



CANADA

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OFFICIAL REPORT
(HANSARD)

Wednesday, October 30, 2002

—

Speaker: The Honourable Peter Milliken

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HOUSE OF COMMONS

Wednesday, October 30, 2002

The House met at 2 p.m.

Prayers

• (1405)

[English]

The Speaker: As is our practice on Wednesday we will now sing O Canada, and we will be led by the hon. member for St. John's West.

[Editor's Note: Members sang the national anthem]

STATEMENTS BY MEMBERS

[English]

SALVATION ARMY

Mr. Walt Lastewka (St. Catharines, Lib.): Mr. Speaker, it is my pleasure to rise in the House of Commons to offer congratulations to the Salvation Army's St. Catharines Booth Centre which will celebrate its 50th anniversary on Saturday, November 2, 2002.

The St. Catharines Booth Centre, formerly the Salvation Army Men's Social Service Centre, opened its doors in 1952 to provide for the physical, spiritual and emotional needs of individuals over the age of 18, regardless of origin.

The centre has grown with the community to meet its changing needs. The centre now is a combined halfway house and hostel and offers a total of 33 bed spaces to those in need. It also offers meals, clothing, counselling, referral and recreational services, a volunteer chaplaincy at the Niagara Detention Centre, a court support program at the St. Catharines courthouse and a family tracing service which helps to locate immediate family members who have lost touch and wish to be reunited.

I would like to thank Major Henry Jewer, the staff and all the volunteers of the St. Catharines Booth Centre for 50 years of caring and compassionate service to the community. I know the Booth Centre looks forward to providing its valuable service for many years to come.

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KYOTO PROTOCOL

Mr. Leon Benoit (Lakeland, Canadian Alliance): Mr. Speaker, the government seems to have an agenda to make life difficult for

our farmers and now a blow which will be fatal for many. If the government implements the Kyoto protocol it will be a devastating blow for many farmers.

The government has imposed a wheat board monopoly on farmers, only farmers on the Prairies keep in mind, so that some are being sent to jail for selling their own wheat. Drought has hit farmers unbelievably hard over the past few years. The port of Vancouver now has been left closed by the government and nothing has been done about that. Unfair trade in other countries has driven prices down so that farmers are getting paid well below prices paid to their competitors.

Now there is Kyoto, which does nothing for pollution but which would drive up prices for things like fuel, fertilizer and pesticides which our farmers pay. All will go up substantially. How much? The government does not know, yet it is going to ratify. It seems like it simply does not care.

On a related issue, the crew of the HMCS *Ottawa* has recently returned from the gulf and will be in the gallery today. I think every one of us should thank them.

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SYNERGY AWARD

Mr. Raymond Simard (Saint Boniface, Lib.): Mr. Speaker, yesterday in my home town of Winnipeg the Natural Sciences and Engineering Research Council joined with the Conference Board of Canada to award six Synergy Awards for outstanding university-industry-R and D partnerships. These awards salute the success of Canadian companies working with university researchers to leverage this country's innovation strengths.

One of the winners was in my city. The University of Manitoba and Calgary based Canadian Bio-Systems Inc. earned their award for their joint efforts in improving enzymes added to animal feed. The enzymes help animals absorb more nutrients from every kilogram of feed, allowing farmers to raise healthier animals for less money and passing both quality and savings on to the Canadian consumer.

This research, I understand, allows farmers a more natural way of dealing with animal feed challenges, a way that is safer, more efficient and more environmentally friendly. I have been told that the long run goal of this research is to phase out antibiotics in the feed with "prebiotics", natural enzymes that enhance the animal's immune system.

S. O. 31

POTATO INDUSTRY

Mr. Joe McGuire (Egmont, Lib.): Mr. Speaker, the potato industry in Prince Edward Island is extremely important to the island's economy. It is its number one commodity and accounts for about one-third of Canada's potato production.

Two years ago the discovery of potato wart in a solitary P.E.I. field touched off a 10 month severe trade dispute, causing up to \$30 million in lost U.S. and Canadian sales to the island's potato industry. Since that time P.E.I. has been chafing under severe export restrictions.

These restrictions are too severe. Both potato wart and the mop-top potato virus are soil borne and if potatoes are cleaned neither virus will spread. Neighbouring farms that are tested and found to be virus free should not have to face trade restrictions.

Canada and the United States need to work together to revise and refine our potato management plan. We need to protect potato producers from unfair trade restrictions while adopting a science based approach.

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WOMEN'S HISTORY MONTH

Mr. Mac Harb (Ottawa Centre, Lib.): Mr. Speaker, October is Women's History Month and this year's theme is Women and Sports—Champions Forever.

I would like to take this opportunity to celebrate the achievement of "Canada's Sweetheart", Barbara Ann Scott from Ottawa. To this day Barbara Ann Scott is the only Canadian ever to win Olympic gold in the senior women's figure skating competition. Her love for the sport, dedication, sheer determination and hard work all helped her to achieve this impressive goal.

Barbara Ann won many skating titles in her short figure skating career. She was crowned senior champion from 1944 to 1948, the North American champion from 1945 to 1948, the European champion in 1947 and 1948, the world champion in 1947 and 1948 and Olympic gold medallist in St. Moritz, Switzerland in 1948.

Her grace, sportsmanship, technical brilliance and modesty, on and off the ice, are still remembered today. I salute Barbara Ann Scott for her great accomplishments.

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PRAIRIE FARMERS

Mr. Kevin Sorenson (Crowfoot, Canadian Alliance): Mr. Speaker, tomorrow four of my constituents, Jim Ness, Rick Strankman, Rod Hanger and Mark Peterson, all hardworking and honest prairie farmers, are going to jail. These men are paying a huge cost; the loss of their freedom for defending their rights.

These farmers for justice believe that western farmers should not only be able to grow and market their own grain but that they should have the right to turn it into a saleable good.

The minister responsible for the Canadian Wheat Board is directly responsible for the injustice these prairie farmers face. I call upon the government to show some compassion, to show some common sense and decency and grant these farmers the same rights producers

in the rest of Canada have taken for granted. Give them the freedom to sell their own wheat.

It is time to stop making criminals out of our prairie farmers who are simply attempting to earn an honest living for themselves and their families while defending our rural way of life.

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● (1410)

MIDDLE POWERS INITIATIVE DELEGATION

Mr. Irwin Cotler (Mount Royal, Lib.): Mr. Speaker, the Middle Powers Initiative Delegation, a distinguished arms control group visiting Ottawa today, has commended Canada for being the only NATO country to vote yes at the United Nations last week on the New Agenda Coalition's resolution "Towards a Nuclear Free World".

I wish to join in the commendation of our government and to associate myself, as chair of the Canadian Parliamentarians for Global Action, with six other MPI priorities which are particularly compelling in the new strategic context of post-cold war and post-September 11, including: strategic arms reduction in accordance with NPT commitments; control of missile defences and preventing missile proliferation; reduction and elimination of non-strategic and tactical nuclear weapons; the non-use of nuclear weapons and the commitment of middle power countries like Canada to refuse to support first use of nuclear weapons in security policies; ban on nuclear testing, including respecting the moratorium on nuclear testing and ratification of the comprehensive test ban treaty; and, control of fissile materials, particularly given the threat to terrorist use of nuclear devices and materials.

This agenda is truly protective of homeland security and global security.

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[Translation]

BRAZIL

Mr. Yves Rocheleau (Trois-Rivières, BQ): Mr. Speaker, on October 27, the people of Brazil democratically exercised their preference for a progressive government by electing Luis Inacio Lula da Silva, leader of the Workers Party, as their President.

By opting for a left-centre government, the Brazilians are an example of a people which has decided to affirm and assume the sovereignty conferred upon it by its democratic right to choose.

In this era of globalization, more than ever before, a victory for the people constitutes a victory for democracy itself, providing evidence as it does of the power still in the hands of peoples to determine their future.

With the hope that the Lula government will have the support of the international and the financial communities, the International Monetary Fund in particular, I extend on behalf of the Bloc Québécois our wishes for the best of luck to the Brazilians and their government in their efforts to rebuild their country economically and socially.

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[English]

ARARAT

Mr. Sarkis Assadourian (Brampton Centre, Lib.): Mr. Speaker, last evening the National Gallery was the site of the Ottawa premiere of world-renowned Canadian film director Atom Egoyan's film *Ararat*.

The Minister of Canadian Heritage joined with Telefilm Canada in welcoming the Minister of Intergovernmental Affairs, members of Parliament and the diplomatic corps to a special screening of the film.

Egoyan's film deals with the question of the recognition of the Armenian genocide and the effects of the continued denial on the ancestors of the victims of the first genocide of the 20th century.

Using the device of a film within a film, *Ararat* invites the audience to witness aspects of the Armenian Genocide that the Ottoman Turks perpetrated against the Armenians commencing on April 24, 1915.

Ararat calls for the recognition of the Armenian genocide as well as all other victims of crimes against humanity and leaves us with the thought that if we do not remember the mistakes of history we are doomed to repeat them.

I urge the House to act and recognize the genocide.

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CANADIAN EXECUTIVE SERVICE ORGANIZATION

Mr. Maurice Vellacott (Saskatoon—Wanuskewin, Canadian Alliance): Mr. Speaker, I rise today to applaud the outstanding efforts of one of my constituents who recently returned from working overseas for the Canadian Executive Service Organization.

Dr. Kevin Falk went to Lhasa, Tibet to advise the Agricultural Institute of Tibet on improving the breeding techniques and quality of rapeseed.

After touring facilities and meeting with section breeders, Kevin passed on to the Tibetans helpful information acquired from work done at our Saskatoon Research Centre. The success of the program for improvement of breeding techniques and quality hinges on using adapted Tibetan land varieties crossed with canola quality germplasm from the Saskatoon Research Centre. Kevin trained about 20 persons, half of whom were women.

This is the Canadian Executive Service Organization's 35th year of exemplary service. Kevin is typical of their highly skilled volunteers.

S. O. 31

We are proud of Kevin's effort to stimulate development in disadvantaged economies, and I commend these efforts by one of my Saskatoon constituents. Congratulations to Dr. Kevin Falk.

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[Translation]

COMMANDER HENDRY AND LIEUTENANT BÉLAIR

Mr. Marcel Proulx (Hull—Aylmer, Lib.): Mr. Speaker, this past August 17, the Canadian navy's HMCS *Ottawa* returned from a six-month mission abroad as part of the fight against terrorism.

The ship's crew included Commander Paul Hendry and Lieutenant Sylvain Bélaïr. Commander Hendry hails from Arnprior, Ontario, and Lieutenant Bélaïr from my riding of Hull—Aylmer.

I must congratulate them on their accomplishments, ranging from intercepting and inspecting vessels in the Arabian Sea and the Persian Gulf, to seeking out contraband oil, banned goods, and al-Qaeda leaders and Taliban on the run.

Today Commander Hendry and Lieutenant Bélaïr are sharing their wealth of experiences with the people of the National Capital Region. They are visiting schools in particular, including Philemon Wright in Hull, in order to share their experiences in Afghanistan with the students.

We salute and thank Commander Hendry and Lieutenant Bélaïr.

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• (1415)

[English]

HOPPER RAIL CARS

Mrs. Bev Desjarlais (Churchill, NDP): Mr. Speaker, in the 1970s and 1980s there were not enough rail cars to haul western grain to our seaports and Canada lost sales and markets as a result.

The government of the day decided to buy a fleet of hopper cars which were then leased back to the railroads to haul that grain.

Ottawa's intention was twofold: to allow Canada to meet its export commitments and to keep transportation costs down for western farmers.

The government no longer wants the hopper cars but there is a group ready to acquire and manage the fleet. The Farmer Rail Car Coalition includes a wide array of farm and community organizations and it has a business plan ensuring that benefits will flow back to all western farmers.

These hopper cars should be turned over to the Farmer Rail Car Coalition at a nominal cost and without having the cars go up for auction. This is the way to ensure that farmers will continue to benefit from the rail cars that were originally purchased for their use.

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[Translation]

QUEBEC ADULT LEARNERS WEEK

Ms. Monique Guay (Laurentides, BQ): Mr. Speaker, October 27 to November 1 has been designated Quebec Adult Learners Week, with the theme "A Thousand and One Ways to Learn".

Oral Questions

A thousand and one ways to learn for fun, to discover new cultures, to share with others by reading, surfing the Web, getting together in a multitude of shared places that are a part of our everyday life, in every region of Quebec.

This event will bring together numerous stakeholders involved in adult education and thousands of people interested in training. There are close to one and a half million adults taking part in training activities in Quebec.

Over the years, adult education has become an indispensable tool giving those who want it a second chance in life, particularly young people who have dropped out of the system, because it does not always meet their needs.

Celebrating adult learners in all of their diversity is typical of the originality of the Quebec model.

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ENVIRONMENT

Mr. Gérard Binet (Frontenac—Mégantic, Lib.): Mr. Speaker, protecting natural vegetation along lakeshores and waterways poses a number of challenges but also provides benefits, both in the city and in the country.

The Association des riverains du lac Aylmer unveiled the Coulombe River aquatic habitat and riverbank restoration and development project on October 18.

The purpose of the project is to restore the bed and banks of the river, which was once a major spawning ground for yellow walleye. A \$24,000 grant was given as part of Environment Canada's EcoAction Community Funding Program.

Congratulations to Luc Michel, Richard Chatelain and Pierre Poirier for their leadership in protecting our natural environment. They are true role models and are to be congratulated on their initiative.

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[English]

EMPLOYMENT INSURANCE

Mr. Rex Barnes (Gander—Grand Falls, PC): Mr. Speaker, the priorities outlined by the Liberals ignore the challenges facing rural Canadians.

People in Gander—Grand Falls need jobs and they want to work. Every day my office receives calls, letters and petitions from rural Newfoundlanders where hundreds of people are desperate for income to get them through the winter months. However, more than just getting enough hours for this year, what is needed is a long term economic plan for Gander—Grand Falls and rural Canada.

The Liberals have failed to put forth a vision for rural Canada so those who want work are given no hope.

Today I am meeting with officials from HRDC. It is my hope that this will mark a new understanding of the difficulties facing those who live in areas where the will to work is larger than the HRDC job bank.

The EI system must be more supportive of those who want to attend school and retrain so that the cycle of short term employment and EI reliance can be broken. The guidelines on how EI is administered must be consistent from office to office.

It is through dialogue and working together that will enable us to fix the EI system.

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AUTISM AWARENESS MONTH

Mr. Andy Savoy (Tobique—Mactaquac, Lib.): Mr. Speaker, October is Autism Awareness Month. I would like to ask all Canadians to take special care this month to understand autism and its effects. Autism is a disease that strikes 1 in every 268 births today. This is up substantially from previous generations, where autism occurred in about 1 in every 10,000 births.

It is essential that we continue to learn about autism, both so that we can treat it effectively and understand the social ramifications. It is of great importance that not only families understand the disease but society as a whole. The Autism Society of Canada does a remarkable job of getting the message out, increasing awareness and knowledge through an extensive website.

It is time to applaud the Autism Society of Canada and those families who support these individuals daily. This allows people with autism to reach their full potential.

ORAL QUESTION PERIOD

● (1420)

[English]

ECONOMIC UPDATE

Mr. Stephen Harper (Leader of the Opposition, Canadian Alliance): Mr. Speaker, today the Minister of Finance released his economic update and confirmed once again how badly over taxed Canadians are. In fact, since the government balanced the budget, it has raised taxes by \$24 billion. That is how much tax revenues have gone up. Yet yesterday in question period, the government refused to rule out further tax increases for health care.

My question is for the Prime Minister. With the government awash in tax revenues, why will the government not rule out further tax increases to pay for health care?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, I never expected the Leader of the Opposition to compliment the government at this moment for the great performance on the economy and the fact that we have 2.5 million more people working today than we had in 1993. That is why the economy has grown by 3.4% this year and will continue to grow next year. We did not have a recession like the Americans. The government is in a good position because we have run a good government. I very much thank the Leader of the Opposition.

Mr. Stephen Harper (Leader of the Opposition, Canadian Alliance): Mr. Speaker, I was not going to compliment the government, but I will compliment the Prime Minister for having a finance minister with whom he can now work.

The government said yesterday that come hell or high water it would go it alone on the Kyoto accord. The government knows that without the consent of the provinces, the tools available to implement this accord are extremely limited. It can try to interfere in provincial jurisdiction or it can jack up energy taxes.

Since the finance minister did not roll out this possibility, I ask this question about this tax as well. Will the Prime Minister rule out carbon taxes? Will he rule out raising taxes on energy consumption?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, we have a very good habit of reducing taxes on this side of the House. There is a good chance that, when Kyoto is implemented completely in 2012, I might not be the Prime Minister, so it is difficult for me to conclude that there will be no tax increases in the next 10 years. However, if we keep good Liberal administration for 10 more years, there is a good chance that there will be no more tax increases.

[Translation]

Mr. Stephen Harper (Leader of the Opposition, Canadian Alliance): Mr. Speaker, in recent years, this government has increased spending for wasteful grants, for advertising contracts, for the hiring of an army of bureaucrats and for other dubious priorities.

Meanwhile, the provinces are struggling with increased spending for social priorities such as health.

What will the government do to correct this financial imbalance?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, there is no financial imbalance. Under our system, the provinces have the power to levy taxes, and so does the federal government. Because we were good managers, we reduced taxes by \$100 billion, over a five year period.

During the same period, most provinces reduced their taxation level. If they are now short of money, perhaps it is because their priorities were wrong.

We succeeded in fulfilling our obligations as a government and also in reducing taxes. If other governments did not achieve the same result, let them draw their own conclusions.

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[English]

EMPLOYMENT INSURANCE

Mr. Monte Solberg (Medicine Hat, Canadian Alliance): Mr. Speaker, the Minister of Finance announced today that the government will be flush with cash, but at the same time the overpayment in the EI account is \$30 billion more than is necessary to keep the plan solvent. That explains why the Auditor General absolutely refused to sign-off on this scam in the last public accounts.

Why will the Prime Minister not announce today that he will end the over collection of EI premiums from workers and employers?

• (1425)

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, the premium was supposed to be \$3.30 when we formed the government. Now it is at \$2.20, so we have done very well.

Oral Questions

To help the hon. member of Parliament on the other side, I would like to quote what the Reform Party said:

To ensure that savings from the reform of UI translate into deficit elimination the Reform Party recommends the establishment of a permanent reserve fund for UI... Funds from this reserve would be applied against the deficit.

This is on page 46 of the taxpayers' budget written by the former leader of the opposition in 1995.

Mr. Monte Solberg (Medicine Hat, Canadian Alliance): Mr. Speaker, I thank him for the blast from the past but let us talk about today. In the public accounts the AG stated that she is "unable to conclude that the intent of the Employment Insurance Act has been observed in setting the 2001 premium rates". That is accountant talk for taxpayers are being soaked.

According to the CFIB, this year's rip off will amount to \$5.3 billion. Why does the Prime Minister not announce today that he will end that tax rip off of EI premiums from workers and employers?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, if the hon. member would have listened, he would have heard that when the Conservatives were in government they increased it to \$3.30.

We have reduced it year after year to \$2.20 and we will continue to reduce it. Yes, there is a surplus because we have created 2.5 million new jobs and these people have contributed to EI.

[Translation]

Mr. Gilles Duceppe (Laurier—Sainte-Marie, BQ): Mr. Speaker, the Auditor General confirmed once again what the Bloc Québécois has been saying for years: the federal government is diverting EI surpluses to pay off the debt. The Auditor General stated for the second year in a row that, by setting premiums on its own, the government is not abiding by the spirit of the law.

How can the Prime Minister explain the fact that his government is stubbornly ignoring the spirit of its own law, almost to the point of illegality?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, the hon. member knows very well that, when the Progressive Conservatives were in office, the account ran a deficit and was replenished through the government's consolidated fund.

Now, the economy is doing well, and 2.5 million new jobs have been created in the past nine years. We have additional revenue because the economy is doing well and, each year since 1994, we have reduced EI premiums.

Mr. Gilles Duceppe (Laurier—Sainte-Marie, BQ): Mr. Speaker, the government has mainly syphoned the EI account to pay off the debt. That is the reality.

This government has given itself the power to set EI premiums on its own. This is the government that had made a commitment to review the rate setting mechanism for EI premiums, a commitment it has yet to fulfill.

Oral Questions

Instead of using the EI surplus to pay off the debt, what is this government waiting for to review the process so that, at the end of the day, workers and businesses pay fair premiums for an appropriate employment insurance system?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, the system is in place. When there is a deficit, the government is there to cover it and, when there is a surplus, in this instance, it is true that we used it to reduce the debt. That is how we were able to bring interest rates all the way down to where they are right now. This is benefiting all Canadians, because when they pay their residential mortgage loans, they pay less. The provincial governments are also paying less to service the debt. Everyone benefits from this government's sound management.

Mrs. Suzanne Tremblay (Rimouski—Neigette-et-la Mitis, BQ): Mr. Speaker, the surplus in the employment insurance fund is an illusion, because the government has used it to pay off its deficit, and as a result the fund is now empty.

Will the government admit, once and for all, that its use of the EI fund to pay down its debt has bled the fund dry?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, there is no fund, in the sense that she means, because when the money runs out, the government comes up with more. It is always the government's responsibility. We always assume our responsibilities. The problem we have, which confuses the opposition somewhat, is that our economic policies have been too successful.

Mrs. Suzanne Tremblay (Rimouski—Neigette-et-la Mitis, BQ): Mr. Speaker, according to the Auditor General, had the surplus in the fund not been pillaged as it was, the budget surplus for the last fiscal year would have been a mere \$4 billion instead of \$8.9 billion.

When is the government going to at last have the courage to acknowledge that it has made the shameful choice of paying down its debt at the expense of those contributing to EI and of the unemployed workers of this country?

• (1430)

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, I congratulate the member on mentioning our country and welcome her to Canada.

What has happened is clear. We had a good economic performance. There were more contributions to the employment insurance fund and we had a surplus. We therefore reduced the debt by \$48 billion, which has lowered the interest rate. This freed up more money to invest in social programs such as health, the child tax credit and all manner of things for which we will be praised. And we will continue to do still more, I trust, in the next budget.

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[English]

FOREIGN AFFAIRS

Mr. Svend Robinson (Burnaby—Douglas, NDP): Mr. Speaker, my question is for the Minister of Foreign Affairs. The minister will know that many Arab Canadians are being treated in a degrading and offensive manner by U.S. border officials, being fingerprinted, photographed and detained under oppressive new U.S. immigration laws. It is so bad that the minister's own department has issued a

travel advisory to Arab Canadians telling them not to travel to the United States.

I want to ask the minister, will he now call in U.S. Ambassador Paul Cellucci and tell him to stop harassing Arab Canadians and that we expect all Canadian citizens to be treated equally at the U.S. border?

Hon. Bill Graham (Minister of Foreign Affairs, Lib.): Mr. Speaker, this is a matter of great concern to the government and of great concern to Canadians, but it is not true that we have told Canadians of Arab origin not to travel to the United States. We have informed them of the administrative issues which the United States has adopted for its own security.

The United States is legally entitled to adopt security measures on its territory for its own security, but we have told our American friends that we in Canada believe that Canadians are Canadians and we are confident of the security of our citizens, and we will work with our American colleagues all week to resolve this important issue in the interest of both our countries, which are multicultural countries and—

The Speaker: The hon. member for Winnipeg—Transcona.

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GOVERNMENT OF CANADA

Mr. Bill Blaikie (Winnipeg—Transcona, NDP): Mr. Speaker, it is bad enough that some Canadians are being mistreated by Americans but worse that some Canadians are being mistreated by their own government, by CSIS and by Canada Post.

I want to ask the government, either the minister responsible for Canada Post or the new Solicitor General, whoever wants to defend this kind of behaviour, will they be calling a public inquiry into the behaviour of CSIS and Canada Post with respect to the way they have treated their employees, as alleged in a recent book?

Hon. Wayne Easter (Solicitor General of Canada, Lib.): Mr. Speaker, this point has been made in previous question periods. CSIS is very conscious of national security issues. I am aware of the point the member raised and I have been talking to CSIS about it.

* * *

GOVERNMENT CONTRACTS

Mr. Greg Thompson (New Brunswick Southwest, PC): Mr. Speaker, for two years I have been asking questions about a DND contract awarded to Lancaster Aviation by Public Works. For two years I have been stonewalled by the government and told there is nothing wrong. The Minister of Public Works and Government Services told the House on June 4 that there is nothing wrong with this contract.

If everything is so clean, could the minister explain why the Auditor General, the RCMP and the FBI are now investigating this contract? What is the status of that investigation?

Oral Questions

Hon. Ralph Goodale (Minister of Public Works and Government Services, Minister responsible for the Canadian Wheat Board and Federal Interlocutor for Métis and Non-Status Indians, Lib.): Mr. Speaker, the hon. gentleman first raised this issue with me when I was previously the government House leader, and I know he has a particular interest in a set of circumstances that has been inquired into in the past.

To date, there has been nothing revealed to me that would indicate any substantiation of his allegations, but I assure him that I share his interest in probity and transparency. I am prepared to work with him to make sure that all necessary information is made available.

Mr. Greg Thompson (New Brunswick Southwest, PC): Mr. Speaker, this clearly indicates that the minister either does not care or he does not know, because military spare parts were removed from Canada by Lancaster Aviation and stored in a warehouse in Florida. Incidentally, this warehouse is owned by a convicted U.S. felon, an individual convicted for money laundering and drugs and prostitution related offences.

Why is the minister not on this case? He made a promise, a commitment in the House to let me know and this House know how that investigation would unfold. Does he know or does he care, or is it both?

• (1435)

Hon. Ralph Goodale (Minister of Public Works and Government Services, Minister responsible for the Canadian Wheat Board and Federal Interlocutor for Métis and Non-Status Indians, Lib.): Mr. Speaker, the hon. gentleman asks if I care. Indeed I do. I have indicated to him in the past that I am prepared to work with him to reveal any necessary facts that need to be in the public domain. To this point, nothing has been indicated to me that would substantiate his allegations, but I am prepared to continue the inquiry and to work with him until satisfactory information is available.

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HEALTH

Mr. Rob Merrifield (Yellowhead, Canadian Alliance): Mr. Speaker, the government is flush with cash revealed today by the finance minister, yet the government has refused to rule out a tax increase for health. Why would that be, unless higher taxes are on its agenda?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, again, thanks to the opposition for complimenting that we have done a good job. On health care we received a report from the Senate last week and there will be a report next month by Commissioner Roy Romanow. Early in the new year, I will be discussing with the provinces a reform of the health care system.

If we have some cash available, we will contribute more. I hope we will be in a position to contribute more, but we will have to do the natural arbitration in government because the opposition is always up to ask for more money for health care, defence and so on, and we try to—

The Speaker: The hon. member for Yellowhead.

Mr. Rob Merrifield (Yellowhead, Canadian Alliance): Mr. Speaker, in the past the health minister has refused to rule out a tax

increase but today the finance minister said that they are flush with cash, so will the health minister stand up today and rule out a tax increase for health care?

Hon. Anne McLellan (Minister of Health, Lib.): Mr. Speaker, I find it very interesting. I think that most Canadians are focused on how we work together to renew and sustain our health care system. That is what we are focused on, that is what Romanow is focused on and that is what Senator Kirby has been focused on.

As the Prime Minister has just said, as the Minister of Finance has said and as I have said, in fact new money will be injected into health care. The federal government will be there to do its fair share. The Prime Minister will be meeting with his counterparts in January and I have no doubt that we will be able to sign on to a plan that reassures Canadians that their health care system will be there for them in the future.

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[Translation]

KYOTO PROTOCOL

Mr. Michel Gauthier (Roberval, BQ): Mr. Speaker, as regards the signing of the Kyoto protocol, yesterday the Prime Minister flatly rejected the request made by provincial premiers to meet to discuss the implementation of this accord. The Prime Minister's excuse was that the signing of treaties comes under federal jurisdiction.

I am asking the Prime Minister how bringing together his counterparts responsible for the environment can jeopardize the federal government's ability to sign an international treaty. What exactly is his problem?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, all the ministers responsible for the environment had an opportunity to meet this week. They will also meet with energy ministers at the end of the month. This is the procedure that was established.

At this time, we should not be looking for reasons to postpone the decision on Kyoto forever. We want to have a vote here and we want the input of this House at the earliest opportunity.

Following that, we will continue to work together. This is a 10 year program. I do not see the urgency. I want to know from this Parliament whether or not we should fulfill our international obligations.

Mr. Michel Gauthier (Roberval, BQ): Mr. Speaker, in the context of what the Prime Minister just said, since there is hardly anything on the legislative agenda, should the government not let us discuss all the aspects of the Kyoto protocol now? This way, when the time comes to approve the accord and authorize its signing, we will have had time to properly debate it. Would this not be normal and would it not be a good way to proceed?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, the Leader of the Government in the House of Commons informs me that a proposal was made to the opposition to have a debate on Kyoto in the coming days.

I would be very pleased to have such a debate, because we would know several weeks before the vote what hon. members think.

Oral Questions

This would be very useful, and I hope that such a debate can take place at the earliest opportunity.

* * *

[English]

TERRORISM

Mr. Stockwell Day (Okanagan—Coquihalla, Canadian Alliance): Mr. Speaker, it has been reported that a Canadian was arrested in Israel, accused of training groups like Hamas, Hezbollah and Islamic Jihad in the latest bomb making techniques.

According to the Israeli government, this terrorist explosives expert was recruited by the Canadian wing of Hezbollah. Unless the government has finally taken action today, what is it going to take before the Liberals will shut down the Canadian wing of Hezbollah?

• (1440)

Hon. Bill Graham (Minister of Foreign Affairs, Lib.): Mr. Speaker, the premise in the hon. member's question is misleading at best and dishonest at worst. The member knows—

The Speaker: I am sure the hon. minister would not want to use words like that which might provoke trouble in the House and might be unparliamentary. Even though it is at worst or at best, I think it would be best if we avoided the word altogether.

Hon. Bill Graham: Mr. Speaker, I totally withdraw the allegation. Now maybe I can answer the question.

Mr. Speaker, I apologize to the member and I apologize to all the members.

However, this is a matter that has been raised in the House on many occasions. The hon. member knows that we have listed the military wing of Hezbollah. What the hon. member's question suggested was that this person was involved in military activities by Hezbollah, in which case that has been listed by the government and we will repress terrorism in all—

The Speaker: The hon. member for Okanagan—Coquihalla.

Mr. Stockwell Day (Okanagan—Coquihalla, Canadian Alliance): Mr. Speaker, this is a very recent development. The Prime Minister has said himself that if it is a proof it is a proof, it is a proof it is a proof, and I agree with that, I think.

We have proof now. This is proof. Along with teaching courses in bomb making, this Canadian Hezbollah recruit has also scouted out potential targets for attack in Israel. This is proof, and all thanks to a Liberal government in Ottawa that treats Hezbollah as if it were an international aid agency.

What is it going to take for the Liberal government here to shut down this Canadian Hezbollah group and treat it the way it should be treated, like a terrorist group?

Hon. Bill Graham (Minister of Foreign Affairs, Lib.): Mr. Speaker, we have made it as plain as we can in the House. We have shut down the financing for Hezbollah's military activities. The government has taken actions against Hezbollah. It has been listed under the UN regulations. There is no fundraising. It is not allowed. Funds have been seized in this country.

I believe the hon. member should perhaps, before taking facts as proven that are under investigation in a foreign country, wait until

there has been a decision by the foreign judiciary before he makes allegations of this nature in the House.

* * *

[Translation]

ÉCOLE DE MÉDECINE VÉTÉRINAIRE DE SAINT-HYACINTHE

Mr. Yvan Loubier (Saint-Hyacinthe—Bagot, BQ): Mr. Speaker, last March, the Government of Quebec invested \$40 million to help the École de médecine vétérinaire de Saint-Hyacinthe fulfill its educational mandate. However, in order for the school to properly fulfill its mandate to perform research and provide protection for human and animal health under federal jurisdiction, it requires an investment of another \$59 million. This is also needed if it is to keep its North American accreditation.

My question is for the Minister of Agriculture. When will the federal government fulfill its responsibility toward the École de médecine vétérinaire de Saint-Hyacinthe?

[English]

Hon. Lyle Vanclief (Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, as I said to the hon. member last week, the government recognizes the importance of the veterinary colleges for both animal and human health protection and for prevention in the country. We are seeking to work with the provinces in any way in which we can in order to ensure the continued accreditation of our veterinary universities and colleges in Canada.

[Translation]

Mr. Yvan Loubier (Saint-Hyacinthe—Bagot, BQ): Mr. Speaker, the numerous epidemics, such as mad cow disease, foot and mouth disease and the West Nile virus, have demonstrated that veterinary research and epidemiological screening are not only absolutely necessary, but they also represent a vital and strategic sector.

Is the federal government, by its inaction—because the Government of Quebec has fulfilled its responsibilities—not in the process of dangerously reducing the ability of Quebec and Canada to intervene in the event of an epidemic?

[English]

Hon. Lyle Vanclief (Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, all I can do is repeat the answer that I just gave. I agree with the member on the importance of the veterinary colleges. The government is seeking ways in which we can ensure the continued value and the accreditation of the colleges.

* * *

NATIONAL DEFENCE

Miss Deborah Grey (Edmonton North, Canadian Alliance): Mr. Speaker, the Liberals have been dragging their feet on the Maritime helicopter replacement for going on 10 years now, but finally the Liberals seem to be prepared to send the Sea Kings, sort of like the Prime Minister, out to pasture. Of course, that lingering leave-taking of both the Sea Kings and the Prime Minister will certainly be a long goodbye. Even if a contract is tendered in 2003 it will still take another 10 years to retire the Sea Kings.

Oral Questions

Could the Prime Minister confirm today that the formal process for replacing the choppers will start January 3, with a firm decision made by October 2003?

Hon. John McCallum (Minister of National Defence, Lib.): Mr. Speaker, as I have said before, this is a very important item which has a high priority. We will get the right helicopter as soon as possible.

I think the House would agree with me that today is a perfect day to have special praise for our naval forces in the Arabian gulf. As has been pointed out by the media and our American allies, our navy has fought above its weight with about 10% of the ships and half of the boardings and hailings. I would ask the whole House to join me in congratulating our navy.

Some hon. members: Hear, hear.

• (1445)

Miss Deborah Grey (Edmonton North, Canadian Alliance): Mr. Speaker, I commend the Canadian Forces, but it is in spite of the government, certainly not because of it, and I say congratulations to our military.

I can hardly believe that the minister would stand up here and brag about what a high priority it is for the Sea Kings or anything else. It would take 10 years if that process began today for them to be completely refurbished and replaced.

I would be embarrassed if I were the minister. I would like him to stand up and tell the House if he thinks he is the new Red Green of the military to keep this equipment together with duct tape.

Hon. John McCallum (Minister of National Defence, Lib.): Mr. Speaker, the hon. member said she would be embarrassed if she were me. Given her behaviour over pensions, I would be embarrassed if I were her.

Some hon. members: Oh, oh.

* * *

AGRICULTURE

Mrs. Rose-Marie Ur (Lambton—Kent—Middlesex, Lib.): Mr. Speaker, my question is for the Minister of Agriculture and Agri-Food.

Concerns have been raised by producers that consistent, accurate information regarding NISA payments is needed. Could the minister assure farmers that they will be able to trigger transitional funding through NISA even if they have already withdrawn funds from their accounts this year?

Hon. Lyle Vanclief (Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, I said earlier this month that the transition funding would go into the accounts of farmers in the month of October. Over \$500 million has gone into their NISA accounts. Farmers can immediately trigger those funds to top up any claims they had for the 2001 business year. For the 2002 business year they can apply for an interim payment. In both cases they will receive their money within 30 days of application.

PERSONS WITH DISABILITIES

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

In 1975 Canada signed the UN declaration on the rights of disabled persons pledging to assist disabled persons to develop their abilities and to promote their integration as far as possible in normal life. Yet, in Ontario special education funding has been slashed and almost 40,000 students remain on waiting lists.

Why sign international agreements if the government will not back them up with action? Will the minister honour this declaration by taking steps to guarantee children with special needs equal access to our public education system?

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, first and foremost the hon. member is making reference to a provincial jurisdiction. Aside from that let me say to the hon. member that social services ministers have as a priority on their agenda the focus of Canadians with disabilities.

It is my view that together we can build a plan, build on our vision called In Unison, to move to an agenda of action that will ensure that Canadians with disabilities can exercise full citizen rights in this country.

* * *

[Translation]

EMPLOYMENT INSURANCE

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, the employment insurance fund has a surplus of \$40 billion. The Auditor General says that this is \$25 billion too much.

Is the Prime Minister not tired of balancing the budget on the backs of workers who have lost their jobs? Is he not tired of that?

• (1450)

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, the member should appreciate the fact that when we came to power, the premiums were supposed to be \$3.30.

We cancelled the increase planned by the Tories and reduced the premiums for workers and employers. Workers now contribute \$2.20. I presume this will continue to drop as the economy continues to perform well.

There are 2.5 million more people working in Canada since we implemented sound economic policies for the country. I hope the hon. member will one day acknowledge this.

*Oral Questions**[English]***CORRECTIONAL SERVICE CANADA**

Mr. Bill Casey (Cumberland—Colchester, PC): Mr. Speaker, in the telemarketing scheme from Westmorland Institution in Dorchester, New Brunswick, inmates were trained by Corrections Canada to call residents in Idaho and Washington regarding condos in Fiji and free gambling junkets to Las Vegas. The inmates were instructed by Corrections Canada to say they represented a Washington company, but actually they were in a prison in New Brunswick.

Did Corrections Canada get prior assurance from the attorneys general of Idaho and Washington to ensure that this operation was not an offence under their state consumer protection laws? Did anyone ever stop and ask what the people of Washington and Idaho would think?

Hon. Wayne Easter (Solicitor General of Canada, Lib.): Mr. Speaker, the member knows full well that the telemarketing scheme was suspended. There is a review taking place of that telemarketing scheme. If improvements need to be made in terms of the way the system was operated, I can assure him that improvements will be made.

Mr. Bill Casey (Cumberland—Colchester, PC): Mr. Speaker, meanwhile there are hundreds of people in the United States who have been misled by people who were trained by Corrections Canada. We brought this up on October 10. On October 12 the senior vice-president, forensic, for KPMG was brought in to investigate the program. On October 15 it was shut down.

Is it true that, contrary to all of the rules and assurances by the minister, the KPMG report determined that inmates did have access to personal information about the citizens in Idaho and Washington who were called? Has the government notified the American government that their citizens may be at risk because of the security breach?

Hon. Wayne Easter (Solicitor General of Canada, Lib.): Mr. Speaker, I can say very little more other than the fact that the commissioner has shut the telemarketing system down. A review is taking place. I can assure the member that once the review is over, improvements will be made so that this does not happen again.

* * *

KYOTO PROTOCOL

Mr. Bob Mills (Red Deer, Canadian Alliance): Mr. Speaker, referring to the federal government's Kyoto plan, the Premier of B.C. said:

This is no way to build a country. We're not going to stand by while the federal plan, the favoured plan, blows away 11,000 British Columbia jobs.

Why is it the policy of the government to ignore the wishes of the provinces and kill jobs just so it can ram Kyoto down our throats?

Hon. Herb Dhaliwal (Minister of Natural Resources, Lib.): Mr. Speaker, one of the reasons we have been consulting with the provinces is to ensure that we build a plan that is fair and puts no unreasonable burden on any part of the country or any sector.

We have been meeting with large emitters to ensure that their concerns are taken into consideration. It is in the interests of

everyone to work together because Canadians across this country want to ensure that we play our role in dealing with climate change.

Mr. Bob Mills (Red Deer, Canadian Alliance): Mr. Speaker, I saw that lack of consultation in person on Monday in Halifax. The Liberal Premier of Newfoundland and Labrador is equally upset by the Prime Minister for ignoring the will of the provinces. He said:

What we're being told is: "It doesn't matter what you say, we're doing this anyway".

The federal government is thumbing its nose at provincial and territorial leadership. Why is the Prime Minister so afraid to meet with the premiers before ratifying Kyoto? What is he afraid of?

Hon. Herb Dhaliwal (Minister of Natural Resources, Lib.): Mr. Speaker, in fact first ministers said to their ministers of energy and ministers of the environment to get together and work on this plan. That is exactly what they are doing.

Canadians do not want to see us fighting. They want us to come together. That is what the consultations are all about. We have a plan out there. The provincial and territorial ministers have put some statements forward. Our officials are getting together to see how they can ensure they incorporate the ideas of the provinces into a plan to ensure that Canada can play its role in dealing with climate change as Canadians want.

* * *

• (1455)

*[Translation]***ÉCOLE DE MÉDECINE VÉTÉRINAIRE DE SAINT-HYACINTHE**

Mr. Louis Plamondon (Bas-Richelieu—Nicolet—Bécancour, BQ): Mr. Speaker, my question is for the Minister of Agriculture.

By never getting beyond grand speeches and promises, the federal government is sentencing to death the only French language veterinary school in North America. The school is in danger of having its certification revoked by the American Association of Veterinary Medicine, unless the federal government comes up with funding.

Does the minister realize that, to practice their profession in Quebec and in Canada, veterinarians must graduate from a school certified by this association and that, consequently, if he does not act soon, the school is doomed?

[English]

Hon. Lyle Vanclief (Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, I have already said twice in the House today that I understand that and the government understands that. We have four excellent veterinary colleges in Canada. One of them is in Quebec and three others are in other parts of Canada.

We recognize the importance of animal safety and health, and human health and safety. As the federal government we will work with the provinces in every way we can to ensure that the colleges continue to have their accreditation.

[Translation]

Mr. Louis Plamondon (Bas-Richelieu—Nicolet—Bécancour, BQ): Mr. Speaker, is not a matter of understanding and recognizing; it is a matter of coming up with and providing the money.

The minister does not realize that his veterinarians at the Canadian Food Inspection Agency are bound to retire someday and that he will need to replace them. These new employees will have to come from a certified school like the one in Saint-Hyacinthe.

Now that Quebec has agreed to put in the required funding, when will he do his part to ensure this school stays open?

[English]

Hon. Lyle Vanclief (Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, I will not take up the time of the House to repeat the answer. For the fourth time, I have said very clearly that the government recognizes this and we will work with the provinces to ensure the continued accreditation of the colleges.

* * *

OFFICIAL LANGUAGES

Mr. Scott Reid (Lanark—Carleton, Canadian Alliance): Mr. Speaker, it used to be that the federal government regarded the language of traffic tickets as the litmus test of linguistic duality. In a series of court cases it challenged the legality of unilingual parking tickets across Canada.

[Translation]

However, less than one kilometre away from where I stand today, the RCMP is issuing unilingual parking tickets on federal land in the Gatineau.

Why is a federal agency helping to actively promote the mandatory use of only one official language in part of the national capital region?

Hon. Sheila Copps (Minister of Canadian Heritage, Lib.): Mr. Speaker, we will immediately look into the problem raised by the hon. member.

Obviously, all the various agencies are required to abide by the official languages policy. We intend to come back to the House with an answer as soon as possible.

[English]

Mr. Scott Reid (Lanark—Carleton, Canadian Alliance): Mr. Speaker, what the RCMP is doing is not merely unfair, it is also against the law. Section 22 of the Official Languages Act states:

Every federal institution has the duty to ensure that any member of the public can communicate with and obtain available services from its head or central office in either official language, and has the same duty with respect to any of its other offices or facilities

(a) within the National Capital Region;

When will the Solicitor General order the RCMP to stop violating the Official Languages Act by issuing unilingual tickets? When will he order the RCMP to stop serving as the enforcer of bill 101?

Oral Questions

Hon. Wayne Easter (Solicitor General of Canada, Lib.): Mr. Speaker, I appreciate the question. I will take it under advisement and find the proper information.

* * *

TRADE

Mr. Mac Harb (Ottawa Centre, Lib.): Mr. Speaker, last year the Government of Canada, in conjunction with its partners, was able to release the text of the negotiating agreement of the free trade area of the Americas.

I wish to ask the parliamentary secretary if he will inform the House whether or not the Government of Canada will continue to play a leadership role so we can ensure that further texts concerning the free trade area of the Americas will be released to Canadians as was the case last year?

Mr. Pat O'Brien (Parliamentary Secretary to the Minister for International Trade, Lib.): Mr. Speaker, in April 2001, in Argentina, the hemispheric trade ministers made history when they endorsed Canada's proposal to release the draft text of the FTAA. Later this week the minister will be in Quito, Ecuador, and he will again be seeking consensus from his colleagues to have the release of the updated text.

The release of the negotiating text has been an important improvement in trade negotiations, including at the WTO. Canada's leadership in pushing for greater transparency will ensure greater buy-in by our citizens.

* * *

● (1500)

NATIONAL DEFENCE

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, Canadian Alliance): Mr. Speaker, the Minister of National Defence and his parliamentary secretary confirmed in the House yesterday that no decision had been made regarding the closing of the Emergency Preparedness College in Arnprior.

If that is the case, why is it that local people were phoned by his department last week for an assembly later on today to make the announcement that the college is closing?

Hon. John McCallum (Minister of National Defence, Lib.): Mr. Speaker, as I said yesterday, there was a consultation meeting today to which the hon. member was invited. In our system it is ministers who decide and officials who implement. If the officials have sent out information to the contrary, then a bit like Panasonic, I guess they are slightly ahead of their time.

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, Canadian Alliance): Mr. Speaker, it is clear that the minister has no idea of what is going on in his department. Leadership would be telling the Prime Minister that the Arnprior college must stay open.

How can the minister expect to have any credibility around the cabinet table to request more funds for the military when his bureaucrats decided to move the college and he was the last to know?

Tribute

Hon. John McCallum (Minister of National Defence, Lib.): Mr. Speaker, perhaps the hon. member is a little bit opaque. The point is that I—

An hon. member: Obtuse.

Hon. John McCallum: Opaque, obtuse, something on that order. My point is that whatever the bureaucrats may say or may have said or not said, I am the one who makes the decision, and I have not yet decided. It is very simple.

* * *

[Translation]

FOREIGN AFFAIRS

Mr. Paul Crête (Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques, BQ): Mr. Speaker, since his arrest by an American border patrol on October 11, Michel Jalbert, a resident of Pohénégamook, has been awaiting trial in a Maine jail cell. After we raised the question yesterday, the Minister of Foreign Affairs asked the U.S. authorities to show restraint.

Does the Minister of Foreign Affairs plan to take any further action, and to delegate a local representative to speed up Mr. Jalbert's trial or obtain his release until the trial, so that he can get home to his family as soon as possible?

Hon. Bill Graham (Minister of Foreign Affairs, Lib.): Mr. Speaker, we will of course do all we can to protect Canadians. Obviously this is still a matter for the U.S. authorities.

The individual involved was unfortunately in the United States when stopped, but we will make representations to the U.S. authorities to get him back home to his family as soon as possible.

* * *

FRANCOPHONIE SUMMIT

Mr. Bernard Patry (Pierrefonds—Dollard, Lib.): Mr. Speaker, my question is for the Secretary of State (Latin America and Africa) (Francophonie). The Francophonie Summit took place in Beirut, Lebanon, October 18 to 20. The Prime Minister and the Secretary of State for the Francophonie were there to represent the interests of all Canadians at this important meeting.

Were the goals and objectives that Canada had set for the summit met?

Hon. Denis Paradis (Secretary of State (Latin America and Africa) (Francophonie), Lib.): Mr. Speaker, the summit was a success. Our objectives were certainly met. First, we reaffirmed the importance of the Bamako declaration, supporting values such as democracy, human rights and good governance.

We also spoke of the need for an international instrument in the area of cultural diversity. There was consensus on this.

Finally, given that 29 of the 53 countries in Africa are francophone, we spoke of NEPAD and this synergy that must develop between the Francophonie, NEPAD and the Africa Action Plan.

[English]

PRESENCE IN GALLERY

The Speaker: I to draw the attention of hon. members to the presence in the gallery of the Right Hon. Kim Campbell, former Prime Minister of Canada.

Some hon. members: Hear, hear.

* * *

[Translation]

MAURICE GASTON CLOUTIER

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, I rise this afternoon to pay tribute to Major-General Maurice Gaston Cloutier's 50 years of service to Canada. I do not know him as Major-General Cloutier, however, but as Gus Cloutier.

He is a very competent man, with a keen sense of humour, who has been a friend to all the members of this House for a great many years. He is a great raconteur and a man of action who has served the House of Commons and his country well.

He was a Major-General in the Canadian Air Force from 1952 to 1978. He was appointed sergeant-at-arms in 1978, and Canadian Secretary to Her Majesty the Queen.

• (1505)

[English]

His talents were extremely well utilized in the last visit of Her Majesty, the Queen, and many others and he has done all these jobs with great class and competence.

I was here when we had two members of Parliament and two secretaries in one office. This has expanded a lot, and Gus Cloutier has helped to do that very well. He introduced modern equipment and helped the members to be in a better position to communicate among themselves and with their constituents.

Here is a Canadian who has served his country extremely well and at the same time he made a friend of every member of Parliament since 1978. Bien fait.

Mr. Stephen Harper (Calgary Southwest, Canadian Alliance): Mr. Speaker, I am very pleased to join with the Prime Minister in extending congratulations on behalf of all of us to our Sergeant-at-Arms for his 50 years of outstanding public service. He has been a fixture here since his appointment on April 27, 1978 and has fulfilled his duties and responsibilities with honour and integrity for more than 24 years.

It just made me realize that I have been around this Hill off and on for the past 20 years. I have served four times, so I have actually known Gus for a very long time. I certainly can say he has conducted himself with great dignity and retained the sense of humour necessary to survive in this place, not to mention wielding a pretty good mace from time to time.

Tribute

It is worth noting that in our parliamentary history, dating back to 1867, we have been served by only eight sergeants-at-arm. The longest serving was the second, Henry Robert Smith who served for 26 years. Therefore it is our hope that Maurice Gaston Cloutier will serve for many more years and that at the end of his time at Sergeant-at-Arms he will set a record for the longest service for all time.

On behalf of the official opposition, I extend him our best wishes and hope for his continued success here and in his personal life.

[*Translation*]

Mr. Gilles Duceppe (Laurier—Sainte-Marie, BQ): Mr. Speaker, it is now my turn to rise today to salute the 50 years of service of the Sergeant-at-Arms, Major-General Gaston Cloutier.

We regularly have the opportunity, here in the House of Commons, to pay tribute to exceptional men and women. I am pleased, along with my Bloc Québécois colleagues, to mention the exceptional qualities of the Sergeant-at-Arms of the House of Commons.

To be at the service of the state for half a century is evidence of the great desire to serve the public that Major-General Cloutier has always demonstrated. All parliamentarians can attest to his dedication, his respect and his sense of duty.

All those who have had the opportunity to work with Major-General Cloutier could, as we are doing in this House, attest to his great human qualities. After talking with some of my associates this morning, I can truly say that several people would have loved to have the privilege that is mine today of expressing our gratitude.

Major-General Cloutier is responsible for various services in the House of Commons. He fulfills his duties with an affability and an integrity that make him an essential member of this institution. I know that a number of colleagues in the House consider him a friend.

Mr. Speaker, you know better than anyone else all the tasks required to ensure that parliamentarians can fulfill their responsibilities under the best possible conditions. Hundreds of men and women are contributing, more often than not behind the scenes, to the life of this essential democratic institution. Major-General Cloutier is a person whose priority has always been the respect of the institution and of its members.

He is a person who, because of his keen sense of public duty, understands how what we are doing here helps our society make progress in a democratic and peaceful way.

My Bloc Québécois colleagues join with me in paying tribute to the 50 years of service of Major-General Cloutier. We thank him for his dedication and for the quality of his work, and we hope that we can keep our close ties with him for a long time to come. Congratulations, dear friend.

• (1510)

Mr. Bill Blaikie (Winnipeg—Transcona, NDP): Mr. Speaker, it is with great pleasure that I congratulate Major-General Cloutier today on behalf of the New Democratic Party on his 50 years of public service. I have known Mr. Cloutier for 23 years and have the greatest respect for him as a person with the best interests of Parliament at heart.

[*English*]

When we were notified of this event this morning, I heard that we were to keep it a secret because if the Sergeant-at-Arms knew he might not show up for this event. Knowing that he has a sword close by under his desk, I was worried that when he found out and if he got too excited both the leader of the Conservative Party and I might be in danger.

We are glad that he has accepted our admiration, thanks and congratulations with such humility. I, like the hon. member for Burnaby—Douglas, came here only a year after his appointment as Sergeant-at-Arms. I have always found him to be someone who has not only the interest of Parliament at heart but also the interest of members of Parliament at heart.

He has been a source of sage advice, especially for anyone wanting to know the history of the place, exactly what went on in the past and how certain things have come to be. I have worked with him on the Board of Internal Economy, and in every respect, I think I speak for all members when I say, we have a great friend and may he long continue in the position that he now holds.

Right Hon. Joe Clark (Calgary Centre, PC): Mr. Speaker, it is a good thing there are only five parties in the House or these tributes could cause an outbreak of order.

[*Translation*]

As someone who was here in this House before Gus Cloutier arrived, it is a privilege for me to join with the members of the Progressive Conservative Party in paying tribute to him today.

[*English*]

He has been a distinguished Canadian public servant for 50 years. It is extraordinary to have spent that much time and given that much quality of service to the country.

As has been noted before, Major General Cloutier joined the Royal Canadian Air Force 50 years ago in 1952. He came to the House in 1978 as Sergeant-at-Arms. He has given outstanding service here, not simply on the questions of procedure and of ceremonies as has been said, but also as a master of thousands of day to day details.

If I may say so, Gus, on behalf of several of my colleagues present and parted, among your other qualities, we appreciate your discretion.

The House leader of the New Democratic Party made reference to the sword that Gus Cloutier carries as Sergeant-at-Arms. He and I had the same thought and so did my normal seatmate, the member for Saint John. We know how well prepared Gus Cloutier is for most things and we were concerned that in a moment of surprise he might draw that mighty sword and clean these benches.

The member for Saint John has taken the course of prudence and is expressing her good wishes to you from a safe distance, Gus. She also said to me that she thought, thinking about the sword, if you were to draw it, given your responsibilities to Her Majesty the Queen, it would probably be directed at the Deputy Prime Minister and not at anyone else here.

Points of Order

This is a place of rules and at the end of the day the Sergeant-at-Arms is the officer who enforces them. What has characterized Gus Cloutier's service to the House has been that while he is a respecter of the rules, he is not at all their prisoner. He has always found ways to facilitate the work of members of Parliament while retaining the dignity of this institution. In a word, he has been a friend of the member of this House. He makes this House of Commons work.

We are celebrating your service today not simply, Gus, on the basis of the length of service but of the high quality of that service and of your sensitivity to the life and nature of this institution. Thank you.

• (1515)

The Speaker: I want to add my words of appreciation to the Sergeant-at-Arms for his good service for 50 years and say that I am pleased I have not had to call upon him to enforce any ruling from the Chair. For that I thank all hon. members.

[*Translation*]

There will be a reception for the Sergeant-at-Arms in room 216, immediately after he leaves the Chamber.

* * *

[*English*]

POINTS OF ORDER

CLASS OF 1972

Mr. Stephen Harper (Leader of the Opposition, Canadian Alliance): Mr. Speaker, I would like to extend the outbreak of good cheer for a few more moments.

I am told that today is the 30th anniversary of the election of the class of 1972. As I look around the chamber, unless I am mistaken, there are only two survivors of that particular class. One is my House leader, the hon. member for West Vancouver—Sunshine Coast, and the other is the outgoing leader of the federal Progressive Conservative Party. Both obviously have long and distinguished records. Although I think both had interludes in this, I nevertheless think all members of the House would like to congratulate them on their very long service and contribution to public life.

COMMENTS BY PARLIAMENTARY SECRETARY TO THE MINISTER OF NATIONAL DEFENCE

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, Canadian Alliance): Mr. Speaker, today I rise on a point of order in regard to comments made by the Parliamentary Secretary to the Minister of National Defence after yesterday's question period.

The parliamentary secretary made the statement that I have never cared to ask a question in this House about the Emergency Preparedness College in Arnprior. I find it truly unfortunate that the member would stoop so low as to make such an unfounded accusation when the record clearly shows that this is not the case. I invite the hon. member to do the honourable thing, to correct the record and withdraw his comment.

• (1520)

Mr. John O'Reilly (Parliamentary Secretary to the Minister of National Defence, Lib.): Mr. Speaker, continuing with the debate that is going on in the House, not the point of order, I certainly

would recognize that the member did ask the day before or two days before about the college. That was the first time it was ever brought to my attention that the member knew the college was there and I pointed that out.

The Speaker: I think it is obvious we are into a debate. Just to help things along perhaps the ruling which follows will bring this matter to an end.

* * *

PRIVILEGE

NATIONAL DEFENCE—SPEAKER'S RULING

The Speaker: I am now prepared to rule on the question of privilege raised by the hon. member for Renfrew—Nipissing—Pembroke in which she claimed that her privileges had been breached during question period on Friday, October 25.

[*Translation*]

My thanks to the Leader of the Government in the House, the Minister of National Defence, the Parliamentary Secretary to the Minister of National Defence, and the Parliamentary Secretary to the Minister of Public Works and Government Services for their contributions to the discussion.

[*English*]

The essence of the argument of the member for Renfrew—Nipissing—Pembroke is that the response given by the Parliamentary Secretary to the Minister of National Defence for her inquiry about funding for the Canadian Emergency Preparedness College was deliberately misleading.

I have carefully considered the arguments put forward by the hon. member, as well as those made by other members. I can find no evidence that would suggest that a breach of privilege has occurred. Rather, it appears to me that a dispute as to facts exists and that the matter would no doubt more properly be pursued by the hon. member through debate in the usual manner, whether in question period or elsewhere.

I trust this therefore settles the matter.

* * *

POINTS OF ORDER

PRESENCE IN GALLERY

Mr. John Reynolds (West Vancouver—Sunshine Coast, Canadian Alliance): Mr. Speaker, we have had a longstanding tradition in the House that the Speaker introduces people in the gallery. The Minister of National Defence, in the middle of an answer, I guess for lack of having any real good answer, mentioned somebody sitting in the gallery, which provoked a standing ovation.

This side of the House has no problem with standing ovations for the members of our military because they deserve it, especially with the way the government has been treating them. I know that members on this side of the House who have mentioned people in the gallery have paid a penalty of not being up for question period for 30 days. We certainly would not want to see that happen to the minister because we are hoping that some day we will get a real answer out of him.

Points of Order

I would hope, Mr. Speaker, that you could advise the members on that side of the House and the ministers that the job of introducing people in the gallery, even if they are not named but by military statement, is your job and nobody else's.

Mr. John O'Reilly (Parliamentary Secretary to the Minister of National Defence, Lib.): Mr. Speaker, it is true that members of the HMCS *Algonquin* were in the gallery today. That was not mentioned by the minister or by anyone. It was myself as parliamentary secretary on Thanksgiving who welcomed them back to the Strait of Juan de Fuca to their base, not the members of the Alliance Party who did not have the courtesy to show up.

The Speaker: The difficulty of referring to the presence of members of the public who may be in the gallery is one that is known to hon. members and I have had to exercise certain powers of chastisement in this regard from time to time on members on both sides of the House. It has particularly dealt with Standing Order 31 statements where reference by members to people in the gallery is disruptive and of course loses time so we do not get as many S.O. 31 statements as we might otherwise have.

I listened to the question and the answer today. I must say I do not recall, and had I heard the minister make some reference to people in the gallery, I would have been on my feet in a flash. However, I will check the blues and I will in fact look at the videotape of the proceedings to see if there was some hint. I sensed that there were people in the gallery; I detected that there was talk of people in the navy being particularly thanked, but I did not think the minister either pointed or said they were there. However, I will check the blues and if necessary, I will chastise the minister.

This is not a matter that makes a speaker quail, and the hon. member for Edmonton North knows that, but I think it is very important that we bear this in mind.

Yesterday there were references to people who had just left the gallery, which I found troubling, and references to the people who were coming into the gallery later, which I found troubling because I had a feeling they might have already been there.

I urge hon. members to respect our traditions and avoid these kinds of references in their remarks. We are functioning as a House here on this level. The people who are in the heavens, up higher, are not necessarily ones we ought to refer to in the course of our debate.
[*Translation*]

I encourage all hon. members to cooperate, as always, with the Chair in observing the rules and traditions of this Chamber.

• (1525)

[*English*]

SUPPLY DAY MOTIONS

Hon. Don Boudria (Minister of State and Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I understand that the Chair is preparing to announce the opposition day motion for tomorrow.

As the Speaker will know, this new convention we have of having these announcements from the Chair was made pursuant to recommendation No. 37 of the modernization committee report. The modernization committee report stated that moving up the notice

requirement should facilitate the preparation for debate, including the scheduling of speakers. Mr. Speaker will no doubt be familiar with the entirety of that recommendation.

It has been drawn to my attention that two motions have been asked to be placed on the order paper for tomorrow. Before the Speaker announces which one of those motions, in the unlikely event that the Speaker would announce that there are two of them, I want to draw to the attention of Mr. Speaker that the modernization committee report, later translated into the standing order, had as an objective to ensure that members knew precisely the topic being raised the following day in the House. Listing two, three, four, or next week, six dozen items would effectively prevent members of Parliament from having the benefit of that information which was contained in the modernization committee report which was adopted unanimously by this House of Commons.

Therefore, Mr. Speaker, as you prepare to tell us what the item is for debate tomorrow, I would like to call upon the Chair to ensure that there is only one item that is brought to our attention and in so doing, the letter and the intention of the modernization committee report will be respected.

If Mr. Speaker feels that he has to perhaps review what the modernization committee report said, along with the accompanying new standing order, and perhaps render a decision later this afternoon, I would be very pleased to hear that at the appropriate time. I wanted to bring this to the attention of the Chair so that all who say we want more modern rules in the House of Commons clearly live by what we say and what we announce, not by what loopholes we think we can concoct.

Mr. John Reynolds (West Vancouver—Sunshine Coast, Canadian Alliance): Mr. Speaker, it is very interesting to hear from the government House leader about the rules that we may concoct. He sat on the same modernization committee with me. He would also remember that the report recommended ministerial announcements be made in the House, which is not done very often these days. We have raised that as a point of order.

I might also mention that normally the government has several items on the agenda but the government has none. Therefore, it is quite interesting the government would complain about this.

As my final point, I find it very interesting that the government House leader knows what we have on the order paper before the Speaker has even announced it in the House.

The Speaker: In the circumstances, I am certainly prepared to take under consideration the point raised by the hon. government House leader and responded to by the hon. member for West Vancouver—Sunshine Coast.

It seems to me that where two motions are received, and in my recollection this happened not that long ago, last summer if I am not mistaken, but I wish to indicate that my intention would be to indicate tomorrow morning which of the two will be called, unless some other arrangement has been made.

*Routine Proceedings***BUSINESS OF THE HOUSE**

The Speaker: Accordingly, it is my duty pursuant to Standing Order 81(14) to inform the House that the following two notices of motion have been filed with the Clerk.

The votable motion standing in the name of the hon. member for Wetaskiwin reads as follows:

That this House support the election of senators, who would then have a democratic mandate to carry out their constitutional responsibilities, by calling on the Prime Minister to take an important first step toward this goal and appoint Burt Brown, who was duly elected as a Senator by the Province of Alberta, to fill the upcoming Alberta vacancy in the Senate.

The other votable motion, standing in the name of the hon. member for West Vancouver—Sunshine Coast reads as follows:

That Standing Order 106 be amended

(a) by replacing section (2) with the following:

“(2) At the commencement of every session and, if necessary, during the course of the session, each standing or special committee shall elect a Chair and two Vice-Chairs, of whom the Chair and one Vice-Chair shall be Members of the government party and one Vice-Chair shall be a Member of the Opposition. In the case of the Standing Committee on Public Accounts, the Chair shall continue to be a Member of the Official Opposition and the Vice-Chairs shall be Members of the government party. In the case of the Standing Joint Committee on Scrutiny of Regulations, the Co-Chair acting on behalf of the House shall be a Member of the Official Opposition and the Vice-Chairs shall be Members of the government party.”

(b) by inserting the following new section (3):

“(3) When more than one candidate is nominated for the office of Chair or Vice-Chair of a committee, the election shall be conducted by secret ballot as follows:

(a) the clerk of the committee, who shall preside over the election, shall announce the candidates to the committee members present and provide them with ballot papers;

(b) committee members wishing to indicate their choice for Chairman or Vice-Chairman of the committee shall print the first and last names of the candidate on the ballot paper;

(c) the committee members shall deposit their completed ballot papers in a box provided for that purpose;

(d) the clerk of the committee shall count the ballots and announce the name of the candidate who has received the majority of votes;

(e) if no candidate has received a majority of votes, a second ballot shall be taken, provided that the candidate with the least number of votes shall be dropped from the second ballot; balloting shall continue in this manner until a candidate receives the majority of votes, at which time the clerk shall destroy the ballots and in no way divulge the number of ballots cast for any candidate.”;

and that the Clerk be authorized to make any required editorial and consequential amendments and that the Standing Committee on Procedure and House Affairs conduct a review of this new procedure before a second application takes place.

Copies of the motions are available at the table.

Having received two notices of motion, pursuant to Standing Order 84(14)(c), tomorrow, if required, I will determine which motion shall have precedence.

* * *

● (1530)

BOARD OF INTERNAL ECONOMY

The Speaker: I have the honour to inform the House that Mr. Loyola Hearn, member for the electoral district of Saint John's West, has been appointed member of the Board of Internal Economy in place of Mr. Peter MacKay, member for the electoral district of Pictou—Antigonish—Guysborough.

ROUTINE PROCEEDINGS

[Translation]

IMMIGRATION

Hon. Denis Coderre (Minister of Citizenship and Immigration, Lib.): Mr. Speaker, pursuant to section 94 of the Immigration and Refugee Protection Act, I am pleased to table, in both official languages, the annual report on immigration for the year 2002.

* * *

[English]

GOVERNMENT RESPONSE TO PETITIONS

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

* * *

[Translation]

PUBLIC SAFETY ACT, 2002

Hon. Denis Coderre (for the Minister of Transport, Lib.) moved for leave to introduce Bill C-16, An Act to amend certain Acts of Canada, and to enact measures for implementing the Biological and Toxin Weapons Convention, in order to enhance public safety.

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

* * *

[English]

COMMITTEES OF THE HOUSE**PROCEDURE AND HOUSE AFFAIRS**

Mr. Peter Adams (Peterborough, Lib.): Mr. Speaker, I have three reports to present today. I will explain them very clearly so that all parties know exactly which one is being presented at a particular time.

I have the honour to present the third report of the Standing Committee on Procedure and House Affairs regarding the review of the radio and television broadcasting of the proceedings of House committees. This is the one dealing with televising of committees and opening up committees to television.

If the House gives its consent I intend to move concurrence in the third report later today.

I also have the honour to present the fourth report of the Standing Committee on Procedure and House Affairs regarding the committee's consideration of the existing procedures governing private members' business.

This is the report reintroducing the report which was placed before the previous parliament.

I also have the honour to present the fifth report of the Standing Committee on Procedure and House Affairs regarding the membership and associate membership of some committees of the House.

Routine Proceedings

CRIMINAL CODE

Mr. Maurice Vellacott (Saskatoon—Wanuskewin, Canadian Alliance) moved for leave to introduce Bill C-276, an act to amend the Criminal Code to prohibit coercion in medical procedures that offend a person's religion or belief that human life is inviolable.

He said: Mr. Speaker, in addition to the summary stated by the Speaker, the bill simply seeks to ensure that health care providers will never be forced to participate against their wills in procedures such as abortions or acts of euthanasia.

Canada has a long history of recognizing the rights of freedom of religion and conscience in our country and yet health care workers and those seeking to be educated for the health care system have often been denied those rights in medical facilities and educational institutions. Some have even been wrongfully dismissed.

The bill would make those conscience rights explicit in law and would safeguard health care workers' fundamental human rights.

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

* * *

● (1540)

CRIMINAL CODE

Mr. Myron Thompson (Wild Rose, Canadian Alliance) moved for leave to introduce Bill C-277, an act to amend the Criminal Code (taking samples of bodily substances).

He said: Mr. Speaker, I am pleased to reintroduce the bill, an idea which came from Bev and Lloyd Bergeson of Cremona, Alberta who lost their daughter Janiece to a dangerous driver.

The bill would allow a peace officer, who has reasonable and probable grounds, to test the bodily substances of the members of the parties involved in this situation.

I would like to point out that the deceased had no choice. They took body samples from the deceased while the living offender was able to refuse. The bill would prevent that.

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

* * *

CRIMINAL CODE

Mr. Myron Thompson (Wild Rose, Canadian Alliance) moved for leave to introduce Bill C-278, an act to amend the Criminal Code (dangerous offender).

He said: Mr. Speaker, the bill would allow the people at an institution, which houses dangerous offenders, under an application of 753 of the Criminal Code, to deem people to be dangerous offenders before they are released from prison or for an offence while on parole, or mandatory supervision, or on the date the sentence expires.

If the House gives its consent, I intend to move concurrence in the fifth report, which simply changes the membership and associate membership of a few committees, later this day.

● (1535)

Mr. John Reynolds: Mr. Speaker, if the House would give its consent we would be pleased to concur on these motions right now.

The Deputy Speaker: We will deal with that when we get to motions.

* * *

SUPREME COURT ACT

Mr. Maurice Vellacott (Saskatoon—Wanuskewin, Canadian Alliance) moved for leave to introduce Bill C-272, an act to amend the Supreme Court Act (appointment of judges).

He said: Mr. Speaker, the bill is pretty straightforward and quite self-explanatory. I am simply reintroducing a bill that would provide parliamentary accountability for Supreme Court of Canada appointments.

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

* * *

CORRECTIONAL AND CONDITIONAL RELEASE ACT

Mr. Maurice Vellacott (Saskatoon—Wanuskewin, Canadian Alliance) moved for leave to introduce Bill C-273, an act to amend the Corrections and Conditional Release Act and the Criminal Code (truth in sentencing).

He said: Mr. Speaker, I am endeavouring to move this along quickly and be very curt and to the point. I am also reintroducing this bill that amends the Corrections and Conditional Release Act to simply provide for truth in sentencing.

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

* * *

CRIMINAL CODE

Mr. Maurice Vellacott (Saskatoon—Wanuskewin, Canadian Alliance) moved for leave to introduce Bill C-274, an act to amend the Criminal Code (impaired driving).

He said: Mr. Speaker, this third bill is simply meant to strengthen the penalty against those found guilty on more than one occasion of impaired driving or a failure to provide a blood or breath sample.

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

* * *

CANADA TRANSPORTATION ACT

Mr. Maurice Vellacott (Saskatoon—Wanuskewin, Canadian Alliance) moved for leave to introduce Bill C-275, an act to amend the Canada Transportation Act.

He said: Mr. Speaker, the bill simply but significantly amends the Canada Transportation Act to address rail transportation inefficiencies primarily as they impact western farmers.

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

Routine Proceedings

Too many times frontline officers and parole officials have been warned and individuals should not be turned back to society since they are a danger to offend. The bill would prevent that from happening.

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

* * *

CRIMINAL CODE

Mr. Myron Thompson (Wild Rose, Canadian Alliance) moved for leave to introduce Bill C-279, an act to amend the Criminal Code (bail for those charged with violent offences).

He said: Mr. Speaker, the bill would permit a person who has been accused of sexual assault with a weapon, aggravated sexual assault or criminal harassment, who has been identified by the victim or by a witness to the offence, from being released on bail.

The result would be that the accused could not be released unless the charge was withdrawn or the accused was acquitted at trial.

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

* * *

CRIMINAL CODE

Ms. Val Meredith (South Surrey—White Rock—Langley, Canadian Alliance) moved for leave to introduce Bill C-280, an act to amend the Criminal Code (selling wildlife).

She said: Mr. Speaker, I would like to reintroduce this bill. The bill is in the same form as the previous Bill C-292 at the time of prorogation, albeit certain sections of the previous bill have been removed as they made reference to sections of statutes that are no longer in force. Therefore, pursuant to Standing Order 86.1, I ask that this bill be reinstated at the same stage it was in when the first session of this Parliament prorogued.

The purpose of this bill is to make the selling of wildlife and wildlife parts an offence under the Criminal Code unless carried under and in accordance with a licence, permit or an exemption order. The sale of threatened or endangered species or their parts would attract an increased penalty. Such offences would also be subject to the money laundering provision of the Criminal Code. I leave that in your hands, Mr. Speaker.

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

• (1545)

The Deputy Speaker: The Chair is satisfied that the bill is in the same form as Bill C-292 was at the time of prorogation of the first session of the 37th Parliament. Accordingly, pursuant to Standing Order 86.1, the bill shall be added to the bottom of the list of items in the order of precedence on the order paper and designated a votable item.

* * *

COMMITTEES OF THE HOUSE

PROCEDURE AND HOUSE AFFAIRS

Mr. Peter Adams (Peterborough, Lib.): Mr. Speaker, I move that the third report of the Standing Committee on Procedure and House Affairs presented to the House earlier this day be concurred

in. This is the report dealing with improving access of television to committees.

The Deputy Speaker: The House has heard the terms of the motion. Does the House give its consent?

Some hon. members: Agreed.

(Motion agreed to)

Mr. Peter Adams (Peterborough, Lib.): Mr. Speaker, if the House gives its consent, I move that the fifth report of the Standing Committee on Procedure and House Affairs presented to the House earlier this day be concurred in. This is the report dealing with the changes in the membership and associate membership of some committees.

The Deputy Speaker: The House has heard the terms of the motion. Does the House give its consent?

Some hon. members: Agreed.

(Motion agreed to)

Mr. Ted White: Mr. Speaker, I rise on a point of order. I believe if you asked for it, you would find unanimous consent to also concur in the other report introduced by the member to do with the votability of private members' bills.

The Deputy Speaker: Does the House give its consent?

Some hon. members: Yes.

Some hon. members: No.

* * *

PETITIONS

STEM CELL RESEARCH

Mr. Norman Doyle (St. John's East, PC): Mr. Speaker, I want to present a petition on behalf of about 100 people from St. John's who are making the point that non-embryonic stem cells, which are also known as adult stem cells, have shown significant research progress without the immune rejection or ethical problems associated with embryonic stem cells. They are calling upon Parliament to focus its legislative support on adult stem cell research to find the cures and therapies necessary to treat illnesses and diseases of suffering Canadians.

CHILD PORNOGRAPHY

Mrs. Betty Hinton (Kamloops, Thompson and Highland Valleys, Canadian Alliance): Mr. Speaker, it is my pleasure to rise for the first time to present petitions on behalf of the constituents of the Kamloops, Thompson and Highland Valleys. I will be presenting two.

The first asks Parliament to ensure protection of our children by taking all necessary steps to ensure that all materials which promote or glorify pedophilia or sado-masochistic activities involving children are outlawed.

STEM CELL RESEARCH

Mrs. Betty Hinton (Kamloops, Thompson and Highland Valleys, Canadian Alliance): Mr. Speaker, the second petition asks that Parliament focus its legislative support on adult stem cell research to find the cures and therapies necessary to treat the illness and diseases of suffering Canadians.

CHILD PORNOGRAPHY

Mr. Ted White (North Vancouver, Canadian Alliance): Mr. Speaker, I have two petitions to present today.

The first is on behalf of Dan and Tannis Mitchell and more than 260 others who signed a petition drawing the attention of the House to the fact that the creation and use of child pornography is condemned by a fair majority of Canadians and calling upon Parliament to protect our children by taking all necessary steps to ensure that all materials which promote or glorify pedophilia or sado-masochistic activities involving children are outlawed.

• (1550)

STEM CELL RESEARCH

Mr. Ted White (North Vancouver, Canadian Alliance): Mr. Speaker, the second petition is presented on behalf of Faye Stannus and more than 100 other persons, who are drawing the attention of the House to the fact that thousands of Canadians suffer from debilitating diseases such as Parkinson's, Alzheimer's, diabetes, cancer, muscular dystrophy and spinal cord injury, and that Canadians support ethical stem cell research but Parliament should focus its legislative support on adult stem cell research to find cures and therapies necessary to treat the illnesses and diseases of suffering Canadians.

CHILD PORNOGRAPHY

Mr. Scott Reid (Lanark—Carleton, Canadian Alliance): Mr. Speaker, I am honoured today to introduce a petition on the subject of child pornography, which is a matter of critical importance to all Canadians. This petition draws the attention of hon. members to the fact that the creation and use of child pornography is condemned by a clear majority of Canadians.

The petitioners encourage Parliament to take all necessary steps to protect our children by outlawing all pornographic depictions of children. They also point out, and this is a point strongly emphasized in the petition, that the law on child pornography ought not to be effectively rewritten and largely nullified by the courts. As a concluding remark, I would just like to indicate my own strong support for this petition.

The Deputy Speaker: Once again, the Chair has to remind members that in presenting petitions we are not to either associate or disassociate ourselves for or against wishes or expressions by constituents. I would caution members to please follow the rules that we have laid out for ourselves. I think they have served us well in the past and will continue to serve us well in the future.

Ms. Marlene Catterall (Ottawa West—Nepean, Lib.): Mr. Speaker, I have the pleasure to table a petition on behalf of residents in my riding and elsewhere in the national capital region calling upon Parliament to protect our children by taking all necessary steps to ensure that all materials which promote or glorify pedophilia or sado-masochistic activities involving children are outlawed.

Routine Proceedings

THE ENVIRONMENT

Ms. Marlene Catterall (Ottawa West—Nepean, Lib.): Mr. Speaker, I have another petition calling upon Parliament to enact an immediate moratorium on the cosmetic use of chemical pesticides.

TOBACCO PRODUCTS

Ms. Marlene Catterall (Ottawa West—Nepean, Lib.): Mr. Speaker, I have another petition calling upon Parliament and requesting a prohibition on the manufacture and sale of tobacco products in Canada.

FALUN GONG

Ms. Marlene Catterall (Ottawa West—Nepean, Lib.): Mr. Speaker, my final petition calls upon Parliament, for volunteers to form part of Canada's SOS rescue team and protection for an SOS rescue team that wants to go to China to insist upon freeing all Falun Gong practitioners now and protesting the abuse of their human rights.

RIGHTS OF THE UNBORN

Mr. Maurice Vellacott (Saskatoon—Wanuskewin, Canadian Alliance): Mr. Speaker, these several dozen petitioners remind us that modern science has unequivocally and irrefutably established that a human being begins to exist at the moment of conception. In view of that they ask that the government bring in legislation defining a human fetus or embryo from the moment of conception, whether in the womb of the mother or not, whether conceived naturally or otherwise, as a human being, and making any and all consequential amendments to all Canadian laws as required.

STEM CELL RESEARCH

Mr. Maurice Vellacott (Saskatoon—Wanuskewin, Canadian Alliance): Mr. Speaker, I have another petition with a number of names on it. These individuals maintain that it is unethical to harm or destroy some human beings in order to benefit others, i.e. destroying human embryos. They therefore ask that instead of embryonic stem cell research there be adult stem cell research, which holds enormous potential and does not pose the serious ethical questions of stem cell research using embryos and aborted fetal tissue. The petitioners ask that the Government of Canada ban embryo research and direct the Canadian Institutes of Health Research to support and fund only promising ethical research that does not involve the destruction of human life.

* * *

QUESTIONS ON THE ORDER PAPER

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

The Deputy Speaker: Is that agreed?

Some hon. members: Agreed.

*Government Orders***MOTIONS FOR PAPERS**

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

The Deputy Speaker: Is that agreed?

Some hon. members: Agreed.

GOVERNMENT ORDERS

• (1555)

[English]

HEALTH CARE SYSTEM

The House resumed from October 28 consideration of the motion.

Mr. Murray Calder (Dufferin—Peel—Wellington—Grey, Lib.): Mr. Speaker, I would like to pick up my comments from where I left off on October 28 and also inform you that I will be sharing the rest of my time with the good member for Pickering—Ajax—Uxbridge who also wants to talk on health care.

As I said before, I am the chair of our national rural caucus and I would like to give the House a perspective of what we as rural Canadians experience with health care. Right now almost 30% of the population is spread out over 95% of the land area. There are proportionately more seniors in rural Canada. Rural Canada has only 50% as many physicians per thousand people as urban Canada. The average rural citizen lives 10 kilometres away from a doctor, compared to two kilometres for the average urban resident. Approximately 7% of rural residents live more than 25 kilometres from a doctor. Of the 16,000 people who live in the northern regions, two-thirds live over 100 kilometres away from a doctor.

I have talked before about how important it is that we get things as transparent as possible, and this is going to come down to a dollar figure. This is the issue I want to raise. First, did the federal government and the provincial governments ever split health care costs fifty-fifty? The answer is no. In the early 1970s, only doctors and hospital services costs were split fifty-fifty, and when costs of other health care services that the provinces chose to include in their insurance program, such as home care in some provinces, were added up, the federal contribution was about 40%.

Is it accurate to say that the current federal contribution to health care is 14%? Again, the answer is no. The provinces arrived at this percentage by counting some of the federal moneys and not others. They are not counting the Canada health and social transfer tax points, the equalization payments they receive from the federal government or direct health care spending by the federal government.

Next we would have to ask, what are tax points? Tax points were established in 1977. They are a direct transfer of tax collection to provinces. This means that the federal government lowered its tax rate and allowed provincial governments to raise their rates by the same amount. The result? More taxes flowed directly to provincial coffers. There was no change in the amount of taxes paid by Canadians. The change was the destination: from the federal coffers

to the provincial coffers. Since these tax points were never transferred back to the federal government, provincial governments continue to benefit from them. In fact, in 2001-02, the tax points given to provincial governments amount to nearly \$16.3 billion.

How much money does the Government of Canada spend on health care? Currently the Government of Canada spends money on health care in two ways: first, through transfer to the provinces and the territories which I have already partially described; and second, through direct spending and tax credits. Basically, that money goes directly to aboriginals, Inuit, Canadian veterans and the Canadian Forces. Transfers to the provinces and the territories are federal money transfers to the provinces through the CHST cash and tax points and through equalization payments.

Then transparency burns down to this, I believe. We must sit down with the provinces and come up with a fair, equitable, transparent system that we all agree to. Clearly to me and I hope clearly to the House, there is a heck of a lot of politics being played with this right now. Quite frankly, I think it is unconscionable to start playing politics with Canada's health care system, given the fact, as I have stated before, that by 2020-24, 25% of our population will be 65 and older. It is imperative that we get an agreement between the feds and the provinces as to how we are going to get this system running and running properly.

We have a Senate report and the Romanow report will be coming out. I would hope that these two reports will give us the basis, as a government at the federal level and governments at the provincial level, to come to some sort of agreement as to how this system is to work.

I would hope, and I will be watching, to be involved in the debate and negotiations as to how this will work.

• (1600)

Mr. Dan McTeague (Pickering—Ajax—Uxbridge, Lib.): Mr. Speaker, I thank the hon. member for Dufferin—Peel—Wellington—Grey for sharing his time with me. Obviously there will be much debate in the process of take note on how we would like to see the evolving health care system transform itself in Canada. Obviously we have plenty to work on and as we speak there are significant changes occurring, and there are different components of our health care system which are leading to a cost-push scenario.

I cannot think of one that is more near and dear to the hearts of Canadians and is one that Canadians readily understand and are facing. However it is also something which is really responsible for the second largest portion of their bills. The Canadian Institute for Health Information pointed out recently that drug retail sales are now the second largest category of spending. Our health care system is spending more on drugs in this nation than we do on doctors.

It is not surprising that this is occurring and therefore I want to confine my remarks strictly to what I believe to be the underlying concern driving the rising cost of pharmaceuticals.

Government Orders

I am not talking about doing away with the 20-year patent protection period. It is already provided to create an environment where we have expensive brand name pharmaceuticals. I am not talking about removing Canada from its international obligations as outlined under the WTO or the TRIPS agreement on intellectual property rights.

I am talking about the spurious use of regulations attached to the Patent Act with respect to patented medicines. The regulations permit brand name companies and manufacturers to use automatic injunctions to keep much cheaper generic drugs off the market, even upon expiration of the 20-year patent protection period to which we have agreed, by simply claiming that their patent is being infringed. I point out that it is simply a claim.

Automatic injunctions are heinous, odious and an affront to our legal system. They are also a major cause behind the high cost of prescription drugs in Canada because by simply claiming infringement an automatic injunction is granted to a brand name manufacturer. The generic company which has the opportunity to bring its product on-line then has to face lengthy and prolonged court battles to clear the infringement case. Even though the courts dismiss well over 80% of the claims, the financial damage has already been done. The case has achieved the target of clearly delaying cheaper drugs from getting onto store shelves and obviously reducing the pocket books of those who need drugs, not because it is a fashionable thing but because they are sick.

Equally important, lengthy court cases virtually guarantee what amounts to an extended patent, an extension that goes well beyond the already provided for 20-year patent protection period. The use of the automatic injunction provision is more than not a deliberate and frivolous misuse of regulations. It provides an extended financial benefit to the brand name pharmaceutical companies and Canadians and Canada's health care system pay dearly for that.

That is why automatic injunctions, in my view and I think the view of a growing number of people in Canada, and certainly in the United States, is that they must be done away with.

What is the cost of delaying the entry onto the market of cheaper generic drugs? What is the cost to an already overburdened provincial and federal health care system? What is the cost to consumers? Most important, what is the cost to those people on low incomes, to those seniors who have paid and have to make the decision as to whether or not they wish to eat, pay the rent or buy expensive prescription drugs so they can simply live?

Not all Canadians have prescription drug coverage. I can assure the House that for too many Canadians it does not come down to having to make any financial decisions as to whether or not they can afford to fill prescriptions. Such incidents are not acceptable. Only Canada and the United States provide for this regime of automatic injunctions.

However, in the past 10 days to 12 days, the U.S. is taking action to limit the use of automatic injunctions. For example, President Bush stated in the last week or so that no multiple 30-month patent infringement claims will be from this point forward be permitted.

●(1605)

The so-called use of evergreening, applying for a new patent just because the shape of the pill has been changed or a new non-medicinal ingredient has been added, will not be allowed to continue in the United States.

As Americans prepare for their mid-term elections on November 5, drug costs and the actions of the multinational drug companies have inundated the political ads on TV, and the need for lower drug costs has become quite clearly a major election issue. With efforts underway in the United States senate and the house of representatives to address automatic injunctions and evergreening, Canada will soon become literally the only country in the world that permits such a disgusting and expensive activity. Given the tobacco issue last year and the Cipro case, it should be clear to everyone now that the multinational pharmaceutical companies only have the proverbial bottom line as their interest and not the health of Canadians.

The Kirby report on health just this last Friday accurately pointed out at least one thing. In recent years the cost of prescription drugs has escalated faster than all the other elements of health care, to support what CIHI had said just a little earlier. Why is this so? Why do we see these increases? Why do we permit this heavy burden to be applied to the provincial drug formularies, to Canadian seniors, to low income Canadians and to those who do not have a prescription drug plan?

There are some people who are turning to the debate on patent protection, and automatic injunctions in particular, into a question of regionalism. They argue that to remove injunctions would pit one region against another, as the brand name companies are primarily headquartered on the island of Montreal, for instance, and generic companies are located in Ontario. Anything that cuts into existing provisions that could extend the patent would damage Quebec's pharmaceutical industry and, yes, they even argue that some of these same companies would leave Quebec and Canada altogether.

For the record, I have three brand name pharmaceuticals in my riding. I have no generics. However I have an interest for the 137,000 constituents I represent.

I can assure the House or for that matter any party that there are people in regions across Canada, whether it be Saskatchewan or Quebec, who are living on low incomes or who are elderly. I am sure most over time will get ill and will require prescription drugs at some point in their lives. This is not therefore and should not be in any way, shape or form a political issue.

Understandably there are some who want to make it that debate. Clearly we do not. Certainly on the industry committee in the last session, it was clear that the committee wanted to tackle the issue of automatic injunctions. At some point it will.

Some parties in the House like to call themselves staunch defenders of democracy and will always stand up for a region's interests. At the same time, as the past indicates, they defend multinational manufacturers by not demanding the end of automatic injunctions. We cannot have it both ways.

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Clearly other issues have to be brought into consideration. Losac, which is used for ulcers, is one of the largest drugs used in Canada and the United States. It has now been caught in a legal web in Canada for nearly four years. The price is for this drug is too high, as recognized not only by governments in the United States and Canada, but by manufacturers and unions. Why are we paying it? Simply because we want to protect a regulation under the notice of compliance that was passed in 1992 without the consent of the committee and which slipped through at the last moment by Parliament. If we want to talk about a regulation that is doing much to undermine the credibility of our system, this is one.

We have given the brand name pharmaceuticals 20 years of patent protection. We did this for their efforts and expense to research and create new innovative drugs. There is no doubt that brand name pharmaceutical companies should receive revenue for their work. However I still do not understand how TV ads can be included as part of the research and development costs under our tax act.

Nonetheless the brand companies deserve fair compensation for their investments. Fairness, it would appear, is a two-way street. Nowhere is it acceptable to use a government provided regulatory measure to gain additional revenues, especially when a guaranteed 20 year patent exists.

With the exception of the United States, we understand that every other WTO country does not permit automatic injunctions. Clearly, why should Canada? It is time for us to act to ensure that cheaper prescription drugs are made available on the pharmacy shelves of this nation.

Finally, we cannot talk about the health care system in Canada if we are not talking about the most dramatic impact it is having on health care.

• (1610)

Mr. Jay Hill (Prince George—Peace River, Canadian Alliance): Mr. Speaker, I listened attentively to the comments made by the member for Pickering—Ajax—Uxbridge. I noticed that he confined his comments to the issue of drug costs and generic drugs versus ones that are protected by patent. While I agree it is of very real concern to all Canadians, because of the escalating costs of drugs, there are alternatives and I want to briefly address them.

One thing I believe is inherently wrong with the way the federal government is looking at the health care system right now is that it is not viewing health care with sufficient flexibility. By that I mean we have to take a new look at this in the sense of preventive versus reactive medicine. There is a lot of new technology. However some is old technology which we have not accepted in our culture and country, whether it is naturopathic medicine, acupuncture, chiropractic or things like that. Some would argue that these alternatives would give Canadians greater choice in their health care. In other words, it would be a patient driven system whereby they could make those choices and have money available for those types of alternatives. This would give more choice to Canadians.

While I recognize that the cost of drugs is a huge issue that we must address as a government and as Parliament, would the hon. member for Pickering—Ajax—Uxbridge agree that, as we move through this debate on health care, it is really necessary for us to look at this within the confines of the Canada Health Act and allow as

much flexibility as possible, and look at other alternatives which would be more preventive in nature versus reactive in treating disease and pain once they have already occurred in the patient?

Mr. Dan McTeague: Mr. Speaker, the hon. member provides some constructive points. On that issue, I have heard from this side of the House, short of what we hear in Romanow, that prevention to the extent that we can will have to become an increasingly important part of our discharge of the Canada Health Act, certainly as far as health care is concerned. However we have to recognize that we have an aging population.

We have to ensure that, while there are private companies involved in the delivery of a universal health care system, we do not invite a NAFTA challenge on the question of investment. We do not want to put ourselves in the position where we break away from the five principles, but we have to recognize the real context of what is causing and undermining our health care system. One of the most important ones, which has been identified by virtually every study in Canada over the past year, has been the dramatic and unacceptable rise in prescription drug prices because we have literally given away the farm and in turn received very little investment and a whole lot of debt.

Mr. Larry Bagnell (Yukon, Lib.): Mr. Speaker, I know the member would like to speak more on this because he has worked on this project for so long. I want to let him know that I wholeheartedly support that. When he started his speech I was meeting with the generic representatives. I have three questions for the hon. member; two easy and one hard.

First, does the hon. member think there have been examples of abuse of the patent rule, pushing it beyond 20 years?

Second, with the U.S. now coming into line with the rest of the world to stop this abuse, will that make it easier for us to get this through Canada?

The hard question is this. If we are the only country in the world that allows this abuse of extending patents, the brand companies might say that it is a great environment for investment and they can protect their patent a lot longer. Therefore we would have a lot more investment in Canada.

Mr. Dan McTeague: Mr. Speaker, those are excellent questions and I know the member for Yukon has shared these views very passionately.

The example is that the United States, which of course is home to many of the national brand name manufacturers for which Canada is home to none except for the warehouses and our generic industry, has already demonstrated that this abuse must stop. Senator McCain and Senator Schumer led the charge in the United States. In Canada our industry committee tried to do the same. Unfortunately there seems to be a deliberate attempt not to try to tackle the real issues.

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I know the hon. member finds this interesting. There are some in this House who may want to suggest that generic drugs are more expensive in Canada than anywhere else in the world. They are 400% less in Canada than they are in the United States after we take into account the difference in the dollar valuation. That is as a result of what happened 20 to 30 years ago when we brought in the ability for compulsory licensing.

It is very clear that Canada remains the only nation in the world, after this floor order goes into place, that has automatic injunctions which costs everybody. We have to stop be the world's international thumb-sucking dolts on this one.

•(1615)

[*Translation*]

Mr. Paul Crête (Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques, BQ): Mr. Speaker, I rise today to speak to the motion, which reads as follows:

That this House take note of the on-going public discussion of the future of the Canadian health care system.

We are dealing with an unfortunate situation. After several weeks of debate following the Speech from the Throne, the federal government, lacking leadership, has proposed a debate that is meaningless, because we are beyond the stage of government action.

The mere fact that we are talking about the on-going public discussion of the health care system, claiming that there is a Canadian health care system, reflects a problem with existing jurisdictions, with provincial and federal responsibilities.

It is important that we be aware that there is an urgent need to take action in health care, a need to ensure that there will be funds available and that services will be delivered as efficiently as possible.

However, we were hoping that this government would move beyond this situation, would take into consideration the various reports that it has received and that it would take a stand. If it would prefer to wait for the Romanow report, it should do so. But imposing this type of debate, at this time, demonstrates a lack of leadership on the part of the government.

However, since we are being given this opportunity, we will indicate which are the important elements we should be considering.

Senator Kirby, the chair of a Senate committee, tabled a report. He proposed health care funding solutions, including a new tax, or an increase in the GST, to fund the health care system. We find this unacceptable.

Currently, Quebec and the other provinces agree unanimously that there is a fiscal imbalance between the provincial governments and the federal government. The solution to this fiscal imbalance is not to tax people more heavily.

The federal government must stick to its own jurisdiction and free up the available money in order to ensure adequate health care services in every province, in every region and in every municipality.

At the end of the day, whether it be where I come from in La Pocatière, or in Rivière-du-Loup, or in Abitibi, or anywhere in Quebec or Canada, this is the situation right now.

A part of the problem stems from chronic underfunding of health care, given new variables that we are experiencing, such as the aging of the population.

The federal government does not need to hold more take note debates on the matter. It needs to take action to ensure that, indeed, more funding is provided to the provinces so as to produce more positive results.

In 2000-01 for example, federal transfers accounted for only 16% of revenues in Quebec, as compared to 28% in 1983-84.

This drop in the funding provided through federal transfers forces the provinces to make choices. At present, discussions are taking place within Quebec, where the political parties will be putting forward various options. The fundamental problem is that we must make choices based on funding that is insufficient, because the federal government, as tax collector, collects more money than it really needs. It then uses the excess for other things, when this money should go to the provinces, to be put toward health for instance.

So, while health costs skyrocketed and its revenues increased, the federal government reduced transfers to the provinces, causing the fiscal imbalance we are experiencing, which affects the health care sector. This imbalance is jeopardizing social and economic programs in Quebec.

•(1620)

At this rate, all decisions would be made in Ottawa. Clearly, this is part of a strategy which, with the Romanow report and the Kirby report, will force us increasingly to accept federal interference. This is an increasingly common approach because of the money available. It imposes restrictions on what the provinces can do, when the expertise and know-how in health is in the provinces. It already exists. What the provinces need more than anything else is to get the funding that would allow them to do proper work in that area.

Coming back to the report of the Kirby committee, this committee concluded that there were only two ways to ensure funding for the health care system and to make it viable. The first one is to increase the GST by 1.5%, from 7% to 8.5%, and the second, to have taxpayers pay, through the tax system, a national health care premium, the amount of which would depend on each person's taxable income.

In my opinion, both solutions need to be rejected. What is needed instead is the courage to find out how much is needed, and to accept the fact that transfer payments will be made to the provinces in greatest need of funds. Moreover, the hon. member for Joliette, who is the Bloc Québécois finance critic, has made it clear that the Kirby report recommended an increase in federal funding for health care. This may be praiseworthy in itself, because it is in line with what Quebec and the provinces have been calling for, but the means to that end are irresponsible.

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We all know that more money is needed for health, that the federal government has that money in its coffers, and that it needs to agree to give it to the provinces. The choices around this may be painful ones. It is true that the debt needs to be paid down. There needs to be a specific plan for reducing the debt. At the same time, when responsibilities within Canada are not assumed, society's needs are not being properly served, and the needs as far as health is concerned are great.

On the other hand, the Romanow commission report seems to be in favour of the imposition of uniform standards and objectives. In this regard, the Romanow commission is announcing that there will be a single Canadian vision, when the constitution says that health is a provincial responsibility. By means of this Canada-wide commission, the federal government will succeed in imposing standards for all of Canada and attempt to develop expertise in an area in which it has none at present.

One of the reasons for doing this is that, internationally, the federal government needs to answer for the health programs in place in Canada. Lacking expertise as it does, rather than allow the provinces to participate in the international fora and to accompany it when international agreements relating to health policies are being discussed, it is trying to acquire expertise and make itself the sole interlocutor on the international level. This is an approach that has no future and one that ought not to be pursued.

Again, as regards the report of the Romanow commission, we are waiting to see its vision for the future. However, it is rather clear that the report will recommend the establishment of a broad primary care system that would be available 24 hours a day, seven days a week.

This recommendation is already included in the Clair report. What is the Clair commission? As strange as it may seem, we currently have a federal commission, the Romanow commission. However, in Quebec, we had the Clair commission. That commission did somewhat similar work, dealt with all sorts of issues relating to health, and made recommendations. The Romanow commission is clear evidence of unjustified duplication, with the result that a lot of money was once again spent ineffectively.

The federal government should accept the fundamental principle of the existence of a fiscal imbalance in health. This is a historical reality. Indeed, the debate on the issue of transfer payments and the provinces' responsibility regarding health is not new, far from it.

• (1625)

We were told that as early as the end of World War II, the first seeds of disagreement regarding this issue were more than obvious.

In 1942, Ottawa invoked the war effort to impose tax agreements on the provinces. Since then, the federal government has never really withdrawn from these areas. We had the act that includes the five principles regarding health: universality, accessibility, comprehensiveness, portability and public administration of the system. These principles are now in jeopardy, because of the pressures on our health system. However, one of the main reasons why these five principles are in jeopardy can be summarized by the following question: Do we have the necessary money to meet these objectives? The answer is no, because of the fiscal imbalance that exists all across Canada and which really hurts the whole system.

It has also been obvious that the federal contribution is melting away, like snow on a sunny day. For some years now, since the early 1980s in fact, federal transfer payments have accounted for a smaller and smaller share of the Government of Quebec's revenues. In 2000-01, we are told that this share represented only 16% of Quebec's revenues, whereas it represented over 28% in 1983-84. This federal share of health expenditures, or rather this decrease, has as the obvious result that we are experiencing what amounts to a withdrawal. For example, the percentage of Quebec's health spending covered by federal contributions is expected to drop from 22% in 1993-94 to under 13% in 2005-06, or close to 9 percentage points in just over a decade.

The federal government needs to reverse its direction totally and make substantial investments in this sector.

The federal government will, of course, deny that it is contributing so little, by using the argument of tax points. It considers the tax room it transferred to the provinces in 1967 to be an integral part of its contribution to provincial social programs.

The tax points transferred to the provinces do not, however, constitute a form of federal assistance, nor any kind of manifestation of its spending power. They are, in actual fact, a tax rebalancing mechanism that has always been part of the federation, and have absolutely nothing to do with the Canada social transfer. The reason the federal government transferred tax points to the provinces in the 1960s was to restore to the provinces part of the tax room they had handed over to the federal level in the early 1940s to finance the war effort. This argument does not stand up to scrutiny, therefore, regardless of how it is defended by the federal government.

In the past, there was much talk along the lines of "The Government of Quebec is a government of sovereignists, and that is why it is so critical of the federal government. It is asking for far too much".

With regard to health care, that argument falls short, because every province in Canada is upset about the federal government pulling out of health care funding. In August 2001, at a meeting in Victoria, the premiers reached a consensus and agreed that Ottawa should provide adequate funding for health care. They came to an agreement on the following measures: first, that the federal contribution to health care increase from 14% to its 1994 level of 18%; second, that the \$10 billion ceiling on equalization payments be removed.

The premiers showed their good will. They met twice in 2002 to develop an action plan to improve the management of their own health care systems. The House should remember that the provinces were often criticized and told that federal funding was not the only problem and that they had to make their health care systems more effective and efficient. Efforts have been made in this regard. In fact, provinces have done and are doing their homework so that the problem can eventually be resolved.

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However, federal funding is crucial if we are to get rid of the current fiscal imbalance.

One of the reasons for the current fiscal imbalance is that the provinces cannot shirk their social obligations in order to reduce their spending. Provincial jurisdictions affect quasi-daily activities, whether it be welfare, health, or transportation. Budget cuts can hardly be made in these areas, which require a lot of money.

• (1630)

The federal government has other kinds of responsibilities that could be reduced without necessarily affecting its effectiveness.

It is mainly its visibility that would be affected. Since the federal government has a lot of money, it often has a tendency to spend money in areas under provincial jurisdiction because it makes it more visible. That is what the federal government is looking for, but it does not necessarily have a positive impact on what the public wants.

One of the main problems is that, if people try to assess the accountability of each level of government in the area of health care, they will have a hard time figuring it all out.

This situation has to be clarified so that the responsibility of those who have the money is also the responsibility of those who provide the services. This way, the public would be able to assess whether or not their province is doing a good job.

This would also make it possible to know clearly if the money has indeed been transferred by the federal government and to ensure that there is no duplication, in the sense that the central government makes ad hoc interventions in the area of health care and then creates obligations for the provinces at the same time as it has been reducing its contribution for several years.

In fact, one might wonder how the federal government can justify such blackmail when it provides only 13% of health care funding and the equivalent of 8 p. 100 of education funding.

All of these conditions demonstrate that the situation has evolved within the Canadian federation, but the way the federal government is acting has not. It continues to collect as much money as possible through taxes and employment insurance premiums.

As we saw again this morning, the Auditor General criticized the federal government's actions when it comes to employment insurance as bordering on illegal, by misappropriating contributions from employers and workers and by creating a program that is very harsh for the unemployed.

Last year, \$4 billion of the \$8 billion surplus was collected through this program. If the government were being fair in terms of its fiscal activities, and if it really needed another \$4 billion to pay down the debt or for other expenses, it should have had the courage to collect it through taxes, or in some other way.

But taking the money from the employment insurance fund, where people make contributions to ensure coverage in the case of job loss, using this money for any other purpose is unacceptable. This situation was condemned by the Auditor General, by the program's chief actuary and more importantly, by those who fund 100% of the

program, the employers and the workers who are unemployed and who, unfortunately, find themselves in a rough spot.

This situation needs to be rectified. The Bloc Québécois has regularly brought this up, we have led an offensive with questions on employment insurance and the fiscal imbalance. We believe that we have made a positive contribution to the current system, until Quebec becomes a sovereign country.

We are making a very constructive contribution by stating clearly how these funds collected by the federal government should be used. This money should be limited to its jurisdiction, to allow the provinces to set things right as best as they can.

So, we have a debate on health care. We have moved beyond this stage, and we would hope that the government will take real measures, as soon as possible.

In February, there is to be a federal budget as well as a meeting with the premiers. We hope that this will produce something positive and constructive to ensure that the provinces have the money they need to fund their health care services adequately, for all those who use them and who deserve a system that is relevant, adequate and effective. This is the challenge we are faced with.

• (1635)

[*English*]

Mr. Peter Adams (Peterborough, Lib.): Mr. Speaker, I was disappointed that my colleague felt that there was duplication by the provinces and others in considering health care, developing proposals and plans, prior to the Romanow commission publishing its results.

It seems to me that in a confederation that is an appropriate way to go. First, we seek opinion across the country in the different jurisdictions. We seek opinion from those involved, for example, nurses, patient groups and people of this type. Then at that point, the federal government comes in, as it is doing, with the Romanow commission. It is my hope that the Romanow commission will make good use of what all of the provinces and these other groups have done.

I am surprised to hear him dismiss the tax points as a part of the federal government's contribution. That is the most decentralizing thing that we do. Having given up these tax points to the provincial jurisdiction we no longer have control over them and the provinces get the proceeds.

To proceed to say that the federal government is only putting in, and he has the figures for Quebec, nationwide 14%, when in fact we are paying 40% of the health care costs in Canada, is to underestimate the situation. Tax points count as do equalization payments, which benefit the province of Quebec, and so does the direct spending of the federal government on research and things of that type.

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I know the member has a strong provincial view and that he passionately supports the people who live in Quebec. I believe however that the federal government should have a stronger not weaker say in health care.

Does he not at least think that when residents of the province of Quebec travel across Canada, or when they move to work in another province somewhere else in Canada, they should get exactly the same care that they get at home? The federal government is the only government that can guarantee that portability of the health care system, which the citizens of the province of Quebec have at the present time.

[*Translation*]

Mr. Paul Crête: Mr. Speaker, as regards tax points, considering the current approach of the federal government, it is obvious that a federalist may think this is the proper way to do things.

However, let us not forget that tax points are neither a form of federal assistance to the provinces, nor an expression of its spending power. Tax points are a historical fiscal rebalancing tool. The purpose of the transfers of tax points made to the provinces in the sixties was to give back to the provinces some of the taxation power they had given to the federal government in the early forties to fund the war effort.

So, it is a mistake to try to compare tax points as if they were a federal expenditure. They are not found in the Public Accounts of Canada. If they were a federal expenditure, tax points would be included in the section on the transfers to the provinces. That is not the case. This is not a comparison that should be made.

As to why we are upset by federal interference, the best example is the work done by the Clair commission and by the Romanow commission. The Clair commission examined the whole issue of health. If the federal government had understood that its responsibility is to see if it can help by making funds available and by dealing with the fiscal imbalance issue, it would have realized that this is its true role.

By creating a commission that duplicates all the work done by the provinces in this area, the federal government is doing something useless. Indeed, this is a task that could have been much better defined, with very specific objectives, instead of giving such a broad mandate, as if we lived in a unitary state. We do not live in a unitary state. We live in a country where there are provinces that have responsibilities, that have expertise, that have examined the issue and expressed their views, and that are now waiting for the federal government to act.

With respect to mobility, we have the federal government's model that is supposed to ensure mobility between provinces. We have the Council of Ministers of Education. Rules are set by the provincial ministers. This is not a matter of funding; it has to do with how the system operates. The federal government has always tied the funding of the system to standards. That is what the provinces are opposed to, because the reality varies greatly from one province to the next. They have specific needs and different ways of doing things.

Let us take an example slightly outside the area of health. Quebec has put in place a family policy, 5\$ day care, so that workers can benefit from lost cost day care. Had we waited for a Canada-wide

federal system, we would still be waiting, because this is the kind of need that is not felt the same way in every province. This is probably all for the better. Perhaps 5\$ day care would be relevant in Ontario, but less so in another province.

There is a need for appropriate solutions in each area. Never in the past did the federal government show any special skill in the area of health. We only need to look at how it operates the only hospitals under its jurisdiction. To look at the kind of health care it has provided to aboriginal people throughout Canada. To look at the cuts the veterans' hospital has been stuck with. It then becomes clear that, in spite of what was said in all the debates and because of our ongoing concern for our fellow citizens, the competence and expertise is in the provinces.

The federal government should face the fact and realize that its role is in distributing funding. It must recognize that there is currently a serious fiscal imbalance. This is especially true when the federal government rakes in \$8 billion in surplus and the provinces collectively complain about its contribution being insufficient. Somehow, the federal government should realize this.

● (1640)

Mr. Jean-Yves Roy (Matapédia—Matane, BQ): Mr. Speaker, first, I would like to thank the hon. member for Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques for his excellent speech.

We both come from regions. I remind members opposite, including the hon. member for Peterborough, that what the federal government collects in taxes does not belong to it. It belongs to the people of Canada and Quebec.

When the Quebec National Assembly unanimously asks the federal government to reinvest in the health system and the federal government says no, I do not think that it is using the taxes paid by Canadians and Quebecers properly.

As I was saying, I come from a region and I would like to ask my colleague a question. I am personally aware of the impact of the underfunding of health and social services in a region like mine.

The hon. member for Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques and I both come from the same region. I wonder if he could give us his view of the impact of the underfunding of health services in a region like mine.

Mr. Paul Crête: Mr. Speaker, I thank the hon. member for Matapédia—Matane for his very pertinent question.

A few years ago, when the federal government began to back out of funding, we drew up a sort of balance sheet of what the impact on our communities was. If the federal government does not give money to the provinces, the provinces cannot give money to the municipalities, unless they make budget choices that have a negative impact on other areas of activity.

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We came to realize that, ultimately, this situation led to the closure of nursing homes, to hospital bed shortages, and to less home care. These are services our people want, services they want to see delivered. As well, society has to meet the special costs involved in providing services to people in the more isolated areas.

The entire territory needs to be serviced. Each region of Quebec has its regional health administrations and these try to perform miracles with the money available to them, in order to deliver proper services.

We have become aware, however, that the lower federal contribution in recent years has ended up drastically reducing the funds available to the provinces, and in the end everyone has had to try to accomplish miracles. The very direct consequences of this have been that our small rural communities are losing residents, as people move to larger centres where they have access to services. I think that this is not a good thing for our communities in the medium and long term. Something needs to be done.

I would like to make it clear that Quebec is convinced that there is a fiscal imbalance. The three parties in the Quebec National Assembly, that is the Parti Québécois, which forms the government, the Liberal Party of Quebec, which forms the official opposition, and the Action démocratique du Québec, are unanimous on this.

There are also 29 stakeholders from civil society who have taken collective action. According to them, there is only one defensible position in Quebec, which is that we are short of funds. The federal government, a government with a surplus, is the one that has control of those funds, and it is absolutely imperative that it distribute them to the provinces, to do away with the fiscal imbalance, which has such a negative impact on our health system.

•(1645)

[*English*]

Mr. Bob Speller (Haldimand—Norfolk—Brant, Lib.): Mr. Speaker, I will be splitting my time.

I rise today to participate in the debate on the future of the health care system in Canada. I rise today as the member of Parliament for the riding of Haldimand—Norfolk—Brant in southwestern Ontario, a rural riding that may reflect different realities than other ridings throughout this country. We have a very large agricultural base. In fact I represent about 70% of the tobacco farmers in this country and their lifestyles reflect also a lot of the health realities in my riding. I represent a riding that has the largest first nations reserve in the country, the people of Six Nations. Again it is a different microcosm of lifestyles and health problems that face that community.

I speak knowing that a lot of the services we receive in rural Canada, and even in parts of southwestern Ontario that I would say are not remote, are not at the same level of service as is reflected in some of the urban centres across the country. The rural caucus of the Liberal Party made sure that Mr. Romanow in his deliberations was aware of some of the unique circumstances that we face in rural Canada.

Today I want to talk about the commitment of the government to health care. The Speech from the Throne made it very clear that the renewal of our health care system is a key priority for the government. The throne speech said that no issue touches Canadians

more deeply than health care. Our health care system is a practical expression of the values that define our country. If I talked to Canadians, particularly people throughout my riding of Haldimand—Norfolk—Brant, and I asked them what their key concern was, I would say it would be health care and the future of health care in this country.

The commitment of the government is to ensure that there is a comprehensive system of health care that remains publicly administered and in particular, universally accessible. As most of my colleagues know, just last week the Senate Standing Committee on Social Affairs, Science and Technology tabled its report “The Health of Canadians—the Federal Role”, the Kirby report. I encourage all Canadians to look at that report. The committee consulted with Canadians, as has Mr. Romanow. The committee has made specific recommendations that I think should be part of the debate on health care and the future of health care in this country.

In late November, which is just a few weeks away, the Romanow commission will table its report on the future of Canada's health care system. Members of Parliament are anxious, as are the rest of Canadians, to get to the task of setting health care right for the future. The recommendations in both the Romanow and Kirby reports will assist our government in our efforts to do this. The Prime Minister will then sit down with the premiers of the provinces once again, as he did a few years ago, and try to work with them in terms of setting up a future role for health care in Canada.

The Speech from the Throne refers to the 2000 first ministers meeting when an agreement was reached on health care that reinforced our collective commitment to the principles of medicare, to work collaboratively to reform our system and to measure the report of our progress.

Health care renewal is by no means the single area of focus of the Government of Canada. Another issue to which we committed in the Speech from the Throne was healthy living. I do not have to tell members of the House that increased levels of physical activity, healthy eating and other preventive measures would translate to a better quality of life for all Canadians, indeed probably a better quality of life for most members of Parliament, including myself.

•(1650)

The burden of chronic disease on Canadian society is enormous. Currently two-thirds of all deaths in Canada result from four groups of chronic diseases: cardiovascular, cancer, diabetes and respiratory diseases. In consideration of this the federal, provincial and territorial ministers of health agreed in their September 2002 meeting to work together on short, medium and long term pan-Canadian healthy living strategies and to emphasize nutrition, physical activity and healthy weights.

Government Orders

One key to effective, affordable and responsive health care is for governments, the health care community and individual Canadians to concentrate on the promotion, maintenance, improvement and particularly the prevention of illness. While many health promotion and disease prevention efforts have been successfully underway in many jurisdictions for some time, a more concerted pan-Canadian and integrated approach to healthy living is necessary to make substantive changes in the health outcomes of Canadians.

The aims of the healthy living strategy are to promote good health, to reduce the risk factors associated with diabetes, cancer, respiratory and cardiovascular diseases, and the burden and the costs that they put on our health care system.

The Government of Canada will be working with provincial and territorial colleagues to develop short, medium and long term pan-Canadian healthy living strategies that will address these issues. Together with the provinces and territories, we will hold a healthy living summit to bring together health and other sectors of government, non-government organizations, health specialists, first nations and Inuit, business and other stakeholders to the table. It is key, to get these changes, that we need to involve all Canadians because all Canadians have a stake in a healthy Canada.

A series of initial consultations with these stakeholders will precede the summit. The summit will provide an opportunity to set out specific strategies to support healthy living in various settings, one being healthy communities, including rural, remote and northern areas.

As I said, we in rural Canada need to feel we are involved in this process. I know Mr. Romanow was very attentive to the remarks that the rural caucus put forward to him. I think the premiers, the ministers and the public servants working in this area need to recognize more fully that rural Canada needs to have a larger say in these sorts of issues.

In June 2003 ministers of health will be presented with a proposed collaborative strategy for healthy living. It will include an overall vision for action; short, medium and long term objectives; key components, interventions and deliverables; and indicators for measuring progress in the short, medium and long term.

Over the long term the strategy will address a range of health care issues while initially focusing on building on health care promotion and disease prevention efforts which have been successfully underway in jurisdictions for some time.

The government is dedicated to collaborative solutions to ensure that the health of Canadians is maintained and that opportunities to improve health care are available to all Canadians no matter where they live.

Ms. Wendy Lill (Dartmouth, NDP): Mr. Speaker, I want to thank the member for his comments on health care and his constant references to consultation, the summits on healthy living and so on.

I would like him to comment on what I think are some of the fundamentals for healthy living and for an injection of real health back into our health care system.

In order to give health back to our health care system and restore federal support for health care back to the 25% of the public health

care spending in the short term, we need to move it back to the original fifty-fifty federal-provincial split at its inception. Does the member agree?

I am also interested in knowing whether the member is considering the issue of extending universal health coverage to Canadians in need of home care and in need of extended pharmacare. So many people in our ridings are talking about the fact that home care, pharmacare and care for seniors in their declining years is woefully underfunded.

Perhaps the member could talk about the need for more money and the need to actually add into the Canada Health Act some new pillars, which would be such areas as home care and pharmacare, and how that fits into the member's healthy living assumptions.

• (1655)

Mr. Bob Speller: Mr. Speaker, I want to assure the hon. member, with regard to home care and pharmacare, that I support her view that there should be a role for the federal government. I have been promoting that idea for a number of years.

As she said, it is a collaborative effort. It is an effort where the provinces, federal government and municipalities need to take an important role. With that collaborative effort comes certain responsibilities. It is not for me to say who would best do what. That would be done through negotiation and dialogue with the different levels of government so that each level of government can use its expertise. I support her idea that we must do more in that area.

In terms of restoring federal spending, that seems to be a debate put forward by the premiers in ads on TV saying they are only spending so much. There are different views on what is real spending from different levels of government.

The Prime Minister has said that our levels of spending are back up to what they were. It was in the neighbourhood of 40% to 44%. When the provinces decided that they wanted the system changed to tax points because it would benefit them, the federal government agreed. When the provinces received all the money, they have now come back and said they are not getting as much money.

We changed the system to benefit the provinces. It is not a question of who spends what. Canadians want to ensure they have affordable and accessible health care. All Canadians, no matter where they are from, no matter what their spending power, no matter what their income, should have accessible health care available to them. I am sure through efforts such as healthy living we will be able to do that.

*Government Orders***MESSAGE FROM THE SENATE**

The Deputy Speaker: I have the honour to inform the House that a message has been received from the Senate informing this House that the Senate has passed certain bills, to which the concurrence of this House is desired.

* * *

● (1700)

HEALTH CARE SYSTEM

The House resumed consideration of the motion.

The Deputy Speaker: I am aware that the government still has a 10 minute slot available, but the hon. member for Dartmouth has been waiting rather patiently. If members would allow me to give the floor to the member for Dartmouth, then debate would subsequently continue with representation from the official opposition. Does the House agree?

Some hon. members: Agreed.

Ms. Wendy Lill (Dartmouth, NDP): Mr. Speaker, I am happy to be part of this take note debate on the future of the health care system. I know we are here tonight—

Mr. Jay Hill: Mr. Speaker, I rise on a point of order. I apologize to the hon. member for interrupting her, but I am a bit confused. Are the Liberals saying that they do not have another speaker and therefore they are allowing the NDP speaker—

The Deputy Speaker: No, I do not want to leave anyone with the impression that there are no speakers. There are speakers. This is an accommodation that I have been given the opportunity to put forward. I understood that, but if not, I will go back to the government side.

Mr. Jay Hill: Mr. Speaker, when will they get their extra slot?

The Deputy Speaker: In fairness, we have given the floor to the hon. member for Dartmouth. I will let her conclude her remarks and subsequently debate will continue in its normal sequence, continuing with members from the official opposition.

Ms. Wendy Lill: Mr. Speaker, last week we all saw the introduction of the Kirby report on medicare reform. I would say that the Kirby report was a classic case of medical malpractice. It had the wrong diagnosis, in my mind and in the minds of New Democrats, for what ails our health care system today.

Like other opponents of our health care system the Kirby report wrongly claimed that government could no longer afford medicare. It conveniently overlooked the fact that nationally we spent a smaller percentage of our GDP on health in 2001 than we spent in 1992, 1993 and 1994. Is less than 10¢ on every dollar of our collective wealth too much to spend on health care? Most Canadians would say no.

The Kirby report astoundingly, after much supposed consultation, flies in the face of what Canadians want in their health care system. The Kirby report begins with the premise that health care is a commodity to be bought and sold, and that medicare should be subjected to market based reforms. The majority of Canadians have made it clear that they do not agree with this recipe. Instead they view the medicare system as a public good that should be protected from the market.

The Kirby report advocated the further privatization of our public medicare. The report claimed that it did not matter who owned the health care institutions or services. Public studies have shown that private for profit health care is more expensive, inequitable and unaccountable than any public system.

The Kirby report ignored the threat international trade deals pose to our public medicare. The report approved private for profit ownership of care but ignored the far reaching and adverse implications of this under the North American Free Trade Agreement and other trade deals.

The report did not recommend adding home care and pharmacare or long term care to the Canada Health Act. These are issues we have just been discussing across the floor. These are critical issues for an aging Canadian population.

The report recommended a limited approach to expanding medicare to include home care, but did not address the root causes of soaring drug costs and excessive patent drug protection. The report made no specific recommendations for increased public spending of long term care and ignored the need for national programs and standards in these three crucial policy areas. The Kirby report had no cures for our system and simply kicked out further the foundations of our proud, effective and efficient health care system.

The question is, what is it that has brought our system to the state that it now finds itself in? New Democrats and Canadians believe that the Liberal government's policy of underfunding health care has created the breeding ground that enables opponents of medicare such as Ralph Klein and Senator Kirby to exploit public concern. New Democrats will be fighting for full restoration of federal funding for health care, as well as a renewed plan that includes expanded universal health care beyond hospital walls to take in home care and prescription drugs.

Tommy Douglas first established medicare in Saskatchewan over 40 years ago. Twenty years later he saw his vision of a national health care system destroyed by the practice of double billing. In a speech in 1982 he rallied support for federal action by declaring that he for one would not sit idly by and see that happen. The Canada Health Act results from his efforts. Tommy Douglas did not sit idly by and neither will we.

● (1705)

Privatization, long waiting lists for surgery, crowded emergency rooms, woefully inadequate home care and long term care, shortages of family doctors, nurses and other professionals, that is the Prime Minister's legacy thus far for our health care system.

Government Orders

The Romanow report due in November is expected to provide a blueprint for a renewed federal role in health care. New Democrats believe that this renewed role must be a significant increase in federal funding to the provinces, an enforcement of the Canada Health Act to stop the proliferation of private clinics and hospitals, and the introduction of the long promised national pharmacare and home care programs. New Democrats will be fighting for these measures, and will oppose any “rob Peter to pay Paul” proposal for funding the federal increase in health care transfers.

We have seen trial balloons about increasing the GST or further cutting employment insurance to pay for increases in health care funding. Such moves would be unfair and unacceptable. If the Liberals need more revenue for health and social programs, they should look first at the ill-advised tax cuts contained in the former finance minister's 2000 budget. Those tax cuts benefited the banks, big business and the wealthy.

People often ask: How would the New Democrats fund the health care system, and where would they create the wealth that is required to put this system back in the shape that is required? I would like to put forward some concrete ways that we would suggest to put the needed resources into health care.

Next month, Mr. Romanow will complete his report on health care and recommendations for reform will cost money. We all know that. The government has refused to rule out a tax hike. We are against the idea of a tax hike or increasing the GST. We believe in a progressive, sustainable tax system and, moreover, we believe that health care funding should come out of general revenues.

I do not like the idea of dedicated taxes, like those being floated, which would corrupt the flexibility of the federal government. A dedicated tax is a last resort idea which should be adopted only when all else fails. The goal is to ensure that the burden of health care costs would be fairly and progressively shared by restoring the progressivity and the sustainability of our income tax system. Here are some suggestions as to how we could do that, how we could raise the revenue necessary to fund our health care system.

On the revenue side, we would start by closing some important tax loopholes, such as tax expenditures which target certain individuals and industries, and which are not in the public interests. We could close or narrow the scope of some of these tax expenditures to generate additional revenues for the federal government.

For example, there is the capital gains tax. In 2000 the former finance minister announced two consecutive reductions in the capital gains inclusion rate, the first from 75% to 66% and the second from 66% to 50%. The Liberals underestimated the cost of those tax expenditures, almost a million dollars for 2001 alone. If we were to restore the capital gains inclusion rate to 75%, then we would retrieve an average \$1.2 billion a year in additional revenue to put back into our health care system.

A second suggestion that would help at this point to get more money into the system would be to restore the progressivity of our income tax system. Over time, the number of income tax brackets and the associated marginal tax rates have fluctuated wildly. In the 1960s the marginal tax rates for top income earners was as high as 60% for incomes over \$400,000. However, in 1972 dramatic

changes were made in the Income Tax Act, including a reduction to the top rate to 47%, and later to 43%. In 1987 there were 10 marginal tax rates, ranging from 6% on the first \$1,320 of income to 34% on taxable income exceeding \$63,000.

● (1710)

In conclusion, we believe that by adding another tax rate and by working on capital gains loopholes we would be able to begin to address the inadequacies in the funding in regard to the Canada Health Act.

Mr. Pat Martin (Winnipeg Centre, NDP): Madam Speaker, I am pleased to have an opportunity to ask some questions of the member for Dartmouth and ask for more specifics about the many ideas she put forward. I believe I understand the gist of most of her comments to mean that it is probably not necessary to look at any new taxation in order to find the revenue we need to backfill the terrible underfunding that has gone in our important social programs such as health care. We need only look at the tax cuts announced recently by the Prime Minister.

I would like her to comment on the fact that in the United States George Bush announced trillions of dollars worth of tax cuts and then 9/11 happened. The country found itself in an emergency situation. Many of those tax cuts, I am sorry, were cancelled. He simply said “We are in an emergency situation. We cannot show this kind of largesse. We have to reverse some of those tax cuts because we have other urgent needs.”

Would she not agree that the health care emergency that exists in this country today would warrant a similar reversal of some of those tax cuts?

Ms. Wendy Lill: Madam Speaker, I thank my colleague for his comments. I agree completely that a national emergency is upon us now in the same way that we have faced national emergencies at other times.

At present our population is struggling under a critical health care shortage. There are ways in which we can address that shortage on a universal basis, which is the bedrock of this system. The most obvious way to do that is to look at our tax system as it now stands. There is a higher capital gains inclusion rate that we could be looking at. We could be looking at a new tax bracket for people who are at the high income rate. These are issues that have been adjusted downward to benefit the very wealthy in this country. What we have seen instead has been a colossal disregard for the health care of the people who are at the lower income spectrum in our country.

Absolutely, we can look at the tax system. The NDP believes that we need a fairer tax system. We do not believe that at the present time the tax system is working in a way that benefits our health care system or the majority of Canadians.

Government Orders

Mr. Pat Martin: Madam Speaker, I thank the hon. member for Dartmouth for her thoughtful response to my comment. I would also like to ask the member if she would entertain the idea of one possible source of revenue if we are looking at harvesting dollars from within the existing tax system instead of raising or increasing taxes. There is one tax situation whereby businesses are allowed to write off fines and penalties as legitimate, tax deductible business expenses. I find this outrageous and I am wondering whether she does as well.

The second thing I would like her to comment on is that a lot of people did not notice that in the \$100 billion of tax cuts announced, for over the next five years, one of those tax cuts was reducing the corporate tax from 17% to 16%. I believe it amounts to \$750 million per year that the corporate sector would not have to pay in taxes.

If we were looking for revenue, would she agree that these might be two places where we could begin?

• (1715)

Ms. Wendy Lill: Madam Speaker, I am very passionate about this issue, because as we all know in this House, and people in our party have been fighting this for over a year now, right now in our country there are enormous obstacles facing persons with disabilities, around tax issues, around the disability tax credit. The federal government has decided to take aim at the most vulnerable Canadians with cuts to the disability tax credit when in fact it has allowed for tax deductible business expenses to people who are being fined for misdemeanours, and it has allowed for a huge tax cut for corporations. We absolutely have to see fairness in our tax system and stop targeting the people who are the most vulnerable, the persons with disabilities.

Mr. James Lunney (Nanaimo—Alberni, Canadian Alliance): Madam Speaker, I am pleased to rise today on behalf of my constituents of Nanaimo—Alberni and my party to enter into this take note debate on health care. It has been an interesting afternoon. With the discussions that began a couple of evenings ago in the take note debate, a lot of ideas about health care have been put forward.

What is it going to take to restore timely quality care to Canadians? There has been a lot of discussion about the Kirby report that was just released. Is that going to provide solutions for us? Senator Kirby and his committee from the Senate are recommending a cash infusion of about \$5 billion. In order to fund that, will there be an increase in income tax or in the GST or will it be both? On the government side there is a lot of breath-holding while waiting for Mr. Romanow's report, which is expected to come down next month. It seems likely that Mr. Romanow will be making similar proposals.

It sounds like a pattern we have heard before. Coming into the last election in 2000, there was the health ministers social contract, which was signed with an infusion of dollars to solve the health problems, and yet here we are two years later and more money has not solved the problem. The question that might be asked is, how much money will it take to solve the problem?

There has been a lot of talk about the rising cost of drugs and making sure that there is access to the drugs that people need, especially seniors on fixed incomes and Canadians who are required to take drugs.

I will review what has happened with health care costs in British Columbia. In 1990 when I moved to British Columbia with my wife, about 30% of all provincial government expenditures were on health care. By 2000, during the election, it was 40%. Now, just two years later, we are at 42%.

I know that B.C. health minister Colin Hansen is very concerned about those rising costs. In fact even though the government has put a \$1.1 billion increase into the provincial budget for health care in British Columbia, there is still a widespread perception that it has actually cut health care funding because there are hospitals closing and services being withheld. The costs are rising so dramatically.

Perhaps we need to look at how many dollars are going to be sufficient and whether any amount of dollars would be sufficient if we keep going the way we are going.

Madam Speaker, I was remiss in not saying earlier that I will be splitting my time with the member from Surrey.

In our health care spending perhaps we need to look at how we are spending, and perhaps we are not going the right way. I practised for a lot of years as a health professional myself and sometimes I had to use an analogy with my patients. Because we lived on Vancouver Island I would say to patients that if they wanted to drive to Victoria and sincerely believed they were heading that way but noticed communities like Comox and Courtenay as they passed them, perhaps going faster or spending more money would not get them where they wanted to go. They were simply going in the wrong direction.

Perhaps that analogy applies in the health care debate to a certain extent. Perhaps we are missing the mark. Part of the discussion about health care that we need to have is being held to a certain extent, but I do not think it is near enough to the forefront, and that is the discussion about effectiveness and cost effectiveness. That is what I would like to talk a little about.

One of the situations to which I referred during the election involved a person whom I have known for years who ended up with chest pain. He arrived at a hospital on Vancouver Island. His pain was gone in a day but they kept him in hospital for ten days. He would rather have been at home. That was nine days that he did not need to be there. It was nearly \$1,000 a day for a hospital bed that he did not need and someone else could have been using. What kind of efficiency is this? It was \$9,000 worth of taxpayer dollars spent in the name of health care and it had nothing to do with health care. The only obscure connection is the fact that if they let him go home they knew it would take six weeks before he could get an angiogram in Victoria.

Government Orders

• (1720)

An angiogram was necessary to determine which type of cardiac surgery he would need, whether it would be angioplasty, cardiac surgery, stent surgery or bypass surgery. At that time in British Columbia there was a logjam of 600 people waiting for this procedure and wondering whether they would live or die waiting for an angiogram. Yet if the patient had had the money in his pocket, some \$2,000 to \$4,000, he might have gone down the street to a very well qualified and I think a very bright doctor in our community who is one of 1,500 doctors in North America who do an alternate form of therapy called chelation therapy. I thought we might talk about that for just a moment. What is chelation therapy? Maybe we should consider alternatives for Canadians.

According to Health Canada, cardiovascular diseases were the most expensive disease category in 1995, accounting for \$7.3 billion or 17% of the total direct costs of illness. This is rather serious, as everyone knows, as does anyone who has experienced a heart attack or heart disease. I am sure there are many members in the House who have had surgery. My colleague right beside me can certainly testify to this.

I have here an article about chelation from *The Globe and Mail* of Tuesday, August 27. It states that patients of intravenous therapy swear that it gives them energy to burn. Now a new study will try to figure out if it works. I am sure this is anecdotal, but the article mentions one gentleman who lives in Burlington, Ontario, Mr. Lathe, who swears that chelation therapy has given him renewed zest. He walks with a spring in his stride, for up to seven and a half kilometres a day. He also testifies that he has had other improvements in his health. He is less forgetful. He said he has had an improvement in his “beep-beep”, something he said is a boon to a man of his age. He is over 80 years of age. In fact it was not a popular drug with a popular advertisement showing a man bouncing like a bunny and singing “good morning” that did it for him; it was an intravenous procedure that restored his function and he was pretty happy about it.

Early this month in the United States the National Institutes of Health announced a \$30 million study led by the Center for Complementary and Alternative Medicine and the Heart, Lung and Blood Institute to try to determine the effectiveness of chelation and/or high dose vitamin therapy for people with coronary artery disease. This is a five year trial with almost 2,400 subjects who will be receiving either chelation therapy or a placebo.

In Canada chelation therapy is largely unregulated, but I know from my own community that there are many people who have experienced chelation therapy and swear by it. I have seen people who were at risk of having amputations who have had their limbs spared because this intravenous chelation, which is designed to take heavy metals out of the body, in fact coincidentally seems to strip cholesterol out of the arteries and improves function that way.

There is a person in North Vancouver who has written a book called *Addiction by Prescription: One Woman's Triumph and Fight for Change*. We talk about the high cost of drugs, but perhaps drugs are not the only answer or in fact the best answer for all conditions. Joan Gadsby has written a book about benzodiazapines. Sadly, up to

30% of our seniors may be taking a drug, a tranquilizer or a sleeping pill that they do not really need.

Going beyond that, a Canadian company has come up with a very creative strategy for mental illness. It has found a very simple mineral supplement that reduces the need for psychiatric medications for patients who are bipolar. An article about it was published in the *Journal of Clinical Psychiatry* in December 2001. Why is it that Health Canada now has put the brakes on this study that got many patients off their prescription drugs and taking a nutritional supplement that would lead to them becoming low needs patients? This is something we want to see investigated further.

A startling article and new studies coming out are linking SV40, a monkey virus, to being a contaminant in our oral polio vaccine. There are recent studies linking many forms of cancer to a virus that contaminated polio vaccines: mesothelioma, osteosarcomas, retinoblastomas and, I know, non-Hodgkins lymphoma. About 6,000 cases a year are being diagnosed, an increase startling in Canada, but cancer viruses, it appears, can lie dormant in the body for decades before they are activated when the immune system is depressed.

• (1725)

Another article on the same subject states that nine million Canadians were vaccinated between 1955 and 1961. Whether they were infected is a scary thought but if it did come from the polio vaccine, perhaps we ought to look into it.

There are other studies that have just come out. I refer to *Maclean's* magazine in which it talks about autism and the mercury derivatives that may be causing great problems.

Perhaps we need to rethink some of what we are doing. We need to come up with creative strategies and look at all the alternatives as to how we can reduce costs by effective interventions. Then we would have the money to direct to our concerns for seniors, to palliative and home care and compassionate care for all Canadians.

Ms. Val Meredith (South Surrey—White Rock—Langley, Canadian Alliance): Madam Speaker, it is my pleasure to speak on the take note debate on health care.

Last week was the ninth anniversary of my being elected and the election of the government across the way. One would think after nine years that we would have solved some of the problems instead of just having another take note debate. We have been taking note of health care for nine years and it is time to do something about it.

Within a month the Romanow commission will table its report. From the comments that have been made publicly by Mr. Romanow, it would appear that his major recommendation is that the health care system is fine, that it just needs a few more dollars and we just need to tinker with it.

Business of the House

I would argue that more money is not necessarily the answer. Day in and day out the Minister of Health gets up and brags about how much money, the billions of dollars, the government has put back into health care. It is convenient the government does not mention that it took out billions of dollars a few years ago. Even at that, after putting in all these billions of dollars, there are still problems with our health care system.

I would argue that the problem is that most of the new money which has gone into health care has paid for the increases in salaries for those who are employed in the health care industry. Seventy per cent of all health care dollars go to salaries.

British Columbia had to raise the sales tax half a per cent just to cover the doctors' pay increase. Doctors strikes from B.C. to Newfoundland and Labrador, nurses strikes, hospital workers strikes, more money into the system but the same waiting lists and the same problems remain. Somehow more money does not seem to be answering the problem.

Last week the Senate Standing Committee on Social Affairs, Science and Technology tabled its volume 6 report on health care. There was an extensive list of recommendations, but the one that received the most media attention was its recommendation that \$5 billion more from the federal government go into health care spending.

The Senate committee proposed different ways of raising this money. One of the ways was to increase the GST by 1.5%. I assume that most members seem to have difficulty with this. I know the public does. Canadians do not feel this is the answer because most of them remember when the Liberal government said that it would get rid of the GST, but who knows.

If this were to be imposed, it would mean that in British Columbia for each \$100 a person spent, they would be paying an additional \$2 in taxes just for health care.

One of the other suggestions was that the federal government should institute health care premiums. Again, in British Columbia this is nothing new. We already pay health care premiums. We are only one of two provinces that do.

The Senate committee recommended that there be a sliding scale of premiums dependent upon income. If this plan were to be adopted, it would mean that the average two income family of three or more in British Columbia would be paying more than \$2,000 a year in medical premiums.

Despite the notion that every Canadian is entitled to health care regardless of the ability to pay, this is not always the case.

• (1730)

A couple of years ago I raised the issue of a constituent of mine, Tim Jeffries, who severely broke his ankle. He went into surgery to have something done and he was asked if his health care premiums were paid up which they were not. It was not until his mother paid his back health care premiums that he was taken into surgery. He was actually removed from the surgery room until his mother paid his back premiums.

It was noted that in the fall of 2000 an estimated 200,000 British Columbians were not covered by health care. Five per cent of the population had no health care coverage because of their inability to pay the premiums.

If the government were to adopt the Senate recommendation, it would mean that B.C. families would pay twice as much. It would be interesting to know in our province alone how many people would not be covered and certainly across the country how many people would not be covered by health care premiums.

The Senate report also recommended that new programs be added, such as home care for post-operative and palliative care patients and that these programs be funded fifty-fifty by the province and by the federal government.

One can accept the fact that people and particularly the provinces would be very skeptical about that. In B.C. the provincial government already pays over \$10 billion or 41% of its provincial budget on health care.

The province increased its health care budget by \$1.1 billion last year alone. If the federal government were to implement this, it would mean an extra \$5 billion, but for B.C. it would mean only \$650 million. That would be a help, but it is certainly only a small portion of its budget. To get this small portion of its budget, B.C. would have to agree to spend it the way the federal government wanted it to be spent.

The provinces are very suspicious about any federal government commitment of fifty-fifty. In the 1960s a Liberal federal government made a commitment to the provinces that it would share the cost of health care fifty-fifty. Right now the Liberal government is only funding 14%. This is a far cry from fifty-fifty.

Federal fuel taxes were brought in and they were supposed to go into highways and other transportation projects. Yet only 3% of these taxes go back on transportation.

What about the federal government promise back in World War I that income tax would only be a temporary war measure?

* * *

• (1735)

BUSINESS OF THE HOUSE

BILL C-16—PUBLIC SAFETY ACT, 2002

Hon. Don Boudria (Minister of State and Leader of the Government in the House of Commons, Lib.): Madam Speaker, I rise on a point of order. I am sorry to interrupt the hon. member, but we have had a consultation among House leaders. Unfortunately, a bill was introduced earlier this day and we had committed to give a briefing to all members of Parliament prior to its introduction.

After the consultation I think you will find there is unanimous consent for the following motion:

That Bill C-16, introduced earlier this day, be deemed not to have been introduced, read a first time, ordered to be printed and ordered for consideration at second reading stage and that the notice for introduction thereof be reinstated on the Notice Paper.

Government Orders

For the information of hon. members, there will be the briefing we had promised tomorrow morning. Then the bill will be properly introduced at 10 a.m.

The Acting Speaker (Ms. Bakopanos): The House has heard the terms of the motion. Is it agreed?

Some hon. members: Agreed.

(Motion agreed to and Bill C-16 withdrawn)

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HEALTH CARE SYSTEM

The House resumed consideration of the motion.

The Acting Speaker (Ms. Bakopanos): The hon. member has another three minutes and 33 seconds.

Ms. Val Meredith (South Surrey—White Rock—Langley, Canadian Alliance): Madam Speaker, I would hope I would get some extra time for having been interrupted.

I was just saying that the federal government promised back in World War I that the income tax would only be a temporary war measure. We know what has happened to income tax, so there is a lot of skepticism if one were to get into a fifty-fifty project.

It is interesting that some members, the NDP in particular, and other Canadians are really concerned about private health care in Canada. I really shake my head because we have private health care in Canada already. In reality every doctor's office, most of the clinics and most of the labs are private facilities. These groups, and again I point to the NDP, shudder at the thought of private hospitals, claiming that private hospitals are more concerned about the bottom line than they are about patient care. I have news for them. Public hospitals are also concerned about that.

I know that in my own riding there is a hospital where the administrator admitted that the hospital preferred to have long term care beds for seniors and others than surgical beds, because they were cheaper for the hospital to maintain. It was cheaper for the hospital to have seniors in extended care situations than to treat surgical patients. Why? Because the hospital was able to meet the bottom line and balance its budget, or at least get close. Even public hospitals are concerned about cost cutting measures.

Another example in my riding is a Surrey hospital which in the 1980s and 1990s went through some major, extensive renovations. It opened new wings, then turned around and moved out of the old wings and into the new wings. In essence no new beds or new facilities were created for the patients. Even though the population has increased by 100,000, for all intents and purposes, there are no extra beds available.

We have to be concerned. I have asked my constituents a number of times about these issues. I would like to share with the House that two-thirds of 1,700 respondents indicated that they did not have a problem with private hospitals. I gave them lots of information. I even mentioned that in the United States there was a study indicating that there was a two per cent higher risk of dying in a private hospital, and they still felt they could support it. They also supported paying for services. They felt that it was important to get facilities and to be able to pay for them.

It is time to quit studying the problem and to start fixing it. Canadians want to have an affordable, top notch health care system where no one is denied necessary medical services and where people receive the services in a timely manner. Everyone has to do one's part for this to happen, including Canadians.

Last but not least, Canadians have to take responsibility for living healthier lifestyles. Last night we saw a series on obesity. Canadians must take responsibility for their own health and well-being and live better lifestyles so that there is less reliance on our medical system to make up for their own negligence.

Canadians are ready for significant changes in our health care system. They want to have access to it. They need to have access to it but they want to have some choice. They are prepared to pay more to have that choice. It is time for the government to show a little courage, look beyond the status quo and provide Canadians with an adequate health care system that meets the needs of all Canadians regardless of their income.

• (1740)

Mr. Jay Hill (Prince George—Peace River, Canadian Alliance): Madam Speaker, I have a quick comment and then a question for my colleague.

It seems to me that with the recent release of the Kirby report and the upcoming release, finally, of the much awaited Romanow report on the status of health care and the recommendations that we expect to be contained therein, it appears as though both those reports will primarily deal with the dollars and cents; that we will go down this road yet again, as the member alluded to in her opening comments, of simply asking for more money.

It would seem to me that the cry we have been hearing from coast to coast to coast in Canada is that it is simply not enough, that much more needs to be done to fix our ailing health care system and to provide the level and degree of health care that every Canadian is looking for.

With that likely to be the case, that Kirby will be asking for somewhere between \$5 billion and \$6 billion more per year to be thrown into the existing health care system and likely Romanow will be calling for something similar, does she believe that with the recent admission, today as a matter of fact, of the government of its continued overtaxation of Canadians and the abundance tax revenue that it has, that there is room within the existing budget to provide the necessary funds for health care and that we do not need to look outside of it for yet more taxation from the government that has already taxed Canadians more heavily than any government in history?

Ms. Val Meredith: Madam Speaker, there is no question that the government has to set priorities. I know with Canadians, health care is their top priority. The government has to identify that as its top priority and allocate the funds, which are already there for health care, within the budget. Instead of subsidizing and giving grants to businesses, corporations and special interest groups, it could be diverting that money to the health care system.

Government Orders

I have a friend who is very involved in the administration of a not for profit hospital in the United States in Washington State. They get many Canadians down there using their own money and money from our health care insurance policies to subsidize the American public health system. We in this country had better figure out a way to keep that money in our own country to support our own public health system instead of supporting the American health system.

Mr. Pat Martin (Winnipeg Centre, NDP): Madam Speaker, I was at the 1983 NDP convention when Tommy Douglas was addressing the crowd, the last speech he gave before he passed away. His whole speech was a cautionary tale. He said that as difficult as it was to win the medicare debate, that it would be even more difficult to hang onto it because there will always be the enemies of medicare who are seeking to tear it down, the privateers who never really liked it to begin with and were always against it and who will do anything to discredit and to destabilize the system by which most people identify themselves as Canadians.

The only part of the hon. member's speech, frankly, that I would like to give any credence to is the point she made about the funding mechanisms. Would she agree that back in the old days of the EPF system, established programs financing, where it was fifty-fifty, that an erosion took place through the cap and then the cap on cap to the CHST to where the federal government is now only at 14% of the total health care cost? Would she not agree that if we went back to a fifty-fifty program financing formula that the province of British Columbia would not have had to raise its PST and we would have an adequately funded system that would not be at risk from the privateers?

Ms. Val Meredith: Madam Speaker, certainly the fact that the Liberal government cut the health care budget by billions of dollars did not help matters. However putting more money into the system to pay the existing people higher salaries will not solve the problem. It will not open up new beds and it will not open up new training facilities to get more doctors and more nurses into the industry.

I take real exception to a socialist who feels that dumping more money in to support his labour colleagues is the answer. It is not. It is going to take a commitment from absolutely everybody to make this thing right. He has to understand that Canadians support a health care system. They support the national insurance program that we have. However that does not mean that we cannot have a mixture in delivery of the service. We have a national health care insurance program. Nobody is arguing that and nobody wants to change that.

What we are saying is that there has to be a better way of delivering health care services so people are not dying while on a waiting list to get the surgery and the treatment they need. That is what is happening right now. Canadians are dying while on the waiting list. That should not happen. It is happening because we are trying to maintain the status quo and the status quo is not working.

• (1745)

Hon. Paul DeVillers (Secretary of State (Amateur Sport) and Deputy Leader of the Government in the House of Commons, Lib.): Madam Speaker, as we know, physical inactivity is a serious public health problem. One-third of Canadian children are obese according to a Statistics Canada report released two weeks ago. Close to 60% of young people are inactive to the point of endangering their health.

As children enter adolescence their physical activities start dropping sharply. Young Canadians aged 2 to 11 are estimated to spend an average of 19 hours per week watching television. Clearly the range of recreational choices available to young people has changed. Their habits have changed but not for the better. Three-quarters of overweight teens will still be overweight when they reach adulthood. The adverse effects of inactivity are taking their toll on the health and well-being of Canadians.

We must indeed be concerned by the rising rates of obesity anew and the high rates of physical inactivity among Canadians. As we can see, physical inactivity is dangerously gaining ground. For public health the impact is disastrous, incurring \$2.1 billion per year in direct health care costs. Clearly, reducing the sedentary lifestyle of Canadians is critical to the future health of Canadians and the future of our health care system.

I believe that participation in physical activity and sport contributes to the prevention of illness and the enhancement of quality of life of all Canadians. Therefore, physical activity and sport should be viewed as an important vehicle for health promotion and disease prevention. Like other forms of physical activity, sport contributes to the health and fitness of its participants. When we invest in initiatives to encourage Canadians to engage in physical activity and sport we are investing in the long term health and well-being of Canadians.

An increased investment in sport means a decrease in health care costs. The benefits of participation in sport are well documented. They include reaching and maintaining a healthy weight and improved cardiovascular and muscular fitness, contributing to an improved quality of life. Studies have shown that participating in sports and physical activity increases resistance to heart disease, cancer, diabetes, osteoporosis, arthritis, obesity and mental health disorders. It is also estimated that if all Canadians were active this would save \$5 billion annually in direct and indirect costs.

I know my colleague, the Minister of Health, strongly shares my concerns. That is why we are working together to develop linkages between healthy living, physical activity and sport. We are concerned by the rising rates of obesity in youth and the high physical inactivity rates among Canadians. To be able to contribute fully to society and to enjoy the best of life, first one must have good health. We all agree that good health comes from participation and physical activity in sport.

The national strategy for healthy living, physical activity and sport, announced in the Speech from the Throne will be a crucial tool to build a healthier nation. Recognizing the important contributions of physical activity in sport to the health of Canadians, as the Secretary of State for Amateur Sport I will be pushing for a balanced health care model that includes both treatment and care and disease prevention and health promotion. I look forward to continue working with the Minister of Health in developing this strategy.

Government Orders

I was pleased that Senator Kirby and the members of the Senate Standing Committee on Social Affairs, Science and Technology share this vision. In fact the Kirby report makes several references to the need for a sharper government focus in the areas of illness, disease and injury prevention. The report states that the standing committee was told repeatedly by those it consulted that government should develop public policies and programs that address non-medical determinants of health.

• (1750)

The Kirby report urges the Government of Canada to promote health and wellness by encouraging Canadians “to take a more active role in improving their health through for example, exercise, healthy food and lifestyle choices”.

I agree and that is why I have been actively promoting the need for greater strategic investments in initiatives that support increased participation in sport and physical activity. In short, we need to continue to support and invest in initiatives that promote a culture of physical activity, and foster healthy habits among all Canadians from the earliest age. In many areas the Government of Canada has already taken this action.

[Translation]

In April, my colleague, the Minister of Health, unveiled new physical activity guides for children and youth. These guides demonstrate the commitment of the Government of Canada to promote the health of our children and youth. We must all encourage children and youth to live more healthy and active lives.

These first-ever national physical activity guidelines for children and youth recommend that inactive children and youth increase the amount of time they currently spend being physically active by at least 30 minutes per day and decrease the time they currently spend sitting still by at least 30 minutes per day.

The goal of the guides is to provide parents, educators, physicians and community leaders with the information they need to help increase physical activity levels in children and youth, and lay the groundwork for healthy growth and development.

The guidelines were developed in partnership with the Canadian Society for Exercise Physiology and are strongly supported by the Canadian Paediatric Society and the College of Family Physicians of Canada.

[English]

In April I had the honour to introduce in the House of Commons the proposed act to promote physical activity and sport. The bill demonstrates, once more, the Government of Canada's commitment to encourage, promote and develop physical activity and sport in Canada.

By introducing the bill the Government of Canada seeks, among other things, to encourage greater cooperation among the various governments, physical activity groups, sport communities, and the private sector to increase participation in sport among all Canadians.

[Translation]

Developed in concert with Health Canada, the bill recognizes that physical activity and sports are an integral part of Canadians' lifestyle and culture.

It also recognizes that sport and physical activity provide considerable benefits in terms of health, social cohesion and economic activity.

[English]

We want more Canadians to engage in physical activity, practice sport and get moving. However, we recognize that some Canadians face significant barriers in participation in physical activity and sport. For this reason the Government of Canada has taken action to facilitate the participation in sport among girls and young women, aboriginal peoples, persons with disabilities, youth at risk, visible minorities and the economically disadvantaged.

In July of this year I had the privilege to announce \$551,500 in funding for 14 projects under the sport participation development program. The program was developed on the basis that all Canadians should have access to and benefit from participating in quality sport activities at all levels. We are proud to support national sport organizations in their efforts to increase ongoing participation in sport, recruit new participants and reduce dropout rates.

I am confident that the projects supported by the sport participation development program will contribute to getting more Canadians involved in sport and that this will result in more active and healthy Canadians. Clearly from the federal initiatives that I have outlined the Government of Canada is working to create a culture of physical activity to foster healthy habits among all Canadians from the earliest age.

• (1755)

[Translation]

Right now, in Canada, only 48% of girls between the ages of 5 and 14 play a sport, compared to 61% of boys. The Government of Canada is concerned about the fact that a majority of Canadian girls and women are not reaping the benefits of physical activity. This is a problem we must address.

The Government of Canada is committed to increasing participation in sport at all levels and throughout the lives of girls and women. We will work together with the Canadian Association for the Advancement of Women and Sport and Physical Activity, and similar organizations in the provinces and territories to implement a sport participation strategy for girls and women.

[English]

We are not just developing strategies. We are taking action and supporting effective initiatives to get girls and women active.

Today I was pleased to participate in a walk with many of my hon. colleagues to promote On the Move Walking Clubs, a national initiative designated by CAAWS, the Canadian Association for the Advancement of Women and Sport and Physical Activity, to increase the participation of girls and women in sport and physical activity. Initiatives like On the Move highlight the importance of making time for exercise.

Government Orders

The Minister of Health and I applaud *Chatelaine* magazine and CAAWS for putting this program in place to encourage women to be active, which contributes to good health and ultimately a better quality of life.

[Translation]

On April 6, 2002, the federal, provincial and territorial ministers responsible for sport, fitness and recreation endorsed the new Canadian Sport Policy. This is the first Canadian sport policy to have resulted from a cooperative effort by all 14 governments and extensive consultations with the sport community.

The Canadian Sport Policy is predicated on objectives of increased participation, excellence, resource allocation and interaction.

[English]

To translate these objectives into clear measures, all the governments signing on to the policy together defined their targets in a statement of priorities. This is a firm commitment. Each government has undertaken to implement measures over the next three years. Ministers responsible for sport recognize that we all must work together to increase the practice of sport by all Canadians. This objective of sport for all is an objective of public health and equal opportunity. In other words, participation in all types of sports, at every level.

To expand the practice of sport by all Canadians, governments have committed to identifying and eliminating the barriers to participation in sport, be it social, linguistic, cultural or economic. If we want more young people to practise sport and engage in physical activity, we recognize that we need to coordinate our efforts to facilitate access to sport facilities throughout Canada.

At the same time, each province and territory has undertaken to make sport and physical activity more important in school. The provinces and territories have committed to promoting these activities and exploring the various options.

The Government of Canada believes that sport and physical activity are an integral part of Canadian society and culture and, among other things, produce benefits in terms of health and quality of life. Reducing the sedentary lifestyles of Canadians is critical to the future health of Canadians and the future of our health care system. This is why as Secretary of State for Amateur Sport I will continue to promote participation in sport and physical activity as a way of life in Canada.

Good health and well-being begins with each one of us. We all need to fit physical activity into our lives. The Government of Canada believes sport is a priority for the public health as it is a fundamental element of the health and well-being of Canadians. We are committed to encouraging Canadians to improve their health by integrating physical activity into their daily lives and to assist in reducing barriers that prevent Canadians from being active.

We will continue to take action federally and to work with our partners to build a sporting and healthy nation.

• (1800)

Mr. Keith Martin (Esquimalt—Juan de Fuca, Canadian Alliance): Madam Speaker, today the government announced \$15

million to study obesity. I would like to give the secretary of state an option that would dramatically reduce obesity and it would not cost him a penny. Why does he not work with the provincial ministers of education and health to ensure that physical education becomes mandatory from K1 to grade 10? That was done in British Columbia. It would have a profound impact on the health of children and adults by getting them active, as the secretary of state correctly said.

The second question deals with the issue of children and a headstart program, not some large social engineering project but one that would focus on proper parenting, where parents would learn proper nutrition, discipline and care for children. Recent studies have shown that proper parenting is the most important factor in ensuring that children would be productive and integrated members of society,

Will the hon. secretary of state push in cabinet for the Minister of Health to work with her provincial counterparts and the provincial ministers of education to ensure that physical education would be mandatory from K1 to grade 10, and for a simple headstart program that would focus on ensuring that parents have good parenting skills?

Hon. Paul DeVillers: Madam Speaker, as a matter of fact the new Canadian sports policy that I referred to in my comments does have as one of its action plans, and it has been endorsed by all provinces and territories, to make physical activity and physical education more prominent in the schools.

The hon. member said we should make it compulsory from kindergarten to grade 10. That is an area of provincial jurisdiction. Certainly the federal government is there to encourage our partners in the provinces and territories who have jurisdiction over education. If they were to do that, it would be swell. However, that is their jurisdiction.

They have undertaken to make it more prominent in the schools. It is in the sports policy and action plan that they have endorsed. We will be meeting again as ministers responsible for sport in Bathurst prior to the Canada Games in February. One of the questions that I will be asking my provincial and territorial colleagues is what progress they have made on that action plan that we had agreed to in Iqaluit last year.

The hon. member makes reference to proper parenting and the headstart program. Those are areas that are important as well. From the Minister of Health's perspective or from mine as Secretary of State responsible for Amateur Sport, it goes beyond our jurisdiction to be setting up parenting programs. Those are in the area of social services which fall under provincial jurisdiction. I agree in principle that good nutritional habits would go a long way to assist young people in developing healthy lifestyles and would save us the health costs down the road.

Canada being what it is with the jurisdictional divisions, we are there to encourage our partners, but we are certainly not able to dictate to them measures that they should enact.

Government Orders

● (1805)

Mr. Ted White (North Vancouver, Canadian Alliance): Madam Speaker, I am not getting up to criticize the idea that getting people to exercise is not a good idea. It is a good idea. However, it would be wrong for the secretary of state to imply that by getting people to be more active would therefore solve problems with the health care system. It would not; it would defer the problems.

For example, over the last 30 years, there has been an increase in life expectancy of one year for about every five years that is passed. People live longer but that does not mean it costs the health care system less. Sometimes it costs more because people get more serious diseases when they actually do get ill in that age range of 65 to 75. We would defer the problem by getting people more active. We cannot use sports and activities as a way to avoid the costs. That is not true.

Some British Columbia statistics show that young people between the ages of 18 and 30 visit a doctor on average of once a year from sports injuries. It is a fact that when people become active, they sometimes injure themselves that way.

It is a good idea to keep people active because it makes them generally more healthy and they live longer, but it would not fix the health care problems. Does the secretary of state recognize that?

Hon. Paul DeVillers: Not for a moment, Madam Speaker, did I suggest that having people more physically active would cure all the health care problems. That was not my intent. However, it would have an impact because they would live healthier lives. The hon. member points out quite rightly that we are all going to die, but in the words of the old country song, "I wanna go to heaven, but I don't wanna die".

If we were living more healthy lives, then, yes, there would come a time when we would no doubt reach the point where we might be on the health care system prior to our demise. That is a far cry from going through 20 or 30 years with Type II diabetes or some of the other diseases of which the likelihood of contracting is much higher through physical inactivity and certain lifestyles.

There are studies that have estimated a savings of up to \$5 billion if all Canadians were as active as the small percentage of Canadians who are physically active. I disagree with the hon. member's premise.

With regard to sports injuries, there is a cost to everything. To become physically active, one must get out and run, and one might twist an ankle. However, the benefits are much greater when one gets out and becomes physically active and physically fit, than to sit back and say that one will not risk a twisted ankle.

Mrs. Betty Hinton (Kamloops, Thompson and Highland Valleys, Canadian Alliance): Madam Speaker, I agree with part of what my colleague just said. Exercise is an important thing, but it is not the answer to the health problem. I do not know that the minister actually thinks this is the answer.

Today the Secretary of State mentioned a program for women called "On the Move". I realize, Madam Speaker, that you are in the Chair and cannot say anything but I think both of us could inform the minister that women have always been on the move. Women are on the move even more now because we run from one job that gives us

a salary to another job that does not pay, at home. We do that because we are taxed to death and women have to work to make ends meet for their families.

As we have been told many times, the Kirby report has a price tag in it of \$5 billion. Could the minister tell me how many MRI machines could have been purchased for \$5 billion?

● (1810)

Hon. Paul DeVillers: Madam Speaker, no obviously I do not have that figure. I do not understand the reasoning behind the member's question either.

As I understand it, the Kirby report is recommending an investment of an additional \$5 billion in the health care system which would cover, as set out in the report, various measures. I do not understand the direction of the question when she asks what it would cost for MRIs.

To repeat the comments I made to the previous questioner, I am not suggesting that having Canadians more physically active is the solution to the health care problem. I am saying it would be one that would assist in some of the cost and would be part of a solution to the health care question.

Mr. Ken Epp (Elk Island, Canadian Alliance): Madam Speaker, I would like to underline the necessity of bringing taxes down. My family and I went through exactly the same thing, working day and night. I carried two jobs. I worked until July 1 just to pay my tax bill and then for the rest of the year I worked for my family. I did not have time to exercise. How do members think I got into the shape I am in? It was because of a lack of exercise. The reason for my lack of exercise was because I had to work to pay my bloody taxes. That is the message.

Hon. Paul DeVillers: Madam Speaker, I have never heard anything more ridiculous in all my life. I am sure the member does not seriously mean that. Obviously people have to make the time. Time is a great equalizer. Whether one is a millionaire or a pauper, we all have the same amount of time. We have to realize that our health is important. We have to make the time to be physically active.

The government will reduce taxes by \$100 billion over the next five years.

Mr. Jay Hill (Prince George—Peace River, Canadian Alliance): Madam Speaker, if anyone believes that this government is reducing taxes, then they believe in the tooth fairy.

I want to start out my remarks tonight by laying out for the people back home who are watching this debate what I believe is going on here. The government is without an agenda. The government is in disarray and chaos because it is involved in a leadership campaign that really has not yet been called. We have a Prime Minister who says he will hang around for another 14 or 15 months.

Government Orders

The government prorogued Parliament and gave itself, and by extension ourselves as well, a break of an extra couple of weeks this summer after an already three month summer break from Parliament. This break supposedly was given to us because the government had an agenda. The government prorogued Parliament, killed the government and private member's bills, and that session was ended. The government came back to the House with a throne speech, and here we are. Let us take a look at what has happened this week.

A member asks if this is about health care. Health care is exactly what this is about.

On Monday we had a take note debate on health care. Usually take note debates, like emergency debates, are held after we do the regular business of the House and it extends into the evening. Tuesday was a Bloc supply day, so the opposition set the agenda. Today we are again debating the health care motion. Tomorrow is another opposition supply day. Where is the agenda of the government? The fact is it does not have a clue what it is doing. I am not saying that a debate on health care is something that we should not have.

Mr. Paul Macklin: You just said it.

Mr. Jay Hill: No, I did not just say it. What I said is that the government has no agenda. It does not have any legislation to put before this House. It has had four or five months since it adjourned the House in June and it has done—

The Acting Speaker (Ms. Bakopanos): The hon. member will address his comments through the Chair please.

Mr. Jay Hill: I thought I was, Madam Speaker. I did not say you once. I meant the opposition that is heckling over there. At any rate, I think I have made my point for the people who are watching that the government is devoid of ideas and that is why we are involved in this debate today.

I will be splitting my time, Madam Speaker, to give some time to my hon. colleague from Esquimalt—Juan de Fuca, who has done an incredible amount of work over the years on the issue of health care. He has tirelessly recommended reforms and changes to our present health care system, much more than I have ever heard come from any of a succession of health care ministers of the government, since I came here in 1993, and much more than I have ever heard from anybody on that side of the House, other than to suggest the status quo.

If Liberal members wanted to be involved in the debate why were they not up a couple of hours ago when they had a slot that they gave to the socialists. They had an extra 10 minute slot but nobody wanted to talk over there so they gave it to the NDP. Now they want to talk when I am trying to talk. This is just incredible.

The Liberals want to be involved in the debate on health care. They are trying to suggest that the problem rests with the provinces and they are the reason we have these problems with health care. Yet the government, from 1994 to 2001, slashed cumulatively \$25 billion from health care transfers to the provinces. Then it says the provinces have created the problem because they are the ones that administer health care.

I think the Canadian people are smarter than that. They know that the problem originated right over there when the Liberals made poor spending choices. They would rather subsidize businesses and some of their friends with pork-barrel politics and patronage. Those are the choices they made rather than put money into health care and our national defence, which is a whole other issue.

Obviously money alone is simply not enough. We on this side recognize that. For the Kirby report, and then pretty soon the Romanow report, to come out and suggest that \$5 billion, or \$6 billion or \$9 billion or, whatever the magical number is, will somehow solve the health care problems that we face is simply a falsehood.

I want to take a couple of minutes to mention that I represent a huge rural riding. Prince George—Peace River is the eighth largest riding in the country, with over 200,000 square kilometres. We have a serious shortage of doctors, nurses and trained medical professionals up in northern British Columbia. From talking to a number of my colleagues, I know that is not unique to towns like Fort St. John, Dawson Creek, Fort Nelson, Mackenzie, Tumbler Ridge, Chetwynd, or even Prince George, for that matter, which is a major centre in central northern British Columbia, or Kamloops. It is a serious problem throughout British Columbia and all across the country.

Believe it or not, I recently read some good articles in the *Ottawa Citizen*. It is running stories this week in the city section about the growing shortage of health care professionals and doctors in Ontario and in the City of Ottawa. In yesterday's paper it said that 25 years ago there was a decision made that we had too many doctors so the provinces took action to stem the flow. Those measures were so successful that today 900,000 Ontarians have no family doctor.

This is serious. The status quo is not good enough. Over the last number of years we have heard Canadian Alliance MPs say over and over again that we seriously have to address this issue. We cannot just throw a few more billion dollars at it, circle the wagons and somehow pretend that will solve the problems of health care. People on waiting lists to see a doctor are dying.

I talked to some doctors the other day when they were here for their annual lobbying efforts to try to educate politicians about some of the problems they face on a daily basis. One doctor told me that it was not just a problem with doctors. Sometimes a doctor can examine a patient, arrange for an operating room, get it set up for the operation and then one person is missing.

● (1815)

Maybe it is the recovery room nurse who is not there and the whole operation is put on hold and people are told to go away because they cannot operate. The room is available. The doctors and the anesthesiologist are there. Everything is there except for one cog in the system, and the patient suffers and unfortunately sometimes dies. We have to get serious about this.

Government Orders

I want to give some time to my hon. colleague from Esquimalt—Juan de Fuca, a doctor who has actually practised in my riding of Prince George—Peace River, in the city of Prince George, for a number of years. As with many rural MPs from all parties, I fight all the time to try to help foreign doctors get into this country, and thank God we have them, but that too is not the answer.

The country is seriously short of medical professionals and money alone is not going to solve the problem. We have to start looking at a lot of different options, one of which I spoke about earlier, which is alternative medicine. We have to look at more ways to prevent illness rather than react to it.

I am going to give my remaining time to my colleague.

• (1820)

Mr. John McKay: Madam Speaker, I rise on a point of order. Before my hon. colleague speaks, I note that there are still a number of members who still want to speak in this important debate. Pursuant to Standing Order 26(1), I move that the House continue to sit beyond the ordinary hour of daily adjournment to consider Government Business No. 4.

The Acting Speaker (Ms. Bakopanos): I will refer the hon. member to page 345 of Marleau and Montpetit which states:

Such a motion can be moved by any Member in the course of debate but not on a point of order—

Mr. John McKay: Madam Speaker, if I am not moving on a point of order then I am in the middle of the debate, am I not?

The Acting Speaker (Ms. Bakopanos): No. The hon. member would or another member would have to have the floor during the course of the debate to move such a motion.

Questions and comments, the hon. member for Esquimalt—Juan de Fuca.

Mr. Keith Martin (Esquimalt—Juan de Fuca, Canadian Alliance): Madam Speaker, I want to thank my friend from Prince George for his comments. His constituents ought to know of the very hard work he has done in trying to get physicians and other medical personnel in Prince George and at the place where I work.

Prince George is the major trauma centre for the northern half of British Columbia. I have been working there on and off since 1988. There have been periods, for example over Christmas, where for three or four days in a major trauma centre we did not have any orthopedic coverage for 200,000 people. In fact half of the specialist coverage was not there. We simply did not have it at that time. That is still a problem.

I want my friend to describe the situation he finds not only in Prince George but in his rural riding of northern B.C. because it affects rural ridings across the country. Perhaps he could comment on the lack of basic health care resources for his constituents and how to ensure that they have the proper care they desperately require. Perhaps he could comment on the pain and suffering they endure because of the lack of resources in the hospital and in his community at this point in time.

Mr. Jay Hill: Madam Speaker, to expand on what I said previously, one of the things in which I, personally, and my staff have been involved, right back to the first time I was elected in 1993, has been interacting with the local medical clinics in the towns and

cities in my riding. They are considerable. I know other members do as well.

We try to alleviate some of the doctor shortages by assisting foreign doctors, primarily doctors from South Africa, to come to Canada. We help them to get through the myriad of problems with immigration and work visas so they can have a locum and can give Canadian doctors a break, in some cases the first break they have had for years, or give other professionals the opportunity to upgrade their skills, which they often do not have adequate time to do.

It is so serious that I cannot emphasize too much what we in Prince George—Peace River and, I believe, to a very large extent, in rural Canada, are up against. The rubber is meeting the road.

We are having this take note debate and I believe it is worthwhile. It allows members the opportunity to stand and present cases of how it is affecting their constituents and, in some cases, their very own families. I certainly have had experiences with my family. My father is on a waiting list for an operation back home and is in considerable pain. I know other members have similar experiences. It is tragic that we are still talking about health care instead of doing something about it.

One of the things we have to look at and that the government seems unwilling to look at is increasing the flexibility that the provinces have to be innovative. It is one of the primary planks of our platform on health care reform. I do not see it coming from the government. I do not see it, to a large extent, coming from Kirby and I doubt that we will see it from Romanow.

• (1825)

Mr. John McKay (Scarborough East, Lib.): Madam Speaker, I listened to the hon. member's speech and I know he is concerned about the amounts of money that flow from the federal government to the provincial government. I wonder if he could enlighten the House as to the amount of direct transfers that the federal government gives to the government of British Columbia both in cash and in tax points, and the direct spending on health care in his province. I think it would enlighten the debate.

On that point, I note that there is still quite an interest on both sides of the House in the debate. I wonder whether we might consider extending the hour pursuant to Standing Order 26(2).

The Acting Speaker (Ms. Bakopanos): The hon. member would have to ask for the unanimous consent of the House to extend the time. Would you like to put the motion?

Mr. John McKay: Madam Speaker, I am making reference to Standing Order 26(2). It states:

In putting the question on such motion, the Speaker shall ask those Members who object to rise in their places. If fifteen or more Members then rise, the motion shall be deemed to have been withdrawn;—

Government Orders

Mr. Jay Hill: Madam Speaker, I rise on the same point. With all due respect, I think this has already been ruled on, and quite rightly so. When the hon. member is not involved in debate, in other words he or his party does not have a speaking slot, which they gave up a while ago, he should have moved the motion at that time or had one of his colleagues do it.

The Acting Speaker (Ms. Bakopanos): I thank the hon. member for his guidance but I will repeat what I said earlier in case it was not clear.

On page 345 of Montpetit and Marleau it states:

Such a motion can be moved by any Member in the course of debate but not on a point of order, nor during the period reserved for questions and comments following a Member's speech,—

I think Montpetit and Marleau is very clear.

The hon. member has the option of course, because I am the servant of the House and not its master, to ask for unanimous consent.

Mr. John McKay: Madam Speaker, I would then ask for unanimous consent.

The Acting Speaker (Ms. Bakopanos): Is there consent to extend the hours?

Some hon. members: Agreed.

Some hon. members: No.

Mr. Keith Martin (Esquimalt—Juan de Fuca, Canadian Alliance): Madam Speaker, the crux of the matter is that when we are looking at saving our publicly funded health care system it boils down to resources.

The fact is that we have a situation where the numbers of people who are working are constricting. Right now four people work for every retiree. In the next 20 years two people will be working for every retiree. That, in and of itself, will put unsustainable demands on our health care system. No matter what we do in terms of rationalizing our resources, which we have to do, the bottom line is that we have to find money somewhere.

Raising taxes, we would argue, is not an option because it has a depressing effect on our economy and will restrict the amount of money coming back into our system for social programs like health care.

Where do we find the money? Our only other option is in the private sector. I would argue that allowing parallel private services would take the demand out of the public system without removing resources. If we do that we would have a sustainable public health care system in the future.

As my colleague beside me said, why do we not turn the table on the Americans? Why not have American patients come to our private system so they will pay money into our system which would then go to support our public system?

• (1830)

[*Translation*]

The Acting Speaker (Ms. Bakopanos): It being 6.30 p.m., the House stands adjourned until tomorrow at 10 a.m., pursuant to Standing Order 24(1).

(The House adjourned at 6.30 p.m.)

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