another within Canada.

Comprehensiveness: Under this criteria, the health care insurance plan of a province must insure all medically necessary health services provided by hospitals, medical practitioners or dentists in a hospital setting.

Accessibility: Accessibility ensures that insured persons have a reasonable access to medically necessary hospital and-or physician services without any financial or other barriers.

However, as we move toward finding solutions and implementing lasting changes to renew the health system, we must not lose what we value most; the social equity and the economic advantages of a publicly funded, single tier health care system.

Renewing medicare will take perseverance, commitment, hard work and time. As a government, we are prepared to face the challenge and we are dedicated to working with the provinces and the territories and Canadians as partners.

The true test of commitment is where we stand in times of challenge and of change. We, as a nation, had the sense to invent medicare, now we need to find the will and the way to strengthen it for the long term.

● (1245)

Mr. Pat Martin (Winnipeg Centre, NDP): Mr. Speaker, I thank the member for Dufferin—Peel—Wellington—Grey for his thoughtful remarks regarding the need and the value of our publicly funded health care system.

What struck me about my hon. colleague's speech is that, like the Minister of Health, he never once used the term publicly delivered health care system. He focused on the importance of a publicly funded health care system.

If he had read the motion properly, the one we put forward today, he would have seen that we were calling into question the growth of the delivery of health care services by private for profit initiatives. That is where my colleague's comments fall short of the mark.

He made lots of lofty comments, with which I wholeheartedly agree, about the importance, the value and even the economic advantages of our publicly funded health care system in this country. It is a national treasure. However we are drawing attention to the fact that our national treasure is being eroded by the growth of the privately delivered health care system.

I would ask the member if he is aware of the following facts. Most of our evidence regarding for profit health care comes from the United States where there is a mix of publicly funded, private for profit and private not for profit. The evidence or the examination of figures that we have comes from the American model. Is he aware that the for profit hospitals in the United States bill about $8,500 for every discharged patient, while the non-profit hospitals bill about $7,300 for each discharged patient?

Mr. Murray Calder: Mr. Speaker, I thought maybe the preamble would let me off answering the question but I will answer it.

I just want to give the member a bit of my background. I sat as a hospital board member for 12 years at the Louise Marshall Hospital in Mount Forest. I was the corporation treasurer for four years for that hospital. I see the exercise that is in front of us right now, that we have to enter into negotiations with the provinces and the territories, as the federal government, on a proactive basis to take health care into the next century, which is where we are at.

I am 54 and a baby boomer. People are turning 50 at the rate of over 52,000 a year. A lot of pressure will be put on the health care system so it has to be up and ready to run.

One of the things that irritated me more than anything else when I was a corporation treasurer is that if the administrator of the hospital and myself found a savings in our budget, for instance, $40,000, we were not allowed to put that money in a capital trust account to take a look at expenditures that the hospital would be faced with, such as needing a new MRI, an x-ray machine or anything else. In fact, it was even worse because the $40,000 that I had found, if I did not spend it at the end of the year, in the next budget year my budget would be reduced by $40,000.

That is something that actually exists within the province of Ontario which encourages wasteful spending. What I am saying is that we as a federal government have to get past the fact that we walk into the room with a blank cheque. We have to be part of the administrative process with health care to take it into the next millennium. That is what I am behind and what I want to see done.

● (1250)

Mrs. Bev Desjarlais (Churchill, NDP): Mr. Speaker, I do not think there is any question that there may be cost savings within the health care system and that there needs to be some reform. I think Canadians have said loud and clear that they want the federal government to take a lead role in ensuring that the services are provided nationwide. The government will have to work out that partnership arrangement with the provinces.

In trying to clear the air on exactly where the government and members of the government stand, do they think it is all right to provide for profit delivery of health care services?

Mr. Murray Calder: Mr. Speaker, to clear the air, very simply we as a government have always said that we take a look at the five principles of the Canadian Health Act and we stand behind them.

To go further than that, this becomes a negotiating situation with the provinces and territories. Where do we want to take the health care system, knowing that the issues that are facing it right now and the increased usage that is coming in the future as the aging baby boomers hit it? Those are the questions that will have to be negotiated this summer with the provinces and the territories.

Mr. Rob Merrifield (Yellowhead, CPC): Mr. Speaker, as the health critic for the new Conservative Party of Canada, it is a pleasure to take part in a debate that is very important to most Canadians. Health care is the number one issue for Canadians from one side of the country to the other.

Before we actually get into a debate on health care, we must understand the principles of health care and the values Canadians hold near and dear.

Our medicare system was founded on the principle that no one should go without health care because of an inability to pay for it. No one should lose their life savings because of a serious illness. That is a very compassionate and principled value. It is different from what our neighbours to the south have.

The Americans have a different value system. I am not here to judge them but that it is not a system we would want to applaud. It is a system that has a different value system. They say that they will not let anyone die on the streets and that they will look after people's medical needs but they have no problem draining people's bank accounts in the process. They have their value system and we have ours.

I do not hear any province or any party advocating an American system. I hear everyone applauding the Canadian value system with regard to that aspect.

How we sustain our system becomes the issue. We have to understand that is the value that we want to hold near and dear.

First, there is a lot of misinformation or uncertainty around the whole idea of where our present government is at with regard to our health care system. Of late, we have heard all sorts of conflicting messages coming from our federal government. It is really interesting to have a debate on it today where we can perhaps clear up some of this confusion.

I cannot determine how another party lays out its platform or communicates that platform, but I can communicate our platform. I will try to do that in the most aggressive and clearest way I possibly can and hope I can achieve that in the next few minutes.

As we move into the 21st century, we have to realize who is paying for our health care system and why it is so important to put the patient first. For far too long our emphasis has been strictly around this sacred cow, the health care system. We have to realize that the system is there and is paid for by the patient. The patient, therefore, has to be our primary focus and the primary focus of decisions made with regard to health care.

Let us take a look at what our health care system looks like today after a decade of Liberal government. Wait times have extended to a period beyond what we ever thought imaginable. Since 1993 the wait times have doubled. General practitioners are having serious problems managing their offices and coping with the stress of their jobs.

Among the OECD nation, Canada's medical wait lists are among the longest in the world. We actually are only second with regard to per capita spending.

It is not just a matter of throwing more money at a system and solving the problems in health care. We have to look far beyond that. We have to understand that it would consume all the money we could possibly throw at it and we have to be very discerning as to how we do that.

We have medical workplace shortages, shortages of doctors and nurses. The ideology in the 1990s, when this federal government came into power, was that the doctors drove health care costs, so if we get rid of the doctors we get rid of costs. That ideology was faulty at that time and it is faulty today.

The Canadian Medical Association said that in a decade from now we would have serious problems, and that is what we have. We have a workforce that is overworked, overstressed and burnt-out.

The SARS crisis of last year demonstrated just how vulnerable we are in the health care system. We saw how the threat of a SARS epidemic hit the Toronto area and how stressed the workforce was during that period of time. We even had nurses saying that they would not go into work because they were too stressed or burnt-out.

We have a serious situation when it comes to that side of health care because of the massive cuts and the direction in which the government went in the mid-1990s. Since 1995, $25 billion has been taken out of the purchasing power of the provincial governments to deliver on their health care, which is their mandate.

● (1255)

It is very important to understand that we are where we are because of a lack of leadership on health care. The Prime Minister when he was finance minister decided to unilaterally cut the legs out of health care. Unfortunately that did two things. Not only did the government cut the money out and leave the provinces high and dry with regard to the funding of health care, but it ruined a trust relationship which was an agreement on health care as to how both jurisdictions would jointly deal with health care. That relationship was broken and it is no wonder the provinces are a little shy when it comes to dealing with future plans, like a 10 year agreement on health care. I will talk about that later on.

Not only did we lose the money and health care was left to drift but also we lost the relationship with the provincial governments. Therefore, it should be no surprise to anyone what the state of health care is at the present time.

What are we looking at? What are some of the stresses and strains that are going to come on to the system as we look further into the 21st century? It is very important that we understand these stresses because if we do not, we will not get a clear picture of what we are headed into.

My hon. colleagues have been mentioning the demographic curve, which is important. The baby boomer generation is about to hit the health care system and that will have great significance. The last figures I saw are two years old, but it costs around $4,300 to $4,400 to look after an individual between the ages of 44 years and 65 years. For an individual between the ages of 65 and 75 years, the cost almost doubles. It doubles again for an individual between the ages of 75 and 85 years. The figure is over $14,000 by the time a person is 75 to 85 years of age. That is the average annual cost to look after those individuals.

When we look at the demographic curve, we see that the fastest growth in our population is those 65 years and over. When that hits our system and increases, it will be 2041 before we start to see any relief. The pressure on our health care system will continue to increase until that period of time.

We have to couple that with the obesity problems in our youth. I spoke to people from the Heart and Stroke Foundation and other associations. They were in my office a while back. They say the problem is that our young people today are going to be looking at heart and stroke problems at the ages of 45 to 55 instead of 65 to 75. They will hit the health care system at the same time.

We have to understand the dynamics of what we are looking at. Diabetes, cancer, heart and stroke and lung problems are all going to hit our system much more aggressively than we have seen in the past.

Until we understand what is coming at us, we cannot logically sit around the table and have a good discussion on how we are going to sustain our health care system into the future. It is very important that we do so. Right now 32% of the provincial and territorial budgets go into health care and by 2020 it is expected to be 44%. Almost half the money the provincial governments spend will go into health care. That is very significant.

Many of the challenges to health care are actually rooted in some of the good news stories. Our health care professionals are trained very well. Medical equipment is becoming much more sophisticated and new technologies are doing amazing things. Pharmaceutical products are more advanced and more specialized than ever before. Because of that, time spent in hospitals and acute care centres is being reduced.

I had to lay out that part of the scenario before getting to some of the solutions. As we move forward, I see three ways in which we could actually make a significant difference in health care.

The first one is to understand exactly what happened with the health accord on February 15 last year. For the first time in a decade both orders of governments, provincial and federal, sat down and decided on a plan on how to sustain the health care system for the next five years. It was a significant time because it was an attempt at mending a relationship, but it was also an attempt to look at health care funding more significantly and respecting both jurisdictions, the federal and provincial governments. This accord was very significant.

Our party agreed with the accord. We said the accord was a valuable road map ahead and that we should make sure that we comply with it. The second thing we wanted was to look at improving delivery and regulations of prescription drugs because of their significant role. The third thing was to renew our commitment to health promotion and disease prevention.

● (1300)

The Conservative Party of Canada agrees with the funding in the health accord. We do not agree with the numbers the health minister and the Prime Minister are using. They are saying there is $37 billion in new money, but people have to understand that $20 billion of that was from the 2000 accord and it is reannounced money. Nonetheless I do not want to confuse people with the numbers. Let us just say there is going to be some new money put into the accord.

The accord recognized the flexibility of provincial jurisdiction in delivering health care. It also looked at reforms to primary care, providing greater home care delivery systems and catastrophic drug coverage. It is very important that the flexibility be maintained in the hands of the provincial governments.

The accord created a dedicated health transfer so that we could stop the noise about who is paying for what. When the Auditor General takes a look at the books in Canada and how much money the federal government is putting in compared to the provinces, she says that she does not know because of the way it is struck. We are saying let us clear up this silly game of the numbers of dollars going into health care. It is all the same payers for the system. It is all taxpayer money, so let us just get that cleared up right off the bat.

The accord provided significant funds for diagnostic equipment as well as health information systems and research for hospitals. It promoted and established a national council which hopefully will give us some better performance measures for our health care system. Some of the provinces said that what the council's mandate was coming out of the accord was different from what was agreed to with the provinces, and that is why Alberta and Quebec decided to bail on the accord. The Health Council of Canada was supposed to be struck on May 6 and it did not get up and running until after December last year.

The timelines and many of the things that were supposed to be done in the accord have not been complied with by the federal government. One of those is the implementation of home care. The minimum basket of services was supposed to be decided by September last year. The common health system performance indicators were also supposed to be done by September. This was not complied with.

We also wanted to see progress, and there should have been progress already, on the catastrophic drug coverage. We realize that the health minister said in December last year that work on that has not even been thought about and has not even started yet. We are really nervous about that.

The aboriginal health reporting framework was also supposed to be initiated and worked on. Nothing is being done on that either.

We have had a year to comply with the health accord, with specific timelines of what should be done, when and why. The first time the Prime Minister met with the premiers, one would think they would have discussed what was not done and why that was not complied with, but none of that took place.

The Friday before the Monday of the throne speech, when the Prime Minister met with the premiers, all that was talked about was $2 billion more going into health care. It had nothing to do with how both orders of government had failed to come up with the actual agreement on the accord. We are really quite nervous in our party when we see a lack of commitment from the federal government with regard to the health accord.

Michael Decter, the chair of the national council, recently said that all of what we need to do with regard to laying out this five year plan in the accord is that we should get on with it, that we do not need another 10 year health accord. That is what is being proposed by the government, that we sit around and talk with the premiers again to come up with a 10 year plan on health care. We have a five year plan that is not being complied with. Why would we think that the government would agree with a 10 year plan that is somebody's dream at this stage of the game?

We are very nervous going into an election at the lack of commitment to what was already on the table, and the talk of something in the future that likely will not happen. It is just a political game. We cannot afford to play politics with health care anymore. We have seen that happen many times before. We cannot let that happen to us at this stage of the game. Health care should be a non-partisan issue. It should be something that is not fought on a political basis. It should be fought on the best interests of the patients and the best interests of the Canadian population.

Our party is saying that we want adequate, predictable and growing levels of funding for health care. We agree with more dollars going into health care but we must balance that off with greater accountability so that those dollars are spent in ways that are accountable and are actually going to achieve some of the goals that are asked for in the accord. We cannot make annual multibillion dollar infusions into health care without that kind of accountability happening.

● (1305)

Performance measures must be in place. Citizens and taxpayers must be able to see where those moneys are going to improve the health care system in Canada. If that is not the case, then we will be continually going in circles and spinning our wheels and not achieving what really needs to be done with regard to the sustainability of health care. We do not have the time to make these mistakes again.

I would also like to talk about prescription medication, because it is such an important area of our health care system. Our spending on prescription and non-prescription drugs is the fastest growing category of health expenditures in the country and is only second to hospitals. Very close to the same amount of money goes into hospitals and pharmaceuticals. Prescription medication is the fastest growing at 14.5% last year.

Prescription drugs play an important role in enhancing the health of Canadians. We all understand that. We know about some of the treatments and some of the technologies. They are doing amazing things. They are allowing Canadians to live healthier, more comfortable and longer lives. Over the past few decades pharmaceuticals have had an enormous impact on the health care system. New drug therapies have replaced many of the surgeries and have enabled patients to leave their hospital rooms much sooner.

Our aging population will ensure that drug consumption and spending will only increase when it comes to pharmaceuticals. Because of that, we have to go back to what I started with, which is the Canadian value on health care. No one should lose his or her life savings because of a serious illness. Many prescription medications and what is done with therapies and treatments are much different today from 20 years ago and the costs of those are going up much higher.

The health accord includes the pledge to provide Canadians with reasonable access to catastrophic drug coverage, with which we agree, to make sure that value is preserved. Canadians no longer would have to risk losing their life savings because of a serious illness.

Yesterday our leader announced that a Conservative government would propose that the federal government assume direct responsibility for this program. The drug costs are one of the fastest growing expenditures. We have to be sure that Canadians are comfortable in knowing that we will comply with the health accord with regard to catastrophic drug coverage.

It is important to understand that it is within federal jurisdiction to allow new drugs to come into this country and not only that but also the regulation of those drugs. That is all federal jurisdiction.

The health committee travelled this country from one end to the other dealing with the whole area of addiction to prescription medication and the misuse of medication. The reports are about to come in on some of the studies, but we know there is a minimum of 10,000 deaths per year because of misuse of prescription medications in Canada. From a federal perspective we could control that side of it. We have to do a much better job than what has been done in the past. We also must make sure that new drugs and better drugs are available for our citizens so that we can have the best health care system in the world.

It is very important that we put the patients first. One way to put the patients first is by helping them not to be patients in the first place.

The Conservative Party will do that by recognizing that wellness promotion and disease prevention are keys to improving the health of Canadians and ensuring the sustainability of our health care system. That is why we support the renewal of the Canadian strategy on HIV-AIDS. That is why we as a party support the tobacco prevention program, particularly aimed at our youth. That is why we will support the patient safety institute. That is why we will devote 1% of health care spending to the promotion of physical fitness and amateur sport.

We support also the new chief medical officer of health and the creation of the public health agency. It is unfortunate the government has dilly-dallied on this. We have been sitting vulnerable for a year now, waiting for the government to put in place a chief medical officer and an agency. Instead we have seen very little leadership in this area. Mark my words, we will likely see something within the next week with regard to a statement on a chief medical officer or the agency and where it will be placed. It is strictly about politics. It is unfortunate that we have to play politics with health care again. That is what I mean by putting the patients first, by making the kinds of decisions that are in the best interests of Canadians and not politics.

● (1310)

It is really interesting to see the position of Liberal Party on health care. I am not exactly sure what Liberals are thinking because we see so many conflicting areas and statements coming from them. A few weeks ago the Minister of Health talked about the Canada Health Act and what it allowed and did not allow. Then we hear that the Prime Minister goes to a private clinic for his services.

The Conservative Party is clear on its position on health care. We support Canada's system of universal public insurance. No one should be denied medical services because of inability to pay and no one who receives such services should find themselves and their families faced with health bills they cannot afford.

We need leadership on health care like never before.

Mr. Paul Szabo (Mississauga South, Lib.): Mr. Speaker, the member has touched on a number of aspects of health care. I am not sure if he heard my earlier question for the member from Churchill, but I would pose a similar one to him on how he defines health care. As he knows, under the Canada Health Act we talk about medically necessary, and that is hospitals and doctors.

An example, a doctor provides cosmetic surgery for anyone who wants to pay for it, but also provides services to the health care system where someone, for instance, has been injured in an automobile accident, has facial damage which requires that same surgery. One is as the result of an accident and the other is not. We are talking about a physician who is private for profit totally or a physician who has certain other aspects in his or her activity, depending on why the service is being provided and who is paying for it.

Would he clarify that in the context of this motion? I have some concern that the motion would basically state that doctor should not be in business because he or she would be characterized as being business for profit.

● (1315)

Mr. Rob Merrifield: Mr. Speaker, there is a very simple answer to that. When we look at the Canada Health Act, it is for medically necessary services. Medically necessary services are determined by the provinces. We have to respect their jurisdiction on that and we have to understand that is the way it works. If we want to change the Canada Health Act, that debate would have to happen nationally. That is what the NDP is suggesting. I disagree with that. Provinces need to have the flexibility on delivery.

The problem is not about who delivers the service. The problem is that we have no accessibility to the service. Canadians are really concerned about that. They want to have the services, which they pay for through their taxes, when they are in need of them. Right now a million people are on wait lists, many dying and many dying in emergency rooms because of inability to access the services for which they pay.

We put $121 billion a year into health care. All Canadians ask for is when they are sick and when they need it, it be there for them. That is being jeopardized right now. We have not seen anything yet.

The pressure on our health care system has not started. Just give it 10 or 20 years. What will our health care system look like in 2040? We have to change the paradigm. We have to make the patient first and we have to make decisions based on their best interests. We do that by allowing and respecting the jurisdictions of the provinces to deliver on health care. They will be rewarded or they will be victimized on how well they do in this.

Under a publicly funded system, we need competition within that system and there are many ways of doing that such as funding hospitals differently, funding doctors differently, how it is structured, who they contract out and so on. That all has to be part of a system that is strong and healthy. As we move forward, that flexibility has to be there. The health accord allowed for that and that was one reason we had no problem with the accord. We have a bigger problem with a government that has not committed to the health accord.

Mrs. Bev Desjarlais (Churchill, NDP): Mr. Speaker, I will to allude to the fact that obviously my colleague from Mississauga South has a hard time understanding some the processes within the motion.

Without getting into that, I agree that patients want to be able to access the health service. Does the Conservative member believe that we should have a for profit system of health care delivery? My colleague from Mississauga suggests that when a doctor provides his services, that it is for profit. He is being paid to provide the service.

The for profit comes into play when a clinic operates so that there is a profit overhead apart from the cost of the physician's services or a nurse's services, or whatever. There is profit built into the equation, and the facts show that profit is usually around 15%.

Does my colleague believe that Canadian taxpayers should be paying for a for profit health care delivery?

Mr. Rob Merrifield: Mr. Speaker, all sorts of studies have been done on this issue over the last decade. In fact $243 million has been spent by this Liberal government on studying health care. Mr. Romanow said that 31% of our health care system was private right now, but he did not recommend getting rid of that element of our health care system.

Under the Canada Health Act, those delivery options are available. I hope my colleague is not suggesting that we shut down every medical clinic or doctor's office, because 90% or more of them are privately funded.

If we were to privatize the whole system would that be right or wrong? Certainly nobody is advocating privatizing the whole system. If we were to eliminate those flexibility options, will that save our system? It will not.

We have to stop the rhetoric about the nonsense of who delivers it and instead look at accessibility. Canadians are really concerned about whether the health care system will be there for them in their time of need. That is what we have to concern ourselves with as we move forward into the 21st century. It will take every Canadian, working together, to ensure that there is enough accountability in the system and that their dollars are spent in a way that will achieve those goals. It will tax everyone in the House to drop the politics and start to work in the best interests of Canadians.

● (1320)

Mrs. Bev Desjarlais: Mr. Speaker, I challenge my colleague's figure of 90% of clinics operating on a for profit basis in Canada. I would love to see those figures because I find them hard to believe.

Can proof be presented that the delivery of health services through private clinics already in place will deliver 14% to 15% less cost to the taxpayer? Let us say the provinces make a decision to provide this through public delivery because it will be cheaper. Will my colleague acknowledge that this is what we should do with taxpayer dollars? Will he agree that we should use that other 14% or 15% to enhance services elsewhere, whether it be to provide more home care, or respite care or other types of health care services? Is that not a better utilization of taxpayer dollars than giving that 14% to 15% to for profit providers?

Mr. Rob Merrifield: Mr. Speaker, the argument there is that it is the provinces that deliver on health care. They will either be rewarded or they will be disciplined by the electorate as to how successful they are in that delivery.

My colleague has asked why 14% or 15% of the profit should come out of taxpayer dollars, but she has not recognized the fact that private operators deliver a lot more efficiency in some ways. Under a single tier system, there has to be enough efficiency and competition so we know we are getting the best bang for the dollar.

That is where this is at. It is provincial jurisdiction. Medically necessary services are provided for Canadians from one end of the country to the other, regardless of their ability to pay. That is what we believe in. How those services are delivered is something with which the provinces will have to wrestle. It is their mandate. We should encourage them to be as aggressive as possible in the best interests of Canadians so services will be there for them.

This is not about delivery options. Can we stretch taxpayer dollars to the point where health services are available to Canadians when they have a serious illness and when they need the service?

Right now we have some serious problems with waiting times for services. Over one million people are on waiting lists. Many of them are beyond the medically acceptable level of wait time. We have a serious problem today, and the stress on the system has not even started yet.

This is not a productive debate with regard to whether we need public or private health services. What we really need to look at is accessibility. How can we ensure that Canadians will have a health care system in place in their time of need?

Mr. Paul Szabo (Mississauga South, Lib.): Mr. Speaker, today we are debating health care. I will talk about the motion in a moment, but I want to start by expressing my own view about the measure of success of a country.

Some would argue that it has something to do with economics. I would say the measure of success of a country is the measure of the health and well-being of its people. That is the true measure of success of a country.

The particular motion before us refers to private for profit delivery of health care. As I indicated earlier in my questions, I thought it lacked the clarity that was necessary for the House to really address it. However, the motion has brought us the opportunity to discuss some of the elements of our health care system, some of which is under the purview of the federal government, some of which is under the purview of the provincial government and some of which is the choice of Canadians who may choose to seek uninsured services from a health care provider.

The Canada Health Act has just celebrated its 20th anniversary for medically necessary insured services, and it passed unanimously in the House of Commons. I believe the existence of our publicly funded universal health care system is one of the most unifying elements that Canada has. It is that which we cherish so much, and most will agree that it is the most important asset we have in Canada, in terms of what is identified outside of Canada, is as one of our strongest points.

The health care system is very broad: obviously hospitals, doctors and nurses. However, these days health care for the public at large has been talked about in a much broader context than was ever envisaged or included in the Canada Health Act responsibilities. We now talk about pharmacare, the drug system. We now talk about home care, providing assistance to those who have had medical services and require care in the home for at least a point of time.

We also have dental care. That is a part of health care. Vision care is a part of health care. Psychiatric care is a part of health care. Not all these are included under the umbrella covered in the Canada Health Act. The Canada Health Act is for medically necessary insurance services.

The federal government has no responsibility to provide pharmacare. It has no responsibility to provide dental care. It has no responsibility to provide vision care, except if the need for that service is as a result of another occurrence, for instance, when someone needed dental care because the individual was in an accident. That would be covered. Normal, preventative and routine maintenance of dental care is not covered.

All of a sudden, in listening to the debate today, it is very clear to me that we are talking about health care in a much broader context than simply the responsibilities of the federal government. Having said that, there is no question in my mind that the public at large does not care to hear anything more about which jurisdiction is responsible.

Quite frankly, year after year, regardless of the issue, whether there are dual responsibilities or maybe even spread right down to a third level of government, Canadians do not care who is responsible. All they care about is that it is one taxpayer dollar. With regard to our health care system, all we really care about is that when medically necessary services are needed, they will be there on a reasonable basis and in accordance with the five principles of the Canada Health Act.

● (1325)

Those principles are: universality, which means it is available to all in Canada; accessibility, which means I can get it where I am, taking into account the geographic circumstances and the alternatives that would be necessary to qualify as providing accessible services; comprehensiveness, which means covering the full range of medically necessary services, not just providing a certain part of it in some areas but saying that it has to be comprehensive; portability, which means that regardless of where we live in Canada we would be able to get that service anywhere else in Canada; and finally, public administration, which is what most of this debate has been about in the context of private, for profit health care.

Private, for profit care has been talked about during this debate in two contexts. One has to do with a situation whereby an individual would go to a health care provider and pay for those services. Most Canadians would understand that to be private, for profit health care. It means that I go to a doctor and I want this and I want it now, and I am prepared to pay for it, so I can jump the queue. It might be, for instance, an MRI, magnetic resonance imaging.

There is another context in which private, for profit care has been discussed and I think it is the subtlety of this difference that is the important element of this discussion. This is private, for profit care in the context that the publicly funded system would acquire the services from a private, for profit institution, like a stand-alone clinic. Let us say, for instance, that someone went to the hospital after an auto accident and needed services. Let us say that the person had facial damage and had to have cosmetic surgery. That particular hospital may not have that particular service, so the public system would engage a private cosmetic surgeon. Cosmetic surgery is not an insured service unless it is as a result of, for instance, an accident. That means the health care system pays for it, not the individual.

There are two contexts here. I think it is important to understand that we are really trying to focus on the aspect of where the publicly funded or public administered system of our health care system would rely on services to be provided by those who are outside, who are not full time employees. They are in fact satellites out there that can provide those services for a fee, and there is a profit component. This is what this discussion and this debate have been swirling around. We have to make sure we are clear about the elements of which part we are talking about in terms of private, for profit health care.

Having said that, let me say that I spent almost 10 years on the board of the hospital in my own community. I learned a fair bit about the health care system. I have the ultimate respect for the primary care givers: the doctors and the nurses. These professions are extraordinary, and there are extraordinary credentials and extraordinary criteria, codes of ethics and guidelines for them.

In my own hospital in the 10 years I was on the board, the average length of stay of a patient in the hospital went down from about 7.2 days to about 4.7 days. That is a dramatic drop in the average length of stay. The reason it happened was that the health system is in its evolution, with the new technology, the new medicines, and the shift to an ambulatory system. One does not go to the hospital and prepare for a couple of days for surgery, have that surgery and recuperate for a couple of days. Now one can walk in and get same-day surgery and go home and recuperate there. It has totally changed the model of how health care is delivered.

I have a fundamental problem, though, with an ambulatory system. It is less invasive because of the technology, but what it does mean for people who are in the hospital and stay there for two or three or four days is that during that period of time when they have drugs required as a consequence of their surgery or their treatment, the cost of those drugs is covered by the publicly administered health care system. However, if one goes for ambulatory care treatment and it is day surgery, the cost of drugs required as a consequence of that surgery would be one's own cost. They would not be covered by the publicly administered health care system.

● (1330)

So now we have two situations. The hospital saves money and in fact closes beds, and indeed, in this particular hospital it went down from 650 to 400 beds, but it still could claim that it serviced more people with less beds because it was having a lot of day surgery. So suddenly not only were we downloading the cost of drugs to people, we were also downloading the recuperative care to families and to home care. That home care is not covered under medically necessary and insured services. That is provincial. The existence of home care and the extent to which it is provided is a provincial decision. It is not covered under medically necessary insured services under the Canada Health Act. Thus, over time, things have changed on what our view of health care is. It is much different today from what it was 20 years ago when the Canada Health Act came in.

In this morning's *National Post* there is what I think is a very good article written by Ms. Jane Brody on women and reproduction. It is an excellent piece. One of the things commented on is the fact that societally women are waiting a little longer before they have their families. It states, "Biologically speaking, the ideal age at which to have a baby is between 18 and 20".

We know that is not happening very often now. In fact, people are waiting until their thirties before they have children. But the article also goes on to say that older women are more likely to suffer pregnancy complications: genetic abnormalities are more common in their fetuses and the miscarriage rate rises as the fertility rate falls.

Here is an example of how even societally how we live our lives is in fact changing the demands on our health care system. We have decided that we are going to wait longer to get married and longer to have children. As a consequence, however, it means that the costs to the health care system are also increasing, so there are other dynamics.

The point is that for the health care system as it was discussed and debated 20 years ago this past April 17—and in Parliament the Canada Health Act was passed unanimously—it was talking about hospitals and doctors and about what was medically necessary.

Today, "medically necessary" is not a defined term in the Canada Health Act, and it should be. We should define it. I would even refer it to the Standing Committee on Health. Let us talk and let us have some experts come and talk about what is medically necessary. As many of the people who have participated in this debate have already said, health care to them is what the people think health care is. Health care is not just the doctors, nurses and hospitals. Health care is community clinics. Health care is pharmacare and home care. It is the health and well-being of the person, the whole thing.

When we consider that we now get pharmacare, dental care and vision care, we suddenly are talking about a much different health care system and health care need that Canadians have focused on than what Parliament was talking about some 20 years ago.

When I was elected for the first time, in 1993, one of the first major tasks the government initiated was the National Forum on Health. It engaged some of the top medical professionals and administrators from right across the country. It spent two years studying our health care system. It provided interim reports and had consultations with Canadians. I can remember the booklets we had. I can remember the interim reports and the final report.

If members will hearken back to that period, the National Forum on Health concluded that there was enough money in the health care system. The problem was that we were not spending it wisely. That was the principal conclusion of the National Forum on Health, an independent public consultation with all of the expertise that was available. It concluded that there was enough money in the system.

● (1335)

We have now had another round with the Romanow commission. It consulted again all across Canada. Suddenly Mr. Romanow did a favour for us, I think, by telling us that we have to start thinking about our health care system in much broader terms than we contemplated back 20 years ago. We have to start talking about the health and well-being of Canadians in terms of what they need so that their health and well-being can be rated "high". Because the higher the rating of the health and well-being of people, it is the measure of success of a country.

We have not yet finished the debate. I think that members would agree that pharmacare is a very important element, but drug costs now, in terms of the cost of medical services or medical expenses, are equal to what we spend on doctors. This is the result of change in the cost of medications.

This is not to say that on a blanket basis the pharmaceutical industry is somehow taking advantage of the health care system. The technology has changed. The drugs have changed. People are living longer. We only have to look at the average life expectancy of people these days. There is a significant increase in the length of our lives.

Members should also know this, which is one of the first things I remember from when the officials from the health department came before us back in 1993, at the first committee meeting I ever went to. The officials said that we spend 75% of our health care dollars fixing problems and only 25% preventing them. They said that this model we had back in 1993 was unsustainable. They also said that a dollar spent on prevention was far more productive than a dollar spent on curative or remedial health care spending.

So things have changed, Mr. Speaker. Things have changed dramatically in the health care system. Parliamentarians, with a motivation that I hope is beyond the political, are now seized with an opportunity to talk about what the people need. I think there is agreement that our health care system should be there for us when we need it, not because we can afford to pay.

One of the facts we in the health committee also found out early in my career was that about 75% of the health care costs in a person's lifetime will be incurred in the last two years of a person's life. Let us imagine that: 75% of the health care costs in our lifetime are spent in the last two years of our lives.

Why would that be? The reason is that we are talking about more life-threatening types of situations as we age. This means that the types of interventions, the specialists, the more expensive drugs and the equipment are all some of the most sophisticated equipment possible. It means that the resource intensity that is being used for life threatening situations goes up. That is why the health care cost is so high at the end.

We can all imagine that we have a system where we are now faced not only with defining what health care is and what is medically necessary, but we are also looking at an aging society and what demands that will make. The urgency is now.

● (1340)

I will conclude with what I believe is a fair assessment of my position on for profit health care delivery. To the extent that private for profit health care exists, the public health care system must be disadvantaged. The reason is not because of costs. It is because we are taking resources out of the public health care system and feeding the human resources into a private system. That means that the public system must be diminished. In my view, private for profit health care should not be an option in Canada.

Mrs. Bev Desjarlais (Churchill, NDP): Mr. Speaker, it would be great if the government as a whole would make that statement and put some effort into ensuring that private for profit does not become the battle cry of the next election between the two parties.

My colleague mentioned a number of things. I just want to clarify some of those things with him.

He mentioned that the Canada Health Act did not envision all the things we are dealing with today within the health care system. That is absolutely true. I do not think people envisioned the rate of increase in new technologies and the increased costs being incurred by patients and the health care system. That is why we in the New Democratic Party have no problem looking into the Canada Health Act again and ensuring that it now addresses what Canadians see as their wish for a health care system.

The Liberals have in the past acknowledge that and promised in their last red book to implement pharmacare but here it is, seven years later, and we still do not have pharmacare. The Conservatives say that they will stand behind providing a pharmacare program. I am sure the Liberals will come out saying that as well but the reality is that it is not here.

My colleague also mentioned that some services would not be covered unless one was in an accident. I think this is the same in all provinces, but certainly within the province of Manitoba if there is an accident, whether it is a car accident or a work related accident, which is workman's compensation, it is a third party billing process through the health care system. These should not be dollars coming out of the health care system but as a third party liability.

However those costs often do get incurred by the health care system when, by rights, they should be handled by different service providers. That is already in place. I firmly believe that if it is a workplace injury it should be covered under workman's compensation.

I also want to comment on the fact that there is a schedule of payment for services, certainly within the province of Manitoba, and I would think the same in other provinces, where there is a maximum amount that can be paid for a particular service that a doctor performs.

If it is necessary to change the Canada Health Act to reflect the changing needs within the health care system so there is no longer the need for long hospital stays, as he said, and to provide medications when a person leaves, should we not be addressing those changes and including them within the health care system?

● (1345)

Mr. Paul Szabo: Mr. Speaker, to amend the Canada Health Act in order to put in the wishes of Canadians, as the member pointed out, theoretically we would have to take all the health care delivery services provided by the provinces and put them under federal jurisdiction. I would think that will probably not happen.

When the member commented on private for profit delivery versus a publicly administered system, she indicated that the public health system was more cost efficient. I want to repeat why I believe we should not have private health care. It is not so much that there are cost efficiencies. The issue is that to the extent that there is private for profit health care delivery out there, almost two tiered or semi-tiered, that means that real resources, like doctors, nurses and the best specialists, will be taken out of the public system. Therefore, if the resources available, the doctors, nurses and other resources, stay the same that means that the public system is losing real resources and probably some of the best resources available to the public system. That is the reason I oppose private for profit health care delivery.

By the same token though, there is a debate going on that if our only alternative, for instance in terms of having a hospital, is to enter into a P3 arrangement, a public-private partnership, do we want a hospital or no hospital? If there is no money, would it not be better to lever or co-finance the hospital for the community than to have no hospital at all? The services still have to be delivered at the best available price. In some cases, I think there is probably a good case where hospitals, even in a P3 partnership, would probably be more cost efficient than a publicly administered system that has to go out and borrow the money.

Mr. Paul Forseth (New Westminster—Coquitlam—Burnaby, CPC): Mr. Speaker, does the member have any comments on the current court case winding through various levels of the courts? The case has to do with a charter challenge on the basis of discrimination and equality that attacks the principle that denies me purchasing services from a clinic in Vancouver where Canadians are being serviced by ICBC, accident victims or workman's compensation, and says that I cannot do that, which means I would have to drive to Bellingham, an hour south, and buy that service.

● (1350)

Mr. Paul Szabo: Mr. Speaker, if there is a simple answer to that complex question, it is probably wrong.

This is part of the reason this debate is going on in terms of private for profit delivery. The ultimate question is, how do we provide the services that Canadians require when they need them? There are circumstances, clearly, when the timeliness of the need may require some other arrangements. I would see that as an extraordinary circumstance, not the norm.

Mrs. Elsie Wayne (Saint John, CPC): Mr. Speaker, how does the hon. member feel about what is happening right now in Manitoba to those who want to study to be a doctor and be part of the health care system if they are not pro-choice? We know what happened to the young man who said that he was against abortion. He was told that he could no longer study to become a doctor in Canada. I was truly shocked when I read that. I could not believe that we were doing this in Canada.

How does the hon. member feel about that situation?

Mr. Paul Szabo: Mr. Speaker, I am familiar with that particular case where I believe the student would not be able to take his exam unless he, as a future obstetrician, would perform abortions. I do not agree with that position in terms of criteria, but, fortunately, the institution relented and understood there was a problem. It withdrew and that particular person was able to proceed with his education.

Ms. Libby Davies (Vancouver East, NDP): Mr. Speaker, when the member for Mississauga South began his remarks he said that he was speaking about his own position. I am not sure if that was on everything he said or if at some point he began to articulate where his party stands. I am somewhat confused because I think either one supports our public health care system and the public delivery of services that have been ensured through that system or one does not.

We all recognize that there has been a huge encroachment on our public health care system and an enormous growth in these private for profit services and the delivery of those services.

The question I have for the member is, where does his party stand? It has been incredibly confusing.

I congratulate the member for Churchill who, as a member of the health committee, drew out the Minister of Health and actually made him articulate some of his own vision of where he thought health care was in terms of privatization. Maybe the member could enlighten us in terms of where his own party stands in stopping this encroachment of for profit private delivery of health care services because that is what we are seeing in almost every province.

Mr. Paul Szabo: Mr. Speaker, earlier in a question to the mover of the motion, the member for Churchill, I asked her to please give me an example of where there has been a matter under the federal jurisdiction, the Canada Health Act, of medically necessary insured services where there has been private for profit delivery of those services. The member was unable to give the House one example. I therefore understand why the member is confused.

I also want to indicate that when I said I was giving my view, it was the terminology that I was using, but the view of the Liberal Party of Canada is to vigorously defend the five principles of the Canada Health Act.

Ms. Wendy Lill (Dartmouth, NDP): Mr. Speaker, I will be splitting my time with the member for Vancouver East.

It is a pleasure to take part in the debate today, especially on the day when the NDP leader, Jack Layton, is in Halifax delivering the health care platform for the New Democrats for the upcoming election. I would love to have been there but I am here instead taking part in this important debate that condemns the private for profit delivery of health care that the government has allowed to take root since 1993.

For the last 10 years, Canadians have been telling the Liberal government that they want innovative public health care that they can count on. I hear it all the time in Dartmouth. People do not want the long waiting lists. They fear the rising cost of drugs. They do not want to be put on a long waiting list for an MRI or for other kind of treatment. They want health care that they can count on and health care that will be there for them, their children, their grandchildren and their grandparents when they need it. That is a very simple and straightforward request.

There is no ambiguity in their statements and yet the Liberals have not listened to what people have asked over the last 10 years. They have been listening clearly to someone else. They have allowed for the private for profit delivery of health care to grow and, for practical solutions, to be ignored.

Today the NDP's platform has been released. We are saying that it is time to put new energy into health care and come up with practical solutions to fix the system and improve it, similar to the way Roy Romanow suggested changes and created solutions just over a year ago.

Included in the NDP's health platform are practical solutions for an innovative health care system that is improved through new ideas and investment, not privatization and not for profit delivery. The NDP is calling for restoring the federal government's capacity to act as a partner for innovation and practical delivery by increasing funding for health care to 25%, up from 16%, as recommended by the Romanow commission.

We are calling on government to prepare for the aging population and to relieve the burden on hospitals and families through a national home care program based on public and non-profit delivery. We are calling on implementing a pharmacare program to ensure Canadians have access to prescription drugs, starting with low income Canadians and people with catastrophic illnesses, and cutting health care costs through bulk buying of prescription drugs and clamping down on patent abuses by drug corporations.

● (1355)

The Acting Speaker (Mr. Bélair): The member will have seven minutes after oral questions this afternoon.

STATEMENTS BY MEMBERS

[*English*]

PRINCESS PATRICIA'S CANADIAN LIGHT INFANTRY

Ms. Anita Neville (Winnipeg South Centre, Lib.): Mr. Speaker, during the weekend of June 18 to 20 of this year, the 2nd Battalion Princess Patricia's Canadian Light Infantry will conduct a variety of parades and activities in the city of Winnipeg.

One of these activities is to celebrate the 90th anniversary of the regiment's service to Canada. On August 10, 1914 the charter of the regiment was signed in Ottawa and in just over a week the regiment grew to 1,098 members.

Named after Her Royal Highness Princess Patricia of Connaught, the regiment is best known to the public as the Princess Pats or the Patricias.

The combat and peacekeeping record of the Princess Pats runs from World War I right through to last year's tours of duty in Bosnia and Afghanistan. Throughout this period, the regiment distinguished itself in a manner in which all Canadians take pride. The regiment deserves our thanks for duty well done.

It gives me great pleasure to offer my sincere congratulations to the Princess Pats on its 90th anniversary. While we will miss them in Winnipeg, we wish the 2nd Battalion well in its new regimental home in Shilo, Manitoba.

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EQUALIZATION PAYMENTS

Mr. Brian Fitzpatrick (Prince Albert, CPC): Mr. Speaker, Saskatchewan is being seriously mistreated. Academics say that the current equalization formula is grossly unfair toward the province of Saskatchewan. Who is responsible for this gross inequity? It appears that our new Minister of Finance is the culprit.

Academics say the problem could be resolved by removing the formula's reliance on non-renewable natural resources and moving to a 10 province formula.

The minister's response is that the formula is far too complicated to change in any significant way. In other words, he is saying to the people of Saskatchewan that they may as well get used to being treated in an unfair manner.

The Canada West Foundation says that of all the western provinces, Saskatchewan has the highest degree of western alienation. With the unfair treatment that Saskatchewan people are receiving from the Liberal government, is there any wonder that my province is alienated?

* * *

● (1400)

[*Translation*]

NOTRE-DAME-DE-GRÂCE COMMUNITY COUNCIL

Mrs. Marlene Jennings (Notre-Dame-de-Grâce—Lachine, Lib.): Mr. Speaker, I would like to recognize the Notre-Dame-de-Grâce Community Council's initiative in organizing the conference on the "Quality of Life" in NDG last Saturday.

[*English*]

The all day event attracted over 150 concerned citizens of NDG. They spent the day discussing how to improve the quality of life in our neighbourhood, in our city and indeed, throughout the world.

They touched on a variety of subjects important to life in NDG, mainly housing, youth, environment, public safety, community relations with law enforcement, recreational services and finally, local democracy.

I was truly honoured to take part in this event as it is true grassroots community initiatives such as this one, by the NDG Community Council, that make our communities liveable.

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POLICE OFFICERS

Mrs. Elsie Wayne (Saint John, CPC): Mr. Speaker, yesterday Her Excellency the Governor General presided over the third investiture ceremony for the Order of Merit of the Police Forces.

The House will recall that this great honour was created in the year 2000 to recognize outstanding service by members of Canadian police forces.

I know that all members will share the sincere and heartfelt appreciation that I have for the selfless dedication of our men and women in uniform.

It is indeed a great privilege and pleasure to single out one recipient for specific mention. One of this year's recipients of this great honour is Chief Clarence "Butch" Cogswell of Saint John, New Brunswick.

I have known Butchy for many years and can personally attest to the fact that he is an outstanding police officer of the first order and truly deserving of every honour awarded to him.

The people of Saint John are fortunate to have such a fine officer in their service. I join with his friends and family in offering my hearty congratulations to him.

MCMASTER CHILDREN'S HOSPITAL

Ms. Beth Phinney (Hamilton Mountain, Lib.): Mr. Speaker, on May 2 I had the pleasure of taking part in McMaster Children's Hospital Celebration 2004 in Hamilton.

McMaster Children's Hospital provides outstanding service and care for approximately 150,000 children every year. The 12th annual telethon raised $3.8 million that will be used toward establishing a neuromuscular and neurometabolic disease clinic. The funds raised will also provide the hospital with a neonatal echocardiography machine and ventilator.

This event would not have been realized without the support and involvement of those who generously donated their time and money. All participants should be proud of what they have accomplished.

I know that all the members will join me in applauding the efforts of the patients, staff, volunteers, corporations, and the Hamilton community for a successful telethon and celebration.

* * *

MEMBER FOR VANCOUVER KINGSWAY

Mr. Charles Hubbard (Miramichi, Lib.): Mr. Speaker, I had the pleasure of working closely with my colleague, the hon. member for Vancouver Kingsway, when we were both serving on the executive of the national Liberal caucus.

My colleague was first elected in 1997 as the member of Parliament for Vancouver Kingsway. She has brought to Parliament her vast experience in community service and the spirit of diversity. As a recipient of the Order of Canada, she also made history by becoming the first Asian female member of our Parliament.

As a true model in her nation she inspired young people from all over Canada. As the chair of the northern and western Liberal caucus she strongly voiced the important issues and concerns of western Canada. She courageously and persistently sought the attention and support of the Prime Minister, ministers, and other members of Parliament in our national caucus on behalf of western Canada.

I would like to pay special tribute for her seven years here as a member of Parliament on issues dealing with immigration, economics, finance, health, human rights, and education. I invite all my colleagues to join me in wishing her happiness and peace in her future endeavours.

* * *

● (1405)

NATIONAL NURSING WEEK

Mr. Rahim Jaffer (Edmonton—Strathcona, CPC): Mr. Speaker, tomorrow is the beginning of National Nursing Week. Yesterday I had the pleasure of attending a reception at the University of Alberta launching the first bilingual nursing degree program in western Canada.

The University of Alberta Faculty of Nursing in cooperation with Faculté Saint-Jean offers this program to meet the educational needs of bilingual students helping to respond to the needs of French speaking communities in western and northern Canada.

S. O. 31

[*Translation*]

This program is a major step in honouring Canada's commitment to provide health services in both official languages. As we know, language should not be a barrier to access to medical care.

[*English*]

On behalf of the official opposition, I wish to congratulate Dean Genevieve Gray, Faculty of Nursing and Dean Marc Arnal, Faculté Saint-Jean for pioneering this program. This proves once again that the University of Alberta is quickly becoming one of the finest universities in Canada.

* * *

[*Translation*]

EMPLOYMENT INSURANCE

Mr. Gérard Binet (Frontenac—Mégantic, Lib.): Mr. Speaker, my colleague, the hon. Minister of Human Resources and Skills Development announced this morning new measures worth some $270 million over two years to better meet the needs of employment insurance claimants.

The changes announced today will ensure that the program promotes greater labour force participation by encouraging workers to accept any available work.

In addition, the provinces that participated in the Older Workers Pilot Projects Initiative will be offered additional funding in 2004-05. The projects are designed to help older workers aged between 55 and 64 to remain employed or reintegrate into the labour force.

Today's initiatives are but the beginning of a solution. It is still our government's intention to implement more sustainable solutions as soon as the Task Force on Seasonal Work has submitted its final report.

* * *

THE PRIME MINISTER

Ms. Monique Guay (Laurentides, BQ): Mr. Speaker, since his coronation as head of the Liberal Party of Canada, the Prime Minister claims to be change incarnate. Yet, he was finance minister in the Liberal government for nine years. He signed the cheques in the sponsorship scandal. He signed the cheques in connection with the firearms registry. He cut funding for health and education. He pirated $45 billion from the EI fund. He personally saved $100 million in taxes by registering his shipping company in a tax haven and amending legislation in his favour. He made off with $3.2 billion from the poorest seniors. He took $1 billion from Quebec families who use the reasonably priced child care centres. He refused to recognize the nation of Quebec.

The Prime Minister is not change incarnate, he embodies the usual traits of the Liberal Party of Canada: patronage, waste of public funds, demagoguery and anti-Quebec policy.

S. O. 31

EMPLOYMENT INSURANCE

Mr. Andy Savoy (Tobique—Mactaquac, Lib.): Mr. Speaker, this morning's announcement about employment insurance by my colleague, the Minister of Human Resources and Skills Development, is remarkable in many ways.

The transitional employment insurance measures in the Madawaska-Charlotte regions of New Brunswick and in the Lower St. Lawrence and North Shore regions of Quebec will be extended. Thousands of claimants will have increased access to EI benefits and for a longer duration as well.

The minister's initiative could be extended to all regions that report an unemployment rate greater than 10%.

[*English*]

I want to congratulate my colleague the Minister of Human Resources and Skills Development. His announcement this morning is great news.

This government ensured that transitional employment insurance boundary measures in the Madawaska-Charlotte, Lower St. Lawrence and North Shore regions were extended. Approximately 15,000 EI claimants will benefit from increased access and longer benefit duration. Moreover, these new measures could apply to any economic region where unemployment exceeds 10%.

* * *

JUSTICE

Mrs. Carol Skelton (Saskatoon—Rosetown—Biggar, CPC): Mr. Speaker, the crime rate in certain areas of Saskatoon is on the rise. As the member of Parliament for Saskatoon—Rosetown—Biggar, this is of grave concern to myself and my constituents.

Limited resources, a failing justice system, and a federal government that turns a blind eye is making it worse. Break and enters and home invasion have people scared, and living in fear in their own homes. The whole community is suffering because of this.

About 82% of my constituents said child prostitution was a problem in their neighbourhood and 82% believed date rape drugs should be classified as a weapon. Some 18% knew a victim and 80% said mandatory minimum sentences would better protect the public. Close to 93% said current sentences were too lenient and 89% said the Liberals were soft on crime. Not a single person said they were doing a good job of running our prisons.

My constituents have spoken. Why will the government not listen?

* * *

[*Translation*]

SEASONAL WORKERS

Mr. Christian Jobin (Lévis-et-Chutes-de-la-Chaudière, Lib.): Mr. Speaker, seasonal workers in several regions of Quebec have every reason to be pleased today.

Indeed, my colleague, the Minister of Human Resources and Skills Development, announced a series of measures aimed at meeting the specific needs of seasonal workers.

From now on, seasonal workers will be allowed to take part in a pilot project that will give them the possibility of receiving up to five more weeks of EI benefits, while encouraging them to find more work.

Our government is using a balanced approach that will not only consist in providing income support to workers, but that will also give them an opportunity to acquire skills which will allow them to remain employed, or to reintegrate into the labour force.

Canadians can congratulate the government on this initiative and may be assured that we are still contemplating other changes after the Liberal task force tables its final report.

* * *

● (1410)

[*English*]

NATIONAL NURSING WEEK

Mrs. Bev Desjarlais (Churchill, NDP): Mr. Speaker, May 10 to 16 is National Nursing Week.

Nursing Week is celebrated each year throughout Canada and the world during the week of Florence Nightingale's birthday of May 12. This week is an opportunity for all Canadians to express their gratitude for the hard work and important role that nurses perform, and also for the courageous manner in which they expose themselves to the risk in the provision of essential nursing care such as during last year's SARS outbreak.

While this week offers all the opportunity to recognize the vital role nurses play in our health care system, we should respect the contribution of nurses and other health care workers year round by ensuring proper funding, and fair and equitable employment conditions.

It is an outrage that we as a country continue to face significant shortages of nurses due to a decade of funding cuts to our health care system, coupled with the continued lack of a coherent strategy for stable funding from the federal government.

I would like to take this opportunity to thank all Canadian nurses for their hard work, often above and beyond their assigned duties. It is through their dedication and sacrifice that our health care system continues to be one of the best in the world.

* * *

[*Translation*]

SPONSORSHIP PROGRAM

Mr. Pierre Paquette (Joliette, BQ): Mr. Speaker, already back in 2000, the Bloc Quebecois had put its finger on the disturbing behaviour of the communications agencies run by friends of the Liberal Party of Canada and on the huge contracts that they were getting from the federal government. In fact, it is increasingly clear that, under the cover of Canadian unity, the Liberal Party used these agencies for electoral purposes in 1997 and in 2000.

Since then, the Bloc Quebecois has asked over 450 questions in the House on what was to become the sponsorship scandal. However, we did not get a single answer from this government.

What happened to the $100 million and who pocketed that money? Who is responsible for this disgusting scandal to paraphrase the Prime Minister?

The Liberal Party of Canada is now discredited. Cabinet ministers have lost the public's confidence. Today, the question is no longer whether the Liberal Party is corrupted. Everyone knows that. The only question that remains is: How badly is it corrupted?

* * *

LE BALUCHON

Ms. Yolande Thibeault (Saint-Lambert, Lib.): Mr. Speaker, the government is ensuring that Canada is a country where people are treated with dignity.

On behalf of the Minister of Labour and Minister responsible for Homelessness, I announced yesterday in Saint-Hyacinthe a contribution of $350,000 for the Maison Le Baluchon under the National Homelessness Initiative.

This community organization provides shelter, support andassistance in response to needs expressed by young people between the ages of 12 and 17 who are facing difficult family or social situations. This contribution of $350,000 is for the purchase of two buildings to provide young people who are homeless with supervised shelter.

Since it was launched in 1999, the National Homelessness Initiative has produced tangible results. We are aware, however, that much remains to be done to provide the homeless with all the help they need, and which goes far beyond the basic—

The Speaker: The hon. member for Athabasca.

* * *

[*English*]

PRIME MINISTER OF CANADA

Mr. David Chatters (Athabasca, CPC): Mr. Speaker, on May 5 the Prime Minister said that the Leader of the Opposition should prepare to be accountable for everything he has said over the course of the last eight years.

I am glad the Prime Minister has decided to take the idea of accountability seriously. The next election will be about accountability and he is a man unable or unwilling to take responsibility. We believe in ministerial accountability and the Prime Minister must be responsible for his record over the past 10 years.

Canadians will remember the former finance minister when they think of ad scam; CSL's tax haven; his use of the private health clinic; the GST flip-flop; the 5,000% cost overrun in the gun registry; the HRDC boondoggle; the Challenger jet purchase; Sea King replacements; tainted blood; the Bronfman billions; the Pearson airport debacle; and the list goes on.

The Prime Minister has much to be accountable for.

● (1415)

LINDSAY KINSMEN BAND

Mr. John O'Reilly (Haliburton—Victoria—Brock, Lib.): Mr. Speaker, this year marks the 50th anniversary of the Lindsay Kinsmen Band.

Formed in 1954 by a group of interested parents under the leadership of Lloyd McMullen and Earl and Muriel Kennedy, this boys and girls band has performed all over North America.

Teaching children to play a musical instrument, read music, march, and be part of a respected musical organization has been the focus of everyone involved in the Lindsay Kinsmen Band.

Congratulations to the instructors, the executive, the parents, the auxiliary and the Kinsmen Club of Lindsay for a job well done. We wish the band continued success.

* * *

INUIT HISTORY TRAVELLING EXHIBIT

Ms. Nancy Karetak-Lindell (Nunavut, Lib.): Mr. Speaker, I would like to draw your attention to the role the government is playing in recognizing and sharing Inuit culture and history.

The Inuit History Travelling Exhibit was launched on May 3. Its main purpose is to tell the stories of Inuit communities and share those stories with all Canadians, especially in the north.

The Inuit have a unique culture that spans thousands of years and vast geographical distances, from northern Manitoba to Nunavut, the Northwest Territories and outside of Canada in Greenland. The Inuit Heritage Trust is dedicated to the preservation, enrichment and protection of Inuit cultural heritage. By circulating the Inuit History Travelling Exhibit, this rich heritage will be presented.

I am very happy to say the exhibit will be available in four languages: English, French, Inuktitut and Inuinnaqtun.

ORAL QUESTION PERIOD

[*English*]

GOVERNMENT CONTRACTS

Hon. Stephen Harper (Leader of the Opposition, CPC): Mr. Speaker, yesterday's charges finally came two years after the Auditor General's report on Groupaction. There are other police investigations outstanding, on sponsorship, on DND, on HRDC, on the Liberal Party of Canada's Quebec wing. I could go on and on. There are in fact at least 36 separate police investigations we are aware of into the conduct of this government. It is unprecedented in our history.

Are these charges not just the tip of the iceberg into the culture of corruption that has been the hallmark of the government for over a decade?

Hon. Anne McLellan (Deputy Prime Minister and Minister of Public Safety and Emergency Preparedness, Lib.): Mr. Speaker, I reject the outrageous premise of the question just asked by the leader of the official opposition. In fact, the RCMP is conducting investigations. Charges have been laid. The RCMP will continue to pursue this matter as it sees appropriate, but I do want to underscore how singularly inappropriate I find the premise of the hon. member's question.

Hon. Stephen Harper (Leader of the Opposition, CPC): Mr. Speaker, instead of rejecting the premise, the Deputy Prime Minister should accept it and accept accountability for it.

I want to point out the pattern of what is going on here. The police investigations have been going on in secret for years. The judicial inquiry is not scheduled to start for a month. Now the Liberals are shutting down the public accounts committee.

Is this not the Liberals' real only hope and their real only strategy to get it all out of sight and out of mind?

Hon. Anne McLellan (Deputy Prime Minister and Minister of Public Safety and Emergency Preparedness, Lib.): Mr. Speaker, I am not exactly sure what the Leader of the Opposition is saying in relation to police investigations. Let me reassure all Canadians that police investigations are conducted in an independent fashion. I would hope the Leader of the Opposition is not suggesting otherwise.

In relation to the public accounts committee, as I have said before in the House, this committee has been meeting now for months. It has heard, I believe, well over 40 witnesses. I do not think it is unreasonable at this time for this committee to—

The Speaker: The hon. Leader of the Opposition.

* * *

SPONSORSHIP PROGRAM

Hon. Stephen Harper (Leader of the Opposition, CPC): Mr. Speaker, I will ask Jean Lapierre and François Beaudoin about independence.

[*Translation*]

The Liberal members want to interrupt the work of the committee. The witnesses will not appear before the public inquiry until the fall. The people who were arrested yesterday will not be able to testify.

Is this not simply a Liberal strategy to keep Canadians in the dark?

● (1420)

[*English*]

Hon. Anne McLellan (Deputy Prime Minister and Minister of Public Safety and Emergency Preparedness, Lib.): Mr. Speaker, again I reject the premise of the leader of the official opposition's question.

I want to come back to a very important point here. He has again, I believe, called into question the independence and integrity of the Royal Canadian Mounted Police.

Everyone in this country should be under no illusions. That police force is independent. It conducts its investigations with integrity. To suggest otherwise is completely unacceptable.

Mr. Peter MacKay (Pictou—Antigonish—Guysborough, CPC): Mr. Speaker, APEC, Shawinigate, there is all kinds of evidence that we can point to.

The arrest of Mr. Guité and Mr. Brault has no bearing—

Some hon. members: Oh, oh.

The Speaker: Order. Hon. members will have to have some compassion for the Deputy Prime Minister. She has to be able to hear the question. We need to have some order so the hon. member for Pictou—Antigonish—Guysborough will want to proceed and put his question.

Mr. Peter MacKay: Mr. Speaker, there are a lot of thin-skinned Liberals in the House these days.

The arrests of Mr. Guité and Mr. Brault have no bearing on the work currently underway at the public accounts committee. We still have no idea which Liberal ministers were involved in the cover-up and who gave the political direction the Prime Minister spoke of.

The Liberal motion to shut down the public accounts committee before any conclusions, with 90 witnesses outstanding, with undisclosed files, does not allow anyone to get to the bottom of this. What is the Prime Minister afraid of and what is he hiding?

Hon. Anne McLellan (Deputy Prime Minister and Minister of Public Safety and Emergency Preparedness, Lib.): Mr. Speaker, far from hiding anything, the Prime Minister has put in place actions to ensure that we get to the bottom of this matter, so that Canadians find out what happened here.

In fact, who is playing politics with the public accounts committee? We called that committee together so that they could meet quickly in early February. What are they doing now? As opposed to hearing witnesses, the opposition is filibustering the activities of the public accounts committee. That is hypocritical and shameful.

Mr. Peter MacKay (Pictou—Antigonish—Guysborough, CPC): Mr. Speaker, how sad. While the Prime Minister is out doing his "I feel your pain, I will share your wealth" tour, some of his ministers are shaking in their boots because two of the key players in the sponsorship scandal are now facing the slammer and possibly they may sing.

Fraud and corruption charges seem to have a lot of clarity of thought. It will maybe cure that convenient memory syndrome that has been suffered by a lot of witnesses at the public accounts committee.

With the possibility of credible witnesses now being called before the committee, why is the Liberal government trying to shut down the only truth seeking exercise in the country into what went wrong with the sponsorship—

The Speaker: The hon. President of the Treasury Board.

Hon. Reg Alcock (President of the Treasury Board and Minister responsible for the Canadian Wheat Board, Lib.): Mr. Speaker, I thank the member for his question.

I would repeat for the member that the Prime Minister has launched one of the most open, transparent processes that the House has ever seen.

I would ask the member, why is he so afraid to share with Canadians who financed his leadership campaign?

[*Translation*]

Mr. Gilles Duceppe (Laurier—Sainte-Marie, BQ): Mr. Speaker, on February 12, 2004, the Prime Minister was categorical. On the subject of the sponsorship scandal, he declared, and I quote, "There had to be political direction."

Is the Prime Minister now able to tell the House where the political direction in the sponsorship scandal came from?

[*English*]

Hon. Anne McLellan (Deputy Prime Minister and Minister of Public Safety and Emergency Preparedness, Lib.): Mr. Speaker, the Prime Minister has been absolutely clear on this matter. What we want to do is get to the bottom of this situation. We want Canadians to know what happened here. We want to know why it happened and who was involved, so that we can ensure it does not happen again.

In fact, that is what we see with the judicial inquiry led by Mr. Justice Gomery. That is what we should be seeing with the public accounts committee. Instead, what we see in relation to the operation of that committee is the most hypocritical approach by members of the opposition. What do we see? Filibustering. What do we see? Wasting the Canadian—

● (1425)

[*Translation*]

The Speaker: The hon. member for Laurier—Sainte-Marie.

Mr. Gilles Duceppe (Laurier—Sainte-Marie, BQ): Mr. Speaker, we have been told that the Prime Minister is very clear. He said he wanted to shed all possible light on the sponsorship scandal. He also said that there was political direction. He said that himself. No one forced the Prime Minister to say such a thing.

I wonder, if he is so transparent, if he is so clear, why he is refusing to testify before the Standing Committee on Public Accounts and tell us, before the election, who was the person behind that political direction? Was it his predecessor? Was it he? He knows things that we do not know and he does not want to reveal them. What do we call someone who refuses to tell the truth?

Hon. Jacques Saada (Leader of the Government in the House of Commons and Minister responsible for Democratic Reform, Lib.): Mr. Speaker, it is always interesting to listen to that party's contradictions as it calls for transparency but refuses to let the Standing Committee on Public Accounts make an interim report to the Canadian people on what they have heard in the past three months of listening to witnesses that included politicians, public servants, and other interested individuals. How can they be transparent—or demand transparency—on the one hand, and on the other hand, prevent the people of Canada from finding out what has really happened in that committee?

Mr. Michel Gauthier (Roberval, BQ): Mr. Speaker, because the government is unwilling to understand the Bloc Quebecois leader's questions, I will put it differently. In the sponsorship scandal, the little fish got caught in the net but the big fish are still swimming in murky waters. That is the reality.

What we want to know, since the Prime Minister was the number two man in the Chrétien government, vice-president of the Treasury Board, a member of the Quebec caucus, and, having spent nine years with that bunch, he must know a few things.

He says that there was political direction, so why does he refuse to appear before the committee, and why does he want to put an end to what it is doing before he can even tell us what he knows?

Hon. Jacques Saada (Leader of the Government in the House of Commons and Minister responsible for Democratic Reform, Lib.): Mr. Speaker, this reference to fish reminds me of how much of a fishing expedition the Bloc has been on for some time now in this connection.

The committee met more quickly at the instigation of the Prime Minister. Mechanisms have been put in place to get at the truth. The parliamentary committee has been meeting for more than three months now. It is being asked to produce an interim report so that the Canadian public can know what it has heard so far. What are they hiding in not wanting an interim report?

Mr. Michel Gauthier (Roberval, BQ): Mr. Speaker, continuing the fish references, I would remind hon. members that the Prime Minister's political lieutenant is the one who made reference in a speech in Quebec to the government's having left a rotten fish in the refrigerator, one that had to be got rid of because it was starting to smell bad. If he wants to talk fish, let him go and talk to Jean Lapierre.

The Prime Minister made the following comment on the sponsorship scandal: "The fact remains that very few Quebec ministers were aware". I would like the Prime Minister to come and tell the committee which Quebec ministers were aware of the sponsorship scandal, because he himself has—

The Speaker: The hon. government House leader.

Hon. Jacques Saada (Leader of the Government in the House of Commons and Minister responsible for Democratic Reform, Lib.): Mr. Speaker, they can fish as much as they like, but the fact remains that this is not the way to get at the truth.

The way to get at the truth is to have a responsible parliamentary committee, one which does not beat around the bush but comes up with a report to inform the Canadian public of exactly what it has heard. In Quebec, the people are particularly keen on having such a report. The Canadian public must be able to form an opinion on what went on. They do not want such a report, but we do.

[*English*]

Ms. Judy Wasylycia-Leis (Winnipeg North Centre, NDP): Mr. Speaker, my question is for the Deputy Prime Minister.

I could focus on Jean Lapierre's convenient Jo-Jo impression in predicting the future, but I would rather focus on the Prime Minister's comments of February 12, where he clearly laid the blame on political masters for the sponsorship file.

Given that the Liberals feel the parliamentary committee's work is done, they must be able to now name who the political masters were, unless of course it is convenient for Chuck Guité to be the fall guy.

I would like to ask the Deputy Prime Minister, can the government now tell us which Liberal called the shots?

● (1430)

Hon. Anne McLellan (Deputy Prime Minister and Minister of Public Safety and Emergency Preparedness, Lib.): Mr. Speaker, no one is suggesting that the committee's work is done. As I understand it, there was in fact a motion from a member of the committee asking for an interim report. I do not believe it is unreasonable after hearing some 40 witnesses to take stock and inform Canadians as to what has been heard to date.

In fact I would remind everyone in this House that it was the chair of the committee himself, the hon. member for St. Albert, who in February suggested that a preliminary report would indeed be an appropriate approach.

Ms. Judy Wasylycia-Leis (Winnipeg North Centre, NDP): Mr. Speaker, the Liberals simply have no shame. Canadians are not buying Chuck Guité as the lone gunman. They know there is a grassy knoll full of Liberals that the government is desperate to hide until after Canadians get to vote. However, $100 million has been squandered and all we have heard is how angry Liberals are that they were caught.

Will the Deputy Prime Minister, on behalf of her colleagues, apologize right now for being so careless with so many taxpayer dollars? Will the government apologize? Will it say it is sorry?

Hon. Anne McLellan (Deputy Prime Minister and Minister of Public Safety and Emergency Preparedness, Lib.): Mr. Speaker, the government has been absolutely clear. We want to get to the bottom of this situation. That is why we want public accounts to get on with its work. That is why the Prime Minister put in place an independent judicial inquiry. That is why we have special counsel at work determining how much of the dollars spent can be recovered. That is why we introduced whistleblower legislation. That is why we are reviewing the relationship between crown corporations and the government. We are committed to finding out what happened here.

Mrs. Diane Ablonczy (Calgary—Nose Hill, CPC): Mr. Speaker, someone gave Chuck Guité that huge pot of money, a quarter of a billion dollars, so he could pose as captain Canada. Someone authorized all those millions to flow out of the public treasury.

Was that someone the former finance minister, now Prime Minister?

Hon. Stephen Owen (Minister of Public Works and Government Services, Lib.): Mr. Speaker, the public accounts committee has been sitting for over three months now, hearing approximately 40 witnesses, including three former ministers of public works. It has been looking into this issue. Surely this is the time. In fact the chair of the public accounts committee on February 11 said that he felt money was stolen and people should go to jail. He was drawing conclusions in February, when the committee had just started.

Surely at this stage, the members would bring their thoughts and evidence together and lay it out in an interim report so we can get an idea of what they feel about it.

Mrs. Diane Ablonczy (Calgary—Nose Hill, CPC): Mr. Speaker, the Liberals want to shut down the committee with over 90 witnesses still to be heard. We know someone gave the orders that allowed Guité to play fast and loose with a quarter of a billion dollars. Someone masterminded this scheme. Even the Prime Minister confessed there had to be political direction. Yet, the critical question of who gave this political direction remains very much unanswered.

Which politicians are the Liberals trying to protect by shutting down the committee early? Is it the Prime Minister?

Hon. Stephen Owen (Minister of Public Works and Government Services, Lib.): No, Mr. Speaker. The Prime Minister has made it very clear to the House inside and to the general public that he wants to get to the bottom of this, and every action of this government is toward that end.

The public accounts committee has heard from Mr. Guité twice now over the last two years. It has heard from three former ministers of public works. Let us have the hon. member ask the public accounts committee to answer the question she has just posed herself, at least in an interim way, so we can get some measure of where the committee is going.

Mr. Jason Kenney (Calgary Southeast, CPC): Mr. Speaker, if that minister wants to know what the committee has heard, perhaps he should read the newspapers.

Yesterday, the Deputy Prime Minister said, "On behalf of the government, I would encourage the public accounts committee to continue its work". The problem is, today her members are about to force through a motion to shut down hearings for the week, and next week the Prime Minister apparently will dissolve Parliament and the committee along with it.

How exactly can the committee continue its work and hear more witnesses if it is being shut down by the Liberals?

Hon. Anne McLellan (Deputy Prime Minister and Minister of Public Safety and Emergency Preparedness, Lib.): Mr. Speaker, the government does not want to shut down the committee. I see nothing wrong with a member of the committee asking for an interim report. I go back to February when the chair of the public accounts committee, the member for St. Albert, said that he would like to have a preliminary report based on the committee's work.

Therefore, far from shutting down the committee, I think what the motion speaks to is that they are doing what the chair wants. They are going to inform Canadians—

● (1435)

The Speaker: The hon. member for Calgary Southeast.

Mr. Jason Kenney (Calgary Southeast, CPC): Mr. Speaker, we all know about the testimony before committee. We know about all the Liberals who have come before the committee to lie. What we want is to hear from other witnesses. We want to hear from Jean—

The Speaker: The hon. member for Calgary Southeast I think may have crossed the line in this case. He was suggesting that perhaps there were members who were there telling untruths. If that is the case, I know he would not want to do that. He will have to withdraw that remark and continue.

Mr. Jason Kenney: Mr. Speaker, I was referring to former Liberal members of this place who have lied before the committee, like Mr. Gagliano.

We want to hear from people like Jean Chrétien. We want to hear from people like Warren Kinsella. We will be unable to that if the Liberals shut down the committee.

I have a question. I have a motion before the committee to continue its hearings Monday through Friday of next week. Will the Deputy Prime Minister encourage the Liberal members to vote in favour of hearings all next week?

Hon. Anne McLellan (Deputy Prime Minister and Minister of Public Safety and Emergency Preparedness, Lib.): Mr. Speaker, I have no doubt that all members of the public accounts committee will consider the hon. member's motion and they will vote on that motion in due course. However, that is up to the public accounts committee.

I go back to the fact that I find it somewhat strange that the official opposition does not think it is appropriate to provide an interim report to the Canadian public. The committee has heard well over 40 witnesses. I think it is not inappropriate at this point to take stock, prepare a preliminary report and decide how to move forward from there.

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[*Translation*]

EMPLOYMENT INSURANCE

Mr. Paul Crête (Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques, BQ): Mr. Speaker, today I feel cheated. I feel cheated by the Liberals, just as the people of Quebec and our regions feel cheated by the Liberal government, which, after substantial election promises in 2000 and four years of waiting, has just announced very inadequate changes to employment insurance.

After having taken $45 billion from the employment insurance fund, how does the minister have the audacity to deliver another round of short-lived, transitional measures once the election is over? How unbelievably cynical.

Hon. Joseph Volpe (Minister of Human Resources and Skills Development, Lib.): Mr. Speaker, perhaps the hon. member has not understood the entire context of the measures I am implementing today. I have been the minister for four months and during those four months I have acted quickly. It seems a little odd that the member opposite finds that $140 million is not enough to cope with the problems reported in the regions.

Mr. Paul Crête (Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques, BQ): Mr. Speaker, $150 million is three one-thousandths of the $45 billion surplus that was stolen from the unemployed.

After four difficult years of waiting, the Minister of Human Resources and Skills Development is announcing extremely inadequate transitional measures, on the eve of an election in an attempt to win votes, but the reality remains: the government is leaving thousands of unemployed people to fend for themselves. Not one more unemployed person will qualify for benefits.

How can the government, which took another $3 billion out of the pockets of the unemployed last year, have the nerve to announce a measly $270 million over two years in temporary measures that are far from meeting the needs in any permanent way?

Hon. Joseph Volpe (Minister of Human Resources and Skills Development, Lib.): Mr. Speaker, the Liberal task force that examined the situation and proposed very positive measures has suggested some solutions. I have acted according to them. I am not cynical like the member opposite, who tries to feed on the misery of others. It seems a little ironic that a separatist is trying to get solutions from federalism that he is not capable of providing.

● (1440)

Mr. Michel Guimond (Beauport—Montmorency—Côte-de-Beaupré—Île-d'Orléans, BQ): Mr. Speaker, I remind the minister that even Claude Béchard, the Quebec Liberal minister responsible for employment, said that it was not enough. To my knowledge, Mr. Béchard is not a sovereignist, but a federalist.

It is all the workers and the unemployed who have been betrayed by these so-called reforms, which are once again delaying the real solutions. This has a distinct air of improvisation about it.

How can the minister be credible when all he is announcing are schemes cobbled together at the last minute, on the eve of an election, in an attempt to win votes, when what is needed is an in-depth reform?

Hon. Joseph Volpe (Minister of Human Resources and Skills Development, Lib.): Mr. Speaker, I proposed some very concrete and positive measures, as suggested by the members of the Liberal the task force.

I am not interested in the hon. member's antics. He has nothing better to offer. I already said that I proposed four measures in the amount of $280 million, over a two-year period. These are very concrete measures aimed at solving the problems in the employment insurance program.

Would the hon. member prefer I did not take these measures?

Mr. Michel Guimond (Beauport—Montmorency—Côte-de-Beaupré—Île-d'Orléans, BQ): Mr. Speaker, I invite the minister to come to the regions to explain his reform, if it is such a good one. What the minister is saying is "Wait until after the election. The Liberal task force will carry on its exercise until 2005 and then we will see about a true reform".

How can we lend any credibility to this Prime Minister, to this government and to all these Liberals, when even the hon. member for Bonaventure—Gaspé—Îles-de-la-Madeleine—Pabok admits that the need for major changes to the employment insurance program is far from being unanimously recognized in this government? What can the unemployed expect from the Liberals? Zero.

Hon. Joseph Volpe (Minister of Human Resources and Skills Development, Lib.): Mr. Speaker, Bloc Quebecois members, separatists, do not mention the other figures that precede the first zero. Be that as it may, I just announced the implementation of very concrete measures worth $280 million.

The Liberals did their homework. They submitted proposals to me and I implemented them. I just mentioned it. I have been in this position for four months. The task force did its job. It made a proposal and I acted on it immediately.

[*English*]

GASOLINE PRICES

Mr. David Chatters (Athabasca, CPC): Mr. Speaker, the price of gasoline has been going through the roof across the country. This morning the price of gas in Victoria was 95.9¢ a litre.

The Minister of the Environment is on public record, indicating that he believes motorists are not being charged enough for their gasoline. Could the minister tell his constituents in Victoria how much more they should expect to pay?

Hon. R. John Efford (Minister of Natural Resources, Lib.): Mr. Speaker, all members opposite and all members in the House know and understand quite well what is happening to the world price of oil. Internationally and globally, the price per barrel of oil has escalated to almost $40 a barrel. That is being reflected at the pumps. There is nothing that he or I can do to stop the world price of oil. Consumer demand is growing worldwide.

We are concerned about it. We are checking into it to see if everything is being done according to the Competition Act. If there is anything wrong done, it will be corrected.

Mr. David Chatters (Athabasca, CPC): Mr. Speaker, I am not surprised the minister did not want to answer my question. A study that the Minister of the Environment commissioned speculated that the price of gasoline would have to double to change Canadian driving habits to meet the targets within Kyoto. This would produce increased revenue to the Canadian governments by over $33 billion a year.

Is it not a fact that his government's position is that we need higher gas prices to meet his Kyoto targets?

● (1445)

Hon. R. John Efford (Minister of Natural Resources, Lib.): Mr. Speaker, every member of the House and every minister in the government is quite concerned about the price of oil, reflected at the pumps by gasoline, home heating fuel, all of it. We are very concerned about it. It is an international problem. The Competition Bureau is checking into it and if there is anything reflected in that investigation, it will be dealt with by the Competition Bureau.

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THE ENVIRONMENT

Mr. James Moore (Port Moody—Coquitlam—Port Coquitlam, CPC): Mr. Speaker, perhaps I can get the environment minister to answer a question here. Almost half the cost of a litre of gasoline is taxation. Half that taxation comes to Ottawa. Virtually none of it goes back to municipalities at all.

What I want to know from the Minister of the Environment, the minister for Victoria, is this. Does he not believe that perhaps giving some of those gas tax dollars back to the city of Victoria might help it clean up the over 80 million litres a day of raw sewage pumping into the environment minister's own riding?

Hon. Ralph Goodale (Minister of Finance, Lib.): Mr. Speaker, indeed, sharing the fuel tax with municipalities will help them with a whole variety of local priorities and that is why this government invented that idea on the recommendation of the Federation of Canadian Municipalities.

AIRLINE INDUSTRY

Mr. James Moore (Port Moody—Coquitlam—Port Coquitlam, CPC): Mr. Speaker, as the cost of fuel goes up, it is not just consumers and drivers who are hit. It is also the air industry that is hit. Fourteen per cent of Air Canada's overall net costs is the cost of fuel and this government is doing nothing whatsoever about it. We have heard nothing from the Minister of Finance and nothing from the Minister of Transport at all.

Over 30,000 jobs are at stake with Air Canada and this government is completely silent. It is silent on excise fuel taxes and it is doing nothing about eliminating the air tax and nothing at all about landing fees.

Why does the government not have anything at all to say about helping the air industry by lowering fuel taxes so that more people will fly and the air industry will be safe and ready to go for the future?

Hon. Tony Valeri (Minister of Transport, Lib.): Mr. Speaker, in fact the air industry is safe. I do not understand why that member continues to portray that kind of message.

In fact, what is happening is that we have more competition in the air sector today than at any time before. We have Jetsgo, we have CanJet, we have WestJet, and we have Air Canada, which is going through a restructuring period, always a difficult time. I would refer the hon. member to the comments made by Judge Farley just recently, which called on all individuals involved in the Air Canada restructuring deal to get around the table, strike the deal and ensure that Air Canada comes out a strong and united company.

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HEALTH

Mr. Andy Savoy (Tobique—Mactaquac, Lib.): Mr. Speaker, my question is for the Minister of Health. In my riding of Tobique—Mactaquac, the provincial government is making significant changes to the way rural health care will be delivered. Can the minister assure my constituents that health care services in the rural communities will continue to meet the standards of availability and accessibility as guaranteed by Canada's Health Act and can he tell us whether this important issue of rural health care will be addressed at this summer's meetings with Canada's premiers?

Hon. Pierre Pettigrew (Minister of Health, Minister of Intergovernmental Affairs and Minister responsible for Official Languages, Lib.): Mr. Speaker, the Government of Canada is committed to working with the provinces and territories to identify ways we can best serve rural areas. Provinces have the primary responsibility for the organization and delivery of health care services to their residents. The Government of Canada confirmed its commitment to improving access to quality health care for all Canadians by increasing its support by $34.8 billion over five years.

In October 2003, Health Canada and the CIHR—

The Speaker: The hon. member for Churchill.

Mrs. Bev Desjarlais (Churchill, NDP): Mr. Speaker, my question is for the Minister of Health. Given that the Liberal strategy is to yet again try to pretend there is a big difference between its health care policy and the Conservatives' health care policy, I am sure the health minister can answer a very simple question. However, I predict he will not answer a very simple question, because the real difference is between what Liberals say and what they do, but let us see.

Does the health minister condemn the growth of private, for profit delivery of health care that we have seen since the Liberals took office in 1993, yes or no?

Hon. Pierre Pettigrew (Minister of Health, Minister of Intergovernmental Affairs and Minister responsible for Official Languages, Lib.): Mr. Speaker, let me be very clear. If the opposition member has a difficulty seeing the difference between us and them, I will tell her that between the tax cutters, who pretend that while cutting taxes substantially they would be able to build a new health care system, and the mega-spenders, who live in the 1970s and want to have the health care of the 1970s, we Liberals have a way to build a plan which we will build with the provinces. It is a plan that Canadians will be able to trust because it will be between the tax cutters and the mega-spenders. It is a balanced approach.

● (1450)

Mrs. Bev Desjarlais (Churchill, NDP): Mr. Speaker, if I were a Liberal MP being told by the Earnscliffe boys to pretend there is a big difference between the Liberal health policy and the Conservative health policy, I would be a bit nervous with a Liberal health minister who has no opinion on the growth of private, for profit delivery over the last 10 years.

Let us try another simple question. In the 1997 red book, the Liberals promised a pharmacare plan, but seven years later we are still waiting. Can the health minister explain why the Liberals chose to spend $100 billion on tax cuts instead of keeping their promise to help Canadians with prescription drug coverage?

Hon. Pierre Pettigrew (Minister of Health, Minister of Intergovernmental Affairs and Minister responsible for Official Languages, Lib.): Mr. Speaker, we have been working on catastrophic drugs; it is in the health accord of 2003. This is a government that will continue to work with the provinces. We are working on the home care front. We want to do a better job on primary care with the provinces. We will be looking into doing more on the pharmacare side, as we already have done in the health accord of 2003.

Our health system is a work in progress. We believe it needs to be improved year after year to reflect the values and interests of Canadians and the evolution of our society.

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GOVERNMENT CONTRACTS

Mr. Garry Breitkreuz (Yorkton—Melville, CPC): Mr. Speaker, the public safety minister's firearms office said it has no knowledge and no records of a mystery $150,000 firearms communications contract that is the subject of fraud charges against Chuck Guité and Jean Brault. The minister even said that this contract had nothing to do with the operation of the gun registry.

This does not pass the smell test. How is it possible that the minister who was responsible for the gun registry for so many years knows nothing about these mystery contracts?

Hon. Anne McLellan (Deputy Prime Minister and Minister of Public Safety and Emergency Preparedness, Lib.): In fact, Mr. Speaker, I can be absolutely frank. I have no knowledge of the two contracts that were referred to yesterday in relation to charges laid by the Royal Canadian Mounted Police.

As I think the hon. member knows, charges have been laid. This matter is now before the courts. It would be inappropriate for me to comment further on the specific case other than to say I have no knowledge of the two contracts referred to in the charges.

Mr. Garry Breitkreuz (Yorkton—Melville, CPC): Mr. Speaker, it gets even worse. We have documents from the minister's own department which show that Groupaction was getting government firearms contracts after the Auditor General blew the whistle on the first $330,000 bogus contract.

For years, the minister has repeatedly said she was fully accountable and responsible for the firearms program. Why does she not finally accept some responsibility instead of claiming ignorance every time a new scandal in the gun registry is exposed?

Hon. Stephen Owen (Minister of Public Works and Government Services, Lib.): Mr. Speaker, in May 2002 the Auditor General and the Government of Canada referred Groupaction files to the RCMP for investigation. In June of that year, public works stopped all contracting with any agency that had files referred to the RCMP. In August 2002, if the members opposite are at all interested in listening to the answer, we stopped all contracting with any company whose files had been sent to the RCMP, including Groupaction.

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VETERANS AFFAIRS

Mr. Rick Casson (Lethbridge, CPC): Mr. Speaker, a trip by the Governor General and 59 of her closest friends, $53 million; the ad scam, a national disgrace the Prime Minister is about to bury, $250 million; HRDC mismanagement, $1 billion; and a misguided and useless gun registry, over $1 billion. Sending Canadian D-Day veterans to the 60th anniversary of D-Day should be priceless, but it is obviously not to the government.

Sixty veterans out of a possible 18,000: How can the minister possibly justify this lack of consideration for our veterans?

Hon. John McCallum (Minister of Veterans Affairs, Lib.): Mr. Speaker, the respect of the government for our veterans is deep and profound. In fact, when I think of those Canadians almost 60 years ago jumping out of ships onto a flaming beach or out of airplanes into enemy territory, the scale of the sacrifice, the degree of the risk they were called upon to take on behalf of their country is almost incomprehensible for people of my generation.

That is why this government in a short five months has done more for veterans than any government in a generation, and that is why we are working on the D-Day expedition right now.

● (1455)

Mr. Rick Casson (Lethbridge, CPC): That is right, Mr. Speaker. They were all sent there to fight for their country, but they are not all getting the opportunity to go back there and be thankful for the fact that they did not die on those beaches.

It is all very well and good, but another day has gone by and now there are only 24 days left before the start of D-Day celebrations in Normandy. The minister, only after coming under severe pressure, has indicated that he is going to send more than the 60 he originally planned to send.

With the days quickly passing by and this government able to toss out billions of dollars in pre-election promises, why can the minister not simply tell us how many more veterans are going to D-Day celebrations? They were sent there to fight for this country 60 years ago. They have the right to go back and—

The Speaker: The hon. Minister of Veterans Affairs.

Hon. John McCallum (Minister of Veterans Affairs, Lib.): Mr. Speaker, a few facts might be in order. It was over a year ago that our D-Day advisory committee, which is comprised of veterans organizations and D-Day veterans, recommended to the government that the appropriate size of the official delegation of veterans be 60. That is in line with past Canadian history. It is in accordance with the traditions of other countries. The Americans, with a much bigger size, have a contingent of 100, and the British have 80.

Yet the government is listening. The government realizes the public wants more, and the government is going to act very soon.

* * *

[*Translation*]

IRAQ

Ms. Francine Lalonde (Mercier, BQ): Mr. Speaker, yesterday, to everyone's surprise, the Prime Minister made a statement in Montreal to the effect that Saddam Hussein does have weapons of mass destruction and that they are now within the reach of terrorists.

Given that neither Hans Blix, President Bush, Tony Blair or the UN were able to provide any evidence of the existence of such weapons of mass destruction in Iraq, has the Prime Minister, who seems to know, taken steps to share what he knows with other world leaders?

Hon. Bill Graham (Minister of Foreign Affairs, Lib.): Mr. Speaker, only someone intent on misunderstanding this statement by the Prime Minister could have reached such a conclusion.

The Prime Minister clearly stated that the proliferation of weapons of mass destruction around the world is a problem, which is something everyone agrees on.

He also said that there are some dangerous weapons in Iraq, and that we must fight terrorism all over the world and take these two aspects into consideration. These are two separate aspects. the Prime Minister made a clear distinction between the two. Let us not try to confuse the matter.

Ms. Francine Lalonde (Mercier, BQ): Mr. Speaker, the Prime Minister should have made the distinction. The Minister of Foreign Affairs ought to read the newspaper accounts today however.

Does the Prime Minister not realize that it is totally irresponsible to make such statements and say something as serious as what he said without something solid to back it up, and should he perhaps not just admit that he made a mistake and apologize?

Hon. Bill Graham (Minister of Foreign Affairs, Lib.): Mr. Speaker, I do not think that the Prime Minister should apologize for having said something everyone knows. There is a problem with the proliferation of these weapons of mass destruction around the world. This represents a problem. There are individuals in Iraq who are dangerous. That is clear. There are people dying everyday over there.

Some hon. members: Oh, oh.

Hon. Bill Graham: We must be absolutely clear. There are a lot of weapons of mass destruction around the world. There are also means of delivering these weapons. Terrorism has to be brought under control. That is what the Prime Minister said. That is clear, and we all stand behind that statement.

Some hon. members: Oh, oh.

The Speaker: I must say that it was impossible for the poor member for Mercier to hear the minister's answer to her question. That has been a problem, not only at this end of the House today. So, we could do with a bit more order, please.

The hon. member for St. John's West.

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[*English*]

FISHERIES

Mr. Loyola Hearn (St. John's West, CPC): Mr. Speaker, the Minister of Fisheries and Oceans brags that the European Union is allowing one of the two Portuguese trawlers caught in violation of fishing regulations on the Grand Banks to return home: home, not to a Canadian port. This is the trawler that cut loose its nets. What choice does it have but to return home? How can it fish without a net?

What excuse can the minister drag up to explain why the second trawler is not being called home or, better still, towed to a Canadian port?

● (1500)

Hon. Geoff Regan (Minister of Fisheries and Oceans, Lib.): Mr. Speaker, it is not at all surprising to me that the hon. member would take a defeatist attitude toward this issue considering his leader's attitude toward Atlantic Canadians.

We are taking a serious, strong attitude toward this. The fact is that last week there were 14 ships out there fishing in the area of the moratoria species and now they are not fishing in that area. We forced them away. Today there are only four vessels left in the area at all, and they are all in the areas where they are allowed to fish.

Mr. Loyola Hearn (St. John's West, CPC): Mr. Speaker, if the government had been listening to this member, we would not have a problem today.

In February 1990 in Charlottetown, the Prime Minister said he would impose sanctions against Portugal, Spain, France and the United States for overfishing around Canada when he came into power. That is a whale of a commitment, but who does he think he is codding? Because after 14 years, we still see what is going on. How can we trust a Prime Minister who ignores such an important issue until he finds himself up to his neck in sharks a week before an election?

Hon. Geoff Regan (Minister of Fisheries and Oceans, Lib.): Mr. Speaker, my hon. colleague knows that this line is nonsense. He knows that this in fact has been a priority of the Prime Minister for a long time. When I was appointed Minister of Fisheries and Oceans, the Prime Minister made it very clear to me that this was an important priority. It has been a priority for me and for this government and it will continue to be.

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FOREIGN AFFAIRS

Mr. Sarkis Assadourian (Brampton Centre, Lib.): Mr. Speaker, my question is for the Minister of Foreign Affairs.

Could the minister give the House his reaction to the abuse and torture of Iraqi prisoners by the U.S. forces in Iraq?

Hon. Bill Graham (Minister of Foreign Affairs, Lib.): Mr. Speaker, the other day in the House the Prime Minister was asked a similar question. Canadians, the House and the government condemn, absolutely, the treatment of those prisoners in Iraq.

We welcome the fact that the United States government, the Senate, the House of Representatives and other American authorities are doing their best to rectify a terrible situation and one that has had an impact on the difficult situation in Iraq.

We in the House and we in the government urge all of us to look at the fact that what we need are clear international norms and international rules with enforceability so that all people can be protected at all times, which is why this government has the international policy that it has.

GOVERNMENT ORDERS

● (1505)

[*English*]

SUPPLY

ALLOTTED DAY—HEALTH CARE

The House resumed consideration of the motion.

Supply

Ms. Wendy Lill (Dartmouth, NDP): Mr. Speaker, first, I would like to mention that I will no longer be sharing my time with the member for Vancouver East. Instead, I will be sharing my time with the member for Sackville—Musquodoboit Valley—Eastern Shore.

Some of the things to which we have been speaking very passionately and to which we will be speaking in the upcoming election are, first, the issue of restoring 25% of federal funding to health care; and second, the issue of a comprehensive home care program and pharmacare program for Canadians.

The NDP believes that we should be preventing future illness by restoring funding to participaction and banning trans fatty acids, a significant risk factor in heart disease.

Along with its health platform, the NDP will be working on its environmental platform, previously released, to provide cleaner air and reduce health care costs through renewable, pollution free energy and sustainable funding for public transit and rail.

Another one of our major issues is the idea of changing the law to stop public money paying for the private for profit delivery of health care and plugging loopholes in the law that allow more diagnostic services to be provided privately for profit.

Halifax is home to a new private for profit MRI clinic that opened in 2002. The clinic was not opened by the Leader of the Opposition. It was opened under the Liberals, just like private for profit MRI clinics in Quebec, private for profit home care in Ontario, private for profit hospitals in Alberta and rapidly expanding private for profit clinics in British Columbia.

It is a fact that the Liberals have allowed private for profit delivery to grow by neglect when they cut health care funding and ignored Roy Romanow's practical solutions. Liberals have allowed private for profit delivery to grow by design; by changing the Canada Health Act and refusing to enforce it, and by agreeing to some of Ralph Klein's radical privatization in Alberta.

Upon being appointed Prime Minister, the Prime Minister appointed a parliamentary secretary for P3 privatization and a former corporate lobbyist for private for profit health care providers to key positions in his government. He also, in both the throne speech and the budget, refused to mention public delivery of health care or the Romanow commission. We feel that those are very telling absences.

If Canadians want to see Paul Martin's 10 year plan for health care they should look at the last 10 years of growing privatization and ignored innovation. Nobody is going to be fooled by another vague promise from Paul Martin's Liberals because if Liberal promises—

The Speaker: Order, please. The hon. member for Dartmouth knows she cannot refer to hon. members by name. She will want to refrain from such activity. It is an apparent breach of the rules.

Ms. Wendy Lill: I apologize, Mr. Speaker.

If the Prime Minister's 10 year health care plan is something that we should be taking seriously, we should have a look at his last 10 years of growing privatization and ignored innovation. That seems to me to be the record that we have to be taking to the people in the next few weeks in terms of an election.

I will return to the issue of home care for a minute because that is an issue that is critical to people in Dartmouth and in all of Nova Scotia.

Canadians made it very clear in the Romanow submissions that home care services were too important to be excluded from the definition of insured health services under the Canada Health Act. Much of the care that was once provided in a hospital or in physician's office has moved to a patient's home. The care is still medically necessary but is provided in a different setting.

Why do the Liberals think that type of care should not be covered, or worse, why do they think it should be provided by for profit businesses?

Statistics show that for profit delivery of health care, regardless of the setting, results in reduced outputs for the patients.

I want to read from the Romanow report. It states:

> —a comprehensive analysis of the various studies that compare not-for-profit and for- profit delivery of services concluded that for-profit hospitals had a significant increase in the risk of death and also tended to employ less highly skilled individuals than did non-profit facilities

In his report, Roy Romanow called home care the next essential service. It is the fastest growing component of the health care system and provides comfort and independence to the people who use it. It costs less than equivalent care in a hospital or in a long term care facility while improving the care and quality of life of patients.

The NDP wants to implement a public non-profit system of home care based on the successful Manitoba model. Since care in a hospital can cost from $9,000 to $16,000 more per patient per year than community based home care, this plan makes economic sense.

In my role as NDP critic on the status of persons with disabilities, I have heard over and over how important our health care system is to persons with disabilities. Groups, such as the Council of Canadians with Disabilities, have asked for a national system of disability supports, including home care or support to help people with disabilities with their quality of life.

Right now, many people with disabilities cannot access adequate home support for their needs. In some provinces, home support is only available after an acute health emergency. People with disabilities literally have to be sick enough to go to a hospital before they can get any support in their homes, and then the home care only responds to the acute medical emergencies, not an ongoing disability.

In other provinces, there is a monetary limit to how much home care a person can use per month. People with a disability must pick and choose which services they will give up each month so that they do not go over their limit.

In other situations, access to home care is linked to eligibility for other programs. For example, someone who is injured at work can access a home care program as part of workman's compensation, while a young person with a disability who wants to live independently in his or her own home is not able to.

There are many startling examples of people with disabilities finding today's health care system insufficient to meet their needs. This is the true danger of a not for profit system of health care. People with disabilities are disproportionately poorer than other Canadians, so if for profit health care costs increase, it will affect them more than ever.

The NDP is very clear and passionate about its commitment to a not for profit, publicly delivered health care system which will include pharmacare and home care in its new evolution in the years going onward.

● (1510)

Mr. Peter Stoffer (Sackville—Musquodoboit Valley—Eastern Shore, NDP): Mr. Speaker, my hon. colleague from Dartmouth has been a tireless advocate of health care, not only for her own family and her community but for those people with disabilities as well.

I have one simple question that the Liberals and Conservatives find very difficult to answer. Do they believe in publicly delivered health care?

Why does the member think those two parties have such great difficulty answering the question on whether they think health care in this country should be publicly delivered?

● (1515)

Ms. Wendy Lill: Mr. Speaker, what we seem to have witnessed over the last two terms in the House of Commons is a connection of disturbing proportion between the government side and the official opposition. There seems to be a consensus that it is acceptable to allow for profit health care to take place. Roy Romanow and many studies around the world have shown that for profit health care does not provide effective, efficient or reasonably priced health care benefits for the population.

The idea is to allow for profit companies to get into our health care system and make that additional 15%. That is the money we all hear is the sacred trust that private companies have to make at the end of the day. That additional money comes out of the pockets of individual Canadians in user fees. Some people cannot even go to hospitals or to doctors because they cannot afford those additional costs.

As profits in for profit health care companies increase, we see a decrease in the health status of Canadians

Mrs. Bev Desjarlais (Churchill, NDP): Mr. Speaker, I know my colleague mentioned the lack of adequate services for disabled people within the health care system. In listening to what a number of Liberals have said, we would probably get an argument that the Canada Health Act does not specifically say that we have to provide those kinds of services. Maybe they are not medically necessary or they are not mentioned in the Canada Health Act.

There is certainly an understanding among most Canadians that when types of services are needed, we expect it to be delivered. How would she respond to some of the comments that came from the Liberal side about only reflecting what is absolutely in the Canada Health Act, somehow leading to a misunderstanding of what they see as medically necessary?

Ms. Wendy Lill: Mr. Speaker, any Canadians I know, if asked where we should draw the line as to what is medically necessary, would say that this. People who require medical assistance on a regular basis throughout the course of the day because of an illness or other condition, such as a post-operation situation, is medically necessary and they require the health care. Canadians believe that is the system for which we want to pay. We want to that system for all vulnerable people in our society.

It is important to note that the Canada Health Act has to be an evolving act. We have to look at our health care system, our future health prospects and our challenges, environmentally and medically. Certainly the New Democrats are very eager to do that. Roy Romanow in his report was very eager to do that. We have to look at new ways, smarter ways and more effective ways of delivering health care within our communities, in shared clinic situations and in preventive medicine situations. There are ways and we believe we can do it together as a nation.

Mr. Peter Stoffer (Sackville—Musquodoboit Valley—Eastern Shore, NDP): Mr. Speaker, this is an issue brought to the House of Commons by the federal New Democratic Party. Of course we all know Tommy Douglas from Saskatchewan brought health care to his province, through very difficult circumstances. That showed real leadership. When we look at the battles in those days, it is quite ironic that groups of doctors hung Tommy Douglas in effigy. Forty years later, who has been entered into the Canadian Medical Hall of Fame? Tommy Douglas.

Sometimes it is very difficult to do the right thing under tremendous pressure. Mr. Douglas went through some very personal experiences. He witnessed some very serious circumstances through the 1930s and the 1940s of what happened to people when they became seriously injured and did not have the finances to look after a loved one or themselves. They became destitute, and that should never happen in a caring country like Canada. No one should lose opportunity. No one should lose a future. No one should be set back because of a serious illness that either occurs individually or to a family member.

Federally and provincially, the New Democratic Party believes in this one very simple philosophy when it comes to health care: a publicly funded, publicly delivered, not for profit health care system. That is it in a nutshell. We know very clearly that the Liberals and Conservatives will be unable to say that when they are on the campaign trail. It goes against their philosophy.

I do not believe a Liberal or Conservative will go across the country and say to Canadians "I believe in a publicly funded, publicly delivered, national health care system in this country". I do not think Liberals or Conservatives, on threat of resignation of their seat, will stand up and echo the views of Canadians and mirror the policy of the NDP. If they do that, it will be a glorious day. Then and only then will the NDP realize a fully—

Ms. Marlene Catterall: I am standing up.

Mr. Peter Stoffer: It is nice to see the member from Ottawa standing up right now. She should be talking to her health minister. He said very clearly that the private sector can play a role in health care. What that means is we eventually turn over the public system into the hands of private corporations. If they follow suit, like the Conservatives would like them to do, eventually those corporations become foreign corporations.

Then what happens? Someone can become very ill in this country and someone from another country makes money from that illness. That is unbelievably wrong. The New Democrats will fight against that and we will continue to fight against as long as we remain in the House of Commons and in legislatures across the country.

This will be one of the major issues in the campaign. Canadians want to know and they are clear. The vast majority of Canadians support a publicly funded, publicly delivered health care system.

All of us in the House of Commons talk about health care to the nth degree. We talk about people being ill and what to do about that. Very little debate takes place about the preventing illness. When it comes to this, the Liberals and Conservatives are at huge fault. They have made massive cutbacks to the provinces.

The provincial conservative government in Nova Scotia cut physical education from the school system. What happens when provinces cut physical education from the school system? We end up with kids that no longer have activity in their classrooms or in their schools. Many reports have said that we are breeding a group of children who are rapidly becoming more and more obese.

What happens when we have obesity? We then have diseases like diabetes. Diabetes is very expensive to treat, with the proper insulin and everything else. We try to save a dollar by cutting physical education from the classroom, but we are more than willing to spend hundreds of dollars years later to treat something that we could have prevented.

● (1520)

It is very clear, if we really want to prevent people from accessing health care in the end, we should bring back physical education into the school system. We should bring back other aspects into our lives that make Canadians more physically fit. George Chuvalo once said, "a healthy mind and a healthy body makes a healthy choice".

It brings me to my next point, which is an idea that the New Democrats put forward. We thank the government on the one hand. It took the idea and put it into effect, but only in small part. That is the aspect of palliative care and special rehabilitative care.

Sometime in our lives we are either going to become caregivers or have care provided for us. When it comes to palliative care or special rehabilitative care, the best thing for an individual going through that care is the ability to be in the surroundings of their choice, to be free of pain and to be surrounded by their loved ones. When we reach the time for us to exit this world and go on to the next one, we would like the opportunity to die in the comfort of our own homes. Hopefully all of us will be very old when it happens. Poll after poll shows that when Canadians have the choice, they prefer to die in the comfort of their own homes.

There are people who need to provide that care for those who remain in their own homes. That generally falls upon a relative, and that relative generally is a woman. Too often women have to make the choice to leave their workplace and to care for a loved one, their child, their partner, or another relative.

We thank the government for recognizing this after years of debate and for establishing a six week program, although very limited. People can stay at home for six weeks to care for someone under palliative care, be it a child, husband, wife. Six weeks is a start, but we in the NDP would like to see the exact same benefit for maternity leave given to people who are on what I call eternity leave.

All of us have relatives who go through certain stages in life, under palliative care or special rehabilitation. People of my generation are called the sandwich generation. We have children to look after and we have elderly parents to look after.

Here is a classic example of what happens. My wife and I have two children and she works outside the home. She can have a year of maternity leave or I can take a year off on paternity leave. I would receive an employment insurance cheque every two weeks for up to one year. If the doctor diagnosed one of my children with cancer and said that our child had six months to live, what would we to do? That is a heavy question to ask anyone. Would my wife or I be able to leave our place of employment and care for the child for the six month period? Would my company allow me the time off to do that? Would my company pay me for that time off? The answer to those questions mostly likely would be no.

Eighty per cent of caregivers are women. Most of them are elderly women. Most of them have other jobs to which they attend. That is a very difficult situation to put a person in.

We in the NDP believe people should not have to go through that decision on their own. We believe the government should be there to help them. We believe very clearly that if people make that choice and leave their place of employment to care for a relative under very special rehabilitative care or palliative care, they should be allowed to collect employment insurance for up to one year or at least six months at minimum. They also should have job protection until the time they returned.

This would save money. It is fiscally responsible and accountable. We have proven over and over again that for every dollar of employment insurance we would spend on this program, we would save over $4 on the health care system. We all know it is very expensive to institutionalize someone.

In a society such as ours, it is my belief, my hope, my dream and aspiration, and that of many people throughout the country, that we will be much more compassionate in this type of debate than we are being right now.

● (1525)

It is not just dollars and cents, although what we propose does save money. If we just want to use the fiscal argument, it saves money. The provinces would win in terms of the fiscal side of it, because they would save a lot of money. That money could then go toward assisting other aspects of health care.

Another program was introduced by the NDP but I see my time is up. I am sure I will have more time to discuss this valuable topic in the near future.

● (1530)

Ms. Marlene Catterall (Ottawa West—Nepean, Lib.): Mr. Speaker, the member challenged somebody from the Liberal Party to stand up. I am sure he will see lots of us during the election campaign, including the party platform and the Prime Minister, so I hope he does not hold his breath.

I am sure as a responsible citizen the member takes good care of his health, has his annual checkups and so on. The last time he had his blood tested or perhaps an X-ray, could he tell me whether he had it in a public facility or a private lab?

Mr. Peter Stoffer: Mr. Speaker, on two points, actually it was about six months ago and I had it at Cobequid hospital, a publicly run, publicly delivered facility.

For the information of the hon. member, for whom I have great respect, every 56 days or thereabouts I go to the Canadian Blood Services clinic to donate blood. My blood is severely tested right there for the presence of any diseases.

The hon. member talked about her platform and that of the Prime Minister. I challenge her to rise again in the House and tell us that in the Liberal Party platform in the upcoming election we will see the words "publicly delivered, publicly funded, not for profit health care". Is she prepared to stand in the House and tell us that is the Liberal position in their platform for the next federal election?

Mrs. Bev Desjarlais (Churchill, NDP): Mr. Speaker, a colleague was chattering behind me saying "sports, sports". Therefore, I say to my colleague, it has been mentioned that the involvement of young people and certainly all people in physical activity does improve their health.

I am the seniors critic. I am someone who has met with a number of seniors and quite frankly, I am someone who is on that doorstep, but I am not quite there. I actually do agree that it is crucially important that seniors and others have the opportunity for recreational activity. There is a severe lack of facilities for seniors in our system. It is crucially important that more infrastructure dollars go toward that. I would like the hon. member's comments on the recreational opportunities for seniors.

Mr. Peter Stoffer: It is not just for seniors, Mr. Speaker, but for families right across the country. The NDP introduced Bill C-210, which would offer people the opportunity, when they sign up for physical activity or sports, to claim the registration fees as a tax deduction similar to that of a charitable donation.

Seniors who are in the lawn bowling clubs and dance clubs and families who put their kids in hockey, soccer or whatever, the fees that they pay should be tax deductible. That would encourage more and more people to become physically active in our society.

If a person is physically active, the chances of the person using the health care system are greatly reduced. Physically active Canadians are healthier citizens. A healthy body and a healthy mind mean a person makes healthy choices.

For the investment on the tax deduction for people who participate in sports and physical activities, we would save tremendous amounts of money on the tail end of the health care services. If we provided proper recreational facilities for our youth, families and seniors, we would prevent the health care system from being overused and we also would prevent a lot of social injustice issues in the very near future.

Hon. Lorne Nystrom (Regina—Qu'Appelle, NDP): Mr. Speaker, I want to ask my colleague from Nova Scotia about the Conservative Party. I notice here in the *Toronto Star* there is statement from the Conservative Party calling for more privatization of health care in response to Roy Romanow.

The Conservatives have a record with Brian Mulroney. Brian Mulroney was their leader for years. Members, like the member for Saskatoon—Wanuskewin, are big Brian Mulroney fans, being a former leader of that party. Grant Devine was one of the leaders in Saskatchewan.

I want to know why the Brian Mulroney-Grant Devine party is now calling for more privatization of health care according to the current leader. Members of that party get very sensitive when I talk about their former leader. In Moncton he endorsed with great enthusiasm the current leader.

I wonder if the member could talk about what he thinks about this privatization move being pushed by the Mulroney-Devine-Mike Harris Conservatives to my right.

● (1535)

Mr. Peter Stoffer: Mr. Speaker, the three scariest names in this country are Brian Mulroney, Mike Harris and Grant Devine. Each one of them promotes in some way the privatization of our health care system. That is the Conservative agenda. The Conservative agenda very clearly says government should get the hell out of the way and let the private sector take over. That is what we will be saying on the doorsteps.

Can any Conservative stand up in the House and say very clearly that the platform of the Conservative Party will be a not for profit, publicly delivered and publicly funded health care system? Will they be able to say that?

Hon. Hedy Fry (Parliamentary Secretary to the Minister of Citizenship and Immigration, Lib.): Mr. Speaker, I rise to speak to the motion proposed by the hon. member for Churchill. I have always had a problem with politicizing an issue as complex as health care with simplistic statements as the motion on the floor proposes to do, because it tends to create disinformation, anxiety and confusion and fuels a false debate on an issue of critical importance to Canadians.

The hon. member knows that the government and the Prime Minister have reiterated over and over their commitment to medicare in word and in deed. Let me quote:

> Any discussion of this government's priorities must begin with health care for there is no other issue of such vital and visceral importance to Canadians. Nowhere does government interact with people in a more meaningful and consequential way.

That was said by the right hon. Paul Martin.

The government is proud of its historic credentials on medicare. While the idea began with Tommy Douglas in Saskatchewan with public hospital insurance, and let us give him credit where it is due, this idea became a concrete national medicare plan under a Liberal prime minister, Lester Pearson. It took two years to get all the provinces onside. Our Prime Minister, Mr. Martin, remembers with pride the debates around the dinner table—

The Acting Speaker (Mr. Bélair): I am sorry to interrupt, but the member has used the Prime Minister's name instead of his position twice already. Please refrain from doing so.

Hon. Hedy Fry: Mr. Speaker, the Prime Minister remembers with pride the debates around the table with his father, a strong supporter of Prime Minister Pearson's initiative. Our Liberal roots on medicare run very deep. The tools for ensuring the five principles of medicare, which is the Canada Health Act, again under a Liberal minister of health, Monique Bégin, and under a Liberal prime minister, Pierre Elliott Trudeau, was passed exactly 20 years ago.

Pretty clear principles were set up in the Canada Health Act. They are accessibility, comprehensiveness, universality, public administration, and portability.

The hon. member's motion pertaining to not for profit private care is kind of cute by far. She knows that this is prohibited under the same Canada Health Act that we brought in and to which we continue to reiterate our commitment, as recently as the first ministers meeting on the health care accord in 2003. In fact the hon. health minister in 1995, a Liberal minister, actually enforced the Canada Health Act by withholding transfer of health payments to Alberta for the very infringement of private for profit clinics that were charging user fees and allowing preferential treatment to those who could afford to pay for medically necessary services. Let me explain so the political semantics can be laid to rest.

The key words here are "medically necessary". In theory anyone has always been able to buy an ankle X-ray even if he or she never injured the ankle, and could even have an X-ray taken every day for a week, although I have no idea why anyone would want to do that. If that same person actually injured the ankle, and after examination by a physician it was felt that an X-ray was needed, then the X-ray would be paid for by medicare, even if the person could afford to pay for it, and that person would not be allowed preferential queue-jumping rights. That is the clear understanding of what we mean by delivery of medically necessary services under the Canada Health Act and medicare.

The system is intended and supported by law to provide the services that Canadians need when they need them, not what they want when they want them. Indeed there is no system that could ever provide that, either public or private.

I want to expose another little bit of wordplay in the words private care, et cetera. The key principle in the Canada Health Act refers to public administration, not public ownership. It seems to me the NDP members have a little ideological blind spot that can account for the confusion, since we know that they want public ownership of every government institution while the Conservatives want to privatize all of them.

In fact since the inception of medicare, many of those who deliver services have been private contractors. Ask a doctor who runs a private practice, pays her own rent and staff, purchases her own equipment and tools, and delivers care under contract to the province, the private administrator under a clear set of rules and the legislative authority of the Canada Health Act.

Where do we go for our X-rays and tests? Most of us go to clinics run by private contractors to the government, operating under the Canada Health Act. Indeed most hospitals are not publicly owned. They contract services to the provincial government under the Canada Health Act.

The issue is not where services are delivered or by whom, but whether the principles of medicare are held as articulated in the Canada Health Act and are enforced as such.

There are two important provisions in the Canada Health Act. The first provision relates to extra billing by physicians. This provision prohibits direct charges to patients by physicians in addition to the amount they receive from the provincial or territorial health insurance plan for insured physician services. The second provision refers to user charges for hospital services and the purpose is to remove financial barriers that could preclude or impede reasonable access to insured services.

Dragging out all these trite, politically motivated arguments is actually useless and it does not add to the debate. What we should be doing is talking about ways in which we in Parliament can make medicare sustainable for future generations; how to deliver quality care in a timely manner to Canadians when they need it; how to make the system more accountable and transparent so that it ceases to be the finger pointing federal-provincial forum that it now is; how to deliver services outside of the hospital system and in the home and community, remembering that when the Canada Health Act was designed, the federal government was only committed to transferring payments for physician and hospital services only.

● (1540)

Since then, medically necessary care can be delivered in a variety of settings: at home, in the community, et cetera. We need to move on and to be progressive in how we ensure that we as the federal government, which delivers funding, make sure we have a say in things such as home care and community care.

We need to ask how to get the health care providers we need. We need to ask how to get enough physicians, nurses and other health care providers to ensure that there is timely access to health care.

We need to ask how to prevent the 60% of illnesses that are lifestyle related and therefore preventable.

We need to ask how to deal with public health crises, how to promote healthy environments, how to operate the system with appropriate funding, how much funding is needed and how to spend that money in an effective manner with outcomes that are measurable.

The government asked those questions. In the Romanow commission, we got our answers. It had a set of recommendations that we have listened to. As a result, and for accountability and transparency, we have set up the health council. We have increased funding. We are delivering $25 billion over five years, including a direct health transfer of $16 million to look at issues such as home care, pharmacare and health reform.

We have heard from the party of the member opposite that it intends to set up publicly owned pharmaceutical companies and pharmacare. Is that party going to bully and run roughshod over the provinces and territories to do this? Is it not committed, as the government is, to building a partnership? Our Prime Minister has said very clearly that this summer he intends to sit down with the provinces and territories and forge a very real partnership, not just a transfer of money but a real say in the innovations and in the changing of the system as defined by the Romanow commission.

We need to talk about those things. We need to move forward together to deliver on them. We need to set up that health council, an independent body, so that we can take away the acrimony and political rhetoric among federal-provincial governments, which continue to dog what we do with health care.

We need to look at outcomes. We need to look at how we use very clear evidence based measurements to measure the outcomes: not what we think is being delivered but really what is being delivered.

We need to look at getting research to say what is the exact amount of money that is appropriate, because we know that apparently this country spends $112 billion on health care. That is 9.7% of the gross domestic product.

There are other countries such as the United States, which spends 25% on health care and does not have any better outcomes. In fact, 30 million people are still not covered. We need to ask ourselves, is money the only answer? How do we change the system? We are committed to doing that. We are committed to building partnerships. We are committed to looking at evidence based care. We are committed to health promotion and disease prevention.

We have just set up and had a commission that reported on how to set up a public health agency. That agency is not supposed to look only at SARS and other crises. It needs to talk about health promotion and disease prevention. It needs to look at population health and research and to deal with some of the things that create disease in our society and that we can in fact prevent. It needs to look at issues such as safety, security, and environmental issues like our water and how safe it is.

That is the kind of stuff we need to be talking about. We need to talk about how we develop health human resources to provide for the long term so that we can have the right health care providers. We just provided $90 million to do exactly that, to work with nurses and physicians, and not only to deal with the shortage now but to provide a long term plan so we can have health care providers, not only the ones we need in the tertiary care units but the ones we need anywhere else in Canada, the ones we need in the rural areas, for example, so that there can be timeliness and access and people can live in Sudbury and be able to find family doctors and specialists when they need them.

These are the kinds of things we should be talking about. How do we use incentives to help people get their services delivered to where they live? These are some of the things that we need to talk about. We need to talk about private, not for profit health care. This government is not committed to that. It never has been, but it has already said that currently health care services are being delivered by private contractors.

I have already reiterated that hospitals are privately owned. The individual doctor is running a small business. A lot of places where we go for our health care are privately owned, but we need to keep the Canada Health Act as a strong piece of legislation that will set the guidelines and the principles which will tell us how we can deliver that health care to everyone under the five principles of medicare.

● (1545)

How do we move out of the hospital based system and look at home care? How do we deal with pharmacare? How do we deal with the cost of drugs? What are the real things we can do so that we can continue to administer a strong public health system?

To confuse the issue, as is being done here, makes it very difficult for Canadians to understand, so we knee-jerk to something that is not really what we are talking about. We are talking about not delivering for profit care. We are talking about making sure that no Canadian who needs care will have to pay for it. No Canadian will lose care because they do not have any money.

We are talking about those issues. We are continuing to expound on the five principles of medicare. This government has never moved away from that. What we need to deal with is not the little bits of rhetoric. We need to deal with the real changes we need to make.

Mr. Romanow, in his commission report, gave us a very clear blueprint. We have started to move on that blueprint in all of the smaller areas. We need assistance from the opposition members across the way to move that agenda forward and to build strong alliances and relationships, to put medicare and the health of Canadians first because they want it to be first. We do not need to bandy about this sort of little argument that we continue to do: just before we think there is going to be an election, we start playing little games with something as important as medicare.

Let us talk about what we need to do to make health care sustainable so that our grandchildren will have access to care regardless of where they live in this country and regardless of how much money they have. That is what we are talking about. We are talking about timeliness of access.

I always love the argument about how we need more MRI units. Yes, we do, but how many? An MRI unit is on every corner in the United States and yet 30 million people cannot have access to them.

There is a private delivery system and a public delivery system in the United States. A lot of people cannot have access to even the public delivery system and many people cannot afford the private delivery system. That is not where we want to go. That is absolutely contrary to everything that this government has stood for over the years and that we have put into place time after time and have been committed to. I am here to tell—

Ms. Libby Davies: Your party destroyed it.

Hon. Hedy Fry: Mr. Speaker, if we want to put a simple question, we will get a simple answer.

We want to continue to strengthen the system of medicare that we brought in many years ago, based on the good idea of Tommy Douglas. We want to continue with that. We want to strengthen the Canada Health Act. We want to ensure we have a system that is here for the 21st century needs of patients so they can get care when they need it. That means taking the infrastructure of the system and working to build it in a different way.

It does not just mean money. We continue to talk about money. We continue to focus on one of the small factors involved. It is like people who suggest that if I do not eat trans fats in foods I will lose weight and never get heart disease. Trans fats are only one small factor in the whole issue of lowering cholesterol, having a healthy heart and living a healthy lifestyle. There are many other things involved.

We need to talk about those other things, all the pieces that come together to make up that continuum of care that we need to deliver, knowing that as a federal government we do not have the ability to deliver those services. We have to work with the provinces. We have to set up a true partnership. We cannot be a cash cow anymore, where we hand over money with no strings attached and it goes into general revenue and we do not know where it goes. We do not want to do that anymore. We want to build a relationship based on trust and on mutual objectives.

Our Prime Minister has committed to that. He intends to do that at the first ministers meeting in the summer. He wants to build some real partnerships for the provinces and the federal government to work together in the best interests of Canadians.

I want to be clear on this issue. I think I gave a clear answer to the motion. For us, it is a huge and complex issue and we want to go into every area and do what we need to do as a government to ensure that this system is here not only for our children but for our grandchildren as well.

We want to ensure that the outcomes will be measurable and will increase the health status of Canadians. We want to ensure that the system will be there for them at all times when they need it, especially in the first few years of life and the last few years of life when health care services are most needed. We want to be creating healthy populations. We also want to deal with sectors that have specifically low health status and very difficult problems, such as the aboriginal sector. We have committed new moneys to that. We continue to work with the aboriginal people to improve their health status and give them access to care when they need it.

● (1550)

Mrs. Bev Desjarlais (Churchill, NDP): Mr. Speaker, I am going to respond to a number of comments my colleague has made.

First, she mentioned clinics where anyone can go any day and get an X-ray on their leg if they need it, but if there is an accident the doctor can order it and it is covered. I would suggest that she has just explained the loophole that is out there for people to queue-jump. All the doctor has to say is "this is not medically necessary" and someone can go to that other clinic and get the service provided ahead of time. That is a serious issue that has been brought forth as a result of loopholes in the system, just with a doctor writing "not medically necessary" so they can queue-jump.

I believe the member made the statement that not all the hospitals are publicly owned because the provincial governments run them. In my view, provincial governments are still public. They have been for some time.

I also want to comment on her indication about the Romanow report and following along what Romanow did. Let me quote from a section of the Romanow report written in response to private, for profit delivery. It states:

> —in effect, these facilities "cream off" those services that can be easily and more inexpensively provided on a volume basis, such as cataract surgery or hernia repair. This leaves the public system to provide the more complicated and expensive services for which it is more difficult to control cost per case.
>
> But if something goes wrong with a patient after discharge from a private facility—as a result, for example, of a post-operative infection or medical error—then the patient will likely have to be returned to a public hospital for treatment as private facilities generally do not have the capacity—

A number of issues have come forth, and I believe it is questions and comments, Mr. Speaker, so unless I am restricted in making a certain length of comments, I also want to mention this. The member said the government is opposed to for profit delivery, but I would say to her that the reason this is an issue is what the minister said at the health committee:

> The minister was remarkably blunt in his response. He said that, in fact, the Canada Health Act does not prohibit private sector delivery of medicare services..."If some provinces want to experiment with the private delivery option, my view is that as long as they respect the single-payer, public payer—

They should be allowed to go ahead, said the minister.

So we have an issue here. We want to hear the Prime Minister and the health minister say they will not allow for profit delivery. They cannot say they are against for profit if they are not putting enough dollars into the system. I cannot say I do not want a hole in the roof of my house because I do not want the rain to come through and then not fix the hole.

● (1555)

The Acting Speaker (Mr. Bélair): The member is not necessarily restricted in the time she uses, but I also have to give the chance to someone else to ask questions or make comments.

Hon. Hedy Fry: Mr. Speaker, I think the comments and the questions of the hon. member point so much to a complete and total lack of understanding of first, the Canada Health Act, and second, the system. For starters, if she quoted—

Ms. Desjarlais: The health minister said—

Hon. Hedy Fry: Mr. Speaker, may I be allowed to answer the question? I would like the opportunity to answer the question.

The statement made by the hon. member is that the public does not get the difference between public ownership and public administration. The hospital is not owned by the government, but the services are administered by the government under the Canada Health Act and according to a clear contract that follows the rules of the Canada Health Act.

I would ask the member to ask family physicians if they are not sitting in a private practice paying their own rent, running their own show, but under the Canada Health Act they are bound by clear rules and they must be under a contract to the public administration which is the province. There is a real difference between ownership and administration which the hon. member does not get.

As I said, the bottom line here is that her political party wants to own everything. No wonder those members muddy the waters between ownership and administration.

The hon. member talked about cataract surgery and hernia repair being done as a private for profit service. These are medically required and medically necessary services. Under the Canada Health Act they have to be delivered according to the principles of medicare under the act. This is absolutely clear. As I said before, in 1995 the health minister enforced the Canada Health Act for exactly that reason in Alberta and withheld transfer of payments as articulated in the act following the act to the letter.

Finally, the hon. member of Parliament did not understand what I said when I talked about the X-ray. It was not if the person needed, she used the word "needed". I said, if the X-ray was needed because of very clear clinical guidelines and clinical evaluation, not because somebody dreamed it up one day or walked down the street and said they thought this was because a trained health provider was following clear clinical guidelines and decided this was a medically necessary service. That falls under the Canada Health Act.

That is all I was trying to explain to the patient, but I guess it is pretty difficult to understand it if one is sitting facing ideology all the time.

Ms. Libby Davies (Vancouver East, NDP): Mr. Speaker, we are not fools in the House and after what we have just heard, is it any wonder that Canadians are totally confused about where the Liberal Party actually stands in terms of dealing with private for profit health care delivery?

Having heard the member for Vancouver Centre, I think she knows very well that we are not debating and talking about private physicians, or private dentists as she talked about yesterday on a CPAC panel. We are talking about the private for profit delivery of health care and how this has mushroomed under the Liberal watch. There is no escaping that reality.

There is just one very simple question. Does the Liberal government support privatized for profit health care services in Canada or not? If it does not, why have we now gone through a decade of seeing these services escalate across the country? The Liberal government has not taken any action to prevent this from happening. Why is that the case?

● (1600)

Hon. Hedy Fry: Mr. Speaker, I thought I said that very clearly earlier on in my remarks. This government does not support private for profit delivery, private for profit administration or any such thing. We are committed clearly to the high principles of medicare. We are committed to the Canada Health Act which was brought in by a Liberal government 20 years ago. We continue to be committed to those things.

We intend to strengthen the system, to make it sustainable and deliverable to our grandchildren. We will provide timely access of quality care to Canadians when they need it and we intend to do so under all those high principles of medicare. I do not know how I can say that any stronger than that.

Mr. Peter Stoffer (Sackville—Musquodoboit Valley—Eastern Shore, NDP): Mr. Speaker, my question to the hon. member is a very simple one to answer. Does she believe in a publicly funded, publicly delivered, not for profit health care system in this country?

Hon. Hedy Fry: Mr. Speaker, I seem to be answering the same question over and over, and the simple answer is, yes. There are five clear principles of medicare. There is a Canada Health Act that supports those clear principles, and we absolutely support that.

Hon. Lorne Nystrom (Regina—Qu'Appelle, NDP): Mr. Speaker, I wonder if the member across the way, being a so called progressive Liberal, is embarrassed by the fact that her government has cut back on cash funding to the provinces. It used to be 50% years ago when the NDP forced the federal Liberals under Pearson to bring in national health care, and now it has gone down to 16%.

Years ago, the Liberals fought against national health care. In Saskatchewan the Liberal leader, Ross Thatcher, actually kicked the doors of the legislature when the CCF, Tommy Douglas and Woodrow Lloyd brought in health care. The Liberals were really opposed to health care and then it came in at a fifty-fifty cost sharing basis. Now the federal government only funds about 16%. Does that embarrass her as a Liberal?

Hon. Hedy Fry: Mr. Speaker, I wonder if maybe I should turn the tables on the hon. member and ask him if he can explain why the hon. Premier of Saskatchewan had premiums in his budget this last spring? Surely that contradicts everything that his political party says it stands for.

[*Translation*]

Ms. Christiane Gagnon (Québec, BQ): Mr. Speaker, today's NDP motion on the private for-profit delivery of health care services the government has encouraged since 1993, leads us to reflect on the reasons the private sector has grown so much in the provincial health care field. I have decided to speak today because of the many hospitals in my riding. There are many seniors in my riding, as well as a very high percentage of people living just around the poverty line. There is heavy demand for health care and home care.

This afternoon, I have heard some strange remarks from the member for Vancouver Centre in connection with the government's wish list. She seems not to realize what her government has done since 1993. I have noted some of the objectives she has mentioned: disease prevention, environmental improvement, ensuring that no one is denied the health services he or she requires. What I see is that, since 1993, the government's objectives for health have been quite different.

Who was finance minister after the 1993 election? Who could decide what funds to allocate to health? None other than our Prime Minister, who is about to embark on an election campaign.

I watched her list all of the government's good intentions, to be achieved by trampling on provincial jurisdictions. Just on the eve of an election, it smells like electioneering.

In this afternoon's debate on health care, I would like to split my time with the hon. member for Matapédia—Matane, who will speak in the second 10 minutes.

What the federal government wants, of course, is to deny that it has been withdrawing since 1990. The process has accelerated since 1993 with respect to health. The numbers speak for themselves. At present, the government members appear to be satisfied with the sum of $2 billion. They will not stop pointing it out to us, reminding us of it, oral question period after oral question period, whenever a question is raised by a member of the opposition, including the Bloc Quebecois. I would like to remind the House that this $2 billion is the same amount promised in 2003-04 in a budget under the former Prime Minister, Mr. Jean Chrétien. This is an old story, and an old hobby horse. It is like highway 175 in the Saguenay. They announced once again that they would be providing some money and giving the go-ahead to the highway 175 project. We have heard it all before.

One could say that, this afternoon, the health care system is not a goal of the federal Liberal government, and that will continue. For example, it would be a good idea to tell us when we are going to receive much more money. At the moment, the percentage has been raised but it is below the expectations of the provincial premiers. The Romanow report said that the investment should be 25%. And what percentage have we reached? We are barely at 15.3%. We have been below 11%. Thus, we have only corrected the federal withdrawal that has been occurring year after year since 1993.

They are telling us that in 15 years we will get to only 17% as the federal contribution to health care. Thus, we are very far from the needs and expectations of the provinces. If there had been a wish to satisfy the provinces, the opposite would have been done. A realistic plan would have been drawn up to meet the provinces' expectations. The debate on for-profit private health services would perhaps be different from today's debate in this House.

The federal government's withdrawal from health care funding has had a huge impact. There is uncertainty in the provinces with respect to a real health strategy to respond to the needs of the public. We know that these needs are growing. The population is aging. I think that my riding of Québec is the one with the largest concentration of seniors in Canada.

● (1605)

it is urgent to give this some thought. With an election drawing near, we have this new Prime Minister who, when he was finance minister, completely abandoned his responsibility to fund the provinces through the CHST, by putting in place programs that invade jurisdictions. I will tell hon. members later how the federal government has been invading provincial jurisdictions since 1990, and even 1919.

This is a huge challenge. There are new technologies that we are unable to address. The population is aging. The demand on available resources is increasing.

With its $2 billion, the federal government is doing poorly in terms of expenditures. Between 2019 and 2020, these will be approximately $170 million, as compared to $72.5 billion in 2002-03. As we can see, there is a huge difference. When we say that expenditures have increased and all we get is $2 billion, it does not go a long way.

In 2004-05, the governments will invest 38% of their total budgets in health care. At present, the provinces are allocating 38% of their budgets not to responding to the various needs, but just to keeping their heads above water.

Furthermore, the Conference Board of Canada told us in February 2004 that the era of federal government surpluses was not over. This proves that there is a problem, or a fiscal imbalance. The federal surpluses are not about to end; they are predicted to reach some $10 billion in 2004-05 and even higher in 2020 when they will be somewhere around $80 billion.

Instead of apologizing and admitting that there is fiscal imbalance, the provincial governments should be able to squeeze out more taxes, money that should be transferred to them so that they can at least pay for services. Health is a provincial responsibility, not a federal responsibility. Since 1919, year after year they have been trying to undermine it. Let me explain how. The most blatant encroachment is done through the Canada Health Act, which imposes conditions and criteria on health services.

First they implemented a National Health Council, the creation of which did not receive unanimous support. Alberta refused to participate. Quebec followed suit, not only because it already has its own monitoring agency, but because this council is an obvious intrusion in Quebec jurisdiction. Quebec indicated that it would cooperate with the federal agency but in the meantime, this agency will cost money.

Another example of encroachment in provincial jurisdiction is the Canadian public health agency. Again, even though he has not committed any increase in health spending, Paul Martin continues to impose his priorities, namely by creating this new agency—

● (1610)

The Acting Speaker (Mr. Bélair): Order, please. You have just used the name of the Prime Minister, which is not allowed. You have one minute left, by the way.

Ms. Christiane Gagnon: The Prime Minister of Canada, then.

Once again, creation of the Canadian public health agency is another incursion into areas of provincial jurisdiction. Then there are the health research institutes, another example of this interference in areas of provincial jurisdiction.

The sovereignists and separatists are not alone in saying this in Quebec. Philippe Couillard, the new Liberal health minister has said he will not take part in the work of the national health council. Jean Charest says the council is not necessary. Paul Martin keeps on trying to impose it on us.

The Acting Speaker (Mr. Bélair): Order, please. I have just warned you not to use the Prime Minister's name. Your time is up at any rate.

The hon. member for Vancouver East.

[*English*]

Ms. Libby Davies (Vancouver East, NDP): Mr. Speaker, I listened with interest to the member for Quebec who spoke very eloquently about the problems with the funding arrangement, which is, as we well know, at the core of the crisis in the health care system in Canada.

When we look back over the years and we see the retreat of public funding from the federal government in terms of transfers to the provinces, we see where the crisis began. As we all know, the funding level from the federal government, which used to be at 50%, is now at about 16%. We in the NDP have said that we want to see it go back to at least 25%.

If I heard the member correctly, I think she pointed out that, at the current rate, the level of government funding in another 15 years would only be at 17%. That is very disturbing.

As we know, the Prime Minister has made a big deal about how he is going to consult with the provinces. Of course, it coincidentally happens to be on the eve of a federal election. None of us have any idea what this plan of consultation is or what the Liberal plan is for longer term commitments to health care.

I wonder if the member would comment on what she and her party would like to see in terms of a commitment from the government.

● (1615)

[*Translation*]

Ms. Christiane Gagnon: Mr. Speaker, I shall answer the hon. member's question. Nevertheless, I would like to point out that the hon. member for Vancouver Centre spoke about the fact that her government, with the Prime Minister leading the way, was going to draw up a long-term plan.

We would have liked him to put that long-term plan on the table when he was finance minister in 1993, so that we would not be here today discussing percentages. We could be considering other things.

The Prime Minister is well aware of the urgent needs. He does not need a plan to consider all that. He does not need to organize a first ministers conference. What we would like is for the government to give the money to the provinces so that they can get certain operations rolling that are now barely surviving and sometimes nearly non-existent, because the money has not been there.

We could increase the budget by $2 billion right now, so that by 2005 there will be commitments, even before the election. That way, we will not have to wait another year because, during that time, resources will be needed, people will have health problems, and people's lives will be at stake.

Right now, he has a very good idea where the money should go. If money is given to the provinces, and if provincial jurisdiction is respected, it will be clear where the money should go. The provinces are there to judge and the public will judge the provincial premiers on their investments in health.

[*English*]

Ms. Libby Davies: Mr. Speaker, I would like to continue the discussion with my colleague, the member for Quebec. What I hear clearly from the member is that from her perspective and her party's perspective they would like to see the money on the table and the federal government's commitment. It sounds like that is as far as it goes.

However, given the debate we have had here today, particularly the concerns about the increased privatized for profit delivery of health care services, it seems to me, and I think those of us in the NDP, that it is very important that there be some attachment in terms of a commitment to not see an increase in privatized for profit services.

I would be very interested in hearing the Bloc member's perspective in terms of the Canada Health Act and making it clear that it does not support the delivery of privatized for profit services.

[*Translation*]

Ms. Christiane Gagnon: Mr. Speaker, our party supports having a strong and high quality public health care service in order to meet people's expectations.

Quality service would be possible if the federal government had a plan for financial commitment to the provinces in keeping with their areas of jurisdiction.

The private sector's invasion in health care is not something we want, although, at the moment, the provinces are struggling with funding in the field of health. We might consider the private sector a solution, but a public health care system is desirable, and we want to keep it to meet the expectations of the public as a whole. We want a fair and equitable service.

[*English*]

The Acting Speaker (Mr. Bélair): Before resuming debate, it is my duty, pursuant to Standing Order 38, to inform the House that the question to be raised tonight at the time of adjournment is as follows: the right hon. member for Calgary Centre, Health.

● (1620)

[*Translation*]

Mr. Jean-Yves Roy (Matapédia—Matane, BQ): Mr. Speaker, I am all the more pleased to speak to the motion put forward by the New Democratic Party as I worked in health services in my region for seven years.

If I compare what was happening then with what is happening today, it is quite apparent that, at the time, the health care system in Quebec was changing considerably. We must remember that Quebec did not pass its first health and social services legislation until 1972.

That year, if memory serves, Claude Castonguay was Quebec's minister of health. From 1972 on, health care services evolved constantly, becoming much more open to the public. The Government of Quebec—as was the case with the other provinces—purchased hospitals and began to run them. Previously, religious communities and others had managed them. The Government of Quebec also bought residences for seniors. They too were operated by religious communities for the most part.

We created what are called the social service centres, today consolidated into the local community service centres. These started up in Montreal as a kind of pilot project and now are all over Quebec, replacing the former health units.

If we compare the present situation with how it was then, or even before that, we can see that making the public health system accessible to the population has contributed significantly to improving people's quality of life all over Quebec, not just in the major centres but in the regions as well. Many additions have been made over the years to the health system.

Why is the health system across Canada, including that in Quebec, being challenged today? There must be a reason for this. Costs are constantly increasing, of course, as is pressure on the system because of our ageing populations. As the number of seniors increases, there is more and more pressure on services providing accommodation for the elderly.

We have to realize that, in light of the provincial governments' inability to invest sufficient funds, the private sector is becoming more and more active within the health care system.

I have one good example to offer hon. members. In the early 1970s, there was no such thing as a private old people's home. If there was anything for this age group, it was either a rooming house or a residence that offered no support services and no health services. People in such places were totally on their own.

Today, this is no longer the case. This kind of home for the aged provides more and more health services, because the public sector does not have the funds, or does not have enough funds, to build new residences, or to expand existing ones for seniors who are facing greater difficulties. Sometimes tragedies occur. Most of these facilities provide excellent care, but we have seen recent examples of others where this was not the case.

Our population is aging and there are more and more seniors who can no longer live independently. Such people have no place to go. They do not have access to accommodation in the public system. In some types of facilities, we can see that services are deteriorating because the funds are not available to provide all the services this type of client requires.

In a region like mine we have small health institutions because we do not have the necessary catchment population. I am thinking about the Matapédia valley, Sainte-Anne-des-Monts and other places. As a result, people have to travel great distances to get health and social services. If we look at the big picture, we see that the system will be under ever greater pressure given the aging population and the improvement of equipment.

This is something very important that is very rarely talked about with respect to the cost of the health care system. Institutions are increasingly acquiring new systems. New treatment methods are discovered through research.

● (1625)

Accordingly, we have ever better equipment available to us. Unfortunately, such equipment is ever more expensive. With new treatment methods more services available, we artificially increase the life expectancy of the population. This creates a great deal of pressure and increases the cost of the health care system.

The real reason the private sector has a greater presence in the health care system is because public funding is inadequate.

Costs will increase significantly over the next 10 to 15 years. In 2002-03, the cost was some $72.5 billion. In 2019-20, the cost of the health care system will be nearly $100 billion. Here we have the real question.

Do we truly want to invest in a health system and do we truly want to develop it as a public system that is accessible to everyone? I believe we do.

Indeed, people my age and a little younger will recall what it was like to live without a public health care system. Hon. members have to remember that, like me, most people my age were born at home. There was no giving birth at the hospital. This was your experience, Mr. Speaker, because you are about my age. We can agree on "about".

Why did women give birth at home at the time? There was no access to the health care system. A nurse or a midwife was available. However, people did not have the means to go to a hospital to have a child, because it cost quite a bit to go there for treatment.

These were private institutions. Even if they did belong to religious communities, people still had to pay, because the government did not contribute to the system, for a stay in the health care system.

There were a lot of tragedies because the system was not public. Many women died giving birth at home because they did not have access to a doctor or a nurse. This is the sort of tragedy we faced in our time.

When the health care system came in, of course the life expectancy of the population just exploded. Yes, but why? Because the people were getting proper services. In Quebec and all the other provinces, they had access to excellent services. The people had an opportunity to increase their life expectancy, and to fight the diseases that once had been untreatable.

That is why, when we look at what has happened since 1990 or so, we see that the federal government has been withdrawing its financing from the health care system. As has been recently stated, the federal government claims that it contributes 40% to the health care system. But let us see what that includes.

It includes direct federal expenses, including such things as health care for the first nations. There is also everything related to veterans. There are compassionate benefits. There is health protection and disease prevention, as well as research and health-related information technology.

Moreover, this year, $500 million is being invested in a health agency. The 40% includes that same $500 million. But these are not direct services provided to the public. When we talk about health services, we mean direct services to the public. When the figures say it is 16%, we are talking about direct services to the population, and that is what we need to talk about in order to have a real picture of the health care system and its funding.

The Acting Speaker (Mr. Bélair): The hon. deputy government whip on a point of order.

* * *

● (1630)

BUSINESS OF THE HOUSE

Ms. Diane St-Jacques (Shefford, Lib.): Mr. Speaker, following consultation with the parties, you will find unanimous consent for the following motion:

That the Government Order for consideration of Bill S-17 be discharged and that the said bill be ordered for consideration at second reading and placed at the end of the order of precedence for consideration of private members' business in the name of the member for West Vancouver—Sunshine Coast.

The Acting Speaker (Mr. Bélair): Is there unanimous consent of the House to move this motion?

Some hon. members: Agreed.

The Acting Speaker (Mr. Bélair): The House has heard the terms of the motion. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

(Motion agreed to)

* * *

SUPPLY

ALLOTTED DAY—HEALTH CARE

The House resumed consideration of the motion.

Mr. Jeannot Castonguay (Madawaska—Restigouche, Lib.): Mr. Speaker, I have listened attentively to my colleague's presentation. I myself worked in the health field for several years and I have seen how things have changed over time.

I clearly recall how, at the very beginning of the program, physician and hospital services were covered on a 50-50 cost sharing basis. Over the years, the practice of medicine has evolved. WIth the advent of new technologies, there have been additions made to the programs by various provinces, and as a result there are now disparities. Some provinces have added services, while others have not. An imbalance has resulted, one thrown in our faces constantly together with the accusation that there is an unbelievable disproportion in funding.

I was personally very pleased to hear the Prime Minister say that what was needed was to sit down with the provincial premiers and health ministers in order to ensure, in light of all that has gone on in recent years, that there is a system in place to meet the needs of Canadians for the next ten years at least. That pleased me a great deal. It is all very well to point fingers of blame, but that does not solve the problem.

I would like to hear my colleague's comments in connection with the proposed meeting this summer. Does he agree with such an approach to stabilizing our health system?

Mr. Jean-Yves Roy: Mr. Speaker, I do not agree. There have been dozens of such meetings over the years. Meetings between the Prime Minister and the premiers or the health ministers—there have been so many of them.

We must realize that the health care system is underfunded. We must realize that we must invest in the health care system. On the other hand, it is not up to the federal government to decide how the provinces will manage their health systems.

I understand that there may be disparities. That is fine; I have no problem with the fact that there are differences or disparities. The goal is to offer adequate health services and basic health services to everyone, so that every individual gets the care he or she needs.

So there may be a difference between the delivery of services in New Brunswick and in Quebec, or Quebec may do things differently from Ontario, I do not have a problem with that. The reality is that there may be different ways of doing things. But as long as the services are being provided, I absolutely agree.

But why does this need to be wall-to-wall coverage? Is it possible for there to be differences, for those differences to be accepted and more investment made in the health system? Governments have this mania. Every time they do not want to make an investment, they decide to change the system. They change the structure rather than making investments. That is the problem. A structure can evolve gradually but not in a flash. Instead of trying to change the structure, this time, why not let the system evolve?

I have worked in politics for seven years, and during those seven years the system has changed constantly. I agree with that. A static system is not a good system,. The system must evolve and continue to change. To achieve this, we must accept that there are differences. What is important is to finance the system in response to the needs of the public and in keeping with our abilities, of course.

At present, the federal government has the ability to do this. In Quebec, the federal government collects 62% of our taxes and only returns 16% for health. Thus, there is a problem.

Mr. Jeannot Castonguay: Mr. Speaker, in light of my colleague's answer, it is obvious that his vision is not a pan-Canadian one. On this side of the House, our vision is a pan-Canadian vision, where the health care system is fair to all Canadians, regardless of the province where they live.

This is why I believe a time comes when it is important to get together to work out certain disagreements. Clearly, we will never be able to meet if the vision, on one side of the House, is limited exclusively to Quebec while, on this side of the House, our vision includes all of Canada.

● (1635)

Mr. Jean-Yves Roy: I shall be brief, Mr. Speaker. I think that my colleague misunderstood. Given his medical background, I suspect he understood perfectly well, but his question was intended to get at me.

I have no problem with all the provincial health ministers getting together to harmonize the system and get in tune. I do, however, have a problem with the federal government imposing its views and saying that provinces will receive funding only if they agree with its proposals.

That does not allow differences. Yet, this is important when dealing with health care delivery, in certain regions in particular. It is normal for services to vary from region to region, because the situation in regions like mine is not the same as in downtown Toronto, for example.

There have to be differences, inevitably, and we must accept them, but the federal government does not.

[*English*]

Hon. Jim Karygiannis (Parliamentary Secretary to the Minister of Transport, Lib.): Mr. Speaker, I am happy to speak in the House today on health care because it is an issue that is important to so many Canadians.

I have a great respect for our health care system and I am amazed at the commitment that our health care providers have shown, especially during such events as the SARS outbreak that affected our country, particularly the riding of Scarborough—Agincourt which was the epicentre.

Health care is the number one priority of the government, as it is for Canadians at large. We welcome any constructive debate on this issue. While I am glad that the NDP has given the House the opportunity to debate health care, I am disappointed to see that the NDP has once again resorted to scare tactics. This week that party's theory will have health care becoming privatized. With our government in charge, nothing could be farther from the truth.

The government is absolutely committed to public health care and intends to maintain the public health care system. We on this side of the House support the work of the Romanow commission and the recommendations of that report.

The Liberal government has committed new money to health care and the Prime Minister has made it perfectly clear that he intends to negotiate new agreements with the provinces in order to reform health care in Canada. We plan to move forward with the recommendations of the Romanow report to ensure a stable and viable health care system.

While I am more than happy to be given the opportunity to state our strong support for the public health care system, I really cannot help but wonder what the NDP has to complain about. Then again, the NDP has always been a tax and spend party, except that now, under Jack Layton, it is a spend and spend party.

The NDP, under Jack Layton, will never be happy with any amount of government funding announced in any policy area, let alone health care. That is one of the reasons why today former NDP members, such as Chris Axworthy from Saskatchewan and Ujjal Dosanjh from British Columbia who were in Ottawa today, have left the NDP and joined the ranks of the Liberal Party.

Spending on health care, like spending on other social programs, must be one of sustainable spending. Sustainability can only be assured through economic stability. Our government, for the past seven years, has put forward balanced budgets and tax cuts, which is giving us the ability to spend money on social programs.

However, we do not spend money we do not have. While I welcome the opportunity to debate the government's unwavering commitment to our public health care system, today's motion is nothing more than political grandstanding. It is not an honest reflection of the government's clear commitment to Canada's cherished public health care system.

The Conservative-Reform-Alliance Party across the way scares me when it talks about its vision for the future of health care in Canada. I truly believe the hon. Leader of the Opposition when he says that if the Conservatives were to take power, Canada would be a nation we would not even recognize. It would be a Canada where people would have to take their credit cards with them to see their doctors. The health care system under a Conservative-Reform-Alliance government would only widen the divide between the have and have nots.

Realizing how out of step it is with the Canadian people and health care, the Canadian Reform-Alliance-Conservative Party has begun spouting off about supporting public health care. Witness the Conservative-Alliance leader's speech yesterday in Toronto where he was showcasing his Mike Harris government retread candidates. He spoke about health care and tried to soften his party's approach. I do not blame him for wanting to try to change or at least hide the health care policy. Somehow I doubt his sincerity.

How can the Conservatives have campaigned for 10 years for two tier health care and user fees when they have talked about public health care for the last 10 days? How can they expect anyone to believe that they are now the defenders of the public health care system?

● (1640)

Members across the way would implement a system where in a matter of a year we would see the public health care system fall by the wayside. It would be a system where those who could afford to opt out would opt out. It would be a system where they would receive prompt and efficient service while the public health care system would deteriorate. It would be a system where those who opt out would demand that their tax dollars go toward something more relevant. Perhaps this is what the Conservative-reform-alliance party has in mind. It would be the only way the Conservatives could pay for tax cuts, which is clearly that party's top priority.

The real Conservative-reform-alliance health care policy was also very evident in the most recent leadership race where two tier Tony Clement said, "co-payments or user fees for non-emergency health care is the sort of thing that needs to be looked at if the health care system is going to match an increase in demand thanks to an aging population". He was the minister of health under Michael Harris who devastated the Ontario health care system.

During the last election the then leader of the Alliance Party was quoted in the *Red Deer Advocate* as saying "An increasingly large percentage of the population are asking for some kind of health care user fee".

What has changed? Absolutely nothing has changed.

The party across the way is so desperate to get some sort of electorate credibility that it is hiding its true intentions and trying to trick the electorate into voting for it. I do not believe the people of Canada are so naive that they will be fooled by those wolves in sheep's clothing.

The Liberal government has done everything possible to ensure that the current publicly administered health care system meets the standards of Canadians from coast to coast to coast. This includes the extra $2 billion in funding that the provinces recently received and the new Canadian public health agency that was announced in the budget of 2004. We are committed to doing even more.

The Conservatives, clearly, are trying to hide their true intentions for our health care system from Canadians, but it will not work. Canadians already know what the Conservatives stand for. They stand for a system where it is not one's medical needs that matter but how fast it will be approved on a credit card.

All members on this side of the House agree with me in stating that we will fight for the right of all Canadians to have the best public health care system possible. Liberals will defend against the ideals of the right and private health care; the ideals that would lead to not only two tiers for health care but as many as possible, if the Leader of the Opposition has his way.

Hon. Jim Karygiannis: We all remember what the Leader of the Opposition said in 1997:

> —what we should be doing is not figuring out how we can have the most equal system but having the best system. The best system means having a system where you have as many tiers as possible and you bring as many health care dollars into this country as possible.

Having as many tiers as possible is not our view. Canadians cherish our single tier, universally accessible system. After all that, the reform-alliance-Conservative Party said it supports chequebook medicine. I can assure members that it will be a long time before Canadians ever trust that party with Canada's proud health care legacy.

In the next weeks and months ahead we must restore Canadians' confidence in the future of their health care system in order to ensure its sustainability. Of course, the key to success in this national initiative will be forging a successful partnership with the provinces and territories.

Recent initiatives, like the Canadian Patient Safety Institute, Canada Health Infoway Inc., the Canadian Institute for Health Information and the Health Council of Canada, point to the ability of governments to work well together when they choose to. More to the point, each of these intergovernmental bodies will have a role to play in any national effort to improve access and quality.

The fact that the Prime Minister has agreed to meet and consult regularly with the premiers to establish a mutually agreeable agenda bodes well for the future.

In his Toronto speech, the Prime Minister also noted that any health care reform plan must include measures to support the evolution of home and community care services and the development of a national pharmaceutical strategy. These are the new frontiers of the health care system and pharmaceuticals is the fastest growing area of provincial health spending.

The Government of Canada is already supporting efforts in these and other areas but we are prepared to engage in a discussion with the provinces on how we can do more.

The next step in creating a productive and successful partnership in health is to make accountability the centrepiece of any renewal effort. We will not restore confidence in the system unless we give Canadians broader and better access to the facts.

Canadians no longer accept being told things will be better. They want to see proof that they are. Canadians need this information, not to make governments accountable to each other but so that all governments and all providers are held accountable to citizens.

The Government of Canada will continue to work with provinces and territories, stakeholders and the Canadian public to ensure that we have a health care system that provides timely access to quality care. The Prime Minister has committed to continue discussions to ensure that the health care system will be sustainable for generations to come.

The upcoming election will focus on leadership and governance. It is my belief that Canadians will look at the issues, and especially the issue of health care, and determine that voting Liberal will ensure the long term sustainability of our public health care system and provide the necessary honest leadership that Canadians deserve.

● (1645)

Mr. Richard Harris (Prince George—Bulkley Valley, CPC): Mr. Speaker, the member's words and statements are not only unbelievable but, in many cases, appear to be downright deceitful.

He talks about the proud legacy of health care under the Liberal government. Does he call the over $20 billion that the Liberals ripped out of the health care system and the waiting lists for critical operations that are in the tens of thousands at the present time a proud legacy?

The Liberals have created, enhanced and encouraged a two tier health system in this country. They have forced it on Canadians who cannot afford to pay to get to the front of the line, like the Prime Minister did a couple of weeks ago.

I find it absolutely astounding that the member would stand up and, in all honesty, as he believes, as misguided as it is, try to defend the health care system and criticize the Conservative Party of Canada. We are the ones who would bring in an affordable, sustainable, quality public health care system where Canadians could go to a clinic or to a hospital anywhere in the country and get the kind of health care they need when they need it and at a price they could afford.

The member talked about our leader bringing out, and I think the term he used was the retreaded Mike Harris candidates, to run for the Conservative Party of Canada. Those candidates ran for nomination and they were nominated. How does the member explain his Prime Minister, his leader, appointing candidates out in B.C.?

Speaking of retreads, how about Mr. Ujjal Dosanjh, the former premier of the province of British Columbia who led the failed provincial NDP, being appointed by the leader of his party? Talk about a hypocritical situation.

● (1650)

The Acting Speaker (Mr. Bélair): Easy on the word hypocritical .

Hon. Jim Karygiannis: Mr. Speaker, I want to read for the member across the way a statement made by his leader in 1997. Maybe he will pay a little bit more attention this time around. If he wants some Q-tips I am sure we can find some.

The statement reads:

> —what we should be doing is not figuring out how we can have the most equal system but having the best system.

So far that is not a problem but this is where the kicker comes:

> The best system means having a system where you have as many tiers as possible...

Does that mean one, two, three, four, maybe ten? We do not know. All we have to do is show our health card and we will move to the front of the line. This is what that party wants to do. All of a sudden those members see an election coming and they decide to change their platform.

The members of that party are wolves in sheep's clothing who want to fool the Canadian public. The Canadian public will have absolutely nothing to do with them.

Ms. Libby Davies (Vancouver East, NDP): Mr. Speaker, I wish the member would keep going. He was just about to launch right into it. It is very entertaining. If he wants to talk about a wolf in sheep's clothing, my goodness, all we just have to do is look at the other side.

Was that not the most non-partisan speech that we have ever heard in the House from that member? It was just a delight to hear it.

What I found very interesting is that not once did the member actually say where the Liberal Party stands on health care. Why? It is because we have been hearing all day dozens and dozens of different positions.

Maybe the member should ask their newly minted member from Esquimalt—Juan de Fuca. If members will remember, he was a leadership contender for the Alliance Party. He was Mr. Privatization. Maybe he should ask that new member—

The Acting Speaker (Mr. Bélair): Order, please. Let us try to be a bit more relevant.

Hon. Jim Karygiannis: Mr. Speaker, it is refreshing to hear from the NDP members. I need to remind them that their leader lived in co-op housing for a number of years.

If they want me to keep going, let me just tell the House what the Leader of the Opposition said on health care. He said:

> What we clearly need is experimentation—with market reforms and private delivery options within the public system. And it is only logical, in a federal state where the provinces operate the public health care systems and regulate private services, that experimentation should occur at the provincial level.

He made that speech in Charlottetown June 27, 2001.

Later, he continued:

> 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, for profit, not for profit or public institutions, as long as Canadians have access to it regardless of their financial means.

That was in the address in reply to the Speech from the Throne, October 1, 2002. I can give the members more. The Leader of the Opposition also believes that:

> —our health care will continue to deteriorate unless Ottawa overhauls the Canada Health Act to allow the provinces to experiment with market reforms and provide health care delivery options. He is prepared to take tough positions including experimenting with private delivery in the public system.

These statements can be found at www.harperforleader.com, from February 2002.

● (1655)

Mr. Art Hanger (Calgary Northeast, CPC): Mr. Speaker, I have listened to the hon. member across for 20 minutes as he was basically spouting Liberal propaganda on health care issues. I think he has kind of defined the Liberal position there somewhere. Unlike my colleague from Prince George—Bulkley Valley, I am not appalled by what I hear because this is pretty much the common mantra coming from the Liberal side.

I would like to ask the member a technical question. I know it might be hard for him to grasp this, but I am going to ask him to comment on it. Would the hon. member encourage his party to conduct a social audit, under the existing Office of the Chief Actuary, dealing with medicare and health care?

Hon. Jim Karygiannis: Mr. Speaker, I guess the parties across the way are not hearing very well, so let me read another couple of quotes. On the Romanow report, the Leader of the Opposition said:

> So why is the federal government going to spend millions of tax dollars to run an inquiry into the health care system? The answer is likely so that it can insist upon finding a 'national solution'—precisely the opposite of what the system needs...Given such a challenge, what we clearly need is experimentation—with market reforms and private delivery options within the public system.

I underline “private”. I capitalize it. I am astounded that they cannot read it, they cannot remember or, selectively, their memory has faded on them.

Mr. James Moore (Port Moody—Coquitlam—Port Coquitlam, CPC): Mr. Speaker, I have a quote from a Liberal member of Parliament. The Prime Minister has authorized this person to become a Liberal member of Parliament, a Liberal member of Parliament sitting on that side of the House; this person is going to be a Liberal candidate in the coming campaign and this person wrote the following newspaper article when he joined the Liberal caucus. He said:

> One option the provinces should consider is to allow private facilities to operate completely independently from the public system. The money to pay for these services would come from private hands, not the government.

That was said by a Liberal member of Parliament.

I want to know from this member, is the current Prime Minister going to sign this Liberal candidate's nomination papers, yes or no—

The Acting Speaker (Mr. Bélair): Order. The hon. parliamentary secretary.

Hon. Jim Karygiannis: Mr. Speaker, I would like to talk about the leader, never mind a backbencher. The leader of the Reform-Conservative-Alliance Party states—

An hon. member: Answer the question. Is he going to sign the papers?

The Acting Speaker (Mr. Bélair): Order. We have only 40 seconds to go, so please hold it for 40 seconds. The hon. parliamentary secretary.

Hon. Jim Karygiannis: Mr. Speaker, the Leader of the Opposition stated:

> The Canada Health Act, at least it has been interpreteed, prevents co-paymnt, user fees, these kinds of things. Surely in some cases these would be preferable to taking services and options out of the public system entirely.

I am just wondering if opposition members have conveniently stopped learning how to read. Are they conveniently backtracking? Or do they just not know what they are doing? I think it is the latter.

Hon. Lorne Nystrom (Regina—Qu'Appelle, NDP): Mr. Speaker, today I rise to support this motion in the House calling on the federal government to end the drift toward privatization of the health care system. I want to share my time with the member for Palliser.

I want to say at the outset that, despite protests, the Liberal government across the way, because of its cutbacks in funding, has provided a great deal of momentum for the privatization of health care. In fact, it is sounding as bad as the Conservatives across the way. We all know where the Conservative Party stands, that party of Brian Mulroney, that party of Mike Harris, that party of Grant Devine, in terms of calling for more and more private health care over the years. Now the Liberal Party is doing the same thing.

I wish we had a member across the way. They are terrified in downtown Toronto, where the Liberal Party is going to suffer many lost seats on June 28. When the Prime Minister drops the writ, many of the members across the way are going to go down in defeat to the NDP, mainly because the Liberal Party in this country today is led by a conservative.

The people of this country need an alternative and we are providing the only alternative for the people of this country, for a publicly administered, single payer, not for profit health care system in Canada. It is not being offered by the Liberal Party and it is not being offered by the Conservative Party. That member hangs his head in shame on the backbenches.

An hon. member: He should come back and take his medicine.

Hon. Lorne Nystrom: What has happened is that we have had radical cutbacks by the Liberal Party to health care funding in Canada. Back in the 1960s, the NDP managed to force the Liberal Party to bring in national health care. I know that the member across is running in shame and hiding his head.

When the NDP managed to force the Liberal Party under Pearson to bring in health care, it was funded on a fifty-fifty basis by the federal government and the provinces, but there have been massive cutbacks by the federal government. Now the federal government funds only about 16% of health care and the provincial governments about 84% in terms of cash payments for health care in the country.

What we in the NDP are saying, and it is what Roy Romanow said as well, is that the federal contribution to health care should be brought up to 25% of the total costs.

What does that mean? In my province of Saskatchewan, which is one of the smaller provinces of the country, the health care budget this year was $2.69 billion. That is an increase of 6.3% in the last year. In other words, the Saskatchewan NDP government has been funding health care at a rate higher than the inflation rate, so it has been keeping up, but despite that, health care is underfunded in my province, just as it is in other provinces. If the federal government increased its share from 16% to 25%, it would be an additional $306 million per year for the province of Saskatchewan. That would be a significant contribution to the Saskatchewan health care system.

In British Columbia—the member for Vancouver East is here—if the federal government paid 25% of the costs instead of 16% there would be an additional $1.1 billion put into the health care system there. In Alberta, it would mean an additional $751 million. In Quebec, there would be an additional $2.15 billion in health care funding. In Newfoundland and Labrador, it would be an additional $175 million.

In New Brunswick—the member from New Brunswick is across the way—it would be an additional $214 million if the federal government paid 25% of the costs as opposed to about 16% of the costs. Imagine what that extra $214 million would mean for a province like New Brunswick. That is an awful lot of cash for the health care system in the province of New Brunswick. We should not forget that is at only 25%. In the 1960s when the health care system was brought in, the federal government paid 50% of the costs. Now it pays 16% of the costs and the NDP is recommending 25% of the costs. That would be an extra $214 million for the province of New Brunswick.

● (1700)

[*Translation*]

Prince Edward Island would get another $43 million if the federal government paid 25% of the cost of medicare for Canadian provinces. Manitoba would also receive a large increase and Quebec, as I mentioned, would receive another $2.15 billion.

[*English*]

In every province in this country there would be a large increase if the federal government were to pay some 25% of the costs of health care.

Therefore, one thing that has to happen is more federal health care money coming into the health care system. The other concern we have is the privatization of health care in this country. It has increased during the Liberal Party's term of office. The main reason for it is that they have starved and strangled the health care system. When we starve the health care system, we force the provinces to look elsewhere and we have seen the establishment of some private clinics, some private health care facilities, some for profit health care facilities.

I believe that health care in this country should be provided on a non-profit basis. It should be a public system, accessible to each and every single Canadian, regardless of the thickness of one's pocketbook or wallet.

That is not the way the government across the way is going. The health minister himself was open to more privatization in the health care system. I do believe that is absolutely and totally wrong. The Minister of Health, just a few days ago, made this statement:

> If some provinces want to experiment with the private delivery option, my view is that as long as they respect the single-payer, public payer, we should be examining these efforts.

So the Liberals want to explore the private delivery of health care, and we do not have private delivery in health care unless we build in the profit motive. The profit motive has to be there to attract private investment and the minister is open to private investment. He is open to for profit health care. I believe that is the wrong way to go.

It is the way of the Conservative Party. The member from Penticton is leaving. I remember that his great leader Brian Mulroney talked at one time of greater health care. His friend in Ontario, Mike Harris, did exactly the same thing, and Grant Devine in my province of Saskatchewan. Now we have this other great conservative party, led by the Prime Minister from LaSalle—Émard—

An hon. member: Oh, oh.

Hon. Lorne Nystrom: —that is also talking about health care, and now I am being heckled by the member from Vancouver.

With me I have a quote from the current Leader of the Opposition, from the *Toronto Star* of October 18, 2002, in which he was critical of the report on the future of health care and especially for its failure to call for privatization. He said:

> Romanow virtually ruled out any new ideas for the provision of private-sector services within the public system, and even talked about expanding the existing system.

In other words, the Conservative Party is upset that Romanow did not talk about more private sector health care. It is upset that Romanow called for the expansion of public health care.

We know exactly where the Conservative Party stands. The Conservative Party wants two tier health in this country, a private system, a for profit system of health care in this country, where the rich can afford to pay for it and the poor line up at second-rate hospitals.

That is exactly where the member for Saskatoon—Rosetown—Biggar stands in support of her leader: for more private health care. I will be very interested when the people on the doorstep in Saskatoon—Rosetown—Biggar hear this from this party. People are watching this today. I will quote from the *Toronto Star* once again. The Leader of the Opposition is saying that he is critical of Romanow because of his failure to call for privatization of health care. He said:

> Romanow virtually ruled out any new ideas for the provision of private-sector services within the public system and even talked about expanding the existing system.

Is it not a horror show that Mr. Romanow and the NDP want to expand public health care in this country? Here we are with the Conservative Party, which wants more private, for profit health care, that party of Brian Mulroney.

The people back home are interested in this too. The Conservative Party now has been endorsed by Brian Mulroney. In Moncton, Brian Mulroney, the great hero of western Conservatives, endorsed the Conservative Party. The current leader was happy to have that endorsement. The current leader is saying that history will judge Mr. Mulroney very well. Of course: this is coming from a Conservative about another Conservative. They are proud of Mike Harris, the Mike Harris who wanted to set up private hospitals and privatize health care and privatize everything in the world. They are proud of Grant Devine, another Conservative premier of my province of Saskatchewan.

That is the Conservative Party. The people of this country will not be fooled when they go to the polls and see this party of Brian Mulroney that wants to privatize health care. That is exactly where they are. I wonder where the old-fashioned, populist Reform Party has gone to. Those members get to Parliament for a few years and enjoy their salaries and their pensions, and then suddenly there is a metamorphosis and they come out as Brian Mulroney's Conservatives.

● (1705)

The Deputy Speaker: I just wanted to seek assurance from the hon. member for Regina—Qu'Appelle that in fact he was splitting his time with a colleague. If he is splitting his time, I would have to inform him that his time is up and we will go to questions or comments.

Mr. James Moore (Port Moody—Coquitlam—Port Coquitlam, CPC): Mr. Speaker, I certainly agreed with one thing in the comments of my friend from Regina—Qu'Appelle. That is the idea that the fiscal reality that came from Ottawa that choked off health care spending in the mid-1990s was certainly a detriment to the delivery of health care services in this country.

There is a flip side to that coin which is that the delivery of health care services in Canada is provided by the provincial governments. We all know that. One side of this equation is that on the one hand the cut in transfers to the provinces by the Liberals in Ottawa certainly damaged health care delivery services.

As a member of Parliament and a citizen of British Columbia I have to say that the NDP has far from solid ground to stand on when it comes to chiding other levels of government about responsible fiscal management and what that means to the delivery of health care.

The member talked accurately about the $250 million sponsorship program and how that money might have gone to help health care. I agree with him on that but what was missing from his rant was his equal condemnation of the $500 million wasted on the fast ferry project in British Columbia. That money could have gone a very long way to helping the people who are dying while on waiting lists in the province of British Columbia. The quality of life and standard of living is being damaged in the province of British Columbia because of the dramatic fiscal mismanagement of his own party, the NDP.

The cutbacks that came from Ottawa did not help, but it is utter hypocrisy for any New Democrat to stand in the House and say that the NDP has solid ground to stand on. The NDP has utterly no ground to stand on when it comes to proper fiscal management, when it devastated my province of British Columbia and caused a total financial meltdown, that caused people's lives to be in jeopardy in British Columbia.

● (1710)

Hon. Lorne Nystrom: Mr. Speaker, I am glad the Mulroney Conservatives are applauding that comment.

The member from British Columbia must be deaf in his left ear because I never even mentioned the sponsorship program in my remarks. He was complimenting me on my comments about the sponsorship program but I never mentioned it at all.

If is funny if the people of British Columbia are that upset with the NDP because the NDP is now skyrocketing to the top of the polls. His friend Gordon Campbell now is trailing the NDP in British Columbia, or he is darned close to trailing. I have seen polls in British Columbia that are tied with the NDP slightly ahead. At any rate the NDP is skyrocketing in British Columbia.

I am glad he also raised the question of fiscal responsibility. The record in this country shows that the NDP provincial governments in Saskatchewan and Manitoba over the years have been leading examples of fiscal responsibility. When there was a Conservative government led by his friend Grant Devine in my province, he almost bankrupted the province of Saskatchewan. His Conservatives also had 16 criminal convictions of fraud in Saskatchewan.

That great conservative hero of the member for Port Moody—Coquitlam—Port Coquitlam, George Bush, is running one of the biggest deficits in the history of the world. We could go back to the 1930s and who had the great debts were the Conservatives under R. B. Bennett. All over the place it is the Conservatives who are fiscally irresponsible with taxpayers' money.

Here we have the Conservative Party—

Mr. James Moore: Mr. Speaker, on a point of order, I do not believe that George Bush is actually the premier of British Columbia. Perhaps the member for Regina—Qu'Appelle could address his answer to the question about the province of British Columbia for once.

The Deputy Speaker: I do not think that is a point of order so let us get back to the debate.

Hon. Lorne Nystrom: Mr. Speaker, I did and I said that in British Columbia the NDP is skyrocketing in popularity. We will see on election night the great loss of Conservative seats in British Columbia federally as people react against the Conservative Party.

The member also asked about fiscal responsibility and about what social democrats do. I told him what happened in Saskatchewan and Manitoba, the record of Tommy Douglas and Alan Blakeney and Roy Romanow right up to the current day, or Ed Schreyer in Manitoba and Howard Pawley and Gary Doer in Manitoba. These are examples of governments that are fiscally responsible compared to the Conservatives.

The Conservative Party of Grant Devine, they worship people like them. They are their heroes. The Conservative government of Grant Devine almost bankrupted Saskatchewan. We could look to their great leader Brian Mulroney and the great debts that he had. Mulroney was the leader of the Conservative Party.

It is going to be very interesting in Blackstrap for example, to ask the ordinary people what they think of Brian Mulroney and the Conservative Party. There are some people here who fought really hard against Brian Mulroney and now all of a sudden he has endorsed the party, he is the former leader and they worship this guy. It is the same old party once again.

George Bush is running up a huge deficit in the United States and yet they worship him. They want us to go to war in Iraq. They want to send young people to Iraq who would be killed there. George Bush is the guy who lied to the world and lied to Congress about weapons of mass destruction, yet they support George Bush all the way.

People do not want that kind of extremism in our country. That is why the NDP is now the alternative to the government across the way. That is why the NDP is on the march. That is why that extremist republican party north is going to be marginalized after the next campaign.

Mr. Dick Proctor (Palliser, NDP): Mr. Speaker, I want to congratulate my colleague from Regina—Qu'Appelle. We are debating, as we wind down, that the House condemn the private for profit delivery of health care which the government has encouraged since 1993, and of course I am delighted as always to have the opportunity to speak.

I have the opportunity to speak, and for that I want to thank the Conservative Party, because it has managed throughout the course the day, a full day of debate on this important topic, to put forward one speaker all day long, a handful of hecklers and people who would have questions and comments, but one speaker. It has 75 members and purports to be the government in waiting, the official opposition that is ready to take over. By any public opinion poll, health care is the issue in Canada. We have a debate on private for profit health care and it has managed to put up one speaker all day long.

The New Democratic Party has carried this debate from start to finish, as admittedly it should because it introduced the motion. It is absolutely mind boggling and bewildering that the so-called official opposition has been able to put up only its health critic to take part in a significant and important way in a very important debate. Presumably the Conservatives are suggesting that their leader said everything that needed to be said yesterday on the topic when he introduced that party's platform on health care. Of course there would be no need to add or embellish perfection, if that were the case, except that the leader of that party has over the years said many things on the topic of health care and the private delivery thereof. I would like to note one or two of those.

In the House in October of 2002, the current leader of the Conservative Party said:

> 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, not for profit, or public, as long as Canadians have access to those services... regardless of their financial needs.

Also in 2002, the leader's website—and I cannot remember which party he was running for at that time; he has been in so many leadership campaigns—stated:

> Favours diminishing the Canada Health Act to allow provinces to "experiment with market reforms and private health care delivery options. [The leadership candidate] is prepared to take tough positions including experimenting with private delivery in the public health system".

The point I am driving home is the Conservative position is that it does not matter who delivers health care or how it is delivered, as long as it is accessible. That is the point they make repeatedly.

The for profit health care folks deny the same level of care. People have pointed out that where they have made comparisons, the death rate in the for profit health model is significantly higher. The point has been made by the Canadian Health Coalition that 2,000 more Canadians per year would die under a for profit system than under a not for profit system.

Mr. Mazankowski, a well-known former Conservative cabinet minister and deputy prime minister, asked at the Romanow commission hearings a couple of years ago why everyone is afraid of private provision of health care; if the customers are not satisfied they will go out of business. There was a similar comment from Senator Michael Kirby who did that institution's report on health care. He said, "We do not care if health care is privately delivered. Frankly we do not care who owns the institutions".

● (1715)

I want to refer to somebody who does care about how health care is delivered and who pointed out the difference very clearly and very eloquently. I am referring to Dr. Arnold Relman, professor emeritus of medicine and social medicine at Harvard Medical School. He was on Parliament Hill a couple of years ago to tell a Senate committee about the U.S. experience on health care. Dr. Relman said:

> My conclusion from all of this study is that most of the current problems of the U.S. system—and they are numerous—result from the growing encroachment of private for-profit ownership and competitive markets on a sector of our economy that properly belongs in the public domain. No health care system in the industrialized world is as heavily commercialized as ours, [referring to the United States] and none is as expensive, inefficient, and inequitable—or as unpopular. Indeed, just about the only parts of U.S. society happy with our current market-driven health care system are the owners and investors in the for-profit industries now living off the system.

Dr. Relman went on to say:

> Private health care businesses have certainly not achieved the benefits touted by their advocates. In fact, there is now much evidence that private businesses delivering health care for profit have greatly increased the total cost of health care and damaged—not helped—their public and private non-profit competitors.

He pointed to the example of the failure of the commercial HMOs in the United States, an insurance system that was seen a few years ago. Senior citizens covered by medicare in that country were encouraged to obtain their care from private for profit HMOs that would be paid by the government. It soon became obvious that the costs of care out of the private system were much greater and that senior citizens were dissatisfied with the care they received. A wholesale exit of senior citizens from the private system ensued. They voted with their feet, in other words, for the public system. He concluded by saying:

> —the U.S. experience has shown that private markets and commercial competition have made things worse, not better, for our health care system. That could have been predicted, because health care is clearly a public concern and a personal right of all citizens. By its very nature, it is fundamentally different from most other good[s] and services distributed in commercial markets. Markets simply are not designed to deal effectively with the delivery of medical care—which is a social function that needs to be addressed in the public sector.

We submit that there is a very significant difference in how health care is delivered. We want to see it delivered in the public domain. Our party's point is that there is really very little difference between the Liberal and Conservative parties on this subject. I know the government and the Prime Minister have been trying to suggest that there is a vast difference between what they would do and what a Conservative Party in power would do on the delivery of private for profit health care. We know there is very little difference.

Over the weekend and yesterday it was interesting to hear some comments by Tom Kent who has played a very significant role in this country, particularly in the federal government and in the Liberal Party over many years. He was talking about Paul Martin Sr. and the role that he played in health care after the Prime Minister's apparent outburst in caucus last week about how his father's party was not going to give up on this. Mr. Kent's recollection, as substantiated by Paul Hellyer who was in cabinet at the time, was that Paul Martin Sr. had a relatively minor role to play in all of that.

More important and in regard to today's debate, Mr. Kent was passionate in his complaints about what he felt the present Prime Minister did to undermine medicare when he was finance minister between 1993 and 2002. Mr. Kent said:

> [The] 1995 budget...ended all pretense of a commitment [to medicare] and substituted just the [Canada Health and Social Transfer], which is an arbitrary amount...as distinct from a commitment to a share in provincial costs.... The contract for medicare was already tattered. In 1995, it was unilaterally and unceremoniously thrown out.

● (1720)

In conclusion, our position in this party is that there is very little difference between those two parties on the issue of private for profit delivery of health care. We think it is the New Democratic Party that will stand to speak on this issue and to benefit from the lack of direction from the government and the official opposition on this very important matter.

● (1725)

[*Translation*]

Mr. Jeannot Castonguay (Madawaska—Restigouche, Lib.): Mr. Speaker, I listened with a great deal of interest to the presentations of the two hon. members who just spoke. I think we can agree that currently in Canada doctors are providing excellent services.

We also know that the majority of these doctors are private entrepreneurs. They are paid a fee for service, and if they do not work, they are not remunerated. If they do work, they are. It is up to them to take care of their own fringe benefits.

My colleague is simply suggesting that we stop this type of practice in Canada and that all doctors should be salaried public workers. I wonder if we would receive better care that way. Would the cost be any different?

[*English*]

Mr. Dick Proctor: Mr. Speaker, I certainly think people who work in the profession feel that if we had doctors paid on a salaried basis, it would help matters. I worked in the department of health in the province of Saskatchewan before coming to this place. One thing the department was working on was exactly that. It was trying to get doctors off of a fee for service arrangement and onto an annual salary.

I am pleased to say that I belong to the Regina community clinic on Winnipeg Street in Regina. There are roughly half a dozen doctors there and they are all on a salaried basis. Progressive governments that are looking for choices on this would like to see more doctors on salary rather than on a fee for service basis so we can try to reign in some of the costs.

When Mr. Romanow was the premier of the province of Saskatchewan, he used to say that the province could spend 100% of its money on health care and it still would not be enough. Of course there had to be money to pay down the debt left over from Grant Devine and for education, roads and a number of other things. However, this has become a juggernaut over the last 10 years that has grabbed provinces like Saskatchewan and most others in the country, and it will not let go because of the rising costs.

I have less concern overall about the doctors on a fee for service basis than I have on private MRIs. Inevitably, built into those private MRIs will have to be a profit motive. That is our concern. We want to limit and reduce the for profit delivery rather than see it escalate in the years to come.

Mrs. Lynne Yelich (Blackstrap, CPC): Mr. Speaker, I really have to wonder if the two members who spoke before are really from Saskatchewan. What I heard was incredible. They are talking about trying to debate health care. Health care is what we should be debating. All I heard was a rant. I do not believe they are really concerned about health care one iota. If they were, they would go home and try to access our health care. It is not always accessible to those with real health problems.

I can tell about a person who went in for a knee operation. He was quite healthy and was told to have both knees operated on at the same time. He had both done at the same time and never came out of the hospital. I can tell about a person who had to go back into the hospital to have a limb re-broken. What about the workmen's compensation patients who go to Calgary for MRIs because our province does not have an MRI machine available for Saskatchewan workmen's compensation clients?

That is why nobody wants to participate in this debate. It is sickening.

Mr. Dick Proctor: Mr. Speaker, one hardly knows where to start on that. I would just repeat what I said a minute ago. When provinces are carrying 84¢ of the dollar and the federal government is only putting in 16¢, it is very difficult for provinces like Saskatchewan, with a million people and a small taxpayer base, to do all that.

However, perhaps the member for Blackstrap could make some of those approaches to the health minister across the way and point out some of the realities with which governments are dealing.

● (1730)

[*Translation*]

The Deputy Speaker: It being 5:30 p.m., it is my duty to inform the House that proceedings on the motion have expired.

The House will now proceed to the consideration of private members' business as listed on today's Order Paper.

PRIVATE MEMBERS' BUSINESS

[*English*]

CRIMINAL CODE

The House resumed from March 24, consideration of the motion that Bill C-452, an act to amend the Criminal Code (proceedings under section 258), be read the second time and referred to a committee.

Mrs. Lynne Yelich (Blackstrap, CPC): Mr. Speaker, I am very pleased today to speak to Bill C-452, an act to amend the Criminal Code (proceedings under section 258).

The bill presents an important opportunity to strengthen the laws surrounding the investigation and prosecution of impaired driving and related offences. Too often individuals who choose to drive while drunk or otherwise impaired face no consequences. Even when they are caught, they can take advantage of technical loopholes to avoid justice.

My colleague's bill would eliminate some of these loopholes by giving the courts the ability to use blood or breath sample results as proof of the accused's blood alcohol content at the time of the alleged offences. The span of time during which a sample could be taken would also be increased to three hours from the current two.

These are positive changes that would correct earlier parliamentary oversights and make drunk drivers less likely to get away with their crimes. This is particularly important, because without intervention, impaired driving tends to be an oft-repeated crime with tremendous potential for tragic results. For example, impaired driving is the number one criminal cause of death in Canada. Approximately 1,350 people die each year in alcohol related motor vehicle crashes. That is a death rate two to three times higher than the national murder rate. Another 200 people are injured each day in impaired driving related incidents.

Over the last 20 years, alcohol has been a contributing factor in 30% to 50% of fatal crashes. The social and human costs are staggering. From an economic perspective, Transport Canada estimates the annual cost associated with health care, damaged property and lost wages resulting from crashes involving alcohol in Canada exceeds $5 billion.

The need to implement legislative changes that could reduce the number of impaired drivers on our roads is particularly important to the people in my home province of Saskatchewan, which has a higher rate of drunken driving than any other province in Canada.

Given the figures hon. members have just heard, it is clear that we have a responsibility to do what we can to ensure that authorities have the resources and legislative backing needed to successfully identify, charge and prosecute impaired drivers.

The member for Lakeland's bill addresses some important steps in achieving the goal. As I mentioned earlier, Bill C-452 would extend the time allowed for the taking of breath or blood samples from an accused in the investigation of an alleged offence from two to three hours. This would allow authorities more time to collect samples and could reduce the number of cases thrown out because the Crown chooses not to expend the resources necessary to have a toxicological expert verify results of samples not taken within the two hour timeframe.

The bill would also allow a court to use the results of the analysis of the sample, in the absence of evidence to the contrary, as proof that the concentration of alcohol in the accused's blood at the time of the alleged offence was not less than the concentration shown in the results. In cases where the accused challenged those results, he or she would face the eventual burden of establishing, on a balance of probabilities, factors that affect their reliability.

Finally, the bill would require a court to consider other evidence in deciding whether the accused had discharged the burden of proof. The courts have interpreted the Criminal Code in such a manner that breath or blood tests are often thrown out based solely on the accused's own testimony. Without the test results, the charges are usually dropped or the accused is acquitted.

Two of the main defences used by the accused are the Carter defence and the last drink defence. Hon. members may have heard these described in the House before, but they bear repeating.

The Carter defence is that the accused testifies that he or she had only a small amount to drink prior to the offence. The defence would call a toxicologist to confirm that the accused's blood alcohol content would definitely have been below the legal limit if such a small amount were consumed. If the court accepted the accused's evidence, the test results would be completely disregarded, even if they were administered properly, were consistent with the reading on the roadside screening device and were supported by the officer's evidence that the accused showed signs of intoxication.

● (1735)

The second is the last drink defence. The accused testifies that he or she consumed a large amount of alcohol immediately after driving. The contention is that this alcohol would not yet have been absorbed into the bloodstream when stopped by the police.

The accused argues that his or her blood alcohol content was below the legal limit when driving, and only rose above the limit in the interval between being stopped and being tested. Again, the breath results are rejected and the accused is acquitted.

What is the result? Despite an estimated 12.5 million impaired driving trips every year in Canada, the majority of offenders are not stopped by police and, even when they are stopped, officers do not press charges. Police officers do not believe their work will result in convictions because the laws are not strong enough.

A recent letter from MADD, Mothers Against Drunk Driving, to the Parliamentary Secretary to the Minister of Justice suggested that this group, who sadly know too well the potential consequences of impaired driving, supports the changes put forward by the member for Lakeland.

MADD National Executive Director Andrew Murie wrote: “It is now almost 20 years that the Carter defence has made a mockery of the Criminal Code's elaborate provisions designed to curtail the grave social problem posed by drinking drivers. Parliament's failure to respond meaningfully condones the undermining of the statutory provisions. Surely it stands as an indictment of the present government that amendments shown by experience to be necessary have been shirked to the extent that a private member must take it upon himself to fill the gap”.

This is an important bill that could save lives. By improving the odds that an impaired driver will face consequences for his or her actions, I believe we can reduce the number of drivers willing to take that chance. With impaired driving affecting so many Canadians each day, I encourage all members in the House to support this bill.

Mr. James Moore (Port Moody—Coquitlam—Port Coquitlam, CPC): Mr. Speaker, I notice an irony here. The NDP were chiding the official opposition, the Conservative Party, for not having speakers on a supply day motion that is non-votable, just a rhetorical gabfest in here right before an election campaign. Here we have Bill C-452 that will actually save lives if it is put in place and there is no New Democrat here to speak about it.

The Deputy Speaker: I must remind the hon. member that any mention of the absence of any member or members is not acceptable as a practice of the House.

Knowing the full pressures and responsibilities members have outside the Chamber, I would ask him to draw on that experience. I know the respect he has for the Chamber.

Mr. James Moore: I am sorry, Mr. Speaker. I do appreciate the rules and I did not want to allege that any New Democrats were not here but that the NDP are not going to put up any speakers in reference to the point that was made earlier.

I rise in support of this bill. I want to laud my colleague from Lakeland and certainly my colleague from Blackstrap who just spoke to the bill. Bill C-452 deserves the support of all members of the House because I am saddened to report that according to statistics, drunk driving is the number one criminal cause of death in Canada.

I am saddened in part because the Charter of Rights and Freedoms was made law in 1982 and yet one of its most commonly cited sections, subsection 24(2), deals with the exclusion of evidence at, among others, drunk driving trials.

Approximately 40% of all traffic fatalities involve alcohol. Every day 4 Canadians die and another 200 are injured because someone had too much to drink and acted irresponsibly. Canadians know that drinking and driving is illegal; however, they also know that there are a surprising number of ways to get out of a drunk driving charge.

The last time this bill was discussed in Parliament, on March 24, 2004, the member for Provencher spoke of the tremendous difficulty in successfully prosecuting someone for drunk driving. I think that Canadians should know more about the member for Provencher because it is important to understand his background and the leverage with which he speaks to the issue.

Before ever setting foot in the House, the member for Provencher was a criminal prosecutor, the director of constitutional law for the Province of Manitoba, and later Manitoba's attorney general and minister of justice. When he talks about the Criminal Code, we should all listen.

When he spoke on Bill C-452 on March 24, he said that as a prosecutor he would rather have prosecuted a murderer than a drunk driver. He told us how frustrating it was to deal with the technical defences on how to avoid convictions under the Criminal Code. Quite frankly, he said it was easier to prosecute a murderer than it was to prosecute a drunk driver.

How difficult is it? In opposing Bill C-452, the Parliamentary Secretary to the Minister of Justice, the Liberal responsible for this bill, told the House that "It is better that 99 people who committed the offence go free than one innocent person be convicted".

If that is the Liberal vision of justice, we are nearly there. A recent B.C. study showed that only 11% of impaired drivers taken to hospital were ever convicted. Think about this. In what kind of circumstances is a drunk driver taken to hospital? There are only three that come to mind. One, he hit another vehicle; two, another vehicle hit him; or three, he hit an obstacle like a tree or a wall.

In situations one and three, one would think that if the drunk driver was drunk enough to hit another vehicle or an obstacle like a wall or a tree—drunk enough in order that he would have to go to hospital because of the injuries—that he would likely be drunk enough to be found guilty of drunk driving.

The fact that only 11% of these people are convicted of drunk driving tells us that there is something seriously wrong with our system. Clearly, we need to do something about it and I wish that the government would stop sending mixed signals to my generation.

Young Canadians are very aware of the "Friends Don't Let Friends Drive Drunk" campaign. Those of us who are under 30 do not typically have a drink with lunch on a workday. The idea of a designated driver is common practice. We are opposed to drinking and driving, and we want to keep drunks off our roads.

When we hear the government has tabled legislation to deal with drug impaired driving, we are encouraged. We are happy to hear that Alberta has asked its prosecutors to seek dangerous offender status and long term offender designations for habitual drunk drivers. At the same time when we see the government's members of Parliament here in this place fighting against Bill C-452, and when we hear that convicting a drunk driver is tougher than putting a murderer behind bars, we become concerned.

Then we read that Daniel Bert Desjarlais of Edmonton has been convicted 19 times of drunk driving including one offence that killed his uncle or we hear of Robert James Dornbusch, recently stopped by police staggeringly drunk, nearly three times over the legal limit, who is to be convicted for the 17th time of impaired driving, partly because his own lawyer described him as incorrigible.

● (1740)

Hon. Sue Barnes: Mr. Speaker, I rise on a point of order. I was quoted in the member's speech. The record from *Hansard* gives my exact quote. It said:

> It has been said that the rationale behind the criminal standard is that it is better that 99 people who committed the offence go free than the one innocent person be convicted.

Please go with the exact record, not implied.

The Deputy Speaker: Members will understand that from the Chair's perspective this is not so much a point of order as a matter of clarification, but it is on the record.

Mr. James Moore: Mr. Speaker, if I misrepresented the direct statement from the member for London West, I apologize. That was not my intention.

When it is tougher to convict people for drunk driving than it is to convict them of murder, as the former attorney general for Manitoba has told this place, that is a serious problem. That is a red flag that we should all notice about the system. When we find out that there are people who have been convicted of 19 drunk driving offences and they are still behind the wheel, our heads start to spin.

It is a question of odds. How many times do people have to drive drunk before they are caught? How many times are drunk drivers charged before they are convicted? If only 11% of impaired drivers taken to B.C. hospitals were convicted and drivers who have been convicted 16 times are still behind the wheel, that just shows how strong the odds are in a drunk driver's favour.

The government tells us that roughly 71% of drunk drivers were convicted, but if it told us that only 71% of murderers were convicted, the country would enact tougher laws. A 71% conviction rate against people who were charged with drunk driving is not good enough, especially when the biggest single reason why they were not convicted was not that they were innocent, but that they managed to exclude the evidence that proved that they were in fact drunk.

Research has shown that the vast majority of drunk driving trips, 87% of them, are taken by just 5% of drivers. Drunk drivers get behind the wheel of a car 12.5 million times every year in Canada. Only about 70,000 charges of drunk driving are laid per year in these car trips. Of these, 71%, or roughly 49,700 are convicted. That is 49,700 convictions for 12.5 million offences. That is a true conviction rate of roughly 0.4%. Like I said, the odds are very much in a drunk driver's favour.

Bill C-452 is an attempt to swing the balance back. When drunk drivers are pulled over, they are given a blood roadside breathalyzer test and if they have a blood alcohol concentration, BAC, of over 80 milligrams of alcohol per 100 millilitres of blood, or .08, they are charged.

Then at trial the accused typically relies on one of two defences: the Carter defence or the last drink defence. The Carter defence relies on experts to rebut the evidence produced by the breathalyzer. The last drink defence claims that the accused was at a party, quickly chugged three or four drinks and then got into the car to get home before getting over .08 alcohol absorbed in the blood rate.

Bill C-452 aims at dealing with both offences. On the Carter defence, subclause 1(4) of C-452 introduces a new paragraph to the Criminal Code that would require any accused wishing to rebut the breathalyzer evidence to show on a balance of probabilities that: first, the analyses were improperly made; second, the procedures were not followed; third, the equipment malfunctioned; or fourth, the accused consumed alcohol after the alleged offence but before taking the samples.

The legal director for Mothers Against Drunk Driving Canada, Professor Robert Solomon of the law faculty of University of Western Ontario, supports Bill C-452. He writes that requiring the accused to establish on balance of probabilities that the breathalyzer result is inaccurate is no different to requiring him to prove claims that he was not in the driver's seat, as per the existing paragraph 258 (1)(a) of the Criminal Code.

On the last drink defence, subclause 1(2) replaces subparagraph 258(1)(c)(ii) of the Criminal Code with new text increasing the time allowed for the taking of breath or blood samples from an accused to three hours from the current two hours. It would extend the window from which we can catch people for breaking the law. Here, Professor Solomon notes that this change is entirely consistent with the three hour period in which a police officer may demand a sample under subsection 245(3) and describes as inexplicable Parliament's failure to make corresponding changes to that section, as this bill does.

When this bill was first debated on March 24, some Liberal MPs pointed to its shortcomings and proposed to vote against sending it to committee. It is precisely this Liberal focus on the shortcomings of legislation proposed by other parties that is paralleled in law where 29% of persons charged of drunk driving are acquitted, not because of their innocence, but because of artful reliance on technicalities. That is just not good enough.

Bill C-452 is a serious attempt to deal with a serious problem. Drinking and driving is an issue that is a concern for all Canadians. I encourage all members of the House to vote in favour of sending Bill C-452 to committee for examination to strengthen our law, protect families, protect kids, and get in their face and tell drunk drivers that what they are doing will not be tolerated in this new and better Canada.

● (1745)

Mrs. Bev Desjarlais (Churchill, NDP): Mr. Speaker, I just want to make a short comment. I know my colleague from the Conservatives was somewhat disappointed that the New Democratic Party was not going to put up a speaker. Quite frankly, having had a good number of people in the House listen to me on a number of instances today, I did not want to repeat anything or to speak any more than I had to today.

However, I want to reaffirm the position that we have taken in the past. It is private members' business and everyone will vote according to how they choose, but generally, we have taken the position that we support this bill going to committee. We will encourage our colleagues to vote in favour of it going to committee.

● (1750)

The Deputy Speaker: Taking note that no other member is rising, under right of reply, we will give a maximum of up to five minutes to the member under whose name the bill stands, the hon. member for Lakeland.

Mr. Leon Benoit (Lakeland, CPC): Mr. Speaker, I am pleased to make my closing comments on the legislation.

My private member's bill is about saving lives. The bill was designed and drafted by Mothers Against Drunk Driving. Louise Knox, the president of this organization, lives in my constituency. We have talked many times about the devastation caused by drunk driving. Her son was killed by a drunk driver. She knows the loss a family can feel as a result of this completely unnecessary death.

The bill tries, in a very reasonable way, to eliminate two of the most commonly used technical defences for those who are guilty of drunk driving but get off on technicalities. They hire a good lawyer, go to court, get a soft judge and get off on technicalities. The purpose of this legislation is to protect against that to save lives.

I cannot imagine why anyone in the House would not support the legislation. In fact the parliamentary secretary, in the last hour of debate, gave his reasons why the government, or members of the Liberal Party, might not support the legislation, and they were absurd. I am will read them so members can see just how ridiculous this argument is. Normally, I would not use that type of strong language, but I think it is being factual. He said:

> Bill C-452 would impose a new and highly unusual requirement upon an accused person. In order to challenge the result of a breath or blood test, an accused would have to prove one of four things: first, the analysis was faulty; second, the equipment was faulty; third, the procedure was faulty; or, fourth, the accused drank alcohol after driving but before the testing.

The parliamentary secretary was arguing that requiring the accused to prove one of these things was unreasonable. He even went so far as to say that it somehow went against charter protection.

However, let us just examine whether that is the case. What I am talking about are the two most commonly used defences to get drunk drivers off the hook. My colleagues have presented the information effectively on these two defences, but I am going to present them once more and then quickly show how absurd the parliamentary secretary's arguments are.

The courts until now really have interpreted the Criminal Code in a manner that results in the evidentiary breath or blood test results being thrown out solely based upon the accused's unsubstantiated and self-serving testimony.

People go to court, accused of drunk driving, and say one of two things. In the case of the Carter defence, they say that they only consumed a small amount of alcohol. Even though the tests showed they were clearly drunk, based on the evidence they presented, that they had only consumed a small amount, they could not be guilty because their blood alcohol concentration simply could not have been that high.

In the other case, that of the last drink defence, they say that when they were tested their blood alcohol level was above the legal limit, that they were driving drunk according to the test, but what they did was guzzle back a bunch of booze just before the police stopped them. Therefore, while they were drunk according to the test, they were not drunk while driving. Believe it or not, some courts, with the right judge and the right lawyer, allow these defences to stand.

The parliamentary secretary says that it is unreasonable for the accused to require evidence that the test was wrong. The legislation says that if the tests are done appropriately, then that individual should be found guilty. The parliamentary secretary argues that it is an unreasonable thing to require. But is it? When the roadside test is consistent with the tests done a couple of hours later and is consistent with what the police officer saw, should that not be enough to convict the drunk driver, unless the accused can prove that the machine was faulty or that the proper procedure was not followed or specifically that something else was done wrong?

● (1755)

I would argue, for the sake of saving lives, the bill should be passed so the strong evidence that the machines provide will stand up in court and these technicalities will no longer get drunk drivers off the hook and lead to these needless deaths across the country every year.

The Deputy Speaker: The question is on the motion. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

Some hon. members: No.

The Deputy Speaker: All those in favour of the motion will please say yea.

Some hon. members: Yea.

The Deputy Speaker: All those opposed will please say nay.

Some hon. members: Nay.

The Deputy Speaker: In my opinion the yeas have it.

And more than five members having risen:

The Deputy Speaker: Pursuant to Standing Order 93, the recorded division stands deferred until Wednesday, May 12 immediately before the time provided for private members' business.

ADJOURNMENT PROCEEDINGS

A motion to adjourn the House under Standing Order 38 deemed to have been moved.

[*English*]

HEALTH

Right Hon. Joe Clark (Calgary Centre, PC): Mr. Speaker, I am pleased that the President of the Treasury Board is in the House for this point. In an earlier incarnation, he chaired a standing committee of the House of Commons that looked at the issue, which was a subject of exchange between myself and the Deputy Prime Minister the other day in the House.

The issue fundamentally is the degree to which the so-called arm's length foundations, which were established for good purposes to which I will come, should operate free from the normal instruments of accountability to the House of Commons.

I should say at the outset that I certainly do not question the value of these foundations. I do not question the idea that there needs to be some separation between the normal influences on governments and parliaments, partisan and short term influences, and the long term goals with which these foundations are seized. There is no doubt that it had to be done, and that something out of the ordinary had to be done in the establishment of these foundations. Therefore, the purposes are not at issue.

However, it ill-behooves the Deputy Prime Minister to respond as she did in the House in terms of the defence of the purposes of these foundations, when what is at issue is not their purposes but their accountability to the House of Commons.

The foundations, which include Genome Canada, Canada Health Infoway and a range of others, were set up, as I say, with a good purpose; to maintain a distance on issues that were too sensitive to be left to simple partisan consideration.

In setting them up in this way, the result has been that there is absolutely no accountability to the House of Commons. They are not subject to the audit by the Auditor General. It is true that they can choose to have an audit, but they are not subject as most agencies of government are to an audit without choice by the Auditor General of Canada. They are not subject to access to information regulations. They are not in most cases subject to the provisions of the Official Languages Act. They are not subject to any kind of intervention by a member of Parliament, or indeed by a minister, if something goes wrong.

I understand the reasons why they were set up in that way. I am not suggesting any malign intent. I am however suggesting that there is a fundamental principle at the base of this Parliament. The purpose of Parliament is to control all spending that occurs in the name of the Government of Canada.

Whether it was by design or by accident, we have established here a system amounting to billions of dollars a year in which major decisions regarding the public policy of Canada in issues of particular importance to our future are taken in flagrant disregard of the principle that Parliament has the right to hold government agencies accountable for public spending.

This issue can be resolved today if the President of the Treasury Board will rise in response to this point and give an undertaking to the House that his review of accountability of government will include a serious examination of ways by which we, on the one hand, retain the independence of these foundations and, on the other hand, respect the fundamental principle of their accountability to Parliament. I do not pretend that it is easy, but I am absolutely certain that it can be done. All it requires is a will.

Before I take my seat, I should raise a defence of this practice that was made to the committee by the president of one of these outstanding foundations. The president said that even though they were not required to, they tried to respect the rules of accountability. That is not good enough. Trying is not good enough. What one chair of a foundation might do one day does not impose an obligation upon subsequent chairs in subsequent years. There needs to be a rule.

I hope the President of the Treasury Board will indicate that there will be a rule henceforth.

● (1800)

Hon. Reg Alcock (President of the Treasury Board and Minister responsible for the Canadian Wheat Board, Lib.): Mr. Speaker, I thank the right hon. member for his question earlier and his continuing interest in this subject. As he pointed out at the beginning of his remarks, I too have an interest in this subject. He and I served together on a committee that examined some of these questions.

While I take his last point that these relationships should not be voluntary, when we undertook to have this examination and invited the foundations to come before us, they all did so quite willingly. There was never any resistance.

However, the concern that I think underlies his question is certainly one that the auditor has raised. In the 2003 budget the then finance minister tried to introduce conditions and some requirements for the foundations that clarified some of the reporting relationships, the requirement that they produce audited financial statements, that there are reports laid before the House before the relevant ministers and the like.

Also, I think it is very important to point out because of some of the questions that have been raised, not by the right hon. member, but by others in the House that these foundations do in fact have audited statements. They are not done by the Auditor General of Canada, but they do produce audited statements. In fact, many of them are very transparent in that they post on the Internet all of their transactions for people to see and, as I said earlier, they are willing to entertain questions.

I would like, though, to offer my right hon. friend the assurance that he seeks. We are doing reviews of the functions of government and governance both of the big crowns as a specific piece of work but also governance internally. The choice of governing instrument is a big question. I would argue, and have argued in this place before, that we have tended, in response to various pressures over time, to create a bunch of different organizational delivery mechanisms and we have taken the position that it is time to have a look at all of that.

I think by and large it would be the position of the government that we are quite satisfied—and I think the right hon. member has said this—that the purpose for which these foundations were established and the work that they are doing is of quite high value. That is really not at question here. What is at question is the direct accountability relationships.

I also think it is important to point out that the legislation that established these foundations was vetted and passed by the House. The money that is transferred to them either in the first instance of their establishing grant or subsequently is mentioned in the budget, presented in estimates and duly voted on in the House. It is not as though there is no House oversight.

In this and in a great many other things the member has shown a keen interest in how government functions and what its relationship is with this chamber. That is an extremely important question. It is one that I take very seriously, the government takes very seriously and one on which we will be coming forward with more discussion. We are working quite diligently with a number of folks to try to organize discussion for this chamber, when it is ready to entertain such a discussion, on exactly these questions.

Who knows what the future holds, but it is theoretically possible that this will be the last time I will speak in this chamber in direct response to a question from the member. I want to say to him and to anyone else who cares to listen that I have enormous respect for the work he has done here. I took great pleasure in the fact that he sat as a member of my committee. He worked very diligently on these issues. He has added great value to this place and I shall miss him.

● (1805)

Right Hon. Joe Clark: Mr. Speaker, I thank the member for those concluding remarks. I will be gone, I assure people of that.

The purposes here are not at issue. The minister said that the purposes of the foundations were vetted by Parliament when they were established. He knows that these are matters of such enormous complexity and that they were whipped, which is to mean that there was not the kind of scrutiny that would normally justify a $7.5 billion annual departure from the rules of parliamentary accountability.

What I am interested in hearing is that there will in fact be a deliberate review of this arrangement with an eye to finding some procedure that is consistent both with the independent actions of the foundations and the fundamental principle of accountability to Parliament. I would like to receive that now.

I would like to receive from the minister some indication that there will be regular reports to the House as to the nature of the consideration that he and his colleagues are undertaking. It seems to me that a simple place to start would be to make these foundations accountable not by choice but by requirement to the audit of the Office of the Auditor General.

Hon. Reg Alcock: Mr. Speaker, I certainly do not wish to appear the least bit evasive on the question itself. It is just that I have a process in place. In the terms of reference of that process and the instructions I have given to the people who are working on this, it is to look at all of these arrangements.

Government is huge. We have a great many of these things, including these foundations. They have to be evaluated not just in terms of how useful they are or in terms of the public good, but in terms of their relationship with Parliament and as an instrument of the government. Having done that and having made that assessment, we will be putting that stuff before the House. The intention is to come back in the fall with a report to the House on our findings, with a series of questions to engage the House in exactly this discussion. Hopefully, it will lead to changes in legislation.

It is difficult for me to presume on the outcome but on the member's question as to whether there will be the opportunity to have debate on those things, I give him my assurance that there will be.

The Deputy Speaker: The motion to adjourn the House is now deemed to have been adopted. Accordingly, this House stands adjourned until tomorrow at 2 p.m., pursuant to Standing Order 24.

(The House adjourned at 6:07 p.m.)

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