



CANADA

# House of Commons Debates

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VOLUME 135 • NUMBER 174 • 1st SESSION • 36th PARLIAMENT

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OFFICIAL REPORT  
(HANSARD)

**Thursday, February 4, 1999**

**Speaker: The Honourable Gilbert Parent**

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# HOUSE OF COMMONS

Thursday, February 4, 1999

The House met at 10 a.m.

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*Prayers*

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## ROUTINE PROCEEDINGS

• (1000)

[*Translation*]

### GOVERNMENT RESPONSE TO PETITIONS

**Mr. Peter Adams (Parliamentary Secretary to Leader of the Government in the House of Commons, Lib.):** Mr. Speaker, pursuant to Standing Order 36(8), I have the honour to table, in both official languages, the government's response to 20 petitions.

\* \* \*

### COMMITTEES OF THE HOUSE

#### PUBLIC ACCOUNTS

**Mr. John Williams (St. Albert, Ref.):** Mr. Speaker, I have the honour to present in both official languages the 20th report of the Standing Committee on Public Accounts. The report is in relation to chapter 16 of the auditor general's report of September 1998, on management of the social insurance number.

• (1005)

[*English*]

The report contains the committee's recommendations regarding fixing the problems that were raised by the auditor general on social insurance numbers.

Pursuant to Standing Order 109, the committee requests the government to table a comprehensive response to this report.

#### PROCEDURE AND HOUSE AFFAIRS

**Mr. Peter Adams (Parliamentary Secretary to Leader of the Government in the House of Commons, Lib.):** Mr. Speaker, I have the honour to present the 54th report of the Standing Committee on Procedure and House Affairs regarding the membership of the Standing Committee on Transport.

If the House gives its consent I move, seconded by the member for Renfrew—Nipissing—Pembroke, that the 54th report of the Standing Committee on Procedure and House Affairs be concurred in and that the 53rd report of the Standing Committee on Procedure and House Affairs presented to the House yesterday be concurred in.

(Motions agreed to)

\* \* \*

### PETITIONS

#### FRESH WATER

**Mr. Nelson Riis (Kamloops, Thompson and Highland Valleys, NDP):** Mr. Speaker, it is an honour to rise pursuant to Standing Order 36 to present a petition on behalf of a number of western Canadians from a variety of communities.

The petitioners are concerned about the government's lack of initiative to introduce legislation to protect Canadian fresh water. They are concerned that it has not announced any moratorium. They are worried that our trade agreements will facilitate the export of bulk water from Canada to the United States and northern Mexico.

The petitioners call on parliament to take immediate action to safeguard fresh water for future generations of Canadians.

#### HUMAN RIGHTS

**Mr. Paul Szabo (Mississauga South, Lib.):** Mr. Speaker, pursuant to Standing Order 36 I am pleased to present a petition on behalf of a number of Canadians, including from my own constituency of Mississauga South.

The petition has to do with human rights. The petitioners would like to draw to the attention of the House that human rights abuses are rampant around the world, including in Indonesia.

The petitioners also point out that Canada is internationally recognized as the champion of human rights and therefore the petitioners pray and call on parliament to continue to condemn such human rights abuses and also to seek to bring to justice those responsible for such abuses.

#### SENATE

**Mr. Rob Anders (Calgary West, Ref.):** Mr. Speaker, I stand today on behalf of the citizens of Ottawa and the riding of Ottawa South.

*Supply*

I submit a petition in the House of Commons, in parliament assembled, that we the undersigned citizens of Canada draw the attention of the House to the following, that Canadians deserve an accountable Senate.

Therefore your petitioners call on parliament to request that the Prime Minister accept the results of a Senate election once again on behalf of the citizens of Ottawa South.

**The Deputy Speaker:** I remind hon. members that petitions are not to be read but briefly summarized by presenters in accordance with the standing orders.

\* \* \*

[Translation]

**QUESTIONS ON THE ORDER PAPER**

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

**The Acting Speaker:** Is that agreed?

**Some hon. members:** Agreed.

**GOVERNMENT ORDERS**

• (1010)

[Translation]

**SUPPLY**

## ALLOTTED DAY—HEALTH

**Mr. Gilles Duceppe (Laurier—Sainte-Marie, BQ)** moved:

That this House urges the government to respect provincial jurisdiction over health care management, to increase transfers to the provinces for health care unconditionally, and to avoid using budget surpluses to encroach upon the health care field.

He said: Mr. Speaker, today as we speak an important federal-provincial conference is being held on the social union. We are aware that at the very heart of this planned social union lies the issue of jurisdiction over health care management and health care services throughout Canada, and all the provinces, including Quebec, of course.

We are also aware that Canadians and Quebecers want to see major investments in health. There have been unprecedented federal cuts to social programs, half of those to health, and these have jeopardized the provinces' ability to deliver quality health care.

In Quebec, it is the openly stated wish of nearly all stakeholders that health care management be restored to the provinces, that Quebec be the only one involved in its health sector.

The *Montreal Gazette*—not known for being pro-sovereignist—recently called on the federal government to unconditionally re-establish the health care transfer payments to the provinces.

However, today the federal government's political visibility moves it to do something with the budget surplus, a surplus accumulated on the backs of the provinces, at an annual rate of \$6.3 billion, and on the backs of the unemployed and businesses. I remind the House that \$20 billion was taken—and that is the nice way of saying it—from the employment insurance fund by this government under false pretences.

Now that surpluses have been accumulated on the backs of the provinces and the unemployed, this government is trying to set itself up as a saviour by saying to people “We will fix your health problems”. And yet it is this government that created the current chaos and the problems the provinces are facing. This government wants to arrive and say “We have the solutions”. It has no solutions, it created the problems. The solution is to return the money where it took it from, where it spirited it away, and I cannot say it any other way, it would be unparliamentary.

There is nothing surprising in the fact that this government has acted this way for years and today talks about transparency, especially in health care, when it spirited away \$20 billion on the backs of the unemployed saying “We shall determine employment insurance contributions”. Yet this government does not put one red cent into the employment insurance system, which is wholly funded by businesses and employees. However, this government is taking this money assigned to employment insurance and spending it here and there to reduce the deficit, and is planning to give the wealthy a tax break at the expense of the unemployed.

I remember the Prime Minister stating that he had been paying EI premiums for the past 35 years when in fact he never did. There is cause for concern when the number one decision maker does not even know how the system works.

Like a studious seminarian, the Minister of Intergovernmental Affairs recites a litany of so-called federal responsibilities over health matters. What this pious Minister of Intergovernmental Affairs fails to mention, however, is that the federal government acquired these responsibilities in the area of health care over time by interfering in and encroaching on provincial jurisdictions with its spending power.

This spending power is the crux of the political, constitutional and budgetary problem we are facing, which is the focus of the discussions, today, on social union.

• (1015)

This spending power is how the government has managed to intrude everywhere. In every attempt at constitutional reform, the issue of spending power has come up. The Liberal Party has always opposed these reforms and even sabotaged them, to preserve this spending power. And this is particularly true with this Prime Minister.

Members should remember 1982, when Quebec was isolated. Remember the smell in the kitchens of the Château Laurier. Remember that this Prime Minister also derailed the Meech Lake accord with Jean Charest. Remember who said “Thank you, Clyde” in Calgary, and Clyde has now been appointed to the Newfoundland supreme court. These people know how to reward their friends. It is this government and these same people who, for 35 years, have been using all the budget surpluses, while also generating deficits. We are not even talking about surpluses anymore. These people created major deficits by using their spending power to intrude on jurisdictions that are not theirs.

As a result of all this, we now have a \$600 billion debt. It is costing us \$45 billion annually to service a debt that was generated through unnecessary intrusions. The government created bureaucracies where there was no need for such structures, and it will create yet another by setting up a national health care monitoring system, by using statisticians and controllers such as those who are trying to cut EI benefits, in compliance with this minister's guidelines. Instead of writing books, the minister should start reading his mail and look at what is going on in his department.

These are the same folks who were responsible for such a debt, who have built up an entire bureaucracy when what is needed are not statisticians and inspectors, but doctors, nurses, clinical workers and hospital support workers, because these people do their utmost to deliver good service. We should be singing their praises. They cannot do their jobs because people on the other side have cut \$6.3 billion annually. The amount has dropped from \$19 billion to \$12 billion or \$12.5 billion. The government wants us to believe these people added \$7 billion. The truth is that the government cut \$42 billion and not \$49 billion.

Mr. Speaker, I should let you know that I will be sharing my time with the member for Drummondville. Please let me know when I am nearing the end of it.

When the government says it has to ensure the quality of health care, is that not telling the provinces that they are not responsible enough to manage their own affairs? Are provincial leaders being told that they are irresponsible? That they lack compassion? These folks have been running health care in Canada for 132 years. Everything was fine until transfer payments were cut.

Now these people are being told they are not competent to look after their own affairs. Ottawa will take care of it. It is the old

### *Supply*

“Ottawa knows best” song. We know it. We know how this government likes to meddle in other people's business.

The government gives us the assurances line but the Minister of Finance tells us the reason he is unable to reinvest in health right now is because he does not have all the assurances. Yet Saskatoon has given them.

However, all of the premiers have written recently to tell the Prime Minister what they will reiterate again today, which is that they are committed to scrupulously respect the health care principles underlying the health legislation. They are also committed to invest all of the money in health care. But they do not have to be told to invest it in this particular hospital or in this service. The health care issue cannot be left to bureaucrats or politicians set on gaining more visibility.

Since we are talking about the principles guiding health care management and all health care services throughout Canada, I will conclude by saying that the government is trying to establish a sixth principle, which is visibility, just as they are trying to do with the millennium scholarship fund, another area upon which they should not be infringing. If the Prime Minister is so set on getting more visibility, he could replace the image of Queen Elizabeth II with his own on all \$20 bills.

• (1020)

We would get some applause. We would get some laughs. It is not funny but it is laughable and at least it would not be as serious as encroaching on yet another area which is none of their business.

**Mrs. Pauline Picard (Drummond, BQ):** Mr. Speaker, I am pleased to take part in this debate on the opposition motion brought forward by the Bloc Québécois, which reads as follows:

That this House urges the government to respect provincial jurisdiction over health care management, to increase transfers to the provinces for health care unconditionally, and to avoid using budget surpluses to encroach upon the health care field.

It is sad that we have to move heaven and earth to make the government understand things that should normally be obvious when we are just two weeks away from the tabling of the federal budget. Nevertheless, the poorly hidden agenda of the Prime Minister and his Liberal government makes such a debate necessary.

The motion before us includes the following three elements: respecting provincial jurisdiction, increasing transfers unconditionally and using budget surpluses more efficiently.

The only thing to do is to restore transfer payments for health care and social services unconditionally. The provinces want more money put into health care and they want the federal government to let them manage the health care system according to their priorities, as stipulated in the Canada Health Act.

*Supply*

I would like to quote from a short text which reminds us of the federal government's role in the area of health care:

The respective responsibilities of the federal government and the provincial governments with regard to health care are very different. Strictly speaking, the federal government cannot re-establish and maintain a national medicare system because it does not have the power to regulate delivery of health care to individuals.

Indeed, under the Canadian Constitution and the interpretation courts have given of it, health is mainly a provincial jurisdiction. The only clauses in the Constitution which explicitly refer to health establish the federal's jurisdiction over navy hospitals and quarantine.

The federal government only maintains health services for groups which come under its jurisdiction, namely natives, the population of Yukon, Canadian armed forces, veterans as well as inmates in federal penitentiaries. Provincial governments are responsible for establishing the number of beds available in their respective territories, which categories of personnel will be hired and how the system will serve the population.

As well provinces approve hospital budgets, negotiate fee scales with medical associations and administer their health programs within their own territorial boundaries.

It seems quite clear to me.

The show of strength of 1982 confirmed the distribution of powers as established by the Constitution Act of 1867. This same act, in sections 92(13) and 92(16), gives jurisdiction to provinces over health matters except in a few precise areas. The role of the federal government regarding health care is to redistribute money. The federal government raises funds through taxation and redistributes that money unconditionally as transfers to provinces.

Again, health is a provincial jurisdiction and the federal government has no right to interfere in any way, nor is it allowed to interfere in education with its millennium funds.

In the past, the finance minister seemed to be more mindful of provincial jurisdiction in health care. According to the minister himself the greater freedom of action of provinces in their own jurisdictions was even one of the reasons why he established the Canadian social transfer.

• (1025)

Indeed, when time came to cut, the good old finance minister said:

We believe that the restrictions attached by the federal government to transfer payments in areas of clear provincial responsibility should be minimized. . . .

Provinces will now be able to design more innovative social programs, programs that respond to the needs of people today rather than to inflexible rules.

He sings a different tune now.

Whatever happened to these nice principles of freedom of action and respect for jurisdiction? Once again, we are witnessing this same paradox: the federal government is shamelessly skirting its

own laws while a sovereignist political party from Quebec is fighting to get respect for the Canadian Constitution.

The federal government must restore its contribution to front line health care services through the Canada health and social transfer current arrangements. To do so, it must bring it back to the same level as before the reckless cuts unilaterally imposed by the Liberals, who thus managed to have others do their dirty work.

These cuts by the federal government have contributed to the gutting of the health care systems in provinces already reeling from the freeze on transfer payments imposed by the Tories.

Last August in Saskatoon, all of the premiers reached a consensus calling for the federal government to reimburse the annual amount of \$6.3 billion. Now that the government has surpluses, funding must be re-established at the 1993-94 level, namely \$18.8 billion.

The Quebec government and the provincial governments are not the only ones pointing an accusing finger at the Liberals for the problems experienced by the health system and calling for immediate reimbursement. Organizations representing front-line health workers have also identified the federal government as being the main one responsible.

In a press release dated September 22, 1998, the Canadian Medical Association stated:

Federal funding cuts to health and social transfers to the provinces have been the main barriers for Canadians' access to quality health care and the cause of the greatest crisis in confidence in our health care system since the inception of Canada's Medicare program in the 1960's.

This is not the sovereignists talking, but the Canadian Medical Association.

Again yesterday we received a press release from the President of the CMA calling upon the provincial premiers and territorial leaders to stand firm in their demand for full restoration of federal transfers for health care funding that have been cut by the federal government.

The association is also calling for the transfers to be indexed to reflect the increased costs of new technologies and the ageing of the population.

In a press release on August 5, 1998, the Canadian health care association said:

The federal government must immediately inject funds into the Canada social transfer and index it so it is able to meet the needs of a growing and aging population.

The Prime Minister often cites the National Forum on Health. This is what the Forum has said:

We recommended that the \$12.5 billion be a floor and not a ceiling . . . the increase in the transfers to the provinces should strengthen the health insurance system, and the money should be invested where it is likely to have the greatest effect.

It is important to understand that the effects expected are on the health services provided by the provinces and not on the federal government's visibility.

William Robson, senior political analyst at the C.D. Howe Institute, said:

Provinces will add money to their systems more easily if Ottawa has not already grabbed the tax room. And provincial managers will focus on the details of delivering health services better if they are not sitting in Ottawa negotiating with bureaucrats who may be thousands of miles from the action.

These are not our words. He even adds that, on the subject of health care in Canada, the right prescription is coming from Lucien Bouchard, not Ottawa. However, the federal government is again reverting to old reflexes: arrogance and encroachment.

I am going to conclude, because I have one minute left.

• (1030)

Since I have only one minute left, I wish to propose the following amendment:

That the motion be amended by inserting after the word "encroach" the following:

"further"

**Mr. Bob Kilger (Stormont—Dundas, Lib.):** Mr. Speaker, I would like to give the House the assurance that discussions have taken place between all parties in the House concerning the following motion:

That at the conclusion of the present debate on the opposition motion, all questions necessary to dispose of this motion be deemed put, a recorded division deemed requested and deferred until Tuesday, February 9, 1999, at the expiry of the time provided for Government Orders.

**The Deputy Speaker:** Does the hon. parliamentary secretary have the unanimous consent of the House to propose this motion?

**Some hon. members:** Agreed.

[*English*]

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

**Some hon. members:** Agreed.

(Motion agreed to)

\* \* \*

#### BUSINESS OF THE HOUSE

**Mr. Bob Kilger (Stormont—Dundas, Lib.):** Mr. Speaker, I rise on a point of order on another matter. Again discussions have taken place between all parties. I believe you would find unanimous consent for the following motion with reference to Private Members' Business later today. I move:

#### *Supply*

That at the conclusion of today's debate on Motion No. 380, all questions necessary to dispose of the said motion shall be deemed put, a recorded division deemed requested and deferred until Tuesday, February 9, 1999 at the expiry of Government Orders.

**The Deputy Speaker:** Does the hon. chief government whip have the unanimous consent of the House to propose this motion?

**Some hon. members:** Agreed.

[*Translation*]

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

**Some hon. members:** Agreed.

(Motion agreed to)

\* \* \*

#### SUPPLY

##### ALLOTTED DAY—HEALTH CARE

The House resumed consideration of the motion and the amendment.

**The Deputy Speaker:** I must notify the House that debate will now be on the amendment proposed by the hon. member for Drummond.

**Mr. Stéphane Bergeron:** Mr. Speaker, as you may have concluded after listening to the remarks by my colleagues from Laurier—Sainte-Marie and Drummond, for the remainder of the debate, members of the Bloc Québécois will be sharing their time.

[*English*]

**Ms. Elinor Caplan (Parliamentary Secretary to Minister of Health, Lib.):** Mr. Speaker, I rise on the opposition motion before us.

I would like to address the role played by the federal government through the Canada Health Act which enshrines the principles and governs federal health transfer payments.

Under the Canadian Constitution the responsibility for health care delivery falls primarily under the jurisdiction of the provincial and territorial governments. They have the primary responsibility for the provision and the delivery of health care services to the people of Canada. The provinces and the territories have responsibility to plan, manage and administer their own health care delivery systems.

The federal government for its part by law is responsible for the promotion and preservation of the health of all Canadians. Health Canada is responsible for bringing all jurisdictions together to tackle the health issues of national and interprovincial concern. The federal government assumes responsibility for setting national policies and for providing health care services to specific groups, for example treaty Indians and the Inuit.

*Supply*

It is appropriate when describing federal responsibilities in health care to note what the federal government cannot do. It cannot interfere in provincial and territorial responsibilities as defined under our Constitution, nor can it be seen to be interfering in those responsibilities.

There is in this country a longstanding partnership between the federal and provincial and territorial governments with regard to health care. The enactment of the Hospital Insurance and Diagnostic Services Act of 1957 and the Medical Care Act of 1966 established the framework for this partnership between governments.

• (1035)

At this time the federal government provided cost sharing for medically necessary hospital and physician services in return for the adherence of provincial and territorial health insurance plans to the principles of a national program. Federal legislation, the Hospital Insurance and Diagnostic Services Act and the Medical Care Act, recognized the constitutional responsibility of the provincial and territorial governments.

Concerns over hospital user fees and extra billing by physicians led to the passage of the Canada Health Act in 1984. After a very heated and historic debate, this was achieved with all-party support, a unanimous vote in this House of Commons.

The Canada Health Act establishes certain conditions that the provincial and territorial plans must meet in order to qualify for their full share of federal health care transfer payments. These criteria and conditions, pillars of Canada's health care system, are: one, reasonable access to medically required services unimpeded by charges at the point of service or other barriers; two, comprehensive coverage for medically required services; three, universality of insured coverage for all provincial residents on equal terms and conditions; four, portability of benefits within Canada and abroad; and five, public administration of the health insurance plan on a non-profit basis.

In addition to the above criteria, the conditions of the act require that the provinces provide information as required by the federal minister and give appropriate recognition to federal contributions toward health care services in order to qualify for the federal cash contributions.

The act also discourages the application of extra billing or user charges through automatic dollar for dollar reductions or the withholding of federal cash contributions to a province or territory that permits such direct charges to patients.

In fact, the threat that user charges and extra billing would erode accessibility to needed medical care was a major impetus in the development of the Canada Health Act. The Canada Health Act was enacted to protect the fundamental principles of our publicly

financed, comprehensive, portable and universally accessible system of health insurance.

The provinces and territories retained the responsibility of administering their health insurance plans under the Canada Health Act and for planning and managing their respective systems. This means that they, the provinces and territories, have the responsibility for negotiating with physicians. It means that they, the provinces and the territories, have the responsibility for establishing budgets for their hospitals, for the approval of their capital plans and for the management of health care personnel and all related delivery issues.

I believe the Canada Health Act has afforded the provinces sufficient flexibility to manage, develop plans and change the structures within their own systems and jurisdictions. For example, provinces at their own discretion may insure the services of health professionals other than physicians.

The Canada Health Act does not interfere with the provincial or territorial efforts intended to renew and improve health care delivery to make it more effective or efficient and more accountable to Canadians. The variations within the provinces and territories as they deliver health care demonstrate that the necessary and desirable flexibility already exists to respond to the different needs of Canadians in the different regions of the country.

The evolution of federal, provincial and territorial relations in health care has maintained a distinction in the federal, provincial and territorial roles in health care which are consistent with the Constitution's definition of jurisdiction. This is clearly stated in the preamble of the Canada Health Act, "that it is not the intention of the Government of Canada that any of the powers, rights, privileges or authorities vested in Canada or the provinces under the provisions of the Constitution Act, 1867, formerly named the British North America Act, 1867, or any amendments thereto or otherwise, be by reason of this act abrogated or derogated from or in any way impaired".

• (1040)

Provinces and territories have affirmed time after time their support for the principles of medicare. The Canada Health Act is strongly supported by most Canadians and is regarded as the defining principles of medicare and the Canadian values of sharing and caring.

Poll after poll indicates great public support for these national principles. Even while discussions of health care structural reforms are taking place, the values which are reflected in each of these principles are still valid and are supported, I believe, by an overwhelming majority of Canadians.

Health care is a unifying factor in this country. When asked to rate the importance of a number of symbols of Canadian identity,



*Supply*

health care topped the list with 89% of Canadians agreeing that it was a very important symbol.

Clearly the preservation of medicare is of concern to Canadians. Canadians, some 84% of them, rate medicare among the highest actions which makes them want to keep Canada together.

In conclusion, I wish to underline that the federal government has had in the past and will have in the future a legitimate role to play in health. The Canada Health Act is the foundation of medicare. It is an act which respects the primary responsibility of the provinces and territories for health care delivery. At the same time it binds this country together with its principles and has contributed to making Canadians among the healthiest people and the most envied people on this planet.

Mr. Speaker, I thank you and members of this House and particularly my constituents in the riding of Thornhill for giving me the opportunity to participate in this very important debate.

[*Translation*]

**Mr. Ghislain Lebel (Chambly, BQ):** Mr. Speaker, when I hear the hon. member, it strengthens my convictions as a sovereignist or, as the members opposite like to say, as a separatist, and I will try to pass those on to my five children and to my neighbours, because this is absolutely outrageous.

It is totally unacceptable to confine the provinces to a merely administrative role, while the federal government imposes its whims and dictates in the health sector. The hon. member says the provinces are primarily responsible for the management side of things. This is a partisan interpretation of the 1867 Constitution, and of the one the Liberals created for themselves, in 1981.

Under the constitutional division of powers, the provinces have exclusive jurisdiction over health, and the federal government has no business coming up with standards, concepts, principles and techniques. All these things come under the provinces' responsibility and this is what we are asking the government to recognize.

Under a constitution that has been truncated, manipulated and tampered with by courts that have always been appointed by the federalist parties in office, the federal government now has a taxation power that is perhaps five times greater than what it needs to look after its exclusive constitutional jurisdictions.

It is because the government is collecting too much money from taxpayers that it can brag and boast, set standards and principles, and subject the provinces to its dictates. This is what I find unacceptable.

I am asking the parliamentary secretary if she is sincerely convinced that she is working in the best interests of her country when she makes speeches such as the one she just delivered.

[*English*]

**Ms. Elinor Caplan:** Mr. Speaker, as I said in my remarks, health has been a shared jurisdiction in this country. The federal government very clearly respects the role of the provincial and territorial governments to plan, to manage, to administer and to deliver health services within their jurisdiction.

The Canada Health Act clearly defines the criteria, the principles and also the conditions upon which federal funds are transferred to the provinces. This partnership is one which I believe is supported overwhelmingly by a majority of Canadians across the country. It binds the country together. I think that any party in the House who attempted to scrap the Canada Health Act would be punished on election day by Canadians because we value Canadian medicare. We value the Canadian approach to delivery of health services. We value the foundation of the Canada Health Act which says that we share and we care for one another, that access to needed health services is not dependent upon one's financial status and that if one is sick in Canada we will care for them.

• (1045)

The federal government has a very clear and defined role and responsibility in the area of health promotion and disease prevention. The federal government has a very clearly defined role in the delivery of services to specific groups of people whom I mentioned in my remarks. Those people, as an example, are the Inuit, our first nations and other groups. We also have a responsibility to bring together provincial and territorial leaders, as is occurring today, to discuss issues of national concern, national priority. As we know, health care is a national priority for this government and health care and health care issues are a concern for people across this country.

Therefore, it is very appropriate for us in the House today to reaffirm our respect for provincial and territorial jurisdiction. We do that, but at the very same time we acknowledge the important role that the federal government has played through the Canada Health Act, and the acts before it, in establishing medicare, a model for health care delivery unique among the countries of the world and one which has helped to make Canadians among the healthiest and I believe among the most envied people on this planet.

**Mr. Grant Hill (MacLeod, Ref.):** Mr. Speaker, it was a fascinating discourse from my colleague across the way.

The question that is being asked here is, should the government be able to put new conditions on health care spending. The Bloc members have made it very plain. They have asked:

That this House urges the government to respect provincial jurisdiction over health care management, to increase transfers to the provinces for health care unconditionally, and to avoid using budget surpluses to encroach upon the health care field.

*Supply*

I want to say initially that the problems with medicare are not unique to Canada, they are worldwide. They are actually a little worse here in Canada because of our debt problem and the interest on the debt which gobbles up a fair amount of funding that could go to social programs. But worldwide we have aging populations. We have new technology and new procedures that are really quite expensive and were never dreamed of when medicare came into being. Here in Canada we have a medical legal system that requires defensive practice which increases the costs of medicare. We really have fairly restrictive policies in Canada when it comes to a safety valve.

Although this has been done a host of times, I would like to recapture what has happened over the last few years with medicare. The Liberals promised to protect and enhance medicare in the red book. They very quickly thereafter went through some cuts which were substantial; \$16.5 billion in cumulative cash which would have gone directly toward these social programs, so important they say to the public, since they took office. They hid those cuts under the Canada health and social transfer.

I give the Liberals a bit of respect on this issue. They are crafty. They are really quite sneaky in the way they did this. It escaped largely the public's attention because the reductions were not specific to health. It has only been very lately that the public has become aware that the federal government pays less for medicare than do patients out of their own pockets.

• (1050)

Those words came from the federal Minister of Health, that Canadians from their pockets or private insurance pay today more for health care than does the federal government. I say, judge them not by what they said, but judge them by what they did. In other words, their actions speak much louder than their words.

It is easy to compare Canada with other countries. We dropped from second to fourth in the world in per capita spending on health care and that is directly related to those cuts. It is also interesting that Canada is now the 23rd lowest out of 28 countries in the OECD in terms of public spending for health care. In the last two years 1,400 of our most useful health practitioners have left to go elsewhere.

These statistics really do not tell the story. The 200,000 patients on the waiting line do not talk at all about the pain, the inability to work, the inability to function and the denial of timely care.

I received a letter this morning from a Manitoba woman. She was diagnosed with possible bladder cancer. She needed an MRI. The waiting list for the MRI in her province was too long to be medically acceptable. Her sister who lives in Burnaby, B.C. spent \$2,500 of her money and the woman had her MRI a day later. The

diagnosis was cancer. The treatment was therefore available to her in a short period of time.

This is a question that I pose to my Liberal colleagues, who have escaped the criticism because the provinces received it: Did their cuts have anything to do with that woman's inability to get her MRI in a timely fashion? She has figured it out. She said plainly in her letter "I know that the federal government has a responsibility here". She also knows that Manitoba is spending more on health care today than it was in 1995, as is Ontario.

I listen to my colleagues say "Those hackers in Ontario have ruined the health care system". Because of these cuts there have been significant changes. But today Ontario spends \$1.5 billion more in health care than it did in 1995. Liberal government cuts to Ontario alone have totalled \$3 billion. Every province in Canada, but for Quebec and New Brunswick, today is spending more on health care than in 1995, in spite of those cuts. That is a fascinating indictment. The provinces know where the important programs are. I still do not know why they were cut.

The parliamentary secretary said that Canadians are comfortable with health care and that they value this program more than anything. It is true. But there is a very recent change in public attitude on health care. This is a warning for my colleagues across the way. There have been three polls conducted in the last five months since October 1998.

The Harvard School of Public Health and the Commonwealth Fund have been conducting polls in the Commonwealth now for a good length of time. In their recent poll 20% of Canadians said that on the whole the system works pretty well and that only minor changes are needed to make it better and 56% said that there are some good things in our health care system, but fundamental changes are needed to make it work better. This is the worrisome one: 23% of the Canadian public said "Our health care system has so much wrong with it that we must completely rebuild it". Let us compare that with 10 years ago. Ten years ago the exact same question was asked. At that time 56% said minor changes, 37% said major changes, and only 5% said it needed a complete rebuild. Are they biased? It is the Harvard School of Business. They are American.

• (1055)

What did a recent Angus Reid, CTV, *Medical Post*, *Chatelaine* poll say? Seventy-three per cent of Canadians said that the health care system in our country has worsened over the last five years. Most interesting was that they figured out the cause: 55% said the government was at fault.

One may say that the Angus Reid poll was biased and asked very skewed questions. However, another poll was just done by Pollaro. This was done for the Coalition of National Voluntary Organizations and Merck Frosst Canada. The first question asked: Is medicare fine? Four per cent of Canadians said it was fine. The second question asked: Does it need a minor tune-up? Thirty-seven

per cent said it needed a minor tune-up. The third question asked: Does it need major repairs? Forty-five per cent of Canadians said that it needs major repairs. The last question asked: Does it need total rebuilding? Twelve per cent said yes.

If we propose a solution for Canada that has anything to do with innovation or looking at fresh thinking we are called an enemy of Canada. The public, however, is going to drive this debate. This will not be driven by politicians, by the medical profession or by the bureaucrats. The patient will come first.

The government's solution is to put conditions on health care funding.

[*Translation*]

The Bloc Quebecois says no to such conditions, as do Albertans and Reformers. It has nothing to do with the Constitution. This is an issue that affects those who use health care services. A change is needed in Canada.

I support the Bloc Quebecois motion and I hope the Liberals will as well.

**Mrs. Pauline Picard (Drummond, BQ):** Mr. Speaker, I wish to thank my Reform Party colleague for his excellent speech.

I am wondering about the government members. Why are we not hearing more from them during the question and comment period? What I think is that they do not have it in them to defend their own system. They would rather slip it past us, as my colleague said earlier, cloaked in the more palatable Canada social transfer, and tell us, as the Minister of Finance did, that the new transfer will give the provinces much greater flexibility in running their own health systems.

When it comes time to make cuts, they slash the Canada social transfer by \$6 billion annually. Then they tell us they will give some of the money back. They tell us that they can see that the provinces are perhaps having a little difficulty running the health care system. They will be good guys and give some of the money back, instead of cutting \$49 billion—for that is what it would have been in 2003. They have changed their minds because that is what the opposition parties, medical bodies and the National Health Forum want.

They told us they were going to put some of the money back but that is simply not true. I would like my Reform Party colleague to tell us what he thinks of the federal government's tactics.

**Mr. Grant Hill:** Mr. Speaker, as far as I am concerned, the problem with the federal government cuts is that they were made unilaterally, that their impact was immediate and that the provinces were not consulted. This is why the provinces are putting up a united front on this issue.

### *Supply*

• (1100)

In a huge country like Canada, it is hard to reach unanimous agreement, but we did it in this area. There is also unanimous agreement among service providers, physicians, nurses and other health professionals. They all want clear, visible and unconditional funding for health care.

It is up to the provinces to provide those services, and this is not why the federal government is involved in this area of jurisdiction. This statement is quite clear and I will be supporting it.

[*English*]

**Mr. Bill Blaikie (Winnipeg—Transcona, NDP):** Mr. Speaker, I am pleased to speak on behalf of my caucus today on the Bloc motion, which I will read for the record:

That this House urges the government to respect provincial jurisdiction over health care management, to increase transfers to the provinces for health care unconditionally, and to avoid using budget surpluses to encroach upon the health care field.

I listened very carefully to what my Bloc and Reform colleagues had to say. I do not want to suggest that I did not listen carefully to what the government had to say. In any event, there is much I agree with in what they had to say about the effect of federal cutbacks on health care services in the various provinces, and much that I agree with in the outrage and disapproval they expressed about those cutbacks and the way in which the Liberal government got away with doing severe damage to our health care system without really paying a price or even acknowledging or having acknowledged just what it is that it has done over the last few years through the removal of several billions of dollars from the health care system which cumulatively is well beyond several.

The figure used by my Reform colleague was something in the neighbourhood of \$16 billion. It is very large. Any other government that had done the same thing would certainly have paid a higher price than this government has been asked to pay so far. I say "so far" because I think eventually the Canadian people will realize what is going on here.

I differ with the Bloc on its motion. It is not a motion that the NDP can support. I differ with my Reform colleague in his expression of support for the motion. The Reform spokesperson said that the Bloc motion talks about not having any new conditions on health care spending. I am sorry, but that is not what the motion says.

The motion says "to increase transfers to the provinces for health care unconditionally". It does not say increase transfers to the province for health care without any new conditions. It says "unconditionally".

Had the motion said what it says but nevertheless went on to affirm the Canada Health Act and the need for nationwide standards, national standards when it comes to health care, it might

*Supply*

have been a motion that would be supportable. However it does not do that.

I listened very carefully to both the Bloc spokespersons and my Reform colleague. Neither one of them ever uttered the words Canada Health Act. Neither one of them ever uttered the words national standards. I do not think this is a coincidence. I think we see here an alignment between—it is no secret—the Bloc and the Reform parties when it comes to matters of provincial jurisdiction, particularly with regard to health care and a position mutually held with respect to the role of the federal government in health care. It is not a position that is held by the New Democratic Party. We could not bring ourselves to vote for a motion that in any way called into question implicitly or explicitly the continuing role of the Canada Health Act and the continuing need for national standards when it comes to medicare and health care. We will vote against the motion.

• (1105)

It was interesting to listen to the government spokesperson on this matter going on and on about the Canada Health Act. I support the Canada Health Act. I was here at the time it was created. I sat on the health and welfare committee when the bill went through and remember that whole process very well.

There are two things I have to say to the Liberals in this regard. First, they were dragged into the Canada Health Act kicking and screaming. It took four years of work in parliament exposing the problem of extra billing by physicians and the proliferation of user fees in the health care system that was happening at that time to finally get the Liberal government to act on the eve of the federal election in 1984. The Canada Health Act was passed in April 1984 and the election was called in July of that year.

The Liberals were dragged into the Canada Health Act kicking and screaming by their own acknowledgement. A memoir written by then Liberal Minister of Health Monique Bégin gives credit to the NDP for, in her words, waging guerrilla warfare against her in the House of Commons and forcing her to act. Those were her own words in her own book about the role of the NDP at that time. I will not go into who was the health critic at that time.

It is one thing to listen to the Liberals go on about the Canada Health Act and how much they stand by it. However Canadians should be reminded that this was something at the time that was not done wholeheartedly. In the closing hours of that debate on the Canada Health Act I remember saying as the NDP health critic that no amount of principles, no amount of standards enshrined in the Canada Health Act or anywhere else, rhetorically, would save medicare if there were not sufficient funding and that without sufficient funding medicare would slowly fade away. This is indeed what is happening. This is the heinous political crime being visited upon Canadian history by the Liberals.

It is a terrible irony when we think of how much credit they like to give themselves. The other day I think it was the Minister of Finance who was saying how it was the Liberals who brought in medicare. Actually the Liberals first promised medicare in their election platform of 1919 and by 1966, some 47 years later, they had finally delivered on that promise in the context of a minority government where the NDP held the balance of power and after medicare had been pioneered and all the dirty work had been done in Saskatchewan by Tommy Douglas and the NDP.

Do not give us that hokum about the Liberals having anything to do with the beginnings of medicare or hospitalization for that matter which in my reading of Canadian history actually became law under a Conservative government and not a Liberal government.

The Liberals are by their fiscal actions slowly, and in recent years not so slowly, starving medicare to death. My Reform colleague pointed out polls that show Canadians are increasingly anxious about their health care system, that they have less and less confidence in Canada's health care system. It is not surprising because there has been a deterioration in service. The evidence is there anecdotally, empirically and in every respect.

Every one of us knows someone who has been in the hospital in recent years or months. They all have stories to tell. They all have stories about dedicated health care workers, about people working very hard, but they also have stories to tell about gaps in the system thanks in many ways to the cuts that have been visited upon our health care system.

• (1110)

If the quality of our health care system runs down, if we have waiting lists as we do and if people spend days on gurneys in emergency wards, sooner or later it is only a matter of time before enough Canadians say that they want to have some private alternative to this service and do not want to be completely dependent on a service that is going down, down and down.

That is the crime the Liberals are visiting upon medicare and upon our country. They are creating the conditions for the privatizers who have never gone away. The big health care insurance industry is still out there and still licking its wounds from its defeat in the sixties. It is not that long ago as politics go. It sees its opportunity, and it is an opportunity being created by the federal Liberals. They ought to be ashamed of themselves for creating that opportunity.

They certainly should not have the nerve to stand in the House as they do from time to time—the Prime Minister, the Minister of Finance, the Minister of Health and others—and pretend they are the great defenders and saviours of medicare. If they do not do a complete turnaround in this regard, and if the Canadian people do not make them do so if they do not choose to, it will be the Liberals

and no one else that go down as the political party that destroyed medicare.

[*Translation*]

**Mr. Gérard Asselin (Charlevoix, BQ):** Mr. Speaker, I have to say from the outset that I am very disappointed that the New Democratic Party has chosen not to join the rest of the opposition to force the federal government to give back to the provinces the money it has taken from them.

When the present Liberal government decided to cut transfer payments, mainly for health care, it did not ask Quebec, Ontario or any other province what kind of cuts it should make. They were not consulted.

The government slashed transfer payments to the provinces, forcing Quebec, Ontario and the other provinces, still trying to achieve zero deficit, to impose radical health reforms, the results of which we see today. But, first and foremost, the primary responsibility belongs to the federal government. Quebec is still paying \$28 billion in taxes to Ottawa, but receiving less and less services.

Of course I am very disappointed that the NDP has decided not to support the Bloc Québécois on this issue, especially since it claims to represent the extreme left wing in this House. That party claims to be the great democrat, to speak on behalf of workers. It has ties to the labour unions. As a matter of fact, the workers of Quebec and Canada are the ones who use our health care system more and more. The demands of the Bloc Québécois are supported by central labour bodies. I think the extreme left wing is not a good place to be in Parliament.

I want to ask my colleague from the NDP the following question: does he not think that the federal government should give back to the provinces, unconditionally, what it took from them, and let each province manage its own health care system?

The members of the National Assembly of Quebec are not a bunch of boy scouts. They are not a bunch of losers. They are capable of managing and they have a mandate to do so. I think responsibility for health care management belongs to the provinces, and the federal government should give them their money back so they can manage in a fair and equitable manner the health care services that Quebecers and Canadians are asking for.

[*English*]

**Mr. Bill Blaikie:** Mr. Speaker, I will resist the temptation to talk about whether the Bloc is as identical to the NDP as it sometimes claims.

• (1115)

I have made this argument before that its support of free trade agreements and other things like that in my view go against the interests of workers.

### *Supply*

The nationalist movement in Quebec has always been a bit of an ideological grab bag. We know that. What unites it is its nationalism, in this case its view of the need for Quebec to separate from the rest of Canada. Having said that, I acknowledge there are many social Democrats in the Bloc Québécois and we work with them when we can.

To the question was raised by the member, we are opposed to unilateral cutbacks by the federal government in federal transfers to the provinces in respect of provincial jurisdiction. That is why we would have been in favour of a Bloc motion that talked about arriving at a social union with respect to health care that prevented unilateral cutbacks by the federal government and that perhaps even talked about the mutual setting and enforcement of national standards. But there is nothing like that in the motion.

Instead the Bloc member did not say anything about the Canada Health Act. The member still did not talk about national standards pointing out, regrettably, the difference between ourselves and the Bloc when it comes to this question.

For us medicare and its preservation and the idea of national standards is a bottom line. That is all there is to it. Any motion which calls that into question is unsupportable.

[*Translation*]

**Mr. André Bachand (Richmond—Arthabaska, PC):** Mr. Speaker, I would like to talk about the motion put forward by the Bloc Québécois. I will explain later on what led my colleagues in the Bloc to move this motion.

As I have already told the Bloc critic, I am going to do a little bit of nit-picking. I get the impression this motion was prepared in some hurry, on the eve of the first ministers' meeting in Ottawa.

This motion is not the best the Bloc has ever moved. It is incomplete. They use the word "unconditionally", but what they say and what they mean is not the same thing. What they mean is this: without any new condition related to the social union. They should have spelled this out.

The message we get is: without any new condition, but under the existing rules. The Bloc did not do its homework as well as it should have. There is something missing. They wrote the motion in a hurry.

Since the budget will be brought down soon, Bloc members thought "Here, we should be dealing with health care". However, they do not mention any amount. Do they want to have \$6 billion more for the provinces or \$2 billion? Should it be over two, three, or five years? Do they want to restore funding to its former level in one shot or over a five year period, as the health ministers said last year?

*Supply*

We do not know the answers to these questions, and the Bloc has nobody but itself to blame for that. They will have to say they will do a better job drafting a motion the next time.

However, I think our New Democratic friend went a little far. I do not know whether he got the order not to support the Bloc any more, but I think he went a bit far in saying "We cannot support the motion because it goes against this and that".

I think my New Democratic colleague has gone a bit far in his analysis in an effort to justify his refusal to support the Bloc Quebecois motion. We are going to support the Bloc Quebecois motion and we could perhaps help them write future motions for opposition days, if necessary.

In the future, I think the drafting could be a little more professional. Here again, I disagree with my New Democratic colleague, who said "We will not support that because it does not honour existing agreements". I think this is going a bit far too.

I would like to say why we are debating this today. The budget is of course coming up in a few weeks. The provinces, Quebecers and Canadians have called for more money in the health care system. The Liberal government has reduced its deficit by doing two things: cutting transfers to the provinces and taxing people an additional \$20 billion or \$25 billion. The federal government spent nearly \$35 billion more than in 1993-94. It is spending more.

• (1120)

If there are surpluses, somebody somewhere coughed up more money. As far as conditions are concerned, we agree with most Canadians that new conditions cannot be imposed on the provinces for health transfers. This is the federal government's idea. Just this morning I was telling one of my colleagues in the Bloc Quebecois that this did not make sense, especially since the government is not behaving properly on the EI issue.

If every new dollar transferred to the provinces has to go to health, by the same token could we say that every new dollar paid into the EI fund has to go to EI and not end up in the government's coffers? As you can see, this could backfire.

What we know, and I think this was the main reason for the Bloc Quebecois' motion, is that there is a first ministers meeting in Ottawa today. This thing about conditions came up after the Saskatoon agreement. In a letter, the federal government said "Accountability now requires you to make a commitment to put every new dollar transferred toward health care and to publicly state how happy you are that the federal government is giving you money, and that all is well and the Prime Minister is a nice guy".

What we suspect is that, thankfully, this letter will finally be taken out of the package put before the provincial premiers, the territorial leaders and the Prime Minister this morning. It called for a commitment from the provinces to agree that future transfer payments would be put toward health.

It is in that context that, today, they are discussing the conditional transfer of any new money that may be transferred. But we have to monitor what is going on right now, because—as I said earlier—we have reason to believe, based on what we heard here and there, that the issue of the social union, and more specifically health, will be discussed today. Will the amount of money be set today? I do not think so, because it would look very bad if the Minister of Finance were to officially allocate money for health before bringing down his budget, in a few weeks.

It seems the federal government will be giving back between \$2 billion and \$2.5 billion, over a period of two to three years. Whether it will be over two years or three, and whether the amount will be \$2 billion or \$2.5 billion is what is being negotiated right now. But, the decision will surely only be announced in the budget, not today.

So, negotiations are taking place today on the social union, and more specifically on health, on the Saskatoon agreement and on a new federal offer made yesterday. That offer provides, among other things, that rules would be set regarding the new transfers for health, but that there would also be a right to opt out, jointly funded programs, and so on.

What is dangerous though is that, in spite of what is going on in the four areas of the social union, namely social services, education, social assistance and health, the federal government is prepared to keep its sword of Damocles dangling over our heads, that is its direct spending power. This power means the federal government can spend directly when the money goes to individuals. If the money goes to the provinces, there is a right to opt out, as in the case of health, pharmacare or jointly funded programs.

Where the danger lies in the health care field, and one of the reasons we are going to support the Bloc Quebecois motion, is that we do not want any new conditions. We need to go further still and say that we are not in agreement with the federal government's having direct power to intervene in the daily lives of the people in health, education, social services and social assistance. There is a danger of this becoming a stumbling block today. I hope people will be able to agree that this administrative agreement, which is negotiable—not a constitutional change, merely an agreement that dates back only about five years, it would appear—will be something that can evolve and continue to be viable, so that we can avoid having a repetition of the millennium scholarship situation, or in other words direct federal programs in the areas of health, social assistance and education.

It is important to restrict the federal government, particularly a Liberal one, because the Liberals want to control everything, unless it gives them problems. Then they give it to the provinces, but they want to control the rest so that they can show the flag. I have absolutely nothing against the Canadian flag, I am a federalist. However, propaganda does not serve the interests of the people, only those of one group.

• (1125)

Health is about the public interest. The average Canadian should be the government's first consideration when it makes decisions.

Statistics are all very fine and well, but individuals have to be the priority in the decision-making process. In addition to the revenue and expenditure columns in the federal government's budget, there should be a third equally, if not more, important column representing the people who live in this country, in Quebec, in Ontario, and throughout Canada.

It is time for an increase in health transfers. It is time for the ground rules to be clarified. There are disputes about jurisdiction. It is time that a serious look was taken at the political, administrative and even legal aspects of the situation so that a start can be made on simplifying the entire jurisdictional process in this country.

We will be supporting the Bloc Québécois motion. It is slightly incomplete, but we will be supporting the Bloc Québécois and almost all the opposition parties who are asking the government for more health care dollars, without new conditions, and without delay.

**Mr. Gilles-A. Perron (Rivière-des-Mille-Îles, BQ):** Mr. Speaker, perfection might be found in the way my friend from Richmond-Arthabasca speaks, but just like his NDP colleague from Winnipeg-Transcona he does not know how to listen and hear to perfection. He should have listened to the speech by the member for Drummond who said that the Bloc Québécois had absolutely nothing against the five principles of medicare.

My colleague said we should get our money back without any precondition. I also would like to remind my learned colleague from Richmond-Arthabasca that in the late 1980s and up to the beginning of 1993, when his party was in office, on the other side, it was next to perfect. And then in 1993 perfection dropped to two members.

In conclusion, I would like to say this: at no time in his speech did he mention the right of the government to interfere in, control or put its nose in the way Quebec manages its affairs. Whether he agrees or not, he did not say so and made no mention of their accomplishments. I would like him to elaborate further on this.

### *Supply*

**Mr. André Bachand:** Mr. Speaker, I listened carefully to what the hon. member for Drummond had to say and that is why we will be supporting the motion, because of the clarifications she provided about conditions. Therefore we will support the motion because of the explanations she gave us.

On the issue of perfection, it is true that our government was almost perfect. People have a hard time believing in perfection. That is why they chose to teach us a lesson in 1993. Having said that, I simply want to remind the House that the then government started in 1984 to increase transfers to the provinces by \$6 billion.

Hard times during the 90s forced the federal government to freeze its expenditures. However, between the election of the Mulroney government in 1984 and the freeze it had to establish during the 1990 crisis, \$6 billion were added to provincial transfers for health and welfare.

This is near perfection. What is clear to us and what you can find out if you read our platform—and I am sure you have read it and learned it by heart—is that what we are proposing for the Canadian pact goes further than what is in the social union agreement. We are even more in favour of respecting provincial areas of jurisdiction than the current federal government.

If your copy of our platform is a bit the worse for wear I would be quite happy to provide you with a new one.

• (1130)

**Mr. André Harvey (Chicoutimi, PC):** Mr. Speaker, first I wish to congratulate my colleague from Richmond—Arthabaska for the quality of his presentation. He has restored the historical dimension of the issue and has also showed that he has a vision for the future.

There is one word which could have remedied not the weakness but, let us say, the imperfection of the motion. I am not afraid of the word imperfection because perfect people are always more disturbing than imperfect people. Maybe we should have used the word “re-establish” instead of “increase” unconditionally because we are not asking for an increase but for the re-establishment of what was there previously.

Instead of having a theoretical debate, I would like to mention that in my own region, indeed in several other regions in Quebec, health care is an issue of concern for all people. There are not many people in Quebec who are not aware of the present situation in the Saguenay-Lac-Saint-Jean region.

We obviously agree with the unconditional re-establishment of health care budgets, but I am concerned about transfers to provincial governments—let us say we speak here about the Quebec government—because regions don't always get the benefits they deserve. In my own region, in the area of social services including

*Supply*

health care, we are still getting much less than we are entitled to given our population.

I take the opportunity of today's debate to point out to my colleagues in the Bloc Québécois that while they are asking for everything to be transferred to Quebec, in the regions we have a problem not with the Government of Canada but with the Government of Quebec because of its unfair allocations between various regions of the province.

This is a very serious problem, and to show how serious it is, I will quote from a story published this morning, not two years ago, but this morning. One hundred and sixty doctors, dentists and pharmacists in my region have said: "Mr. Bouchard can push around his ministers, deputy ministers and experts, but he has no power over us. He should have thought about that before". That is the reality we live in. In our region, we are not even able to get adequate health care.

That is why I am in favour of transfers. The Bloc Québécois and the Conservative Party are often fighting here in Ottawa over matters of principle. In the area of employment, we were in favour of budget transfers, amounting to hundreds of millions. But go see what is going on now in that area since federal funds were transferred to be managed by the provincial government. We are getting less than 25 per cent of what we were getting before.

As for funds for regional development in my region, here is what some were saying this morning: "Those who believe that the new entity created by the government, the local development boards, the LDB, will remedy these shortcomings in leadership are sadly mistaken".

There is not one area where the transfers to Quebec have benefited regions. I ask my colleague if he—

**The Deputy Speaker:** I am sorry to tell the hon. member that the time allocated for questions and comments has expired.

**Mr. Paul Crête (Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques, BQ):** Mr. Speaker, I am very pleased to speak today to this motion brought forward by the Bloc Québécois, "that this House urges the government to respect provincial jurisdiction over health care management, to increase transfers to the provinces for health care unconditionally, and to avoid using budget surpluses to encroach upon the health care field".

This is not a purely academic debate, nor is it a debate pitting sovereignists against federalists. This debate is to demonstrate that, in the kind of system we have in Canada, we have to let the experts do the work if we want the system to work. We are not having this debate to go after the Liberal government. We are having this debate so that, at the end of the day, there is a reasonable amount of money in our hospitals for equipment and emergency rooms, in

CLSCs for front line care, as well as for long term care and palliative care. Federal MPs all received a document this week in their office regarding funding for palliative care.

• (1135)

We are having this debate so there is money to address the problem of suicide, and we want this to be done within the existing framework, through the mechanisms that have been in place for a long time. Health care has been recognized as a provincial responsibility.

We want to avoid repeating the battles of the past. We want patients to spend the least amount of time possible in emergency rooms. To achieve that, the federal government must stop playing games, it must stop saying under what conditions it will put money into the system, how big the maple leaf will have to be for transfer payments. That is the reason behind this kind of motion.

Let me give an example. It is a good illustration of what can happen when you do not mind your own business.

Concerning the issue of the millennium scholarships, we have in Quebec our own loans and bursaries plan. All student associations and academics have acknowledged it is the best in Canada. We have opted out of the national plan in 1964 with full compensation, and we have outperformed everybody else. We may not be the best in every area, but in this case, we are.

The federal government has decided to yield to the whims of the Prime Minister and create the millennium scholarship program. This program is at cross purposes with the Quebec loans and bursaries plan.

The basic principles are being changed. The federal government claims its loans and grants system will reward excellence. In Quebec, the whole plan is based on the concept that we should give the students what they need for their living expenses. We do not want to see in other areas a replication of the intrusion we have witnessed in education.

When the federal government made cuts in health care, it did not try to achieve some visibility for those budget cuts. It made the cuts and told the provinces they would have to make do with whatever they got.

**Mrs. Pauline Picard:** Without condition.

**Mr. Paul Crête:** Yes, indeed without any strings attached. It let us deal with the cuts. Now we are faced with a situation that makes it clear that the federal government must make up its mind.

There are needs in all of the regions of Quebec. The Bloc Québécois tour, under the leadership of the hon. member for Drummond, clearly demonstrated what, if \$1 billion in surplus—though more than that is needed—was returned to the transfer



payments, that would represent for each region. In our case, in the Lower St. Lawrence region, the figure would be \$34 million.

I am most anxious to see the federal government let go of its bone, put the money back into transfer payments, into the existing mechanism, so that the people in my riding who are in hospitals, CLSCs, extended care centres, in all types of services, may have the oxygen they need, that extra room to manoeuvre that is so lacking at the present time.

I must disagree with the hon. member for Chicoutimi. I believe that both the present government of Quebec and the previous ones have done a number of good things for health care. There is a model in place in Quebec. There have been some accomplishments, the air ambulance for one, which allows people in the regions to be brought to major centres for the complex emergency surgery that may not be available elsewhere.

University experts in Quebec City and Montreal have helped develop a system for performing surgery by means of telemetry in the Magdalen Islands and the Gaspé. This shows there are successes. These are examples of things that are working.

It has been necessary to make cuts in the last few years. That is clear. But a large part of these cuts is the result of the federal government imposing cuts on the provinces. We got through that. Now the federal government has the money. It has the necessary money, because of its revenues and its spending power, to put money back into transfer payments. It is taking its time. Now that more money is available, a way has to be found to show that this money comes from the federal government.

And how should that be done? All the provinces have already said that, if the federal government wants them to spend the money on health, that is where they will put it. There is something wrong with the government's attitude. I think the best example of this is the Minister of Intergovernmental Affairs. This minister never misses a chance to set Quebec City and Ottawa at each other's throats.

• (1140)

Again yesterday, on the CBC, he told the Quebec premier who was elected barely two or three months ago, that he was not legitimate, that he was not accountable to him in matters concerning Quebec, but to Quebeckers directly. This double legitimacy argument has been dead since the Bloc Québécois arrived in House. Since the Bloc Québécois has been here, no one can say that the ministers know the absolute truth when they speak on behalf of Quebec. No one can say that. We are here to show that you do not have this double legitimacy.

The ultimate insult is that negotiations are going on with the leader of the opposition in Quebec City, who has just taken the political beating of his life, which he never expected, with the

### *Supply*

rejection of a significant majority of Quebec ridings. When the federal government negotiates in this way, it forces us to present motions like the one today to encourage it to honour the responsibilities of the provinces in managing health care, to unconditionally increase transfers to the provinces. Increasing them, means raising them.

There is no argument any more on whether the government should be condemned for the cuts. The people have understood that. I think the 1997 election proved an interesting lesson for all members of the House, especially us. Quebeckers had to understand where the cuts were coming from. Well we know that they are coming for the most part from the federal government.

Now that we have money come back to us, we are saying "Give us our share and use the mechanism already in place." The Canada social transfer was meant to be unconditional. The Minister of Finance himself said, two years ago, that this was best because of the flexibility it afforded the provinces. Let them deal with the cuts. Now that there is money, we are saying "Let us deal with this money to be reinvested in health care."

By letting the provinces make their own decisions, the federal government would show it is upholding its own Constitution. There is a fundamental problem with this Parliament. We in the Bloc Québécois are sovereignists and we insist that this government at least uphold its Constitution. The Government of Canada is flouting the Canadian Constitution and trying to interfere and micromanage, as if it were an expert in health.

For instance, the Minister of Health recently announced a subsidy in the Montreal area. No one can deny this served its purpose, but can you imagine how much duplication it is causing with all the health services and mechanisms already in place? There must be targeted consultations. Fear not, we in Quebec can do our homework, and so can the other provinces, to see what kinds of services are required.

I therefore urge the members of this House to vote in favour of the motion we have put forward to ensure that sufficient funding is made available as soon as possible for our hospitals—for equipment and emergency rooms—for local community service centres, for chronic and palliative care, for suicide prevention, for all those who are vulnerable in our society. It is not right to take them hostage. The federal government must take immediate action in this area. Hopefully, we will be heard on both sides of the House and a majority of Canadian members of Parliament will support our motion.

**Mrs. Pauline Picard (Drummond, BQ):** Mr. Speaker, I thank my Bloc Québécois colleague, whose riding I have trouble naming because the name is so long. I will begin by setting the record straight, before putting a question to the hon. member.

*Supply*

In the motion, the word “unconditionally” does not refer to the five tenets of the Canada Health Act. The Quebec government and all the other Canadian provinces have always cared about adhering to these five tenets in the Canada Health Act, as can be seen in the documents that we have.

• (1145)

The Canada Health Act requires the provinces to adhere to these five principles. In return, the federal government pledges to transfer the necessary funds through the tax system. The federal government is not giving us anything. The money is provided by all Canadians who pay taxes. The federal government redistributes the money collected in taxes, so that the provinces can manage their health care sector. Indeed, the provinces are responsible for managing health, through the new Canada social transfer set up by the federal government to provide, according to the Minister of Finance, greater flexibility in the management of the health, education and social assistance sectors.

The motion does not trivialize the five Canadian tenets. That is not its purpose. Its purpose is to urge the government to respect the division of powers, unconditionally restore transfers and make judicious use of budget surpluses.

I wonder if my Bloc Québécois colleague could tell us again what it means to respect the division of powers.

**Mr. Paul Crête:** Mr. Speaker, I am very happy the record has been set straight because what our motion is asking is that things be done according to Canadian legislation.

The Government of Quebec has never asked that legislation be set aside. The five principles of the Canada Health Act are part of the legal framework within which we must work. This government has not always done so. This may explain why those on the other side are so nit-picking. They behave differently themselves.

Two years ago, the Minister of Human Resources Development had to make a decision regarding a legal advice which indicated clearly that if the minister used database matching to identify the unemployed who broke the law by travelling abroad, this would contravene the Privacy Act. This does not mean we should legitimise cheating but it must be acknowledged that the government may have things to settle on the issue. It has happened, on occasion, that this government was not very respectful of legislation passed by the Canadian Parliament.

Respect of jurisdictions, that of Quebec as well as Canada, is the best way to make sure that money is spent in the right place. This is our main goal. We do not have money to burn in that area. We do not have money to burn these days. We cannot afford duplication. We cannot wait to invest in the right programs.

This is also a cry from the heart. Money available from the federal government surplus could be invested in health care, using existing channels. If there is one single consensus in Quebec, it is that we do not want new programs. We want to strengthen existing programs. We want to be able to finance our hospitals, equipment, emergency services, CLSC's, or local community service centres, palliative care services and all our other support services, and we want to be able to pay our hard-working health care workers. We must be able to pay our workers decent salaries and to provide direct health services to the population.

This is the meaning of the motion we introduced in the House today. It aims at bringing the government to abide by its own Constitution.

**Mr. Pierre Brien (Témiscamingue, BQ):** Mr. Speaker, I too want to express my support for the motion moved today by the Bloc Québécois.

It reads as follows:

That this House urges the government to respect provincial jurisdiction over health care management, to increase transfers to the provinces for health care unconditionally, and to avoid using budget surpluses to encroach upon the health care field.

• (1150)

If one remembers what has happened since 1993, particularly in the earlier budgets that came out of this government and were tabled by the current finance minister, we have seen drastic cuts in many areas. Sure, we had a huge deficit, but what got hit the hardest were the cash transfers to the provinces. This budget item, which was around \$18 billion, dropped to \$11.5 billion a year.

The provinces lost over \$6 billion in annual revenues which were used at the time to fund three types of programs: cost shared initiatives in health care, cost shared initiatives in education, and social assistance transfers.

The government, knowing it was about to make significant cuts—at the time we knew exactly what the government's contribution to health care, education, and social assistance was—decided to amalgamate all three programs into one now called the Canada social transfer. This same government, which now talks about transparency, accountability and visibility, and says that people need to know how much money it is contributing to health care, is the one that merged these programs to eliminate transparency. Why? The reason is rather obvious.

There were some massive cuts and the members on the other side of the House did not want to be blamed for cutting this much in education, and that much in health care or welfare. So they told the provinces: “We are cutting \$6 billion. You can split that any which way you want between health care, education and welfare.” The federal government wanted to show what a good sport it was. They

said: "The choice is yours, you get to determine what percentage of the cuts you want to apply to health care, education and welfare."

Now that the transfer payments are about to be increased, the federal government knows that the first priority of Canadians will be health care. They would want each additional dollar they put in, over and above the \$12.5 billion currently paid in transfer payments, to be made highly visible and transparent, so that the people of Canada can see that the federal government is reinvesting in health care. However, they were not so worried about visibility a few years back.

Let me make a suggestion. Maybe they could use billboards. They like them well enough since they have some Mediacom billboards set up permanently in Quebec. They practically own them. They could have huge billboards on the edge of towns and villages saying: "The federal government did not cut \$6 billion in health care, but only \$5 billion." That way, Canadians would know that the government did not cut \$6 billion a year. They would cut only \$5 billion, since they are now talking about adding \$1 billion, maybe a little bit more, to the current transfer payments.

Apparently this morning the Prime Minister found some more money and could put some more on the table. But the fact is that the level of transfer payments to the provinces has dropped from \$18 billion to between \$12.5 billion and \$14 billion or \$15 billion—a very optimistic scenario—in the next budget. The bottom line is that we still face significant cuts. This is something we should not forget, and I am somewhat annoyed by their new-found devotion to openness.

On top of that, premiers have made a clear commitment. They wanted to reassure the Prime Minister, so they wrote to him that they were committed to putting back into the system any new CHST money allocated to health care. But perhaps the Prime Minister does not think written commitments are worth much, when we consider what happened with the promises in the 1993 red book, but for some people, a signed letter still means something. So the premiers have signed a commitment that any transfer of money will go to health care.

The government keeps repeating that it wants to uphold the Canada Health Act. That piece of legislation is still in effect, and the premiers did not ask that it be repealed. It is still in effect. If the federal government puts money back into the transfer payments for health care, the Canada Health Act and its five central principles will continue to apply.

• (1155)

Where is this sudden fear that the provinces could violate the act coming from? There are very severe penalties for those provinces

### *Supply*

who do not respect the act. You know about that, Mr. Speaker. Alberta has had to pay the price for not living up to the conditions set out in the Canada Health Act.

I know there is an ongoing dispute about that. Some provinces would like more flexibility, but we are not here to question the act.

The federal government wants to increase its role. After starving the provinces and giving out new money today, it is obvious that the federal government has a strong desire to play a role in the planning of future health care services.

We understand why. The Liberals know full well that, with an ageing population, health care will become a very important issue in the future, a growing concern for Canadians. They say they want to play a role in this area to get closer to the people, ignoring the Constitution, ignoring traditions and also ignoring the fact that the provinces, including mine, Quebec, already have an infrastructure in place. We have a health department as well as regional health offices. We have developed an elaborate network of front line services, second line services, emergency services and CLSCs.

The network is established according to a plan. Of course, occasionally some people may question its structure. But we have to look at the big picture because priorities vary from one region to the next. One region may have more specialists in one particular branch of medicine, and the situation may be different in another region.

This planning is the responsibility of the Government of Quebec, which delivers health services. Now the federal government would like to implement its own priorities, and influence the services provided by the provinces. We would then find ourselves, if the federal proposal is implemented, with two governments, two types of priorities. A lot of new committees will be struck, public servants will be needed to make evaluations, statisticians will make comparisons, a dreadful bureaucracy will be put in place.

That is not what we need. What we need instead is people to do the hands-on work. If money were put into the transfer payments tomorrow, it would mean bigger hospital budgets, better nursing care, more physicians and specialists to be increased, if money were put back into the transfer payments.

If they start creating policies or implementing all sorts of mechanisms, we will end up with a new bureaucracy—and the federal government bureaucracy is already getting way out of hand—that will keep on imposing its will and trying to play a role in this area. This strikes me as contrary to what the public wants in the way of services.

Now I will draw a parallel with another matter, the millennium scholarships. Speaking of unconditional transfers, the federal government has decided to play a bigger role in education by

*Supply*

allowing students to accumulate fewer debts, by offering them scholarships and so forth.

The federal government came up with a wall-to-wall solution, good coast to coast, by offering scholarships to post-secondary students. In Quebec the student debt load is far lower than elsewhere because tuition fees are lower. Of course we would like it be lower still, but compared to the other provinces it is far lower.

The first priority of our system would probably have been to put the money where it would have helped all students, not just a small group. The educational system is overseen and planned by the Government of Quebec. Citizens can pressure it, the government being answerable to its citizens.

The federal government has now decided that its priority was to reduce student debt. It plays a significant role with our taxes in order to show that its priority lies there. There is, perhaps, another priority to be considered for the moment. It may be the priority in the rest of Canada, but is not the priority of Quebec. We have not even enough flexibility to exercise the right to opt out, to take this money and assign it to other priorities in the educational system. There is something wrong when a government insists on defining everything.

We recognize the obsession with visibility behind all that, this obsession with appearing to be closer to the people so they would stop criticizing the government and become less sovereignist perhaps. I really do not know what is their underlying motive.

But it is wrong because it does not work. People want effective services. They pay taxes not to have governments and bureaucracies quarrel, but to obtain quality services. It is not so the federal government can fight for control of certain jurisdictions it gave up at the time the Constitution was drawn up.

In conclusion, I hope Liberal members will be less silent than they have been up to now in today's debate, that they will stand up a little and that they will be lucid and understand that the most effective solution in health matters is to pay out unconditionally the money intended for transfer payments in order to repair the error they themselves made.

• (1200)

**Mr. André Harvey (Chicoutimi, PC):** Mr. Speaker, first of all, I want to reiterate our party's support for this motion.

**Ms. Caroline St-Hilaire:** You are on the right track.

**Mr. André Harvey:** We are indeed on the right track.

Our colleague just spoke of the obsession with visibility. Reference was also made to absolute truth. Here we have the President of

the Treasury Board. With respect to visibility, I do not think that the PQ can point the finger at anyone in Quebec in that respect.

Think back to the floods, and the ice storm. This obsession with visibility was such that one wondered if the federal government had any involvement, yet it was footing 90% of the bill. Objectivity is required in a debate.

I have a concern. Support is expressed for the Bloc Quebecois motion, but there is all this squabbling on principle. For the most part, members of the Bloc represent outlying areas of Quebec. I do too. While squabbling on principle may have its merits, reality is catching up to us.

This morning is a case in point. An editorialist from my region, Rénald Boily, wrote "It is demonstrated on a daily basis in our region that the Bouchard government's move toward ambulatory care is becoming a move toward confusion."

Richard Brantford, another editorialist, said "Ours is a region with a moribund economy." That is the result of 25 years of PQ government in my region. That is what we have to show for it.

I have no objection to squabbling on principle, here in Ottawa, with the Bloc Quebecois. Let us transfer the funding for employment, regional development and health. But is my colleague not concerned about his region?

The problem is that, when funds are transferred to Quebec, they do not get to the regions. There are statistics to back this up.

**Mr. Pierre Brien:** Mr. Speaker, I am extremely surprised to hear the member for Chicoutimi make such a charge against the Government of Quebec when he himself had an opportunity to make his views known during the Quebec election campaign a few months back.

Everyone knows he was asked to run. If the Parti Quebecois is as bad as all that in his region, he had a chance to run for the provincial Liberal Party and to participate in this debate. I assume that he did not do so because he thought he had a better chance of hanging on here than running as a Liberal MLA in Chicoutimi. I will leave him to ponder that.

The shift toward ambulatory care has been mentioned because it is a very important reform. I do not want to go into this in any great detail because this is not the appropriate place for such a debate. Carrying out a large-scale and important reform in the midst of cutbacks is a very difficult thing to do and it is true that many regions of Quebec are suffering, his and mine both.

But I would remind him that the impact, in my region alone, of the federal government's health cuts amounts to \$20 million annually. For us, an additional \$20 million for health care would mean a stronger health care system and more services.

*Supply*

However much we want reforms, if one of our sources of revenue dries up, if it all but disappears, it is difficult to be completely successful.

They did the best they could with the resources they had at the time, but improvements have to be made. One of the ways to improve the situation would be for the federal government to correct the mistake it made by reducing health care funding. Do I think health services are managed perfectly in Quebec? No, there will never be a perfect system. However, I do believe that people are acting in good faith and we are headed in the right direction. Our first need is additional financial resources.

To conclude on the issue of the ice storm and federal visibility, I have no problem saying that the federal government paid 90 per cent of the bills. Nor do I have any problem saying that Quebecers send more than \$30 billion in taxes to Ottawa every year.

**An hon. member:** Oh, oh.

**Mr. Pierre Brien:** The President of the Treasury Board is using figures from the year when the deficit reached \$45 billion. These figures are no longer valid.

We pay taxes to Ottawa. It is our money that is being used when there is a crisis in western Canada's agricultural sector. We also pay when there is flooding in Winnipeg. It is not just in Quebec. This is a kind of insurance policy: one year we benefit from it, while in another year we put money into the fund. But it is our taxes. I have no problem.

As far as I am concerned, there is no such thing as federal or provincial money. There is only taxpayers' money.

• (1205)

[*English*]

**Mr. Ted McWhinney (Vancouver Quadra, Lib.):** Mr. Speaker, I will be sharing my time with the hon. member for Waterloo—Wellington.

I thank the orators who have already spoken in the debate. It has been fruitful. It does occur of course at a time when some of the issues here may be resolved consensually by a meeting several blocks away of the Prime Minister and the first ministers I have benefited by the discussion by the members of the Bloc. It is good to remind ourselves that the Constitution is more than a discussion of sovereignty in the abstract, that there are larger issues of reform and modernization which can be addressed and to which members of the Bloc opposite can contribute usefully.

I take this opportunity as a diversion for paying compliment to the statement made on behalf of the Bloc two days ago in the

debate on the notwithstanding clause by the hon. member for Beauharnois—Salaberry.

When I heard the statement I thought that is a statement I could have written myself. It was a very sensible statement. It was wise. The illogic of it of course was that it pointed not to two negative votes, but somehow in the mysterious ways a vote for one, a vote against the other, I do not think Decartes would have approved of this display of logic. Nevertheless the reasoning is good and it takes us back to the position that federalism is not some frozen system of rules and regulations developed in a bygone century and to be applied immutably to changed social conditions today. Federalism is essentially a very flexible system. It is sometimes forgotten by Canadians, English speaking Canadians perhaps more than others, that the Westminster model which was developed by the British imperial power, which was not noticeably federal at the time it developed it, the theory in practice was developed for its overseas colonies. Look at the problems the English have in encompassing decentralization for Scotland and Wales.

However, the Westminster model is not the only model of federalism. I refer again to the Pepin-Roberts commission, perhaps the most imaginative of the expert commissions of study on our Constitution in the last 50 years. It essentially proclaimed the truth that there are many roads to Rome and there are many different models of federalism. It introduced an interesting notion which did not need an obscure terminology to render it, asymmetrical federalism, simply saying that in any mature federal system the sociological conditions are crucial. We treat equal things equally but unequal things may have a differentiation of constitutional treatment. Why not? It is ordinary common sense.

One of applications of the new approach, a flexible approach of the Pepin-Roberts style to federalism, is the concept of the social union which is being discussed, at least the practical implementation of an abstract concept, by the Prime Minister and the first ministers at this moment. As a term of art it is post-war German federalism. There is nothing wrong with that. The post-war German federal system is what the Americans might have if they had lost the war and had to rebuild their constitution from the ground up. It is very modern federalism but in its very intelligent, pragmatic allocation and transfer of powers between three levels of government it does necessitate, if it is to be applied to Canada, a constitutional amendment.

One of our problems with the patriation package in 1982 was whatever it did in other areas it put the Constitution in a straight-jacket in terms of amendments. It is very hard to amend the Constitution by the front door. This is an admirable feature I think Canadians have developed. This is one part of their English heritage but it is also part of the French heritage because it is also occurred in France, the development by constitutional glosses, custom convention, changes made by practice which last because they are common sense. They are sensible. They respond to new problems and nobody is going to say nay to that.

*Supply*

When we look at the social union in terms of medical payments, partnership and financing medicare, there is so much that can be done by accommodations between governments.

• (1210)

Special arrangements can be made for different regions corresponding to demonstrated special societal facts or special needs. Uniformity is not a *sine qua non*, and this is where Pepin-Robarts in reminding us of the opting in and opting out facilities and raising the compensation in opting out provided the opportunity if there is a spirit of goodwill and of pragmatic compromise for working out arrangements to accommodate the increasing pluralism in our federal society.

If these arrangements being discussed today do not work out we can assure the House that we will as a national government and uphold our principle that there are national norms in medicare, in medical treatment and in medical research that we will in fulfilment of our mandate and our duty to the country seek to effectuate within our power. But there is nothing to prevent administrative devolution in the spirit of co-operative federalism. The message from the Prime Minister is that we would like to work with you.

Co-operative federalism, Lester Pearson style social union and the new trendy word of today, borrowed as I say somewhat inexactly from West German federalism, these are all ways of achieving socially useful results within an accommodatingly flexible federal system. The principle of subsidiarity, the notion from the European Union that each level of government should be allowed to do what it does best in terms of a functional reallocation of powers on a basis of co-operative federalism and customary adjustment of the constitution, it is all there.

We wish the Prime Minister and the first ministers every success in their efforts. If they do not succeed we will do our duty as the federal government to the Canadian people to deliver on a 21st century medical insurance system properly financed. We want the co-operation of the provincial governments. We welcome the element of pragmatism I saw in the Bloc motion, the Bloc attitude two days ago on the notwithstanding clause. I wish its logic could have been more in the Cartesian sense and the two votes would have been identical in terms of its party, but the progress is there.

This has been a good debate. It has been intelligent. There is the going backwards and forwards in terms of the give and take that is the essential of any mature federal system.

[*Translation*]

**Mr. Gilles-A. Perron (Rivière-des-Mille-Îles, BQ):** Mr. Speaker, I appreciate the philosophical speech of the member opposite.

He spoke of a flexible federalist government but that government actually appears dictatorial to me.

I would like to know what the hon. member thinks of this government which, after cutting billions of dollars in provincial transfers, now says it wants to put some money back into those transfers, but not unconditionally. Indeed, this government wants to interfere to the point of dictating to the provinces how to administer billions of dollars, how to become part of Canada-wide programs, while the Canada Health Act already provides for five conditions to which all provincial governments in Canada have already agreed.

Why should the federal government interfere even further? Why?

**Mr. Ted McWhinney:** Mr. Speaker, the policy of our government is to ensure each Canadian has equal access to the health care system. If necessary, our government will act alone.

However, we prefer to have a system of which all provinces are part, a system based on equal involvement by both levels of government. This is what co-operative federalism is all about. This is the guiding principle the Prime Minister is discussing this very day with provincial premiers.

[*English*]

**Mr. Lynn Myers (Waterloo—Wellington, Lib.):** Mr. Speaker, I am pleased to have the opportunity to debate the motion today. I do so on behalf of the residents of Waterloo—Wellington.

Canadians place a very high premium on their health and the health of their families. It is a fundamental element of our individual quality of life in Canada. It is more than just the absence of disease. It is a resource for every day living. At a population level we know that a healthy population contributes immeasurably to the social well-being and economic productivity of the country.

• (1215)

Canadians as a population compared to citizens of other countries enjoy very excellent health. Canadians are remarkably healthy by every standard around the world in terms of health such as life expectancy and self-reported health.

Our enviable health status is due in no small part to our commitment to health promotion. That is something of which we can all be very proud because Canada is internationally respected as a world leader in health promotion. The world looks to Canada for leadership in health research, policy and practices that will help all countries make progress in achieving health for all their citizens as well.

For example, Canada was the site of the first world conference on health promotion. We can be proud of this leadership we took in

developing a charter for the World Health Organization which set out the prerequisites for a healthy population based on a health promotion approach.

The federal government plays a key role in health promotion. The federal government supports initiatives to help Canadians adopt healthy behaviours: for example, to quit smoking, to achieve a better level of physical fitness, and to have a healthy and nutritious diet.

The results of this work have been truly remarkable. Deaths due to heart disease have declined. Canadians are much more fit than they were even a generation ago. Their eating habits have improved and smoking rates have gone down. We know that by getting Canadians to adopt a healthier lifestyle we can add years of life and health to their lives.

All this is not to say that all Canadians lead a healthy lifestyle. There is much more to be done. The federal government will continue to play a key role in helping Canadians through public education, through education of health professionals such as doctors and nurses, and through supporting action to make our communities healthy and safe places in which to live and to work.

Health is much more than a product of individual choice. We must create the conditions that allow and encourage individuals to make healthy choices: for example, opportunities for healthy child development, for educational and employment opportunities, and safe and healthy workplaces. Most of all we must foster community action which encourages all members of all ages and all levels of ability to contribute to and partake in the benefits of a healthy social, economic and physical environment.

The federal government helps to create the conditions which foster health and healthy choices by all Canadian citizens. How does it do this? It does it by working in partnership with provincial and territorial governments, with the voluntary and community sectors and with the private sector on national strategies to address pressing health issues such as HIV and AIDS, tobacco use, substance abuse, and chronic disease such as heart disease, diabetes and cancer. Time and time again the federal government has through its work in partnership with others helped Canadians gain an upper hand on the disease and health problems that concern them most.

A good example of Health Canada's partnership work is the heart health initiative. This initiative since its inception eight years ago has created an extensive network involving the federal government, 10 provincial departments of health, the Heart and Stroke Foundation of Canada, and over 1,000 organizations in the public, private and voluntary sectors.

The objective of the initiative is the reduction of cardiovascular disease by addressing the risk factors and socioeconomic conditions that underlie it. While good progress has been made Canada still ranks in the middle of industrialized countries with respect to

### *Supply*

heart disease mortality. Federal leadership in this area will help continue this progress, and this we must do.

Another example of Health Canada's partnership work is in the community action program for children. Health Canada has developed partnership arrangements with all provinces for this very important initiative which helps ensure optimal opportunities for healthy childhood development. Through this program Health Canada works with its partners to support community programs and groups to establish and deliver services that address the developmental needs of our children from birth to six years of age who are at risk of poor health or live in conditions likely to give rise to poor health.

This program has been successful in building community capacity. Health Canada works with the provinces and territories toward a strategy for healthy child development through the federal, provincial and territorial advisory committee on population health. The shared vision of this work is the belief that healthy child development is the foundation of lifelong health and that by working together we can achieve optimal health for all Canadian children.

• (1220)

At the other end of the life course Health Canada works in partnership with the provinces and territories to promote healthy aging. It is well known, for example, that a society which encourages and supports independence, autonomy and a good quality of life for its senior citizens is a society that is characterized by the health, vitality and longevity of its seniors population. Health Canada has developed a framework for aging in partnership with the provinces and territories to help all levels of government see our programs policies and services through a seniors lens, something which is very important.

At no time has this been more important than now. After all, this is the international year of the older person. In the years to come our senior population will grow tremendously. The federal government is committed to continue its work in partnership with others to ensure that as a society our seniors have optimal opportunities for health and good quality life.

The federal government is working on many other fronts in collaboration to support health promotion and disease prevention. One of the most important ways is to track and report on progress on the health of Canadians. Together federal, provincial and territorial governments developed a report on the health of Canadians. The first edition was issued by ministers jointly in 1996. The second edition will be released in the fall of this year updating the trends in health status reported in 1996 and giving us an opportunity to celebrate improvements and to recommit ourselves to work on persistent health problems and inequalities.

The federal government has and will continue to play an important role in the health of all Canadians, and rightfully so.

*Supply*

Canadians count on us to work in partnership with others and to promote and protect their health wherever they may live in Canada. The achievements in health status over the last century can be attributed in large part to the efforts of the federal government.

We can be justly proud of our record and our respected place on the world stage. It is second to none in terms of health promotion and in other areas. Our health care system is a core fundamental value for Canadians. Accordingly we at the federal level will continue to work very hard to ensure that our health care system remains one of the best in the world. Canadians expect this. Canadians want this. Canadians need this. Quite frankly, Canadians deserve this. We will continue to do this at the federal level and we will do it well.

[Translation]

**Mr. Gilles-A. Perron (Rivière-des-Mille-Îles, BQ):** Mr. Speaker, I appreciated the speech of the member opposite, a very good philosophical speech. No one can object to virtue and glory. However, I have a concern. I would like to know what his position on hepatitis C was?

[English]

**Mr. Lynn Myers:** Mr. Speaker, I thank the member opposite for the question. What we on the government side have been saying is not theoretical. It is in actuality the reality of what we as a government have been doing over the years to support the health of Canadians. We have done so recognizing that the health care system in Canada is a fundamental core value to Canadians wherever they may live across this great land of ours.

We will continue as a federal government to promote health care and to do the right thing when it comes to health for Canadians. We will do it knowing they want that to be the case for themselves and for their children.

**Mr. Peter Stoffer (Sackville—Eastern Shore, NDP):** Mr. Speaker, I have a question for my hon. colleague. Brian Tobin, the Premier of Newfoundland, recently indicated that he would like to relinquish health care responsibilities and give them back to the federal government.

Given that he was a former colleague of the member's, what would he think about that kind of program?

• (1225)

**Mr. Lynn Myers:** Mr. Speaker, I thank the hon. member opposite for the question. I cannot speak for Premier Tobin in terms of what he may or may not want. What I can do is speak on behalf of the government.

When it comes to health care for Canadians we have over the past number of years worked out a very strong partnership among the federal, provincial and territorial governments to ensure quality care for Canadians wherever they may live in Canada. That is

precisely what Canadians want. They want us to work in this kind of partnership to ensure that a health care system is in place for themselves and their families.

[Translation]

**Mr. Serge Cardin (Sherbrooke, BQ):** Mr. Speaker, the member opposite referred in his speech to principles that all provinces, including Quebec, share in the area of health, improvement of care, equipment, and education.

Is there something new here? When his government decided to cut transfers, in health among others, did those principles not already exist? Now that this government has the financial means to act, is its main concern not to get involved in health care, to gain overall control of this area and to promote its visibility?

However, I would like to come back to the question he did not answer. With regard to health, is hepatitis C a concern for the government?

[English]

**Mr. Lynn Myers:** Mr. Speaker, I thank the member opposite for the question. I reiterate that we at the federal level have worked very hard to ensure there are partnerships in place to deal with all health related matters including the issue of hepatitis C. As members know we have put in place a fund of \$1.1 billion relative to that issue. With our provincial and territorial partners we will continue to do the right thing on behalf of all Canadians including those who suffer from hepatitis C.

It is important that we at the federal level continue to do that to ensure that health care as we know it continues as the core fundamental value that it is to Canadians wherever they may live in this great land of ours.

**Mr. Peter Stoffer:** Mr. Speaker, the hon. member of the Liberal Party talks about partnership and co-operation among the various parties. He should back that up with resources.

He knows that the federal government has taken \$2.5 billion out of health care services for the last three years. He now talks about the ability of partnering and co-operation.

What would he have to say about the lack of funds and resources behind his statements?

**Mr. Lynn Myers:** Mr. Speaker, the government has committed and will continue to commit the funds necessary for the health care system in Canada. We have done so in the past and we will continue to do so in the future in the best interest of Canadians wherever they may live in Canada.

[Translation]

**Mrs. Suzanne Tremblay (Rimouski—Mitis, BQ):** Mr. Speaker, I am very pleased to speak today to the Bloc motion asking the



government to respect provincial jurisdiction over health care management, to increase transfers to the provinces for health care unconditionally, and to avoid using budget surpluses to encroach upon the health care field.

As we speak, the premiers and the prime minister are gathered—they may be having lunch right now—to discuss the federal presence in the health care field. This meeting was called due to Ottawa's centralizing drive; it would never have had to happen if only the federal government knew how to respect the sharing of responsibilities as outlined in the Constitution.

• (1230)

Indeed, I will state again for the benefit of our fellow citizens that under subsections 7 and 16 of section 92 of the 1867 Constitutional Act, and their interpretation by the courts, it is clearly established and recognized that the management of health care and social services is a provincial responsibility.

The federal government for its part often uses its spending power to skirt the spirit of the Constitution and spend money in areas under provincial jurisdiction. Whether we approve or not of this spending power, we cannot but acknowledge the fact that the federal government has not made a wise use of it since, more often than not, the money thus spent is borrowed.

Successive governments have made such a use of this spending power to guarantee their visibility, their re-election or their supremacy or simply to flatter their own vanity, that Canada's credit card balance reached more than \$600 billion, putting future generations of Canada into debt for many years to come.

The very same government who imposed drastic cuts in social programs, mainly in the health programs, wants to do the same thing again by imposing new standards, a new bureaucracy and new duplications. We have to put an end to this at all costs, not only in the interest of the people of Quebec, but of all Canadians.

The federal government would like to be recognised as the great saviour of health care when in fact it is the cause of all the problems experienced in the provinces. We must be very careful. I would like people to hear clearly what I am saying. At the present time, the federal government is playing with words. When the Prime Minister comes out and says he will generously put \$2 billion back into health care, we are led to believe that he will take \$2 billion out of the surpluses and put it back into health care. How generous!

But what the government really wants to do—we have forgotten a bit that there are still \$40 billion to be cut before 2003—the government very generously says that because of our sound economic situation, it will only cut \$38 billion between now and 2003.

### *Supply*

So let us not be deceived. Some will say that \$2 billion is still a significant amount. It is obviously very important that the \$38 billion in cuts be reduced. We do not need any more cuts, but we should not cling to the hope that the government will be overly generous with the money it is digging out of our pockets.

We should also be mindful that under the transfer payment legislation, transfers are set by the government unilaterally, without consultation. Since 1977, those payments have been reduced, frozen or cut, and their adjustment has no relation whatsoever with the real cost of implementing provincial programs. It can be said that the federal commitment to health care has been broken.

By a strange coincidence, the debates that took place under Prime Minister Pearson on a Canadian health care system were made public yesterday. Surprisingly enough, there is another meeting today on the same issue. I hope the Liberal Party will return to its roots and seek inspiration from that great Canadian, Lester B. Pearson, and advocate policies that are more liberal, and less conservative and right wing.

Since 1994, the present Liberal government has cut \$6.3 billion dollars in transfer payments to the provinces for health care, education and social assistance. Therefore, it is hardly in a position to lecture the provinces.

• (1235)

As for the federal government's wanting to impose a whole series of new conditions for maintaining and increasing its financial contribution to health care, let me remind the House that the National Council of Welfare, an organization whose role is to advise the health minister, warned against such action and said:

It would be extremely hypocritical to reduce contributions to the provinces. . . while raising the standards required of them.

However, the federal government chose to take the very position the National Council of Welfare called hypocritical.

The only thing the federal government has to do in the next budget is to listen to the wishes of the people and the unanimous requests of the provinces, take billions of dollars from its surplus and massively reinvest in health care. The provinces will know how to use this money most effectively.

We should entertain absolutely no doubt about the capacity of the provincial governments to spend carefully, in the best interests of the population, the billions of dollars the federal government is transferring to them for health care. All the federal government has to do is trust the elected representatives. The public is the best watchdog there is to prevent any abuses the governments could be tempted to make.

If the government members across the way do not start to take into account the real interests of the people, if they remain insensitive to what is going on in this country for too long, they will

*Supply*

soon find out how bitter the pill is, since they will end up in opposition. That is what I wish for with all my heart.

**Mrs. Pauline Picard (Drummond, BQ):** Mr. Speaker, I thank my colleague from Rimouski—Mitis for an excellent speech.

I want to question her on a matter which is a concern for every member of the Bloc Québécois, the federal government's infringement on provincial jurisdictions.

Before asking my question, I remind members that the Prime Minister has questioned in this very House the provinces' will to reinvest in health. He said that it might be necessary to reach an agreement for increased funding and that there might be certain conditions, such as requiring reports on the use of funds, reports on the various medical services offered, and imposing federal priorities and policies on the provinces.

Is it not, according to my colleague, an infringement on provincial jurisdiction, something that is not mentioned in the Canadian constitution? Under the Canada Health Act, provinces have to abide by five major principles. The federal government, for its part, commits to using our taxes to redistribute the money to provinces to manage health care.

**Mrs. Suzanne Tremblay:** Mr. Speaker, I thank my colleague from Drummond for her excellent question and her very relevant comments.

In fact, government or at least cabinet members seem to be making conflicting speeches. They do not always say the same thing. The Minister of Intergovernmental Affairs is boasting throughout Canada that the government is decentralized, the most decentralized in the world. We can see that, as a political science student, he did not study very hard in his course on the decentralization of powers. It may even have been his worst subject. He is also telling us that his government totally abides by the Constitution.

The way this government is behaving is unacceptable. From the moment the federal government wants to sign an administrative agreement or to do something that would add to the five conditions agreed upon in the beginning by Canada and the provinces, at the time the health system was created, it is flouting the Constitution and mocking the provincial jurisdiction with respect to health and social services.

There is no question in my mind that the federal government infringes on our jurisdictions.

• (1240)

[*English*]

**Mr. Peter Stoffer (Sackville—Eastern Shore, NDP):** Mr. Speaker, I wish to thank the Bloc for bringing this very important debate to the House of Commons where it should be.

If the Bloc member believes the money should be handed over unconditionally so that the province can dictate to itself what it would like to do with that health care money, what about the aboriginal communities in her province?

As we know, aboriginal communities across this country are suffering greater than non-native people when it comes to health care concerns, various diseases and the crises they face. What would her province be able to do to improve the lot of the aboriginal people as compared to other provinces and the rest of the country?

[*Translation*]

**Mrs. Suzanne Tremblay:** Mr. Speaker, I may be wrong, and I stand to be corrected, as I am always prepared to learn something, but I believe aboriginal health care is one of the responsibilities of the federal government, because it has the responsibility for aboriginal people.

Despite this responsibility I believe to be federal, it is clearly understood that, in Quebec, one need only look around to see that there is an absolutely excellent relationship with the Indians, the Inuit, with all the tribes, all the nations we have within the territory of Quebec.

There is no doubt whatsoever that we do everything in our power to assist them, in education, in social services, in health care. I believe that we will always be able to do our part in these areas. Unless I am again mistaken, I believe that the aboriginal communities and nations in Quebec enjoy the best standard of living in Canada.

**Mr. Yvan Loubier (Saint-Hyacinthe—Bagot, BQ):** Mr. Speaker, I am pleased to take part this morning in the Bloc Québécois opposition day on health care.

It is truly distressing to see that we, the Bloc Québécois, we in the opposition, are being forced to introduce a motion calling upon the federal government to respect its own Constitution. To have come to this is totally abnormal.

I believe, however, that this reflects the state of the Canadian federation, the state in which the Prime Minister of Canada, the Liberal party of Canada, has plunged us, particularly in the last four years.

It is especially sad to hear the Minister of Intergovernmental Affairs and the Prime Minister tell us to stop our constitutional squabbling, that there is no point in getting into constitutional discussions again when there are people waiting for federal transfer payments, that there is no point messing up the system as we, the evil separatists, do.

One has to be unbelievably hypocritical to make such a statement. Any debate or friction with respect to jurisdiction originates with the Prime Minister of Canada and member for Shawinigan or

*Supply*

with the Minister of Intergovernmental Affairs. Under the Constitution, health is undeniably an exclusive provincial jurisdiction.

They are now telling us that, in the future, the federal government will not only have a say in the matter but will actually manage transfer payments to the provinces for health. It will also monitor results. Such departure from the Canadian Constitution is pure heresy. They are not even complying with their own Constitution. It also makes for great theatrics.

The federal government is passing itself off as this great saviour of the health system, when in fact it is largely responsible for all the problems currently faced from coast to coast. The crowded emergency rooms and closed hospitals are the doing of the finance minister and the Prime Minister.

• (1245)

Since the 1995 budget, one of the most hypocritical budgets in the history of Canadian taxation, the Minister of Finance has decided that, every year until 2003, systematic cuts would be made in federal transfers for the funding of health care, post-secondary education and social assistance. But these cuts hit health care, which accounts for about half the transfers, the hardest.

By the year 2003, federal transfers to provinces for the funding of health care will have been cut by \$40 billion.

This is today's reality. But the Prime Minister, the Minister of Finance and the Minister of Intergovernmental Affairs constantly distort reality in order to have us believe—and at the same time to increase their visibility—that the federal government is the great saviour. The federal government is the great destroyer of the health system in Canada. Every year, the provinces have \$6.3 billion less in their coffers, almost half of that amount for health care in Canada.

Negotiations are now ongoing, and I hope they will be successful. But if it were not for the action taken in the 1995 budget and the disarray of people who are waiting in hospital emergency wards, which are in bad shape because of the federal government, this conference would not have been necessary. The federal transfers for health care would have increased automatically because, since last year, the federal government has managed to create a surplus thanks to its horrible cuts, a surplus that, normally, should have been given back automatically to the people those who really paid for putting our fiscal house in order.

This year, the Minister of Finance and the Prime Minister should have said that, because of the surpluses resulting from the fact that some \$6 billion have been cut each year from transfers to the provinces, in particular for health care, they would give back this year's surplus to the provinces, unconditionally and in accordance with the Canadian Constitution.

But that is not what was done. With great fanfare, the federal government wanted to ensure its visibility and show that it is the

saviour of the health care system. This is a monumental farce. It is sad that the provinces should be forced, with a knife at their throats because they are struggling and suffering from yearly shortfalls, to take part in last minute federal-provincial conferences to agree to certain transfer arrangements. Six billion dollars every year, this is not peanuts. I think it is sad and tragic that we have come to this.

I will explain to you how we have come to this. The Prime Minister did not make any bones of it. When he was in France, he said that everything was fine in Canada, that the federal government made the cuts and that the provinces did the dirty work. The Prime Minister made no bones of it. The president of the Treasury Board did not either when he said: "When the provinces make cuts, after our own cuts, we will appear as saviours". He said it just two years ago, and that is what was brewing.

Coming back to the 1995 budget, the finance minister said to himself: "It is not a very popular thing to make cuts in social programs and health care, I will do it only once, I will announce it only once, and it will continue until 2003". That is what he did. That is why I underlined earlier the hypocritical aspect of the budget, because it will cause a disaster—

**Mr. Denis Coderre:** Mr. Speaker, I rise on a point of order. This House is an appropriate forum for presenting arguments. But the member for Saint-Hyacinthe—Bagot has repeatedly used the words hypocrite and hypocritical. I think this is not helping the debate. I would ask the member to stick to his arguments and to refrain from making personal attacks because that is not helping the debate.

**The Deputy Speaker:** I am sure that the hon. member for Saint-Hyacinthe—Bagot is quite familiar with the rules of this House. He knows that it is against the rules to refer to other members as hypocrites. I am sure that was not his intention.

• (1250)

The hon. member for Bourassa is right when he says that using this word in that way is unparliamentary, and I hope that the hon. member for Saint-Hyacinthe—Bagot will examine the Standing Orders closely in this regard.

**Mr. Yvan Loubier:** Mr. Speaker, I have fully complied with the rules. Perhaps the hon. member should clean his ears, because I did not mention anyone when I talked about hypocrisy. I referred to a budget that is hypocritical. Perhaps the member feels that a budget is a person. There seems to be a problem of understanding, perhaps a problem of conceptual learning. I have never made a personal attack.

So, I was saying that this was the most hypocritical budget, because, in one fell swoop, the government decided to impose cuts that will exceed \$40 billion by the year 2003, money that is largely used by the provinces to finance health services.

*Supply*

Since it is the national health care system, which is administered by the provinces, that was the victim of the government's attempt to put its fiscal house in order, one would have expected the government to use part of that money according to the previous provisions. In other words, the federal government should have given that money back to the provinces, without making a big show of it to promote its visibility. It should have given part, not all of what was asked based on the Saskatoon agreement, that is the agreement reached by the premiers.

I find it totally unacceptable to be at this point, where the government has huge surpluses that help promote the personality of the year, namely the Minister of Finance and future leader of the Liberal Party of Canada, at the expense of ordinary Canadians. The government is even resorting to despicable methods—as we saw with the employment insurance program—to deprive the unemployed of hundreds of millions of dollars. They create a surplus in the employment insurance fund of \$6 billion annually, a real public vendetta. That is where we are.

The federal government is setting itself up as the great saviour of the health care system when in fact it is responsible for entire mess we have been in since 1995. Then there are the unemployed, who continue to pay and will do so forever, if we are to believe the offhand and arrogant remarks of the Prime Minister, the Minister of Finance and the Minister of Human Resources Development, at the rate of \$6 billion annually.

They keep pressuring them so they can draw off every cent that will enable the federal government to increase its surplus and fund initiatives such as the millennium scholarship fund that move the Prime Minister's face, the federal government and the Canadian flag into the foreground. They are threatening the unemployed who are considering appealing a decision that is totally unacceptable and unjustified. They are even threatening the officials carrying out this vendetta with the loss of their jobs should they not meet the objectives.

There is not much difference between that and the mafia. There is not much difference between that and an organized vendetta. It is as if the idea in the little brain of the Minister of Finance is to have the biggest surplus possible in order to impress as many as possible so he appears to be the best manager in the world and swell his popularity in the near future at the head of the Liberal Party of Canada.

But is he creating social problems in his efforts to score political points? Is he dragging down the health care sector? Is he creating hardship for families in Quebec and in Canada, so that he can look good and keep Bay Street happy?

The humanity has all but gone out of the system when visibility is more important than people's health, when misinformation is more important than hard facts, the truth and democracy, and when

vendettas are more important than unemployed workers in need of assistance. This is a terrible way to treat people.

I hope that one day the government will come to its senses. We should not have to get down on our knees for what is rightly ours. Quebeckers pay \$30 billion in taxes annually. It is only right that part of this money, a good part of it, should come back to us without our having to negotiate a deal that would guarantee visibility for a power-hungry Prime Minister.

• (1255)

**Mr. Claude Drouin (Beauce, Lib.):** Mr. Speaker, everything I have heard from the other side since this morning is absolutely appalling.

It has been said that the federal government is cutting left, right and centre. I would like to point out to my colleagues opposite that the major cuts were made here in Ottawa. The provinces were asked, two years in advance, to put their house in order. The only thing the Quebec government came up with was to cut municipal budgets even more than we cut its transfer payments, with about 4 months' notice.

The Quebec government decided to do a major cleanup in health care in three years. Nobody asked the Quebec government to cut the health care budget to eliminate the deficit and to try to bring about a winning referendum in the year 2000 on the backs of the people. Now they point the finger at the Government of Canada. They should be ashamed.

We eliminated the \$42 billion deficit in five years. We can now start to think about lowering taxes for low income earners. We improved the system but we are still being blamed for everything. They should take a look in the mirror. It is really appalling to hear things like that today.

When we talk about the millennium scholarship fund, do we say that we will be asking teachers to teach more English than French or do we pretend that two plus two will now equal five? No. What we say is that we want to help talented young Canadians to keep on studying, even if their parents do not have the financial means to help them. We want to set up a scholarship program in concert with governments. It will be up to them to choose the recipients.

With a little bit of planing and co-operation, there should be no problem. The reason our visibility is resented is that people who want to separate do not want to reveal what the Government of Canada is doing for Quebeckers.

When we hear that \$29 billion in taxes is sent to Ottawa, nobody mentions that \$42 billion also comes from Ottawa. People should know that.

Let us talk about equalization: \$4.7 billion is sent back to Quebec. Quebec receives 47 per cent of Canada's total equalization payments. The members opposite do not talk about that. They

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just talk about the bad things. If they want to be honest, they must tell both sides of the story. Quebeckers must know the truth.

What would the member do things? How would he improve health care? In Quebec City, nurses are laid off and then rehired with severance pay. Talk about good management!

The member for Saint-Hyacinthe—Bagot should explain the solutions he is advocating. All he does is criticize. He never has a solution to suggest. He should suggest something.

**Mr. Yvan Loubier:** Mr. Speaker, this is because he does not often listen to what we have to say. We have a great solution, and that is to run our own show and stop arguing with this gang that understands nothing. We call it Quebec sovereignty. This is our great solution.

When we run our own show, we will no longer have to come to Ottawa to discuss how to redistribute our own money.

For his information, it is urgent that we put some order in the Quebec government's finances. I remind him that in 1994, when the Parti Québécois came to power, his gang, his gang of Liberals, Bourbeau and company, left us with a \$6 billion deficit, making it urgent to get our financial house in order.

If he does not think this is important, I remind him that federal cuts mean a \$2 billion shortfall every year for Quebec. If he believes this does not hurt the people he is supposed to represent, he has one helluva problem.

If he thinks the millennium scholarships are a good deal he should run somewhere else in Canada because in Quebec we have a consensus against the millennium scholarships—

**Mr. Denis Coderre:** Mr. Speaker, I rise on a point of order.

If the hon. member for Saint-Hyacinthe—Bagot needs to be taught a lesson, I will do so today. Helluva is blasphemous. I urge him to use appropriate language when he speaks. The people I represent like to hear speeches of substance rather than constant personal attacks.

My grandmother used to wash out our mouth with soap. I will send the member a full box of soap.

**The Deputy Speaker:** I have no doubt the point raised by the hon. member for Bourassa is a point of view. I may get a little distracted at times during debates, but nevertheless I would say that the hon. member for Saint-Hyacinthe—Bagot has the floor.

**Mr. Yvan Loubier:** Mr. Speaker, I admit I should not have used that word. Sometimes, one gets wound up.

The words I had in mind were “heck of a problem”, rather than “helluva problem”.

**Mr. Denis Coderre:** Ah, that's better.

**Mr. Yvan Loubier:** My grandmother also used to tell me the same thing when I used that kind of language.

• (1300)

In other words, when one has the honour of representing Quebeckers, as my colleague does and we do, we have to report the truth. The problem we had during the last 30 years, before the Bloc Québécois came on the federal scene, is that there was a double legitimacy: there were those in the National Assembly in Quebec City who said one thing, quite often the right thing, and there were the federalist representatives of Quebec in the House of Commons who said the opposite because they had to follow Mr. Trudeau, because there had to be a balance between the east and the west, and so on. There were often contradictions between what was said here in Ottawa and what was said in Quebec City.

For once, one can say that the Bloc Québécois here is defending the true interests of Quebeckers, interests that are based on a consensus. I challenge the member to say that his position on the millennium scholarships fund reflects the position of Quebeckers. We debated the issue for weeks, there were representations from all the legitimate representatives of Quebec, namely organisations that really count in Quebec, students federations, workers unions and business people. They are all against the millennium scholarships.

The member should stop saying things that are not correct. It is not true that the millennium scholarships fund will help needy students. This fund will actually be useful to an elite because the scholarships will be granted on the basis of merit, not need.

[English]

**Mr. Steve Mahoney (Mississauga West, Lib.):** Mr. Speaker, I find it rather ironic, interesting to say the least, to listen to someone from the Bloc quoting our Constitution. It is somewhat ironic to listen to someone who would destroy the Constitution, who would simply tear the country apart to lecture the government on the interpretation that we have to live by the rules that that member would like to destroy. The irony is palpable when we listen to that kind of debate.

What we are talking about here is respect for a Constitution that lays out partnerships and does not take an issue as important as health care—and I will get to the Reform Party in a minute.

**An hon. member:** We thought you would.

**Mr. Steve Mahoney:** Mr. Speaker, I do not intend to disappoint them now.

It really is ironic. Maybe the Bloc would help me out a little. I was originally scheduled to be in my French class between 1 p.m. and 2 p.m. The whip's office called and asked me if I would like to

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speak on the opposition day motion. I said I sure would. Maybe the Bloc can replace my French lesson by helping me with a few words in French.

*[Translation]*

How does one say “myopic” in French? How does one say “double standard” in French? How does one say “parochialism” in French? How does one say “provincialism” in French? How does one say “hypocrisy” in French?

*[English]*

Mr. Speaker, perhaps the Bloc could help me by giving me a brief French lesson on those five words. I would replace those five words with one word in English, which would be Bloc. The Bloc would meet the standard and the definition of all those words with regard to this issue.

Mr. Speaker, I will be sharing my time with the hon. member for Lac-Saint-Louis today.

While the motion put forward by the Bloc meets the standard or test of all five of those words, it does not address five other issues. Those are the issues that fundamentally are the cornerstones of our health care system.

The other day I was taken to task by some of the hon. members opposite when I said in this place that Canadians are fundamentally proud of their health care system. Of course they realize there are problems, just as I realized when I and a member of my family arrived at the Mississauga hospital by ambulance a couple of weeks ago.

• (1305)

They realize there are problems when there are three patients in beds in the hall with ambulance attendants required to wait with those patients until they can be transferred to a specific bed in a room. We are tying up three crews of ambulance workers. We are making people who are in some cases extremely ill sit in a public hallway on a gurney or a bed waiting to get proper attention. There is something wrong with that. This government knows that. The Canadian people know that.

Would members opposite expect us to sit back and allow a provincial government, such as in my province, to hand back a 30% tax cut which benefits the wealthiest members of society in Ontario, while it cuts health care? They can blame the federal government if they wish. And politically, heading toward an election this spring or next fall, I am not at all surprised that they would do that.

The reality is that the partnership spoken about in our Constitution, the partnership that is being negotiated as we speak in this place, the social union that is being negotiated is all about establishing some fundamental principles. This party and this government believe in those principles and will never transfer any kind of responsibility or ability to the provincial level to negate

those principles of public administration, accessibility, portability, universality and comprehensiveness. That is the foundation of medicare.

I find it truly amusing when I listen to the member from the Bloc claiming that she would like to see this party sitting in opposition. I would like her to tell us what that solution would be. Would she like the Reform Party with its two tier system to be in charge of health care in this country? I highly doubt it. She would recognize that representing a party that is based on provincial values only that the Bloc is incapable of forming a national government. Obviously it goes without saying the Bloc would have some slight difficulty electing members outside la belle province.

Would the member recognize that the Tory government under Brian Mulroney left a legacy of \$42 billion which required the serious attention by this government to the deficit and that took every ounce of effort and courage by the Canadian people to eliminate it? Would she like to see the party of Brian Mulroney back in power? Or is she naive enough to believe it would be the New Democrats?

The New Democrats had their crack at governing in the province of Ontario at a time when I was in opposition to Mr. Rae and company. They had their crack at showing the country what they could do with a reasonably sized government, and the damage that occurred under their stewardship. Would she really believe the New Democrats are going to form a national government?

We do not hear the other side of the issue. She would like to stand and say get rid of the Liberals. I understand that. That is the opposition. That is the best thought she has had today. She does not know what to counter it with or what to replace it with.

The reality is this federation works. In spite of the utterances of members of the Bloc, in spite of the fact that they would destroy this country, it works because the federal government is committed to working with the provinces, with the private sector, with the local community. That is very important.

I assume that by this motion the Bloc would have us abdicate our responsibility. This is not about respect. It is about abdication.

There is a section of the federal government called the federal health protection program. Would the Bloc wish that this government should simply walk away from that program? It is a program that monitors disease and tells us about the best ways to prevent or control illness or injury for Canadians throughout the country. They prevent and they respond to public health emergencies.

• (1310)

There was a tragedy in my own community not long ago when a teenager came down with a case of meningitis and died. Imagine the panic, the sense of fear in the community, the demands to the regional municipality, not to the province and not to the federal government, but to the community's medical officer to immunize

everyone in the community. We have to balance that fear. Is it realistic? It sure seems so when we have a teenager at home who might contract that deadly disease.

The federal government through the federal health protection program can work with local health delivery agencies to deal with that kind of emergency. I do not think what the Bloc is talking about takes into account the extremely important work that is done in working with local health authorities who really deliver it on the ground.

I know I have a just a few seconds left so in closing, I want to say that this could be a historic day. As the Prime Minister meets with the premiers it is my hope on behalf of my constituents and all Canadians that calm will prevail, that some intelligence will come around that table to understand that the federal government cannot do what the Bloc would like us to do which is to wash our hands of our responsibility in health care.

This government will, I believe on the 16th, make a major commitment to the Canadian people in the area of health care funding. Canadians can continue to feel confident that Canada has one of the finest health care systems in the world, a system which is portable, accessible and affordable for all.

**Mr. John Herron (Fundy—Royal, PC):** Mr. Speaker, I am pleased to make some comments in order to set the record straight in terms of the fiscal leadership of this country.

The government claims that all of a sudden it balanced the budget. I point out quite clearly that it was Canadians who sacrificed themselves in paying high taxes who balanced the budget.

I would also like to point out that it was the Progressive Conservative government of Ralph Klein that actually led this country with respect to fiscal responsibility and debt reduction. Things like the balanced budget legislation of the Progressive Conservative government of Gary Filmon actually set that road as well.

I will say one thing quite clearly, nobody would have balanced a budget, including this finance minister, if Mike Harris and Ernie Eves did not actually get the economic engine of this country going again, that being Ontario.

I would also like to point out that because of a tax cut of Mike Harris and Ernie Eves, the province of Ontario is taking in more money, not less money, so that the province of Ontario has a chance to reinvest in health care. They are going to be giving some money back in health care. I would point out that by giving some of the money back to health care, I would equate that with taking away a loaf and only giving back a slice.

### *Supply*

**Mr. Steve Mahoney:** Mr. Speaker, if the hon. member cares to check the record in *Hansard*, he would see that my comments did reflect that it was the courage, the dedication and the hard work of Canadians that allowed us to balance the budget.

He wants to give great credit to Mike and Ernie, the golf pros. He wants to tell us that they figured out how to solve this. On the one hand he says to give the credit to the Canadian people, but on the other hand he wants to ignore the hard work of the people of Ontario. It was through the sacrifices of the citizens of Ontario, as a result of Mike the Knife and Ernie the Golfer who took the money out of the health care system in the province of Ontario, and that member should understand that.

**Mr. Grant Hill (MacLeod, Ref.):** Mr. Speaker, I am sure it was inadvertent, but the member for Mississauga West made a grave error in his comments. He said specifically that in Ontario there were cuts to medicare.

• (1315)

I would like him to stand in his place and admit that between 1995 and today the money for medicare has gone up by \$1.5 billion. During that period the federal cuts to health for Ontario totalled \$3 billion. Maybe he would admit that. I am sure it was an inadvertent mistake.

Ontarians did in fact recognize health was so important that the funding for health in Ontario went up even while they cut taxes. I am certain it was inadvertent. I would like to give him the opportunity to right this wrong.

**Mr. Steve Mahoney:** Mr. Speaker, I want to give the member some sense of confidence that very little of what I say is inadvertent. I can assure him of that.

I also want to make a point with reference to the comment that it was the Conservative government of Ralph Klein that did these wonderful things.

This is the same government in the province of Alberta that imposed user fees on its own citizens until this government said no, we will not transfer the money to you. You cannot violate the terms.

With regard to the province, the member has obviously been watching the advertising machine of the Progressive Conservative Party which is filling the airwaves full of twisted untruths.

Costs have been driven through the roof, no question about that. This requires more money in health care. This government is committed to that and the member, in spite of his rhetoric, will see that commitment very soon.

[*Translation*]

**Mr. Gérard Asselin (Charlevoix, BQ):** Mr. Speaker, I would like to ask the member a short and straightforward question.

*Supply*

Does he find it normal that the Bloc Québécois, a sovereignist party from Quebec, should be the one to defend the Canadian Constitution and provincial jurisdictions?

[*English*]

**Mr. Steve Mahoney:** Mr. Speaker, it is truly the irony of all ironies that the Bloc would find itself supposedly in its somewhat twisted myopic view of this situation to be the defender of the Canadian Constitution. It leaves me almost speechless, something that does not happen to me very often.

The reality is what the Bloc is doing is playing parochial, provincial politics, nothing more. As the premiers talk with the Prime Minister, it is deathly afraid that they might come out of that meeting with some kind of agreement which the people of Quebec will say is a good agreement, that they might actually make a deal that they will be able to go back to the people of Quebec and indeed all people in Canada and say we have done what is right for all Canadians.

That is what the Bloc does not like. Anything its members can do to undermine the credibility of this place, the credibility of this great country, is what they are about. It is truly shameful.

[*Translation*]

**Mr. Clifford Lincoln (Lac-Saint-Louis, Lib.):** Mr. Speaker, today we are debating a motion on health care that has everything to do with jurisdiction.

The Bloc Québécois does not want the federal government to touch anything that is under provincial jurisdiction, and I agree with this. It also says that the budget surplus should not be used in the area of health care. I think this motion shows the huge gap that separates the Liberal Party from the Bloc Québécois.

Jurisdictional issues are important indeed. There is no denying that. We have a constitution that must be respected. However, we should make it our top priority to explore every possible avenue to find common solutions to problems in areas of shared jurisdiction, as is the case here.

In fact, it is clear that the federal government has jurisdiction over everything that has to do with social programs. Under the Canada Health Act, the federal government is responsible for the application of the five basic principles adopted by this House.

• (1320)

I am amazed that we are here today, talking once again about the Constitution and whether or not surpluses should go to health care, instead of looking together for common solutions to help patients who are waiting days and days for a hospital bed.

My vision of public service is that people and their concerns are much more important than the endless jurisdictional quarrels that

are the delight of the Bloc, that are its *raison d'être*, that are the reason why these people defending Quebec's sovereignty come to Ottawa. They love discussing the Constitution and jurisdictional matters, instead of talking about—

**Mr. Gilles-A. Perron:** If we relied on people such as you, Quebec would not be defended.

**Mr. Clifford Lincoln:** Obviously it still bothers them. They are yelling. They yell because it bothers them. All they like to discuss about is the Constitution, jurisdictional quarrels, and they can talk about that endlessly, day in, day out.

Yet, what concerns us all, wherever we live, and this is the fundamental reason why we are in politics, are people and their social and economic concerns. Of all areas, none is as important as health care. While we are debating this motion in the great comfort of this House, the irony is that hundreds of people across Canada, whether in Quebec or elsewhere, are waiting on stretchers, sometimes for entire days and entire nights, to receive medical treatment. This is the reality.

Many patients even wait months before being admitted to a hospital. Some of them, and newspapers have documented such incidents repeatedly, even die while waiting for a chance to be hospitalized and to receive some care. Meanwhile, in the great comfort of this House, in our nice suits and ties and nice dresses, we discuss whether the Constitution should be protected for Quebec.

[*English*]

In the great comfort of this House are we discussing how the federal government and provincial governments alike should give us a more effective, more human health care system? Are we discussing how we can get rid of the long lines outside our hospitals? Are we discussing how so many hundreds of patients are waiting to reach the hospital, waiting to be served, sometimes months at a time?

I know. I have three doctors in my family, two of whom work in Quebec. We have a shortage of anaesthetists. We have a chronic shortage of radiologists. Hospital emergency care is in dire straits in so many provinces.

Are we discussing how we are to better implement the five great principles of health care, one of which is reasonable access to hospitals?

This is why this budget will be geared to health care. This is why the federal government has decided, because it is the overwhelming desire of Canadians, to put jurisdictional quarrels aside and say we have to get into matters that affect people first and stop the silly quarrels where we spend days on end discussing whether this is provincial, that is federal and this is municipal.



Canadians are asking us to quit quarrelling and get together and decide together that we will make these systems work better for all of us. This imperative is even louder in the case of patients and people who are sick.

Canadians are telling us in poll after poll that they are fed up with our quarrels and our nonsense. They are fed up when the Bloc Quebecois stands up in the House day in and day out and starts talking about the sovereignty of Quebec.

I heard the member from Saint-Hyacinthe say a few minutes ago that the solution to the problem is look after our own things. That will solve everything.

• (1325)

[Translation]

The last Quebec minister who tried before the election to solve problems one at a time, Minister Rochon, made such a mess that he had to be pushed aside by the Premier of Quebec. He no longer is the health minister. He was the great “problem solver”, but he made such a mess that he had to be pushed aside. Now they say “When we run our own show, everything will be fine”.

In an editorial published the other day, the *Globe and Mail* mentioned that many reports concluded that it was not purely a question of money, that given the money that exists globally in the Canadian health care system, if our system was more efficient and better organized and controlled, then we would be in a position to offer Canadians a much better health care system than the one we have now.

Do we discuss ways to deal with all these problems together, to bring about common solutions to crises that call for common solutions? No. What do we do? We talk about the Constitution, about petty squabbles, once again. And things are not about to change because now we do not only have the Bloc Quebecois to deal with. We also have the united alternative, which is going to solve all of our problems.

[English]

The Reform Party, completely to the right of the spectrum, that believes in a free economy and a double tier system of medicare, is joining in with the Bloc Quebecois that wants a sovereign Quebec.

How will they sew their mishmash together? How will they form this so-called united alternative? It is really wonderful. They are joining all these motions together. The Bloc Quebecois presents a motion and Reform joins in. Reform presents a motion and the Bloc Quebecois joins in. Meanwhile people are waiting for solutions. They are waiting for beds in hospitals. They are waiting for access to hospitals. They are waiting for the federal government to make this truly a health budget. We will do this despite the Bloc Quebecois and the Reform Party.

*Supply*

This budget will put the accent on health care and it will be a positive budget which Canadians will welcome.

[Translation]

**Mr. Paul Mercier (Terrebonne—Blainville, BQ):** Mr. Speaker, I can hardly believe what I have just heard. My colleague opposite was lamenting the fate of sick people waiting on stretchers. He has the gall to do that after his government has made deep cuts in transfer payments to the provinces, which had no choice but to cut services. He dares to cry over their fate. That takes the cake.

But that is not what I want to talk about. Let me get back to the issue at hand. We are being presented with a motion requesting three things. Here is the first one:

That this House urges the government to respect provincial jurisdiction over health care management—

In other words, we want the government to uphold the Constitution, which is its sworn duty. Here is the second request:

—to increase transfers to the provinces for health care unconditionally—

This means the government should restore the level of transfer payments to the provinces. With this second point, we are asking the federal government to be honest. Here is the third point:

—to avoid using budget surpluses to encroach upon the health care field.

With that third point, we are urging the federal government to abide by the Constitution.

I am flabbergasted that we should even need to move such a motion, as if it were not just natural for a government to be honest and uphold the Constitution, which is its sworn duty. I am surprised that any political party in the House should have to move a motion urging the government to be honest and uphold the Constitution.

This really takes the cake. I am really anxious to see how our motion will fare with members opposite. If they oppose a motion urging the government to be honest and uphold the Constitution, our system is even more rotten than I thought.

• (1330)

**Mr. Clifford Lincoln:** Mr. Speaker, our colleague from the Bloc Quebecois has as a premise that his motion is true in every respect. He takes for granted that the federal government does not respect jurisdictions in the area of health, which is completely false.

The second premise is that the cuts in transfer payments is the sole cause of problems affecting health care in Quebec and elsewhere in Canada. Reports show that collectively speaking there is enough money in all the provinces, including Quebec, to have a system which is more efficient than it currently is.

The answer is clear. One only has to look at the mess—

**An hon. member:** Oh, oh!

*Supply*

**Mr. Clifford Lincoln:** Mr. Speaker, I have let the hon. member speak so I will ask him to keep his cool.

One only has to look at the mess created by Minister Rochon. He made such a mess of things that he almost lost his seat. He was elected by a very narrow margin. The first thing the premier did was to push him aside immediately. If that minister had done such a good job, if he had used the money he had to make the system efficient, I think he would have kept his job.

This is not the fault of the federal government. Instead of being happy that the federal government talks about a budget which will put more money in health care, they prefer to conjure up another red herring by claiming that the government should not invest in health because it is a provincial jurisdiction. Money is the only thing they are interested in.

We only want the people to know that we will transfer their money, the money of the people of British Columbia, Ontario and Alberta, who do not benefit from equalization payments but still send a lot of money to Quebec on top of what it already spends.

What we want is a way to make sure that the equalization money transferred to the provinces by the federal government for health care will actually be used for health care. It seems quite straightforward. If the money is intended for health care, I see no reason why the provinces should object.

[*English*]

**Ms. Val Meredith (South Surrey—White Rock—Langley, Ref.):** Mr. Speaker, I thought I was immune to the drivel coming from the government side, but I cannot believe what I am listening to today.

What they do not seem to understand is that the problem remains the same. The federal government is using its spending powers to get into provincial jurisdiction.

Yesterday in debate the Minister of Justice said that we should respect our Constitution. Maybe the Liberals should read it. Maybe they would find out that under section 92.7 it is very clear that health is a provincial jurisdiction.

They can talk about quibbling over jurisdiction, but it is quite clear to me that most of the problems we have had in this country were caused by a breakdown in the partnership between the federal government and the provinces.

The member for Mississauga West talked about working with the provinces. I do not know how to say it politely, but that is a pile. There is no indication that this federal government is working with the provinces.

Talking with the provinces was another reference made by the member for Mississauga West. The Prime Minister is not talking with the premiers, he is talking to the premiers. He is giving them

an alternative: "Agree with my position or you don't get any money".

It really ticks me off when it is all over an issue of the federal government wanting to maintain control over health care. It is the problem. Members across the way are blaming the provinces when their government has cut \$16.5 billion since 1995. Yet they have the audacity to blame the province of Quebec and the province of Ontario. I do not know how they can possibly think that Canadians are going to believe it is somebody else who cut \$16.5 billion from transfer payments to the provinces.

• (1335 )

Yes, the Liberals brought in national health care. Yes, they are responsible for it. However, at that time they promised 50% funding. What happened? Now they are funding it at 11%. It is no wonder there is a crisis in this country. To say that they want to be in control of health care is like putting the fox in charge of security in the chicken coop.

They want a report card for the provinces. That is a bloody joke. Here they are—

**The Deputy Speaker:** I know the debate is very lively this afternoon and I know the hon. member for South Surrey—White Rock—Langley would not want to use words that are at least borderline if not downright out of order. I would encourage her to refrain from using that word. I know it has been ruled out of order before and I know it has been allowed on other occasions. However, given the temper of the House and the rather good-spirited debate that is going on today perhaps she could avoid using that word.

**Ms. Val Meredith:** I will call it a bleeding joke, Mr. Speaker.

This government cut \$16.5 billion out of health care and it wants to be in charge. It gives itself a perfect rating. It is laughable.

When we talk about the feds wanting to get into big cheque policies where they will give the provinces more money if they agree to certain conditions, there is another unparliamentary word that covers that. I understand that it is actually a criminal conviction. The Prime Minister is using this threat of not receiving billions of dollars to get the premiers to agree to his conditions. It is disgusting.

It is also interesting that part of the agreement is that the federal government will get credit for spending the money and writing the cheque. Do these people not realize that it is not their money? It is the taxpayers' money, the people who pay the bills. What difference does it make where the money comes from?

I would like to know where they get off saying that money for health care is tied to a social union contract. We had promises for months from the minister sitting on the government side that there would be money for health care in the budget. We heard that

commitment from this government. Now we hear “It depends”. The government is now saying that the money will only be there if the premiers agree to the Prime Minister’s conditions for a social union contract.

I do not think Canadians want to hear that the Liberals are playing with health care dollars. I do not think Canadians want to hear that the federal government is holding these health care dollars over the heads of the provinces to get its way. Canadians want to hear that this government, as it has been saying for months and months, is committed to restoring funding to health care. However, that is not what we are hearing. What we are hearing is that it is conditional on the provinces bowing down to the Prime Minister of our country. Shame on the government.

The government says that opting out cannot be allowed. I think Canadians should take a really good look at what opting out means. We have the example of a province which opted out of a pension plan. That did not split up the country. It is not an issue on the street that there is a Canada pension plan and a Quebec pension plan. I do not think people really care. What is interesting is that the Canada pension plan has over \$150 billion in unfunded liabilities and the Quebec pension plan has a \$70 billion cash flow.

I do not think there is anything wrong with opting out of something if the provinces feel they are more able to do it. I do not understand why the other provinces do not see this opportunity to have the same kind of system as the province of Quebec has with its pension plan.

● (1340)

Part of the problem is egos, which politicians in this country have. I do not deny it because I have an ego myself. The government has an ego. It wants to be the biggest, it wants to be in charge, it wants to be seen as being responsible for spending the money, but it is putting our country at risk. It is putting the health of our citizens at risk.

I cannot believe that the Prime Minister and his government are so small minded that they cannot see the bigger picture. The bigger picture is that in this country we had better find a better way of working with our partners. We had better find a more open forum for discussion and debate over jurisdiction, and we had better have a better system of listening to what the issues really are.

As long as we continue the way we are going with the federal government holding the heavy hand of dollars over the heads of the provinces, with the government making provinces do things they would normally not do because they cannot refuse additional sources of funding, we will continue to have the same problems year after year. There will be a lack of trust and a lack of respect for the other partner. The partnership will not work. If this government cannot see that, then there is something terribly wrong.

### *Supply*

I will go back to a definition of insanity that I have used over the past few days. It is the government thinking, not only on this issue but on other issues as well, that it can continue to do things the same way again and again and get a different result. It will not look at another way of doing things, nor will it respect the Constitution to which it and four provinces were signators. The Constitution clearly outlines federal and provincial jurisdictions.

Nowhere in that Constitution does it talk about health being a shared responsibility. Nowhere in 1867 was health ever considered to be a shared responsibility. If the federal government wants to get into provincial jurisdiction, then it should do so with their agreement.

[*Translation*]

**Mr. Gérard Asselin (Charlevoix, BQ):** Mr. Speaker, first I want to congratulate the previous speaker for her excellent speech.

I also want to take this opportunity to remind the Liberal members opposite, who think that members of the Bloc Québécois are here this morning to cry over spilled milk, that 74 Liberal members voted for the Constitution in this House in 1982, even if it was to the detriment of Quebec.

I also remind them that, in 1993, Quebecers sent enough Bloc members to Ottawa to form the official opposition, even if we are sovereignist. The same thing happened again in 1997.

What I find the most surprising is that, in 1995, Canadians from Vancouver to Montreal came to tell us how much they love us. What I hear today is not exactly what those people told us. They came to tell us. They came to tell Quebec’s members to go on because they needed us in Ottawa, since we are the only ones to speak for the unemployed and the have-nots and to promote social programs. We are the only ones to move motions like the one today to protect our health care system and ask the government to put money back into social transfers. We are the only ones to protect them regarding transfers for education.

● (1345)

I ask the Minister of Finance to rise and tell me what is wrong in what I said. The Minister of Finance and member for LaSalle—Émard is solely responsible for this situation, which has forced ten premiers to come to Ottawa today and get down on their knees to the Prime Minister to beg for money.

The question I want to ask the member—

**The Deputy Speaker:** The member must address his questions and comments to the member for South Surrey—White Rock—Langley, who made the speech, and not to the Minister of Finance. I invite him to do so.

*Supply*

**Mr. Gérard Asselin:** Mr. Speaker, my question to the member is the following: does she find it normal that the Canadian premiers Canada have to come to Ottawa and get down on their knees to the Prime Minister to beg for money that is owed to them? That money belongs to us; it was taken from us by the federal government. We are asking the federal government to give us what is coming to us and to trust us with health care management.

[English]

**Ms. Val Meredith:** Mr. Speaker, I thank the hon. member for his question.

It is quite clear how I feel about it, that the federal government, the Prime Minister and the finance minister would even make funding returned to health care conditional is abhorrent to me. I cannot believe the government which has promised a return of funding to health care would use it as tool, would use it as a way of forcing the premiers to agree with a position on the social union talks. I cannot say enough how bothered I am that it would use this tactic.

**Mr. Peter Stoffer (Sackville—Eastern Shore, NDP):** Mr. Speaker, the member did not once mentioned the aboriginal community in Canada in her speech.

With a motion of this nature, with medical concerns and care for our aboriginal people across the country would the member believe that it should fall under provincial control or under federal control?

**Ms. Val Meredith:** Mr. Speaker, having worked in an aboriginal community for many years it was the provincial government that provided health care facilities for that community, not the federal government.

I would like to think aboriginal communities should be given better health care with facilities and services like every other Canadian.

**Mr. Keith Martin (Esquimalt—Juan de Fuca, Ref.):** Mr. Speaker, I compliment les députés du Bloc québécois pour avoir introduit cette motion.

This situation is felt by members from across the country. All constituents will tell them that one of the greatest concerns they have is the state of affairs of our health care system. Every member in the House knows that and every member wants to fix the system.

Where we disagree perhaps is in how we want to do that. We have seen tragically played out under the parliamentary playground that exists a system where politics is taking precedence over reason and facts and where politics is taking precedence over trying to solve the problems.

If this were a petty problem were people's lives were not at stake this could continue with very little problem. The longer we wait to fix the problems within our health care system, the more Canadians

will suffer and die. Members know this and also people in the public know it, sometimes from very personal experience.

The scope of the problem is massive. Across the country in hospitals, in clinics, in homes and in families we see that individuals who require essential health care services are not being provided with these services.

● (1350)

I will give some specific examples. In emergency rooms, 12 out of 14 bays where I have worked will be held up with patients waiting to get a bed.

Some of these patients need to get in the intensive care unit. Intensive care units have been blocked off because the hospital does not have enough money to pay for the nurses and the beds.

We have patients needing acute care services waiting in a busy emergency room for a bed. If a tragedy took place at that time, a motor vehicle accident, people would die because the services would not be there for them.

We have situations where children are put into the same rooms as dying adults. We have situations where men and women are put into large rooms with the only thing separating them being a thin sheet. All these people are sick.

We have people being discharged from hospital sick who need to be in hospital not because the health care personnel want to release them but because they do not have a choice.

We established that we have a problem with what we are asking for in terms of medical care and the resources we have. The government has money to put into health care. Understandably the government wants credit for doing that.

As my hon. colleague, the health care critic for the Reform Party, has mentioned, it serves the public not one advantage to have the political turf wars taking place preventing that money getting into the hands of the caregivers who desperately need it provide for Canadians in their moment of greatest need.

This is a turf war. It is not only taking place in health care. It is taking place in education and in areas across the country where problems are not being solved because the feds and the provinces cannot get their act together.

The federal government is in a unique leadership position. For the first time in recent memory it has an opportunity. It can call together the provincial ministers and their areas of jurisdiction to come together and say "what are you guys doing and what are we doing?"

Let us make sure the feds do what the feds do best and the provinces do what the provinces do best. Let us have a co-ordinated system where the left hand knows what the right hand is doing, not what is taking place now where there are so many levels

of bureaucracy that the left hand does not know what the right hand is doing.

Furthermore, that system is leading to political inefficiencies and therefore inefficiencies in the way we get those services to the Canadian public.

Money is being sucked out of the management of health care instead of getting to patient care in the trenches. That is a profound tragedy.

When there is somebody who needs bypass surgery, when there is an elderly lady who has been waiting over 12 months and is in severe pain, waiting to get a hip replacement, it cannot be said to that person that we are doing our job.

I can only implore, as my colleagues have done from across party lines, the federal government to work with and not against the provinces in making this happen and also to make sure the provinces put the money they will get directly into health care.

Health care is a provincial responsibility. That is in our Constitution. It does not preclude the government from funding.

The government, we have seen, has taken away money to balance its budget. It has taken money away from health care. The government now has money to put back into health care. The government should do that.

Furthermore, we should be making sure that money goes into the meat and potatoes, into the muscle and bone of health care. In the process of cutting budgets we have cut the fat but we have also cut the meat, the muscle and the bone of health care.

As a result, we are seeing a very compromised health care system. That is why under our current system people are leaving this country, the rich, to get health care elsewhere.

I am going to speak personally and not on behalf of the Reform Party. If we are to solve this problem of limited resources and an increasing demand for health care in the future, and it will increase as our population ages and medical technology becomes more expensive, we have to think out of the box.

• (1355)

We have a Canada Health Act that was constructed in the 1960s and 1970s. That system was fine under the economic circumstances of that era. In 1999 we have a very different set of circumstances and we better realize that. We need to look at other models in other parts of the world such as Australia and in certain parts of Norway where they have managed to utilize their resources in such a way to ensure that people's needs are being met.

This entails getting away from the notion that the Canada Health Act has all the answers for us. Above all else we must ensure our health care system will be there for those who need it the most, the

poor and underprivileged. They are the ones who are being compromised in the system today.

By preventing private services from taking place where private moneys are exchanged only in the private setting we deprive people from getting health care. Furthermore, we deprive the health care system of money without raising taxes. A private system completely independent of the public system where only private money is exchanged and no public money put into it would enable resources to get into the health care system without raising taxes.

In this system the rich would be subsidizing the poor. As it stands, people in the poor and middle class who are dependent on the public system would have services quicker and in a more efficient fashion because more public resources could be poured into the public system as individuals went into the private system. That solution benefits the poor and middle class and would seek to strengthen a publicly funded health care system that desperately needs fixing.

We do not want any kind of system that prevents the poor and middle class from getting health care services when they need them. The system we have now is preventing the poor and middle class from getting health care services when they need them. The government is rationing health care services to the public. We have created restrictions preventing people from getting the services when they need them, furthermore preventing the system from developing so it can be strengthened.

If we adhere to the current system and do not think we can make a made in Canada health care system, we are not only deluding ourselves but we are compromising the health and welfare of Canadians across the country.

All members, especially in the Reform Party, want to make sure we have a strong, publicly funded health care system for Canadians in the future. We are committed to doing that and working with whomever else wants to do the same.

**The Speaker:** I know there are questions and answers to be broached after this discourse. I prefer to go to Statements by Members. That way I can give full time for the questions.

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## STATEMENTS BY MEMBERS

[English]

### HARRY MACLAUGHLAN

**Mr. Wayne Easter (Malpeque, Lib.):** Mr. Speaker, I take this opportunity to congratulate a prominent Island businessman, Harry MacLaughlan, who will be inducted in the Prince Edward Island Business Hall of Fame on May 27 this year.

*S. O. 31*

Mr. MacLaughlan, a native of Stanhope, P.E.I., first entered the business world as the owner and operator of a general store. Since then through hard work and perseverance his business interests have expanded to include Island Coastal Services, Island Petroleum Products, Island Cablevision, Commercial Properties Limited and H. W. MacLaughlan Limited.

A strong supporter of his community, Mr. MacLaughlan has been active in minor sports, recreation, tourism, health care and politics, as well as charitable and youth activities.

Congratulations to Harry for a job well done and best wishes and continued success in the future, another great Islander showing leadership to the country.

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**NATIONAL DEFENCE**

**Mr. John Duncan (Vancouver Island North, Ref.):** Mr. Speaker, the civilian employees at our military bases have not had a negotiated agreement since 1989 and no wage increases since 1992. Their military counterparts have received small increases, which they do not begrudge, but it is a daily reminder of how poorly they have been treated.

Since 1997 they have had 15 days of direct bargaining and 7 days of conciliation. These civilian employees have been in a strike position since January 18. The conciliation board reports that while the union made its offers and counter proposals in full, the government did not.

● (1400)

It is plain that the government is relying on its established track record of legislating the workforce instead of bargaining in good faith. When will the government get back to the negotiating table?

\* \* \*

**PARKDALE COMMUNITY WATCH**

**Ms. Sarmite Bulte (Parkdale—High Park, Lib.):** Mr. Speaker, in an effort to increase the safety of our community, Parkdale Community Watch has launched a three part project designed to enhance the safety of municipal laneways.

This initiative, Parkdale's people friendly laneway project, involves painting addresses on buildings that adjoin laneways, ensuring that adequate lighting illuminates the laneways and eliminating garbage and graffiti.

This project is especially relevant in my riding as two years ago a neighbouring area experienced repeated arson incidents in which the arsonist gained access to properties through laneways.

As a result Parkdale Community Watch has undertaken this action in order to prevent crime and increase the safety of our community. This project also makes it easier for emergency vehicles to access our laneways as well as increasing access for community and business purposes.

I applaud this community initiative and encourage other communities to take a lesson from Parkdale Community Watch.

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**RICHARD BEAMISH**

**Mr. Lou Sekora (Port Moody—Coquitlam—Port Coquitlam, Lib.):** Mr. Speaker, DFO was pleased to offer support to the nomination of Dr. Richard, Dick, Beamish to the Order of Canada. Dr. Beamish has contributed substantially to fisheries science and Canada both in his various roles in the Department of Fisheries and Oceans and through his promotion of science in general.

Two of Dr. Beamish's very significant contributions include the discovery of acid rain and his innovative work relating climate change to fish reproduction. Acid rain is of concern to many countries in the world and Dr. Beamish's pioneering work has heightened awareness of this problem.

Many nations are now moving to reduce the factors contributing to acid rain. Climate change also impacts on many aspects of our lives including the production of fish in our streams, lakes and oceans.

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**FOREIGN AID**

**Mr. Svend J. Robinson (Burnaby—Douglas, NDP):** Mr. Speaker, this is International Development Week, an opportunity to remind the government of the devastating impact of ongoing Liberal cuts in foreign aid.

At the same time I salute the dedicated work of those individuals and NGOs, groups like the Canadian Council for International Cooperation, OXFAM, Results Canada, UNICEF and Canadian churches and labour, in fighting global poverty.

I urge the government to significantly increase our foreign aid in the upcoming budget, especially that aimed at meeting basic human needs including education and that directed at the poorest countries, particularly in sub-Saharan Africa.

New Democrats strongly support the Jubilee 2000 campaign urging the government to cancel the crushing \$2.2 billion debt owed to Canada by the world's poorest countries. In a week when all parties have voiced concern about the rights of children, let us not forget that 32,000 children die every day of preventable disease and hunger. Canada must do much more to respond to this global crisis and set a clear timetable to meet the UN target of .7%—

**The Speaker:** The hon. member for Kitchener Centre.

## YMCA

**Mrs. Karen Redman (Kitchener Centre, Lib.):** Mr. Speaker, it is with great pride I rise today in the House to talk about an opening that will be happening in Kitchener Centre. This weekend the A. R. Kaufman family YMCA will be having a ribbon cutting ceremony at the grand reopening of its facility.

The YMCA has had a presence in Kitchener since 1895. It started out with recreational facilities as well as housing for soldiers during the second world war. Currently they are in partnership with the federal government providing day care, services to new Canadians as well as youth employment strategy programs. The YMCA is a sterling example of a community choosing the projects that it wants to make its place a caring and safe community.

I am very proud to have had a lifelong membership with the YMCA and I look forward to its reopening this Saturday.

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## SHEARWATER DEVELOPMENT CORPORATION

**Mr. Lee Morrison (Cypress Hills—Grasslands, Ref.):** Mr. Speaker, on Monday I asked the Minister of Industry how much public money had been flushed out to sea by the Shearwater Development Corporation. The Minister of Veterans Affairs responded with some meaningless gobbledegook.

I now know that Shearwater received an initial payment of \$2 million and a later top up of \$600,000. The company is not only broke but is being sued for \$660,000 for the cost of airport operation and maintenance. The only physical evidence of this so-called development program is a boardwalk and retail complex to which the company contributed about \$200,000.

• (1405)

We can do the math. A handful of Liberals has frittered away more than \$3.2 million in four years. This cries out for an independent investigation.

\* \* \*

## SCIENCE, RESEARCH AND DEVELOPMENT

**Ms. Carolyn Bennett (St. Paul's, Lib.):** Mr. Speaker, much of our future depends on the insights and the capacity for innovation of our country's young scientists and engineers. Since 1964, NSERC has singled out more than 100 researchers for the prestigious title of E.W.R. Steacie Memorial Fellow. These are 100 of our brightest and most productive research stars, individuals who have made a profound contribution to their fields and to Canada.

## S. O. 31

Today my colleague, the Secretary of State for Science, Research and Development, announced the names of the four newest fellows. Like their predecessors they have distinguished themselves by rapidly acquiring at a relatively early stage in their careers an outstanding reputation in advanced research.

I ask members to join me in congratulating professors Norman Beaulieu of Kingston, Douglas Bonn of Vancouver, Mark Freeman of Edmonton and Barbara Sherwood Loolar of Toronto who are this year's recipients of NSERC E.W.R. Steacie Memorial Fellowship. Their achievements provide convincing evidence of our ability to develop and keep young research talent in the country.

As part of this award NSERC will contribute \$180,000 to the recipients' universities in their names.

\* \* \*

[Translation]

## ALEXANDRE MARCHAND

**Mr. Yves Rocheleau (Trois-Rivières, BQ):** Mr. Speaker, I would like to pay particular tribute to an individual in my riding, a 21 year old runner, who has already made a name for himself in international athletics.

In December, for the third consecutive year, Alexandre Marchand of Pointe-du-Lac was named athlete of the year by the Fédération d'athlétisme du Québec, a title he had also won in 1994, as well as earning the Fred Tees trophy awarded to the Canadian university athlete of the year.

He was ranked 12th at the latest Commonwealth Games. He has won countless gold medals over the years, and 1999 should be another record year. He has a competition this month in Windsor, the world university championship, the Pan American Games and the world championships.

As the Olympic Games of the year 2000 approach, I have no doubt Alexandre will represent Quebec worthily and with pride.

\* \* \*

## INTERNATIONAL DEVELOPMENT WEEK

**Mr. Yvon Charbonneau (Anjou—Rivière-des-Prairies, Lib.):** Mr. Speaker, this year's international development week has as its theme the celebration of Canada's actions in the world.

This is an opportunity to celebrate Canadians' contribution here and abroad to international development in co-operation with CIDA and its partners.

The main artisans of this sort of co-operation are the non governmental organizations, private sector groups, professional associations, colleges, universities and many others.

*S. O. 31*

This movement for solidarity with the international community is especially important because it expresses the commitment of both the people and the Government of Canada to international development in the spirit of sharing, respect and co-operation.

In short, the Liberal government's vision clearly reflects the Canadian public's spirit of sharing and co-operation.

\* \* \*

[English]

**KOSOVO**

**Mr. Bob Mills (Red Deer, Ref.):** Mr. Speaker, I take this opportunity to issue our condolences to the people of Kosovo who are suffering such horrendous hardship. We watch daily in disbelief and disgust the slaughter and destruction. Like Bosnia a few years ago the issues are complex, emotional and rooted deep in history.

It is critical that we end the conflict and push forward in a long term solution to the problem. We must do everything in our power to force Yugoslav President Slobodan Milosevic and Kosovo leaders to the negotiating table tomorrow in Paris.

The Prime Minister's total disrespect for parliament by publicly announcing the commitment of ground troops to NATO is unacceptable. We must have a clear and open debate in the House of Commons followed by a free vote before we commit troops to any NATO action in Kosovo.

This issue is addressed in Motion No. 380 on which all of us will vote next Tuesday. It makes clear that when Canadian lives and resources are being committed it is the people of Canada who should make that decision through parliament.

\* \* \*

[Translation]

**MINISTER OF FOREIGN AFFAIRS**

**Mr. Stéphane Bergeron (Verchères—Les-Patriotes, BQ):** Mr. Speaker, I would like to share with this House remarks made in September in Chicago by a person who is sold on sovereignty and selling the idea.

According to this unexpected sovereigntist, we are witnessing the emergence of a movement for building a North American community where states co-operate more closely on regional and global issues while maintaining their distinct cultures and identities, which is essential to allow a community to define itself as a nation.

• (1410)

The challenge, according to this speaker who might as well have been a member of the Bloc Quebecois, would then be to develop

some common courses of action—let us call them partnerships—flexible enough to prevent crushing identity references and national cultures, which absolutely must be maintained.

The Bloc Quebecois is very pleased to welcome the Minister of External Affairs into the sovereigntist camp, as he has just shown that we share many views on sovereignty.

\* \* \*

**ECONOMIC DEVELOPMENT**

**Mr. Claude Drouin (Beauce, Lib.):** Mr. Speaker, on January 13, 1998, the Canadian government announced that, over the next five years, \$7.6 million will be invested in eastern Quebec to promote the development of tourism until the year 2004.

This government assistance plan is designed to support local and regional initiatives with a significant impact on the economy in eastern Quebec.

This is the fourth in a series of strategic initiatives for eastern Quebec, estimated at slightly over \$22 million, put forward by the Canadian government.

Our government is clearly involved in economic development, and this is the best proof of its involvement.

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[English]

**ETHICS COUNSELLOR**

**Mr. Jim Jones (Markham, PC):** Mr. Speaker, the Liberals prefer to have a peekaboo ethics counsellor. In 1993 they promised to establish an independent ethics counsellor who reported publicly to parliament. In 1994 they delivered an ethics counsellor who reports behind closed doors at fireside chats with the Prime Minister.

This flawed approach to openness and integrity has resulted in an ethics counsellor who investigates the Prime Minister's business dealings in secret, an ethics counsellor who was unsure whether the Prime Minister should file a public disclosure, an ethics counsellor who makes decisions solely based on the information provided by the Prime Minister and his trustee.

When I tried to get the ethics counsellor to appear before the industry committee the Liberal committee chair toed the party line and ruled me out of order.

The Liberals need to stop covering up for the Prime Minister and his ethics confidant, Howard Wilson. It is time for the Liberals to prove their commitment to integrity, to live up to the red book promises and to establish an ethics counsellor who reports directly to parliament.



*Oral Questions***HEART AND STROKE FOUNDATION**

**Mr. Lynn Myers (Waterloo—Wellington, Lib.):** Mr. Speaker, February is heart month in our nation, organized by the Heart and Stroke Foundation of Canada. The foundation, a federation of 10 independent provincial foundations, raised over \$85 million in donations last year to support research and health promotion programs. Approximately 80% of these donations were raised during heart month.

Cardiovascular disease is the number one killer in Canada accounting for 37% of deaths each year. The Heart and Stroke Foundation dedicates itself to funding critical research in the area of heart disease and stroke being the number one funder of such research in Canada.

During heart month I urge all Canadians to get in touch with the Heart and Stroke Foundation. The foundation led and supported by 250,000 volunteers plans various activities across the country to educate and build awareness from coast to coast. It makes important efforts to encourage all Canadians to live healthy lives.

I commend the Heart and Stroke Foundation's efforts and ask that all Canadians take time this month and throughout the year to help support its undertakings.

\* \* \*

**NEW MILLENNIUM**

**Mr. Paul Szabo (Mississauga South, Lib.):** Mr. Speaker, for the next millennium it might be useful for us to define a vision for Canada which may include the following.

Our system of justice should always promote a peaceful, just, tolerant and civil society governed with respect for the rule of law and for our fellow human beings.

Our health care system should be universal, comprehensive, portable, accessible and publicly funded.

Our social safety net should provide compassionate protection for those in most need.

Our economy should be internationally competitive with fair distributions of opportunity and returns.

In addition we should provide universal education and training based on the highest possible standards, welcome new Canadians to meet our needs and responsibilities, protect and promote the health and beauty of our environment, promote our official languages, maintain and improve our national institutions, and continue to promote international peace and co-operation by example and initiative.

These are the principles that should guide us into the next millennium and I believe will ensure that Canada will remain the best country in the world in which to work and live.

**GRAIN INDUSTRY**

**Mr. Charlie Penson (Peace River, Ref.):** Mr. Speaker, when Bill C-19 was brought in to deal with the grain handlers strike a couple of years ago we argued that the government could not legislate the problem away in a piecemeal fashion.

Because of the number of unions and companies involved in grain handling we suggested a process called final offer arbitration. Final offer arbitration works this way.

• (1415)

When workers and management reach an impasse that could result in a strike action an independent third party is called to intervene. Both sides make a final offer and a third party decides which of the two is the most reasonable.

That is supposed to be what is in place. Yet just two weeks ago western farmers were again held ransom as 70 weighers and samplers walked off the job at the grain terminals in Vancouver.

Although the rotating strike is now ended it may only be temporary. That is because the dispute between labour and management remains unresolved.

Farmers in Canada are demanding that this government get its act together in labour-management relations.

**ORAL QUESTION PERIOD**

[English]

**NATIONAL DEFENCE**

**Miss Deborah Grey (Edmonton North, Ref.):** Mr. Speaker, when our troops were sent to the gulf last spring they knew they might be in harm's way. After all, Saddam Hussein was known to possess anthrax. But as it turns out the real danger for our troops was the defence minister himself.

He ordered our troops to take a stale vaccine whose best before date had expired five years earlier.

Why did the defence minister order our troops to take a drug that veterinarians say is not even fit for dogs?

**Hon. Arthur C. Eggleton (Minister of National Defence, Lib.):** Mr. Speaker, that is totally untrue. The safety of our troops is of utmost importance to us.

We made sure the vaccine which was obtained in the United States was tested, supplementary tested, as did the Americans. They got their vaccine from the same source.

We made sure doctors in the Canadian military approved it. We made sure that Health Canada was very much in the picture and

*Oral Questions*

approved it as well. We gave that vaccine only after it had been properly tested and we ensured it was safe and effective.

**Miss Deborah Grey (Edmonton North, Ref.):** Mr. Speaker, that is a really nice try but I just do not think the minister's answer is true for these reasons. He just said that it was tested and retested—

**The Speaker:** Please be very judicious in the way you phrase your question, especially with the word true.

**Miss Deborah Grey:** Thank you, Mr. Speaker. Yesterday in the House the minister said they are fully tested, it is our medical people, the doctors, who determine that it is safe to give them when they are given.

He just said they were tested and retested but not by Canadian doctors. In the scrum yesterday afternoon he said exactly the opposite to what he said in here yesterday.

Why did he say that our doctors had tested the vaccine when he knew that was not the case?

**Hon. Arthur C. Eggleton (Minister of National Defence, Lib.):** Mr. Speaker, I said our doctors had approved the use of the vaccine and they have.

I have discussed this matter with them. They have thoroughly gone over this matter with the testing company, an independent testing firm hired by the United States department of defence. We also had that same company do very thorough testing. Our doctors consulted with it. Health Canada has been part of this picture. They have all been consulted. They all approved the vaccine.

**Miss Deborah Grey (Edmonton North, Ref.):** Mr. Speaker, that same company and manufacturer is in fact being sued by the American FDA.

The minister stood in the House in April and said he had taken the vaccine himself, the retested version.

Health Canada could have approved it but it did not have its tests done on it and it should not have approved anything it did not test itself, and the minister has admitted this right now.

The minister knew the vaccines were stale. He knew that the labels had been tampered with. He knew that they had not been independently tested and he knew that the company was in trouble with the FDA.

Why did he order our troops to be human guinea pigs for this vaccine?

**Hon. Arthur C. Eggleton (Minister of National Defence, Lib.):** Mr. Speaker, it was not stale. The labels were not changed. It was all tested. It was all found to be safe. I visited the HMCS *Toronto* in Kuwait harbour. I took the vaccine and I have never felt better.

**Mr. Chuck Strahl (Fraser Valley, Ref.):** Mr. Speaker, I wish we could be so confident for our Canadian troops.

Health Canada may have approved this but Health Canada certainly never tested it. Today we learned that General Kinsman, commander of the air force, said he would never have approved administering this vaccine if he had known that it had already been stale dated and that the stuff was out of date.

What on earth was the minister thinking when he asked that a mouldy anthrax vaccine be given to Canadian troops?

• (1420)

**Hon. Arthur C. Eggleton (Minister of National Defence, Lib.):** Mr. Speaker, the only thing mouldy is the thinking in the Reform Party.

The medical profession in the Canadian military has looked at this closely. The United States has also looked at it. The same vaccine has been given to many more Americans in their military forces.

People have been able to take it with very few problems at all and certainly no problems relevant to the kind of issues the Reform Party is trying scaremonger about.

**Mr. Chuck Strahl (Fraser Valley, Ref.):** Mr. Speaker, the minister said this vaccine has been tested and retested. He knows full well that not a single Canadian doctor tested one vial of vaccine. He knows that to be true and yet tells the House, the Canadian people and our Canadian soldiers rest easy, take your chances.

The air force general has said he would never have asked for that to be administered. This minister somehow seems to think it is okay.

What I would like to know is does he just make up these stories as he goes along or does he just not care that this vaccine is harmful? Has he even asked for a test to see if this vaccine is harmful to our Canadian soldiers?

**Hon. Arthur C. Eggleton (Minister of National Defence, Lib.):** Mr. Speaker, in reference to the chief of the air staff, none of us would ever recommend anything that was not safe and not effective. The vaccine was tested very thoroughly at the laboratory by an independent company. It was not tested in Canada. We do not make the vaccine in Canada and it is not licensed in Canada. It was tested at the laboratory, the best place for it to be done.

Our medical doctors are fully satisfied that this vaccine is safe.

\* \* \*

[Translation]

#### HUMAN RESOURCES DEVELOPMENT CANADA

**Mr. Gilles Duceppe (Laurier—Sainte-Marie, BQ):** Mr. Speaker, yesterday, the Minister of Human Resources Development made reference to fraud investigation in order to defend the

indefensible and justify the quotas on cuts. How can the minister hide behind the investigation of fraud, when the quotas for cuts are \$612 million, while his Web site indicates that frauds and penalties total under \$200 million?

Why are the cuts three times the figure for fraud?

**Hon. Pierre S. Pettigrew (Minister of Human Resources Development, Lib.):** Mr. Speaker, my department is attempting to ensure that the program is administered fairly for all recipients. This is our duty to all those who trust us with their funds. It is perfectly normal practice from an administrative point of view to administer the funds entrusted to us in an equitable manner.

When we are told that there are quotas, that people's jobs depend on them, I can tell you that no individual job is linked to such practices, that in a department the size of Human Resources Development where employees are covered by collective agreements, if tasks were reassigned because there was less work in a given area, workers would be given other duties within the department.

**Mr. Gilles Duceppe (Laurier—Sainte-Marie, BQ):** Mr. Speaker, what a lot of words just to cover up reality.

The bottom line is that public servants have been told "If you do not cut off enough people, if you do not cut three times more than the figure for fraud, you are going to lose your job". That is what has been said, and this makes the public servants victims as well because, instead of being there to serve the unemployed, they are being made to persecute them.

Does this minister-author realize this, this man who bemoans the fate of the excluded, who champions their cause, but who is without a heart?

**Hon. Pierre S. Pettigrew (Minister of Human Resources Development, Lib.):** Mr. Speaker, I have enough heart to ensure that people, including those who contribute to the fund, are protected against abuse, against fraud, against the overpayments which occasionally occur because of administrative error, so that the money will go to those who need it.

But I would point out to the head of the Ottawa branch of the Parti Québécois that he ought to have a look at what is happening at the social services department in Quebec, which had to recover \$100 million, and did recover \$112 million, in 1996-97. They have the same kind of administrative practices over there.

So let him look at what is being done in his own head office, as far as administrative practices are concerned, which—

**The Speaker:** The hon. member for Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques.

### Oral Questions

**Mr. Paul Crête (Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques, BQ):** Mr. Speaker, yesterday, here in Ottawa, the Minister of Human Resources Development accused us of defending cheaters. However, considering that a knife is put to the throats of the department's employees to force them to reach their quotas, it is obvious that all EI beneficiaries are now deemed to be potential cheaters by the government.

• (1425)

The Prime Minister once said that out of work Canadians were beer drinkers. Is the Minister of Human Resources Development now telling us that, in his opinion, they are also cheaters?

**Hon. Pierre S. Pettigrew (Minister of Human Resources Development, Lib.):** Mr. Speaker, I never insinuated that the unemployed were cheaters, quite the contrary.

**Some hon. members:** Oh, oh.

**Hon. Pierre S. Pettigrew:** I want the employment insurance fund and program to help the unemployed who do need help. We are proud to see that the program will be there for them for a long time to come.

What I said is that members opposite are defending people who abused the system. I did not say that the unemployed were abusing it: I said that we need to identify those who abuse the system, so as to respect the integrity of the true—

**The Speaker:** The hon. member for Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques.

**Mr. Paul Crête (Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques, BQ):** Mr. Speaker, given his quotas, his systematic harassment of the jobless and his threats to fire those employees who do not make enough cuts, does the Minister of Human Resources Development not realize that he has transformed a social program designed to help laid-off workers into a trap for those who contribute to the program and who need that program?

**Hon. Pierre S. Pettigrew (Minister of Human Resources Development, Lib.):** Mr. Speaker, let me clarify one thing: I do not want any harassment of the unemployed. I do not want any harassment to take place.

All employees of the Department of Human Resources Development are covered by collective agreements and, should we decide that it is necessary to reorganize the work within the department, all 150 employees in question would be reassigned to other duties.

They do not have knives at their throats. We are not threatening to fire them. We are simply saying that they could be reassigned to other positions, where the workload is heavier. This is my message.

*Oral Questions*

[English]

**WATER EXPORTS**

**Mr. Bill Blaikie (Winnipeg—Transcona, NDP):** Mr. Speaker, my question arises out of the concern many Canadians have about the action brought pursuant to article 11 of NAFTA with respect to water exports. My question is for the Minister of Foreign Affairs.

Will the government immediately declare a Canada-wide moratorium on the export of bulk freshwater shipments and interbasin transfers? Will the government be bringing in legislation to permanently ban bulk freshwater exports and interbasin transfers in order to assert Canada's sovereign right to protect, preserve and conserve our freshwater resources for future generations?

**Hon. Lloyd Axworthy (Minister of Foreign Affairs, Lib.):** Mr. Speaker, there is no question that we are deeply engaged in a process to ensure Canadian water resources are protected. Over the past year my colleague, the Minister of the Environment, has engaged in a number of discussions with the provinces. We have been in discussion with U.S. authorities on border water issues. Once we are able to bring those two separate tracks together we will come up with a common policy which I am sure the hon. member will support.

**Mr. Bill Blaikie (Winnipeg—Transcona, NDP):** Mr. Speaker, surely the minister sees the danger in allowing this to drag on as if it were something NAFTA has some effect on.

So I repeat, do the minister and the government not see the wisdom of at least immediately bringing in a moratorium on any bulk freshwater exports at this time in order that we may make absolutely clear our long term intention with respect to this issue?

**Hon. Lloyd Axworthy (Minister of Foreign Affairs, Lib.):** Mr. Speaker, the hon. member knows from past debates that the issue debated in the House was whether Canada is obliged under NAFTA to export water. Of course it is not. We now have to determine the most effective means and mechanisms for ensuring Canada can effectively manage its water resources. That includes the very active involvement of the provinces because within their own jurisdictions they have full authority over water resources. We want to make sure we do this in full collaboration.

\* \* \*

[Translation]

**HUMAN RESOURCES DEVELOPMENT CANADA**

**Mr. Jean Dubé (Madawaska—Restigouche, PC):** Mr. Speaker, yesterday the House learned of a Department of Human Resources Development internal document indicating that Treasury Board intends to cut 150 jobs at HRDC.

The Human resources development minister may play with words all he wants, the fact remains that quotas do exist and that jobs will be eliminated if they are not reached.

Can the President of the Treasury Board explain why he is making such threats against HRDC employees?

**Hon. Pierre S. Pettigrew (Minister of Human Resources Development, Lib.):** Mr. Speaker, there is no question of layoffs, as my department's guidelines make absolutely clear. We expect to recover a certain amount of money in each region.

• (1430)

I assure you that all employees in my department are covered by collective agreements and, should there be less work in one area, there will be lots to do elsewhere.

None of our employees has a knife at their throat, but we do want to ensure that the system is fair to all unemployed workers and that the money goes to those who need it.

[English]

**Mr. Jean Dubé (Madawaska—Restigouche, PC):** Mr. Speaker, this HRDC document proves once again that the Minister of HRDC is not in control of his department.

We have seen him kneel before the Minister of Finance on raiding the EI surplus. Now we see him kneeling before the President of the Treasury Board on quotas and ultimatums.

It is high time he protects his own departmental employees from such intimidation.

Will the minister get off his knees and stand up to his cabinet cronies?

**Hon. Pierre S. Pettigrew (Minister of Human Resources Development, Lib.):** Mr. Speaker, I will not tolerate any harassment by my department. I am telling my agents not to harass the Canadian public. That is absolutely clear.

The government has an obligation to Canadian business and employers to make sure that the funds go to the people who really need them. When there are abuses or mistakes that have been committed, when there is fraud, it is my responsibility and that of our government to see that the money goes to the right people.

There is no harassment and I do not want our employees to harass the Canadian public. Is that clear?

\* \* \*

**JUSTICE**

**Mr. John Duncan (Vancouver Island North, Ref.):** Mr. Speaker, last Thursday James Staples appeared on charges of possession

*Oral Questions*

of child pornography in Courtenay provincial court in British Columbia.

The judge set a trial date for July 12, but said it would be very likely that those charges would be dropped because of Justice Shaw's decision.

Why is the Minister of Justice pretending that all is business as usual in B.C. courts when obviously it is not?

**Hon. Anne McLellan (Minister of Justice and Attorney General of Canada, Lib.):** Mr. Speaker, let me say to the hon. member that obviously a trial date was set for July 12.

If for any reason the attorney general of British Columbia feels that a decision is rendered by the judge in that case that interferes with his ability to prosecute those charges he will be able to appeal that decision.

**Mr. Chuck Cadman (Surrey North, Ref.):** Mr. Speaker, the cancer is spreading. We now have reports of another case being delayed in Alberta, the minister's home province.

I am sure the minister is familiar with the Askov ruling on the charter right to a speedy trial. Last year in B.C. a convicted child molester was set free on Askov. The attorney general's ministry in B.C. is extremely concerned about this issue.

Will the minister ensure British Columbians and all Canadians that when the cases that are now in limbo finally do get to court they will not be thrown out due to lengthy delays?

**Hon. Anne McLellan (Minister of Justice and Attorney General of Canada, Lib.):** Mr. Speaker, as I have said before in the House, in provinces like Alberta the child pornography sections of the Criminal Code are in full force and effect.

If the attorney general of Alberta, who has charge of the administration of justice in Alberta, chooses or wishes to appeal any decision of a lower court in relation to any decision regarding the prosecution of a child pornography case he can do so.

\* \* \*

[Translation]

**EMPLOYMENT INSURANCE**

**Mr. Yvan Loubier (Saint-Hyacinthe—Bagot, BQ):** Mr. Speaker, unemployed workers are not the only targets.

In his memo, Ron Stewart, director general of control and investigation at Human Resources Development, wrote, and I quote "Other savings can be achieved by increasing the number of fines imposed on companies".

My question is for the Minister of Human Resources Development. Now that the minister has exceeded his quotas for jobless

workers, will he confirm that his department has issued a directive asking employees to target companies?

**Hon. Pierre S. Pettigrew (Minister of Human Resources Development, Lib.):** Mr. Speaker, my government and my department have a responsibility to Canadian taxpayers, both individual and corporate.

We do not want any company in Canada to abuse the EI system, because the system has to be there in the long term to provide Canadian workers with the protection they need.

They will therefore do their work diligently, with respect both to companies that abuse the system and to individuals who are the subject of administrative errors.

**Mr. Yvan Loubier (Saint-Hyacinthe—Bagot, BQ):** Mr. Speaker, what sort of government are we dealing with?

On the one hand, it is letting billions of dollars leave the country tax free in family trusts, turning a blind eye to tax evasion by shipping lines, and getting ready to give tax breaks to multimillionaires, while, on the other, it is going after unemployed workers and squeezing them dry.

What sort of government are we dealing with?

• (1435)

**Hon. Pierre S. Pettigrew (Minister of Human Resources Development, Lib.):** Mr. Speaker, we have a good government.

**Some hon. members:** Hear, hear.

**Hon. Pierre S. Pettigrew (Minister of Human Resources Development, Lib.):** We have a government that is doing its job in a balanced way. We also have a government that is capable of compassion. That is not something the opposition has a monopoly on.

Our government restored the youth employment strategy to help hundreds of thousands of young people actively return to the labour market. Our government reintroduced the Canadian job creation fund on a permanent basis in regions with high unemployment.

Our government introduced the national child benefit—

**The Speaker:** The hon. member for Calgary Southeast.

\* \* \*

[English]

**JUSTICE**

**Mr. Jason Kenney (Calgary Southeast, Ref.):** Mr. Speaker, as my colleague said, the cancerous effects of the Shaw decision on kiddie porn are spreading.

In Alberta, William Eric Hughes refused to enter a plea at court. Because of the effect of the Shaw decision, his trial has been delayed until March 3.

*Oral Questions*

As my colleague said, the Askov decision makes it clear that as long as these appeals are delayed we get closer and closer to the possibility of these people walking free, as a convicted child molester did in British Columbia last year.

My question to the minister is—

**Some hon. members:** Oh, oh.

**The Speaker:** Order. I will allow the hon. member to put his question.

**Mr. Jason Kenney:** Mr. Speaker, the question is simply this. How can the minister assure Canadians that the Askov ruling will not let those convicted of these crimes walk free?

**Hon. Anne McLellan (Minister of Justice and Attorney General of Canada, Lib.):** Mr. Speaker, the child pornography provisions of the Criminal Code are in full force and effect in the province of Alberta.

I have no doubt that my colleague, the attorney general of Alberta, will pursue any allegations of child pornography to the full extent of the law.

**Mr. Jason Kenney (Calgary Southeast, Ref.):** Mr. Speaker, I guess the Minister of Justice did not hear my question. The question was not about the attorney general pursuing charges, it was about the effect of the Askov decision which says that a reasonable delay in the appeal process can result in convicted criminals walking free, as happened with a child molester in B.C. last year.

How can she assure Canadians that this will not happen again with respect to those now before the courts on charges of possession of child pornography? How can she assure us of that?

**Hon. Anne McLellan (Minister of Justice and Attorney General of Canada, Lib.):** Mr. Speaker, let me say again that in the province of Alberta the child pornography provisions of the Criminal Code are in full force and effect. The attorney general of Alberta will duly prosecute the law.

In addition, the attorney general of Alberta is responsible for the administration of the courts and the resources therefor.

\* \* \*

[Translation]

#### HUMAN RESOURCES DEVELOPMENT CANADA

**Mr. Michel Gauthier (Roberval, BQ):** Mr. Speaker, this is the first time in the recorded history that a government has established recovery quotas three times higher than the potential value of frauds in a department. In addition, this is the first time employees are being threatened with the loss of their job.

My question is for the Minister of Human Resources Development. Will he acknowledge that Human Resources Development

Canada managers have performance bonuses and that their performance is appraised on the basis of the number of investigations done and recoveries made?

**Hon. Pierre S. Pettigrew (Minister of Human Resources Development, Lib.):** Mr. Speaker, our employees work hard. They are covered by a collective agreement. None of them is threatened with the loss of their job should it no longer be necessary to recover funds in certain regions because there were no more overpayments or abuses there.

We must respect the integrity of the system. I can assure you that managers are not threatened. We are not encouraging harassment. Should there be less work in recovery, we would have them work elsewhere in my department.

**Mr. Michel Gauthier (Roberval, BQ):** Mr. Speaker, would the minister get serious for a minute and acknowledge that a memo signed by a director general of investigations at Human Resources Development Canada, not Human Resources Development Japan, but Human Resources Development Canada, clearly indicates a cut of an estimated 150 jobs in Prince Edward Island alone? We saw no directives for elsewhere, but it is a lot more.

Will he acknowledge that managers get bonuses and that they are pressured—I myself have seen documents—to meet the minister's quotas?

• (1440)

**Hon. Pierre S. Pettigrew (Minister of Human Resources Development, Lib.):** Mr. Speaker, let me be clear. As Minister of Human Resources Development, I say that workers in my department are not encouraged to harass. I say it before all of Canada: they are not being asked to harass. I do not ask them to harass. I ask them to respect the integrity of the employment insurance system so it may long serve Canadians.

That is the directive I give all of them across the country from this House.

\* \* \*

[English]

#### FOREIGN AFFAIRS

**Mr. David Chatters (Athabasca, Ref.):** Mr. Speaker, yesterday in the House the Minister of Foreign Affairs told Canadians not to worry, that there was no agreement for Canada to accept U.S. plutonium exports.

Both sides in this issue agree that plutonium could start arriving in Canada as early as next month. Under U.S. law it is illegal for plutonium to be exported to Canada without an agreement in place.

Has this government signed an agreement to accept U.S. plutonium?

**Hon. Ralph E. Goodale (Minister of Natural Resources and Minister responsible for the Canadian Wheat Board, Lib.):** Mr. Speaker, the hon. gentleman may be confusing two things. One is a procedure with respect to very limited testing of the feasibility of certain fuels. The other is the more broad question of whether any large scale project would be undertaken.

The rules are very clear. Activity can be undertaken in Canada for that which is duly licensed in advance, following upon all of the necessary environmental, health and safety requirements of the Atomic Energy Control Board.

**Mr. David Chatters (Athabasca, Ref.):** Mr. Speaker, Canadians do not need a lot of legal doublespeak. Canadians want to know the truth.

Under U.S. law it is illegal to export plutonium to Canada without an agreement in place. Is there such an agreement in place today?

**Hon. Ralph E. Goodale (Minister of Natural Resources and Minister responsible for the Canadian Wheat Board, Lib.):** Mr. Speaker, any activity that would be undertaken in a Canadian facility, such as the testing labs of AECL at Chalk River, has to be licensed in advance by the Atomic Energy Control Board.

In terms of the requirement with U.S. law, that is a matter of international obligation that it is the responsibility of the United States to comply with it.

\* \* \*

[Translation]

### BILL C-55

**Mrs. Suzanne Tremblay (Rimouski—Mitis, BQ):** Mr. Speaker, Bill C-55 to restrict the sale of advertising directed at the Canadian market to Canadian publications ran into strong opposition, especially in the United States. According to news reports, the mandate given by the Prime Minister is to negotiate the basis of an agreement.

Could the Minister of Canadian Heritage report on the state of the ongoing negotiations?

**Hon. Sheila Copps (Minister of Canadian Heritage, Lib.):** Mr. Speaker, as the hon. member for Rimouski—Mitis knows full well, the House will be proceeding to report stage and third reading on Tuesday or Wednesday of next week. We are carrying on with the bill as it stands. We have asked the Americans if they had any alternate solutions to put forward; we have always been open to suggestions. So far, however, none have been forthcoming.

### Oral Questions

#### SOCIAL UNION

**Mr. Denis Coderre (Bourassa, Lib.):** Mr. Speaker, we are all aware of the very important meeting that took place today between the Prime Minister of Canada and his provincial counterparts.

[English]

I am told that the first ministers meeting has now concluded.

[Translation]

I would like to ask the Prime Minister what exactly came out of this first ministers' meeting today?

• (1445)

**Right Hon. Jean Chrétien (Prime Minister, Lib.):** Mr. Speaker, I think today is a very important day for Canada and all Canadians.

On behalf of the government, I have signed an agreement on health with all the provinces and an agreement on social union with all the provinces, except Quebec, and both territories. Through this agreement, we are substantially modernizing the federation and establishing consultation mechanisms to develop together social policies that will make Canada even better.

\* \* \*

[English]

#### TRANSITIONAL JOBS FUND

**Mrs. Diane Ablonczy (Calgary—Nose Hill, Ref.):** Mr. Speaker, considering that no one on that side knows what has been signed, the applause seems to be a little premature.

My question is for the Minister of Human Resources Development. The Duhaime debacle raises troubling questions about the minister's transitional jobs fund. The minister gave thousands of dollars under that program to the man who, purely by coincidence we are asked to believe, took a money-losing hotel off the Prime Minister's hands.

I ask the minister to tell the House how he made the decision to gift Yvon Duhaime with \$164,000 and report on how this money was spent.

**Hon. Pierre S. Pettigrew (Minister of Human Resources Development, Lib.):** Mr. Speaker, I want things to be very, very clear.

Officials from my department reviewed these project applications as they do with much diligence. They review all projects in the same way. They recommended them for approval after they met all the standard eligibility criteria.

My department has a standard monitoring system to ensure that all projects meet their obligations required under their respective contracts and that was the case in this case as well.

*Oral Questions*

**Mrs. Diane Ablonczy (Calgary—Nose Hill, Ref.):** Mr. Speaker, I wonder if the minister could be a little more specific.

On what basis was this particular award of \$164,000 given and how was the money spent? What does the audit reveal about the way the money was spent and the gain that we as Canadians got for that money?

**Hon. Pierre S. Pettigrew (Minister of Human Resources Development, Lib.):** Mr. Speaker, I am pleased to inform the House that the money was spent by the Canada jobs fund was to build, to help, to contribute, to create jobs in a very successful hotel in a region where unemployment is too high. The Canada jobs fund all across Canada has created 30,000 jobs in the last three years.

\* \* \*

[Translation]

**HUMAN RESOURCES DEVELOPMENT CANADA**

**Mr. Yvon Godin (Acadie—Bathurst, NDP):** Mr. Speaker, when I was touring the country, an unemployed woman in Gaspé, Mireille Arsenault, told me: “It is hellish having to deal with the people at Unemployment. I am outraged by their lack of compassion”.

If they are putting aside their compassion, it is because the government is threatening them with job losses if there are not enough unemployed people taken off benefits. The workers are not abusing the system; the government is abusing the workers.

My question is for the Minister of Human Resources Development: When will the government put the “humanity” back into “human resources”, and help this country’s unemployed?

**Hon. Pierre S. Pettigrew (Minister of Human Resources Development, Lib.):** Mr. Speaker, the workers in my department are already humane. They assist millions of Canadian citizens throughout the country in having a better life. That is what the Department of Human Resources Development does.

There are no threats of job losses, despite what the opposition is trying to claim. The employees are protected by a collective agreement, and the 150 who are assigned to auditing records in order to ensure equity with other Canadians would be reassigned to other divisions if there were less work in their sector.

• (1450)

[English]

**Mr. Yvon Godin (Acadie—Bathurst, NDP):** Mr. Speaker, quotas, targets, the Minister of Human Resources Development can play with words but the facts remain. Employees are threatened with layoffs if they do not cut enough workers off UI. This is not

human management. This is the government depending on the UI fund.

Will the human resources minister stop the threats and give instructions so that civil servants can work in the best interests of the unemployed Canadians?

**Hon. Pierre S. Pettigrew (Minister of Human Resources Development, Lib.):** Mr. Speaker, we have received their instructions. This is why HRD Canada has a youth employment strategy to help the young get some work experience to help get them into the labour market. This is why we have a Canada jobs fund to help create employment.

No official of my department is threatened to lose his or her job because of quotas the member refers to. They do not exist. We are having some estimates of good management practices. I can say that these employees would have plenty of work to do in other divisions of my department.

\* \* \*

**NATIONAL DEFENCE**

**Mrs. Elsie Wayne (Saint John, PC):** Mr. Speaker, the Minister of National Defence yesterday stated “They are fully tested. It is our medical people, the doctors, who determine that it is safe to give”—these vaccines—“when they are given”. The U.S. Food and Drug Administration inspection said there were 23 violations with the company that produced the anthrax vaccine.

Would the minister please table in this House any documentation he might have from Canadian doctors and U.S. doctors showing that this vaccine was safe?

**Hon. Arthur C. Eggleton (Minister of National Defence, Lib.):** Mr. Speaker, I am happy to provide whatever I can to convince the hon. member that in fact it was safe. I noticed the last time we had this discussion the member could not wait for us to give the anthrax serum to our troops. She wanted to make sure they got it to protect them. That is exactly what we did. We gave it to them to protect them. It was safe and it was effective. In fact any serum that was found by the FDA to not be fully safe or effective was removed.

**Mrs. Elsie Wayne (Saint John, PC):** Mr. Speaker, yes I pushed like blazes to try to protect our men that were going over. On April 7, 1998 the Food and Drug Administration in the United States said that a lot of work remains to correct the deficiencies related to manufacturing the anthrax vaccine. We gave it to our men in March and April 1998.

Will the minister please come clean with all of us and tell us who gave the order to inject this potential health hazard into 400 of our troops?



*Oral Questions*

**Hon. Arthur C. Eggleton (Minister of National Defence, Lib.):** Mr. Speaker, in fact the FDA did not shut down the plant at all. It said yes, there needed to be improvements. The plant partly closed to make those necessary improvements. But every ounce of that serum was tested and overseen by an independent company to ensure that it was safe and effective to both the United States forces and Canadian forces.

\* \* \*

**INTERNATIONAL CO-OPERATION**

**Hon. Sheila Finestone (Mount Royal, Lib.):** Mr. Speaker, as this is international co-operation development week a key factor in the development and growth required in third world countries for their children and youth is a good health care system.

Could the Minister for International Co-operation advise us as to what Canada has done to ensure that there is sustained growth and development for the children of these countries?

**Hon. Diane Marleau (Minister for International Cooperation and Minister responsible for Francophonie, Lib.):** Mr. Speaker, Canada supports a vast array of health programs in the developing world. We are improving the lives of children through immunization, vitamin A supplements and by iodizing salt. We are saving the lives of women with maternal health programs. We are protecting the health of poor communities by providing access to clean water and sanitation. We are addressing the scourge of AIDS with as many prevention programs as possible in both Africa and Asia.

I trust that the member would prefer that we prevent—

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

\* \* \*

**NATIONAL DEFENCE**

**Mr. Jim Hart (Okanagan—Coquihalla, Ref.):** Mr. Speaker, I think we should review the facts of the tainted virus scandal. First the Minister of National Defence said the vaccine was tested in Canada and was safe. Then yesterday he said no, it was tested by an independent U.S. firm. We already know that the manufacturer was shut down for quality control violations. We know because we have the documents. The Food and Drug Administration says that lot FAV020 was redated.

• (1455)

Health Canada must have known this as well and granted DND permission to use the vaccine anyway.

I would like to ask—

**The Speaker:** If the hon. minister wants to, he can address himself to the preamble.

**Hon. Arthur C. Eggleton (Minister of National Defence, Lib.):** Mr. Speaker, that is not true at all. The plant was not shut down. The plant was told that it had to make some improvements. There were some contaminated products that were totally removed but nothing that was contaminated ever got out or ever got used in terms of our Canadian forces.

I never said it was tested in Canada. I said Canadian doctors and the Canadian military approved it as indeed did Health Canada. They fully had the information on the testing that was done in the laboratory and were satisfied that it was safe and effective for our troops.

\* \* \*

[*Translation*]

**SOCIAL UNION**

**Mr. Gilles Duceppe (Laurier—Sainte-Marie, BQ):** Mr. Speaker, under the letter signed by the provinces and sent to the federal government, Quebec will receive the money it is owed in the health sector.

However, since Quebec has not signed the agreement on social union, will the federal government, with the co-operation of the other provinces, unilaterally impose in Quebec programs relating to health, post-secondary education and social assistance, which are all provincial jurisdictions?

**Right Hon. Jean Chrétien (Prime Minister, Lib.):** Mr. Speaker, the agreement that we signed was acceptable to all provincial and territorial governments, except Quebec. Of course, they signed the agreement on health. This issue is settled and they will get their share of the money. That was very important.

As for social union, what we proposed, even with regard to the spending power, was a solution at least as good as if not better than the one provided for in the Meech Lake accord.

I am somewhat surprised that the leader of the Quebec government, who leads a separatist party and who left the Conservative Party because he did not like the Meech Lake accord, is now refusing our proposal on the spending power.

\* \* \*

[*English*]

**WATER EXPORTS**

**Mr. Nelson Riis (Kamloops, Thompson and Highland Valleys, NDP):** Mr. Speaker, my question is for the Minister of Foreign Affairs who I am sure will acknowledge that Canada's most valuable natural resource is our fresh water. He will also acknowledge that foreign interests have access to every natural resource in Canada except one, our fresh water.

Will the minister explain why, after repeated promises by the government to introduce legislation to protect Canada's fresh

*Business of the House*

water, he will not announce a moratorium today? As this is a matter of international trade will legislation be brought forward immediately to prohibit the bulk exports of Canadian fresh water?

**Hon. Lloyd Axworthy (Minister of Foreign Affairs, Lib.):** Mr. Speaker, nobody on this side has ever argued about the importance and value of water. In fact we have debated it many times in the House.

The question is what is the most effective way of managing the issue. As a result, we have undertaken very extensive discussions with the provinces and our North American partners to ensure that we can have a system that protects Canadian waters. When that agreement is developed, when we come up with a proper arrangement that we can say is a way of effectively managing water resources, we will tell the House and I am sure the hon. member will be happy to support it.

\* \* \*

[Translation]

**CHILD PORNOGRAPHY**

**Ms. Diane St-Jacques (Shefford, PC):** Mr. Speaker, the Minister of Justice assured us that Mr. Justice Shaw's ruling was only binding on B.C. provincial court judges and not on other judges in the country.

Yet, *The Gazette* reported on January 27 that the case of another person charged with possession of child pornography, who was to appear before Alberta's provincial court in Red Deer, had been postponed until the supreme court rules on this issue.

How can the minister wait another day before making the possession of child pornography illegal?

[English]

**Hon. Anne McLellan (Minister of Justice and Attorney General of Canada, Lib.):** Mr. Speaker, let me reiterate that the law is in full force and full effect in the province of Alberta. I have no doubt that my colleague the attorney general, who is charged with the administration of justice in Alberta and the prosecution and enforcement of the Criminal Code in Alberta, will do that which he finds appropriate in this case and in any other.

\* \* \*

**NATIONAL DEFENCE**

**Ms. Judy Wasylycia-Leis (Winnipeg North Centre, NDP):** Mr. Speaker, there is a huge discrepancy between what the Minister of National Defence is saying today and the facts of the anthrax vaccination case.

We know from FDA documents that the product was relabelled after being stale dated. We know from the company that the minister refers to, Microtek, that all it did was observe the testing of the product. Health Canada was not involved at all.

• (1500)

Will the minister of defence now agree to launch an investigation into this case and will he lift the cloud hanging over Sergeant Michael Kipling and end the court martial proceedings?

**Hon. Arthur C. Eggleton (Minister of National Defence, Lib.):** I am afraid, Mr. Speaker, the only cloud is over the head of the hon. member because there is no cloud in this case at all.

Quite clearly anything that would have been relabelled would have been fully retested. The retesting that was overseen by the consultant hired by the department of defence in the United States fully went through the entire process of testing in great detail. I have had our medical people in the Canadian forces describe to me that process. It is one that is very thorough to ensure the safety and effectiveness of the product.

\* \* \*

**BUSINESS OF THE HOUSE**

**Mr. Randy White (Langley—Abbotsford, Ref.):** Mr. Speaker, I would like to ask the government House leader the nature of the legislation to be tabled in the House for the remainder of this week and next week and ask whether that legislation includes a bill to prohibit the possession of child pornography in this country.

**Hon. Don Boudria (Leader of the Government in the House of Commons, Lib.):** Mr. Speaker, I am pleased to announce that this afternoon we will continue to debate the opposition motion proposed this morning.

Tomorrow the Minister of Industry will propose a motion to disagree with the Senate amendments to Bill C-20, the competition bill, and to restore the whistleblower provisions to that bill. This will be followed by the resumption of debate on second reading of Bill C-63, the Citizenship Act.

On Monday we will debate second reading of Bill C-65, the equalization bill, which must be passed by both houses by March 31.

Next Tuesday and Thursday shall be allotted days.

On Wednesday of next week we will commence the report stage of Bill C-55, the foreign publications bill.

**Mr. André Bachand (Richmond—Arthabaska, PC):** Mr. Speaker, I rise on the Thursday question to ask the hon. government House leader a question about the business of the House.

Earlier today the Prime Minister and the premiers met at 24 Sussex Drive and apparently reached an agreement concerning the health system and the social union.

Will the government assure the House that the Prime Minister will make a full statement to the House concerning this agreement and will he table copies of the agreement in the House?

*Privilege*

• (1505)

**Hon. Don Boudria:** Mr. Speaker, the Prime Minister returned to the House at the earliest opportunity and even answered a question only moments after the agreement was concluded. I will inquire and report to the House hopefully as early as tomorrow about the availability of such a document to be tabled in the House.

**Mr. Bill Blaikie (Winnipeg—Transcona, NDP):** Mr. Speaker, my intention was to ask the same question. It seems that the occasion of the Prime Minister and the first ministers having reached an agreement would be more than appropriate for the Prime Minister or the Minister of Intergovernmental Affairs or the Minister of Justice or someone either today or tomorrow or early next week to make a ministerial statement that would lay out the government's rationale for this, to take parliament seriously and into the confidence of the government on this and have an opportunity for opposition parties to comment. I cannot think of anything more appropriate and respectful of the House of Commons than such a process.

**Hon. Don Boudria:** Mr. Speaker, I thank the hon. member for the very serious suggestion he has brought to the attention of the House. The time provided for ministerial statements today was prior to the time of this request. The hon. member recognized that in the tone of his question. I will inquire about that as well. I take this very constructive suggestion under advisement and will report to the House as early as possible.

\* \* \*

**PRIVILEGE**

HEALTH CANADA

**Mr. Grant Hill (Macleod, Ref.):** Mr. Speaker, Health Canada issued a press release on January 22 announcing a national Liberal caucus committee on health priorities initiative. The release is on Health Canada letterhead and the contact numbers on the release are Health Canada numbers.

The use of the resources of the Department of Health by the Minister of Health to promote Liberal Party activities is contempt of parliament for two reasons. First, this action deliberately ignores and omits the House of Commons to which the minister and his department are responsible. This omission in my submission makes a mockery of parliament.

Second, department funds are not meant to be used to promote political party activities. As parliamentarians we are free to use our office funds to develop party policy. We are also free to use parliamentary committees and their funds. Departments are free to use their funds to serve the public, their ministers and parliament. With respect to political parties departments have absolutely no right to get involved and promote their activities.

If the minister and his department want to use public funds to promote and encourage members of parliament to develop policy then they ought to do that through parliament by working with the Standing Committee on Health. To deliberately go around the parliament to which they are responsible and promote a political party activity is wrong. It makes a mockery of parliament and is a contempt of parliament.

**Mr. Randy White (Langley—Abbotsford, Ref.):** Mr. Speaker, here we go once again on an issue that is very similar in nature to other issues that have been brought before you over the past five and a half years I have been in this House. I can refer to the many times we have stood in the House and talked about ministers making announcements outside of the House with no consideration given to this side or in many cases even to the government side. Statements have been made through press releases in other countries when the House of Commons had not even dealt with the issue. We recently referred one of those cases to the board of internal economy.

The rights of members in the House are being ignored on a consistent basis. I watched the Prime Minister come in today and make an announcement that is critical to our country. Yet members of the House are virtually not part of it, as was mentioned earlier. Now we see a minister's department working with the Liberal caucus making press announcements.

• (1510)

I would ask that Mr. Speaker take all this in the larger context this time and perhaps look at the possibility of a legislative committee or some other process that actually steps aside and looks at the rights and privileges of members of parliament and how they are in effect being eroded by ministers, and even now the Prime Minister, completely ignoring us in this House.

It will only get worse. We can step up the heat on this and make things bad for the other side I suppose but it is time now that Mr. Speaker looked at this on a global basis and maybe took another approach to it and set some better standards in the House so as not to degradate what we have here.

**Mr. Chuck Strahl (Fraser Valley, Ref.):** Mr. Speaker, I believe this is a point of privilege, particularly in the case of our health critic who opened this issue up. He is currently taking part in a Reform caucus task force on health care. He is spearheading that attempt.

To read from the original health department's announcement, if our health critic's name were inserted it could be said that the Health Minister today announced that the national Reform caucus, chaired by a person from our caucus, has been asked to look at options for enhancing the government's tobacco public education initiatives, something he is working on.

*Tributes*

The Reform committee will canvass the views of Canadians for strategies to address youth smoking. The Reform caucus committee he is chairing is looking into the entire potential reform of the health system in Canada. That news release with just a few name changes would be a great one for the Reform Party.

On the privilege end of it, if we allow the department to promote the Liberal caucus not only through its news release but through its telephone numbers and through its website then at the very least it should be promoting each of the parties in the House, giving their views and visions of health care.

It cannot be that one caucus gets to use departmental assets and the rest of us will read what the Liberals do and just be out of luck. The department of course should promote its vision of Canada, what is happening, the programs for youth and all that stuff. But it should not be promoting one political party in this place. That is what has happened with this news release. The privileges of our health critic have been compromised. The department cannot select one political party only to receive an endorsement and publicity and the resources of the department. That is not right and it contravenes privileges of the rest of us.

**Hon. Don Boudria (Glengarry—Prescott—Russell, Lib.):** Mr. Speaker, I have not had an opportunity to see a copy of this document and because I had not been warned ahead of time unfortunately it is not possible for me to have the Minister of Health comment on it. I am sorry about that and I am sure that once the document in question is made available to the Minister of Health he will want to respond.

If there is a document of a department which somehow is seen as supporting a task force of members of parliament of a particular political party, that is a political question which could be the subject of something asked at question period. In other words, the opposition member could be, if that is true, entitled to ask did the minister do something correct or incorrect and so on. That is a political question, not necessarily an issue of privilege. That is a different story all together.

That being said, neither I nor the minister in question, because I am sure he would have told me, was made aware that this question was to be raised today. I am sure the minister will want to respond to this at some point.

• (1515)

**Mr. Grant Hill:** Mr. Speaker, I have the document with me. I am delighted to table it so the Minister of Health can review it.

**The Speaker:** Does the hon. member have the consent of the House to table the document?

**Some hon. members:** Agreed.

**An hon. member:** No.

**The Speaker:** There are a number of things to be considered in this point. I have asked, when possible, that it is always better to make announcements in the House rather than outside. In this case, if I heard the member correctly, he mentioned this statement was released on January 22. The House was not sitting at that time.

Matters of privilege should be raised as soon as possible. I urge all hon. members to do that, especially that we have been sitting for four days and this is the first time it has come up.

He raises another point which does interest the Chair and I believe will interest the House. I would like the hon. member to submit to the table the document he has with regard to this issue. I would like to hold a decision on my part in abeyance. I would like to satisfy myself with some of the information referred to in the document and the substance of what is in those speeches. I will come back to the House if necessary.

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**POINTS OF ORDER**

## NATIONAL DEFENCE

**Mr. Jim Hart (Okanagan—Coquihalla, Ref.):** Mr. Speaker, during question period, several times on questioning the Minister of National Defence the issue of documentation from the Food and Drug Administration arose.

I offer to supply the documentation that shows that the date was changed on Lot No. FAV-020. Also there is no documentation of reconciliation before or after.

**The Speaker:** Does the hon. member have the consent of the House to table the documents?

**Some hon. members:** Agreed.

**An hon. member:** No.

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**THE LATE JAMES BASKIN**

**Mr. Gerald Keddy (South Shore, PC):** Mr. Speaker, on behalf of my colleagues in the Progressive Conservation caucus I rise to mark the life of James Baskin who died on January 8.

Mr. Baskin represented the Ontario constituency of Renfrew South from 1957 to 1963. A part of the great Diefenbaker sweep, Mr. Baskin was a consummate representative of his electorate. His contemporaries tell us that his great interest was representing the people of Renfrew South. He was known as a great constituency man.

*Tributes*

In later life he pursued his lifelong equestrian interests. James Baskin was largely responsible for the building of the Rideau Carleton Raceway.

To his surviving family we offer our sympathy and our thanks for helping him to serve the people of Canada in the House of Commons.

**Mr. Hec Clouthier (Renfrew—Nipissing—Pembroke, Lib.):** Mr. Speaker, on behalf of my Liberal colleagues it is my distinct honour to pay tribute to a lifelong friend of not only me but my father, a political mentor and a simply marvellous human being.

The late James W. Baskin, Jim, was a hale and hearty horseman, energetic entrepreneur and a passionate politician.

• (1520)

Although he was equally proficient in those three professions, I believe I named them in his order of personal preference.

Jim knew that sooner or later the race of time, with sickle and tireless stride,  
Wins every race at last,  
And pass them all on the home stretch  
No matter how game or how fast;  
The eyes would grow dim, the wrinkles creep  
Over the face that we seem to know,  
Time has been lashing us year by year  
And making us heavily blow.  
But furrows and seems and lines of care  
With a twinge in the knees and back,  
Just whispers it low to us,  
You're getting too old for the track;  
"Age is nothing—it's the bloodlines that tell"  
J.W. Baskin, the veteran said,  
And he drove Cimarron and won the race.  
Now he sits on his sulky, dead.  
A wonderful race is this race for life,  
Some seem to be stayers and last,  
While others break down at the head of the stretch  
By rushing the quarters too fast:  
Go steady my friend, go steady,  
And the record you still may lower,  
But let it be said that you were fair and square  
When your race for life is over.

Whether on the race track, in his business as a lumberman and hotelier, or here in his beloved House of Commons, Jim Baskin was a true valley lad, a fairminded individual with an unimpeachable record of service to his fellow man.

He served his cherished constituency of Renfrew South from 1957 to 1963 with diligence, determination and distinction, all cornerstones of the political philosophy of Jim Baskin.

Life was no brief candle for Jim Baskin. He looked upon it as a sort of splendid torch that he got hold of for a moment and wanted to make it burn as brightly as possible before passing it on to the next generation. And that he did.

He was a colourful, charismatic member of parliament who always took a leadership role. He never, ever abdicated his responsibilities and duties as a parliamentarian.

He was a shining, sterling example of excellence who made each and every one of us look good. To his family I say a most heartfelt and sincere thank you for having given us the absolute privilege of having Jim Baskin serve as a federal member of parliament. He was a winner in politics. He was a winner in business and he was a winner on the race track.

I would not hesitate to wager that somewhere out there in the vast field of life father time will make one last call of the homestretch drive to the wire by saying "And charging to the front of the field in a blaze of glory is James W. Baskin who once again will grace the winner's circle".

Goodbye my friend, Jim. It has been a pleasure knowing you. You have done a great job. No one could have done better. As a matter of fact, you were a true champion in every sense of the word.

**Mr. Werner Schmidt (Kelowna, Ref.):** Mr. Speaker, I rise on behalf of the Reform Party. It is with respect that I rise to pay tribute to the hon. James Baskin, former member of parliament for Renfrew South, who died on January 8.

Although I did not personally know Mr. Baskin, it is my understanding that he was a man of great compassion, energy and entrepreneurial spirit.

Indeed in his 79 years he accomplished a great deal. In politics he represented his constituents from 1957 to 1963, participating in some of the most interesting political times in Canada.

Constituents, I understand, were his great political joy and one might have assumed as much from a man who had his roots as deeply entrenched in the constituency as he did.

As he represented a largely rural riding, he spoke passionately on behalf of farmers and took pride in what he stated. These are the words used in the House. He took pride in speaking, talking the way most farmers like to hear a man talk, soundly and without resorting to emotional appeal, relying on what they call common sense.

• (1525)

Outside parliament Mr. Baskin excelled as a businessman. He was a lumberman and a hotelier, but it was his passion for horses that saw one of his hardest fought but greatest business successes come to life. Baskin was largely responsible for building the Rideau Carleton Raceway which his friends say stands today as a monument to him.

James Baskin was without doubt a man who touched many lives. He will be missed and leaves behind a space which cannot be easily filled. But in death, as in life, it is in his character that his legacy will be left.

On behalf the Reform Party I extend our deepest condolences to his family, his friends and the people of Ottawa-Carleton.

*Supply**[Translation]*

**Mr. Odina Desrochers (Lotbinière, BQ):** Mr. Speaker, I am pleased to rise today to pay tribute to Mr. James Baskin, a former member of the House, who died on January 8 at the age of 79. He sat in the House from 1957 to 1963.

He was seen as a populist who defended the interests of his community. Although he held office for only seven years, Mr. Baskin had to face the constituents of Renfrew-South on three occasions and served under Progressive Conservative Prime Minister John Diefenbaker in two minority governments.

He was first elected in 1957 and re-elected in 1958 in the Progressive Conservative landslide that sent John Diefenbaker and his team back to power with a strong majority. He was again elected in 1962, only to lose his seat when Lester B. Pearson won the 1963 election.

This businessman turned politician, who came from a small town near Peterborough, was an energetic politician close to the people and attuned to his constituents' needs. Mr. Baskin's second passion in life, after politics, was horses. He was one of those responsible for the construction of the Rideau Carleton Raceway here in Ottawa. That was not all this former Progressive Conservative member did. He also bought the Carling Avenue Bar, which became a watering hole for regional politicians. He ran this hotel until it was torn down in 1986. The site is now occupied by the Corel Centre, the new arena built for the NHL's Ottawa Senators.

After his hotel experience in Ottawa, this enterprising gentleman invested in another hotel, this time in Daytona Beach, Florida. He loved the public as much as he loved horses and managed to benefit both.

On behalf of the Bloc Québécois I would like to extend my deepest condolences to his family and friends.

*[English]*

**Mr. Bill Blaikie (Winnipeg—Transcona, NDP):** Mr. Speaker, on behalf of myself and my colleagues in the NDP I would like to join with others who have spoken in tribute to the late Mr. James Baskin, a former member of this House, who served from 1957 to 1963 and certainly had the privilege of one who was involved in politics and service in this House in a very interesting time.

I notice from what I have been able to read about Mr. Baskin since his death that he was the kind of person I would like to have known. I did not know him and very few of us here would know him, given that it was so long ago that he served in this place.

Obviously people who did not know him as colleagues in the House of Commons but who come from the area he lived and worked in as a member of parliament and as a businessman think very highly of him. I certainly regret that I did not have the privilege of knowing him.

We pay tribute to his career in the House and to the quality of his life and the obvious good impression he made on many people. We join with others in extending our sincere condolences to his family.

**GOVERNMENT ORDERS***[English]***SUPPLY**

## ALLOTTED DAY—HEALTH CARE

The House resumed consideration of the motion and the amendment.

**The Acting Speaker (Mr. McClelland):** When we broke for question period there were five minutes remaining for the member for Esquimalt—Juan de Fuca on questions and comments.

• (1530)

*[Translation]*

**Mrs. Pauline Picard (Drummond, BQ):** Mr. Speaker, I believe the motion we have introduced today is still timely, even if we have just learned that the government is ready to spend money—we still do not know the exact amount—on the provinces' health care systems through transfer payments.

I know from a reliable source that the financing could reach \$2.5 billion.

The motion we introduced asked for the unconditional restoration of transfer payments to the 1993-94 level when the Liberal government was elected.

We all know that, in 1993-94, transfer payments amounted to \$18.8 billion. Those payments were brought back to \$11 billion, following enormous pressure from opposition parties and from all stakeholders, even the National Forum on Health. The government allegedly did us a favour by reinvesting money in the administration of the provinces' health care systems, but this is no favour. Initially, the government was supposed to cut \$49 billion over the next five years, but that amount was reduced to \$42 billion. The federal government has done us no favour.

The government now tells us that it will spend \$2.5 billion. In Quebec's case, this means that funding will be cut by \$1 billion a year—

**The Acting Speaker (Mr. McClelland):** I am sorry to interrupt the hon. member, but does he have a question for the hon. member for Esquimalt—Juan de Fuca?

**Ms Pauline Picard:** Mr. Speaker, do I not have a choice between asking a question and making a comment?

I am sorry but I only remember the gist of the hon. member's speech. That is why I wanted to make a comment.

**The Acting Speaker (Mr. McClelland):** Very well, but the member's time is over. The member for Esquimalt—Juan de Fuca may give a short response.

**Mr. Keith Martin:** Mr. Speaker, I thank the hon. member from the Bloc Quebecois.

[*English*]

We have an enormous opportunity to take a leadership role in something that has never been done before, something that the Minister of Human Resources Development, something that the Minister of Health and the Minister of Justice can participate in.

If these ministers were to get their colleagues in the provincial government to come together at one point to deal with the precursors affecting the health care of Canadians, the work that has been done by members across the way such as the member from Moncton who played a leadership role would address the precursors of conflict by dealing with children in the first eight years of life.

We can use the available data in a utilized program based on previous experience around the world that has demonstrated profound impacts upon poverty, upon teen pregnancies, upon keeping kids in school longer, and upon the health and welfare of children. It will only happen if the federal government takes a leadership role. It will only happen if the federal ministers call their provincial counterparts together anywhere in the country to form an integrated approach.

This would have the most profound cost saving and humanitarian effect on children based on facts and on existing programs and would save the lives of a lot of people. It is rooted in preventing these problems rather than managing them.

Many of my colleagues and I would be very happy to work with members on the other side to make this a reality. The head start program exemplifies a program which can and should be employed across the country using existing resources.

• (1535)

[*Translation*]

**Hon. Claudette Bradshaw (Moncton—Riverview—Dieppe, Lib.):** Mr. Speaker, I will share my time with the member for Winnipeg South.

I am very pleased to take part in today's debate. This dialogue is very timely. The member for Laurier—Sainte-Marie gave his views on the health care debate.

In line with the traditional thinking of his party, he is asking our government to pretend it has no role to play in the health care field. He himself has decided that the federal government could not contribute to improving the health of Canadians in any way other than simply signing cheques. He is mistaken. The fact is, today the

### *Supply*

Prime Minister is meeting with his provincial and territorial counterparts to look at the social union issue. Indeed reality is quite different from what the member perceives it to be.

Governments know Canadians expect their elected representatives to co-operate. They expect them to present a common front on issues related to the health and the social well-being of Canadians. Today the first ministers' concern is to find the best way to translate their common commitment into action. If there is a single issue that demands a common commitment, it is indeed health care.

Contrary to the figments of the Bloc Quebecois' imagination, in the real world, federal, provincial and territorial governments carry on their respective roles in health care while working together to deal with issues demanding co-ordination and leadership at the national level.

To make it easier for my colleagues in the opposition to understand the situation, I should probably name some concrete measures in the health care field and remind them of intergovernmental co-operation in this area. As we all know, the provinces and territories are responsible for providing day to day health care to Canadians.

This level of government plans its own health care delivery and decides, usually in co-operation with physicians, which services and procedures will be covered by provincial health insurance plan. It sets its priorities, draws up its budgets and negotiates on a wide range of issues with hospitals, physicians, nurses and other stakeholders.

What role is left for the federal government? We all know the position of the Bloc Quebecois, but let us take a look at reality. The federal government has very clear responsibilities in the area of health. And I am not talking about interference in areas of provincial jurisdiction that is recent or that is forthcoming. I am talking about responsibilities that go back to Confederation and that are enshrined in our Constitution.

Let us take health programs for First Nations and for the Inuit for example. The federal government has a clear responsibility to provide health services to the status Indians who live on reserves and to the Inuit. It provides health products and services to those groups and to other eligible individuals. Is that done entirely outside the provincial framework that provides health services to the rest of the population? Of course not.

[*English*]

Once again, the federal government works closely with its provincial and territorial partners. Programs and services are integrated as much as possible to ensure the greatest effectiveness. Effectiveness both at the health outcome and the use of health care resources depends on a knowledge base that is constantly being renewed.

*Supply*

Let us look at the reality of the federal role in health research. That reality is one of a very clear acceptance of the respective roles of both orders of government and a very long history of co-operation.

One of the most soundly conceived provincial research programs in the country is the Fonds de la recherche en santé du Québec. It was designed from the ground up to complement the Medical Research Council of Canada and Health Canada's national health research and development program.

Quebec's program focuses its investment on the development of competitive expertise enabling Quebec researchers to compete successfully for federal research grants. It works and it works to everyone's advantage.

• (1540)

[*Translation*]

Another example is the needs of children from low income families. The community action program for children and the Canada prenatal nutrition program actively support local initiatives. These initiatives benefit parents, young children and pregnant women who could give birth to underweight babies. Are these examples of federal interference, as the Bloc thinks they are? Of course not.

These initiatives provide financial assistance for community programs and for partnerships with provinces, territories and other interested groups. They are the concrete manifestations of the type of co-operation Canadians expect from their governments.

Since 1957, the federal government has provided funds to the provinces and territories to support health insurance, through a variety of mechanisms over the years.

Today, as we know, the mechanism is the Canada health and social transfer. Contrary to what the Bloc thinks, however, this transfer is not just a cheque sent from Ottawa to the provincial capitals. These funds continue to be governed by the Canada Health Act. Underlying them are a broad range of principles which protect the rights of Canadians as far as health care is concerned.

I would like to remind all hon. members that parliament passed the Canada Health Act in 1984, with the support of all political parties. The principles listed in this act were supported by all parties.

The first principle is accessibility. Canadians can count on reasonable access to medically required care and services.

The second is comprehensiveness. Canadians are entitled to payment of all medically required services provided by physicians and hospitals.

The third principle is universality. All inhabitants of a province or territory are entitled to services, regardless of external factors.

The fourth principle is portability. Canadians are entitled to health care regardless of where in Canada they happened to be when they become ill.

Finally, the fifth principle is public administration, which ensures that only public bodies may administer our health insurance program within a not-for-profit context.

The Canada Health Act has laid down the basic rules for our health insurance program, but we must not be so naive as to believe that harmonization means that there is a single highly rigid system administered by the federal government. The act provides the provinces and territories with great flexibility. It is not a straitjacket.

It says that a province or territory wishing assistance from the federal government must comply with the five principles in the system it chooses. However, the provinces are free to decide how they will provide health care to their citizens.

**Mr. René Canuel (Matapédia—Matane, BQ):** Mr. Speaker, I listened to my colleague, and one would think that everything in the area of health care has been fine in Canada for the past five years. Cuts of \$6 billion and more have been made annually and hospitals are closed. The sick are waiting everywhere in Canada, not just in Quebec, and things are very difficult. Nurses are exhausted, and yet the member says things are fine.

• (1545)

I am sorry, but in Quebec, as elsewhere, we are living a drama, if not a tragedy. The federal government's cuts were unreasonable.

Today, the 10 provinces have just signed an agreement, and the Prime Minister is puffing out his chest and saying "We are generous". Busting one's britches is not generosity, or recognition, it is simply indecency.

**Mr. Denis Coderre:** Does that hurt you?

**Mr. René Canuel:** Yes it does, and it hurts the nurses especially. It hurts my fellow citizens who are sick and have to wait because of government cuts.

Today, all the members on the other side were busy congratulating themselves, including the members from Quebec. A year or two ago, they closed their eyes. I was ready to vote zero in my riding. There are other things besides a zero deficit. We should manage a vote for zero in Canada, but we would not have the courage to hold it. My colleagues on the other side would not have the courage to support me on that. Given that there are 1.5 million children not properly fed and there are children in my riding who go without supper, that hurts.

I would ask the minister if she has some compassion in the area of health, and for children who do not get enough to eat.



*Supply*

**Hon. Claudette Bradshaw:** Mr. Speaker, I am familiar with the health issue and with child poverty as well. I joined the Liberal Party because I knew that, as a government, having put its fiscal house in order by eliminating the \$43 billion deficit, it would immediately start investing in health.

Now, the second budget to be brought down by this federal government after its fiscal house has been put in order will be a health budget. I am proud to be on the Liberal team. We hear our colleagues from the Bloc Quebecois talk about unemployment. We will be dealing with health, and the federal government will be looking after the needs of Canadians in this area.

[English]

**Mr. Paul Szabo (Mississauga South, Lib.):** Mr. Speaker, this is a very important day for Canada as a result of the agreements that were reached a couple of hours ago and on which I will be providing a bit of detail.

The motion put forward by the opposition today reads:

That this House urges the government to respect provincial jurisdiction over health care management, to increase transfers to the provinces for health care unconditionally, and to avoid using budget surpluses to encroach upon the health care field.

Canadians have had enough. They have had quite enough finger-pointing, fed-bashing and arguing about CHST and block funding. Canadians care about their health care system. Canadians care about a sustainable, secure, quality health care system to meet the needs of our families.

• (1550)

The Constitution of our country prescribes that the primary responsibility for the delivery of health care is that of the provinces and the territories. That is not in dispute. They have to plan, manage and administer health care. The federal government by law is responsible for the promotion and preservation of the health care of all Canadians and for setting national policies and standards. The federal government by the Constitution and by our laws cannot interfere with provincial responsibilities under the Constitution.

Despite all the rhetoric Canadians have had enough. Our laws are clear. The division of responsibilities is clear and indeed there are some guidelines. It is not just one or another level of government that is a player in health care. The federal, provincial and territorial governments have certain responsibilities to the extent that some overlap.

Back in 1984 when we had some difficulties in the country with regard to user fees and extra billing it was necessary for us to address them. They were causing some concern about whether or not our not for profit, accessible, portable, universal, comprehensive health care system was suddenly being dismantled and becoming a two tier health care system where those who had money were able to get the services they wanted and needed at the expense of

pushing back others and taking away resources available to Canadians at large.

Then the Canada Health Act came in and the federal government has responsibility to enforce national standards through the Canada Health Act. There are five national standards: reasonable access to all medically necessary services, a comprehensive health care system, universality for all provincial residents, portability throughout Canada, and publicly administered on a not for profit basis.

Canadians value our health care system because not only is it an international model but it has worked for Canadians. It has worked for us because it provides all Canadians with the security of a quality health care system. We want to maintain that health care system for other reasons as well.

Most Canadians will say that the health care system is one of the most powerful unifying factors in our country. It is our common bond of association. It is what provides us with the security of knowing it is there for all Canadians regardless of their means, that health care is there not because one has money but because one is sick and needs health care.

These important principles have been reaffirmed. Today we have seen an extraordinary accomplishment in terms of federal, provincial and territorial co-operation and partnership. We have decided today to stop the bickering. All 10 provinces and territories are signatories including Quebec. The Premier of Quebec signed this health agreement because it is important for Canada.

It is a very powerful message to Canadians knowing that there is unanimity among the provinces, territories and the federal government. They have reached an accord that will ensure Canadians will not continue to hear the rhetoric and see the finger pointing of the past. They will hear about the co-operative plans in terms of how all levels will work together to continue to support our health care system.

I have just received the framework of these talks. One of the most important elements is the dispute avoidance and resolution provision. This is the crux of the issue. Earlier today when working on my speech I had ample evidence to show finger-pointing and arguments based on insufficient or incorrect information. These are the kinds of things that were driving Canadians to be frustrated by what was going on.

• (1555)

I will not raise those arguments. It is time to put them away. It is time to stop talking about federal-provincial bickering. It is time to start talking about the important things in Canada, the important things in our health care system like prenatal nutrition; the problem of FAS, fetal alcohol syndrome and fetal alcohol effects; early childhood development issues; the aged; and the people with diseases and medically necessary illnesses that we have to address.

*Supply*

Canadians should have the comfort level that these issues will be addressed.

In my remaining time I will review a few of the elements of the dispute avoidance and resolution provisions of the historic agreement that was reached today. I believe it should give Canadians the assurance that we will never go back to bickering about who is responsible. There will be an accountability mechanism.

The governments are now committed to working collaboratively to avoid and resolve intergovernmental disputes respecting existing legislative provisions and mechanisms to avoid and resolve disputes. Their mechanism will be simple, timely, efficient, effective and transparent. It will allow flexibility for the governments to resolve disputes in a non-adversarial way, which is important to Canadians.

The governments are committed to working together and avoiding disputes through information sharing, joint planning, collaboration, advance notice, early consultation and flexibility in implementation. There will be sectoral negotiations to resolve disputes based on fact finding. It will be a public fact finding issue.

If issues should arise where there is some question on whether or not funding was applied in the areas agreed or whether the parties did what they were to do, there will be a public fact finding process to ensure that whatever occurred will be known by all parties. That is very important. It will ensure and put the onus on all parties to do their share because it will be a public accountability process for all Canadians.

The debate we are having today is important but not in terms of federal-provincial bickering. Today we should celebrate the fact that Canadians can rest assured that moneys will be made available to protect Canada's health care system from coast to coast to coast.

We congratulate the Minister of Health, the Minister of Justice and the Minister of Intergovernmental Affairs for their work on behalf of the federal government to achieve this health accord and the social union contract which was settled today. We thank them not only on behalf of the members of this place but appropriately on behalf of all Canadians.

[*Translation*]

**Mr. Odina Desrochers (Lotbinière, BQ):** Mr. Speaker, we on this side have the solution to all the disputes and to everything that is going on with the federal government, and that is sovereignty for Quebec.

Let us have a sovereign Quebec, with full powers in health, education, welfare and all the problems will be resolved.

When I see my colleague opposite boasting about this agreement today, when we are only getting what was ours to begin with, this is not a gift. Since 1993, we have sustained massive cuts. This

government has yielded to pressure from the public and all the provinces. At least it has had the courage to put a little money back into health care.

With respect to the social union, I would like to ask the hon. member to pledge that his government will never interfere in health, education and social programs again. The reason for this request is that Quebec could not be a part of this social union because the document put forward by the Prime Minister of Canada was not clear.

• (1600)

[*English*]

**Mr. Paul Szabo:** Mr. Speaker, I know the hon. gentleman well and I am going to gently suggest that notwithstanding his enthusiasm for sovereignty, the premier of Quebec has reaffirmed his support and partnership in Canada with regard to our health care system. This is an extraordinary achievement and it shows that Canada is unified on the importance of our health care system to all Canadians.

The second matter the member made a query about was with regard to dollars. Possibly when the member sees the press conference that was given some two hours ago and reads the reports he will find out that the premiers had the best meeting they have ever had with the Prime Minister. They agreed upon dollar commitments and timeframes and they are unified in their position to defend our health care system.

Finally, about interfering in health, the member will well know that the federal government has a role to play in enforcing national standards. The transfer of any moneys from the federal government under the laws of Canada are only to be applied for hospitals and for physician services on the ratio of two-thirds to one-third.

[*Translation*]

**The Acting Speaker (Mr. McClelland):** The hon. member for Hochelaga—Maisonneuve has one minute to put his question, and the reply should not be over a minute either.

**Mr. Réal Ménard (Hochelaga—Maisonneuve, BQ):** Mr. Speaker, there is a limit after all.

Will the hon. member agree that Quebec was not only deprived of money that it should have received, but that it is totally unacceptable for the federal government to get involved in health?

Could the hon. member send me, through you Mr. Speaker, the part of the Canadian Constitution where it says that the federal government has the power to do that? I would appreciate it if he could show me where it is provided in the Canadian Constitution that the federal government can get involved in the health sector. Have him send us a copy of the Constitution through you, Mr. Speaker.

*Supply*

[English]

**Mr. Paul Szabo:** Mr. Speaker, the simple fact is that the premier of Quebec on behalf of all of the people of Quebec entered into and signed the agreement today supporting, along with all of the provinces and territories, the principles of that health accord.

There is no question about the interference matter raised. The premier is not concerned about interference. The premier understands that the roles of the provincial governments and the federal government are established under our Constitution and that the Canada Health Act prescribes the role of the federal government in terms of national standards and national policies in protecting the principles of the Canada Health Act.

Quebec is in. Get used to it.

[Translation]

**Ms. Hélène Alarie (Louis-Hébert, BQ):** Mr. Speaker, the provinces have had exclusive jurisdiction and authority over health since the 1867 Constitution Act was passed, leaving the federal government with the responsibility to legislate in the areas of food and drugs, criminal law, quarantine and marine hospitals.

The provinces have been vested with the legislative powers relating to hospitals, the medical profession and the practice of medicine, including costs and effectiveness, the nature of the health care system and the privatization of medical services.

Yet, even though the Constitution Act, 1867 is clear on this, particularly sections 92(7), (13) and (16), the federal lawmaker has been using its inherent spending power to set national standards for provincial medicare programs. It is thus imperative to limit this federal spending power, hence today's motion:

That this House urges the government to respect provincial jurisdiction over health care management, to increase transfers to the provinces for health care unconditionally, and to avoid using budget surpluses to encroach upon the health care field.

• (1605)

All the premiers at the meeting in Saskatoon last August called on the federal government to restore the transfer payments it had taken for itself since 1994 so that they could do something about the widespread needs making themselves felt in the health care system. They called for \$6.3 billion, of which \$1.8 billion, and therefore over \$1 billion for health alone, is Quebec's share.

The federal government has now balanced its budget and is even getting ready to build up a huge surplus estimated at between \$12 billion and \$15 billion, largely through provincial cuts, to health in particular.

From the beginning, the Bloc Québécois has been fighting to have the money cut from Quebec's transfer payments restored.

Today, all the premiers were told that they would get back a small portion of what they were asking for to help them with health care costs. This is a far cry from the initial demand of last August, but we are running out of steam and have agreed to accept this paltry amount, which is our due, because it has been offered without any conditions, and Quebec has defended the interests of Quebecers well on this score. It will be in a better position than anyone else to know which parts of its health care system are most in need of funds.

I would now like to go back to the federal government's interference in provincial affairs, because the Constitution Act, 1867, clearly sets out which are federal and which are provincial areas of jurisdiction.

The federal government is returning to the provinces only part of the billions it cut but, in its constant quest for visibility, apparently has millions to spend on new programs, such as a national home care program. The Liberal government is denying the provinces the right to opt out with full financial compensation for home care. This is a bit like what is happening with the millennium scholarships.

But there is more: in its 1997 budget, the federal government announced that it would spend \$150 million over three years on the health services adjustment fund to help the provinces set up pilot projects to provide home care or pharmacare, even though Quebec, well ahead in this area as in many others, already has its own programs.

Since the Constitution prevents the Liberal government from opening federal CLSCs in Quebec, it goes through the back door so it can interfere in areas under provincial jurisdiction, as it did in education with the millennium scholarships.

Moreover, the health minister is going to spend \$50 million over three years to set up a national health information system, as planned in the 1997 budget, and \$100 million over three years to improve two existing programs: the community action program for children and the Canada prenatal nutrition program.

Is it going to offer the right to opt out with full compensation to the provinces that do not want those programs?

Finally, on June 18, the federal government renewed its commitment to the fight against breast cancer. The renewed federal contribution is set at \$45 million for the first five years. The Minister of Health announced that the Canadian breast cancer initiative would be renewed and enjoy stable, ongoing funding of \$7 million per year, as well as a whole series of measures in this area.

However, the breast cancer initiative of the federal government is duplicating Quebec's cancer control program that the former health minister, Mr. Rochon, and the president of the cancer advisory council made public last April. This innovative tool will be used throughout the province of Quebec and has become

*Supply*

Quebec's cancer control program, whose theme is it takes a team to beat cancer.

Through its spending power, the federal government is getting involved in cancer control, which demonstrates once again that the Liberal government always finds money to duplicate the work of the provinces. And what about the national report card the health minister has announced?

• (1610)

Again, the minister seems to forget that, since the provinces manage health care services, they are in the best position to know what the health care situation is in their respective jurisdiction.

So, we urge the federal government not to use this annual report to penalize the provinces that do not want any part in it. Will we have the right to opt out?

Our political party will always defend the interests of Quebec. It seems to me that all the other Canadian provinces are not close to their people, since they are willing to accept the central government's interference in their area of jurisdiction. The health issue should have been an eye-opener. But what if it were a question of pride?

To be proud, one has to identify with one's people, which is quite easy for Quebeckers.

**Mr. André Harvey (Chicoutimi, PC):** Mr. Speaker, I am pleased to take part in this debate, which I had the opportunity to do on several occasions today. Since the hon. member gave such a well thought out speech, I would like to convey my concerns to her.

Unless one is extremely doctrinaire, it is always possible to agree on a question of principle. The member just said that the Bloc Québécois will defend the interests of Quebec. I am beginning to make a distinction between defending the interests of the Government of Quebec and defending the interests of citizens, in particular those I represent and the interests of outlying areas of Quebec, which an overwhelming majority of Bloc Québécois members, people of quality, do defend.

My concern is that when there are requests for transfers for health, for instance, my past experiences in other areas make me wonder a little. For instance, in areas like employment where there have been massive transfers, the effects are still not felt in various regions in Quebec. There is almost no programming left relating to employment activities.

The problem we deal with in our region is also present elsewhere. If health funds are transferred to the Government of Quebec, I would like assurance from the hon. member that those funds will be distributed equitably among the various regions of Quebec. Based on the statistics, the region of Saguenay—Lac-Saint-Jean, among others, has a very serious deficit compared to

other regions in Quebec, namely central regions like the Montreal area. The accumulated deficit is about \$75 million. That explains why we face such serious problems.

In my region, we are no longer able to provide good quality health care to our citizens. There is cause for major concern when the population of a region can no longer obtain health care. Health care is a priority. We have to defend our fellow citizens on practical issues.

I agree with transfers to Quebec, but what concerns me is the way the Government of Quebec will transfer the money to regions. This is the concern I wanted to raise during this debate. I am grateful to my colleague from the Bloc Québécois for having introduced this motion in the House and I hope that this will contribute to improving the way Quebec transfers funds to regions.

**Ms. Hélène Alarie:** Mr. Speaker, I think the hon. member is hinting at interference in his question, since, once the funds have been transferred to the provinces, it is their job to manage and administer the money. I think the whole of Quebec is on the leading edge in several programs such as medicare, pharmacare and health care in local community service centres.

**An hon. member:** They are closing down hospitals.

**Ms. Hélène Alarie:** As someone back there said, they are closing down hospitals. They are reorganizing, because provinces have suffered drastic cuts for many years. One cannot help but feel it when the health budget is cut by \$1 billion a year in a province.

I think we would have been poor managers if we had not been careful to manage in the best way possible the little money we had left.

I represent a city riding, but I come from the Lower St. Lawrence, a region even more remote than the region represented by the hon. member for Saguenay-Lac-Saint-Jean. We will not argue about the regions. There too, there were organizational problems in health. Still, I think every region in Quebec has been well served with what we had at our disposal.

• (1615)

A bit more money will be put in, and I am sure we are very aware of the needs of our population. So much so that no conditions have been made for to the transfer of funds to provinces. So, every province knows its own needs, glaring needs. We are reminded of them every day and they will be met, I am sure of that.

**Mr. Antoine Dubé (Lévis-et-Chutes-de-la-Chaudière, BQ):** Mr. Speaker, I am pleased to take part in this debate.

I too would like to say a few words to the member for Chicoutimi, who just spoke, even though the member for Louis-Hébert has responded very well to his comments.

*Supply*

I would like to remind my colleague from Chicoutimi of the words spoken by his former leader, who is now leader of the Quebec Liberal Party. On May 7, 1997, he said, and I quote from *Le Devoir* "Forget Lucien Bouchard and Jean Rochon; the person who is really responsible for hospital closures and the deterioration of our health care system is—". I cannot mention his name in this House, but he is the present Prime Minister of Canada. Those were the words of the former leader, of my colleague for Chicoutime, and I think he still has respect for him.

Jean Charest went on to say: "Mr. Bouchard, Mr. Harris, Mr. Filmon, Mr. Klein and all the other premiers are forced to manage the federal government's unilateral cuts".

What the member said about the Saguenay-Lac-Saint-Jean region may be true. It is true that cuts were made everywhere. He also said that it is a matter of transfers, but I think—and I am sure he will agree—it is an issue that should be discussed in the Quebec National Assembly. I wanted to remind him that the cuts were decided upon there.

Today, the federal government agreed to give back some of the transfer payments, but apparently the amount given back does not even come close to what was taken away. Since 1994, the Liberal government slashed transfer payments to the provinces for health, education and welfare by \$6.3 billion a year. If we split that amount among the three areas, it means \$1 billion a year for Quebec alone.

We will see the figures within hours or days, but we are far from the final count. One step has, however, been made in the right direction, or in other words a small step back toward the way things used to be.

Transfers to the provinces are at their lowest level—pending adjustment—in 20 years. Cash social transfers from the federal government are today where they were 15 years ago, or in other words \$12.5 billion. At the time of the federal election in 1993, the level was \$18.8 billion. This means a unilateral reduction of \$6.3 billion yearly, or 33% in less than 4 years.

Taking population growth and the cost of living increase into account, social transfers have not been this low for decades. That is why I say that, in 1996, social transfers amounted to \$386 per head. That figure is 45% lower than the 1985 record level of \$706, and 43% lower than the 1994 level of \$678.

An illustration of the concrete meaning of \$1 billion to Quebec is necessary here. One billion dollars is 20% of the cost of all Quebec hospitals. It means closure of half the hospitals in the Montreal region. It is the cost of 370,000 hospitalizations. It is the pay of half of the nurses in Quebec. It is the cost of all of Quebec's CLSCs, which is \$924 million. It is twice the cost of all services to youth, which is \$500 million. It is a sizeable amount.

• (1620)

I know that a number of members are making reference, but I would like to speak of the impact that will have on the Quebec City and Chaudière—Appalaches regions. I may be using the same figures my colleague from Lotbinière will be citing shortly, but, for example, the cuts amount to \$103 million for the Robert-Giffard hospital. They represent \$76.4 million for Quebec City's Hôtel-Dieu hospital; \$12.3 million for the Saint-Joseph-de-la-Malbaie hospital; \$72.1 million for the Laval University hospital; \$29.5 million for the Charlevoix hospital; \$54.2 million for the Saint-Sacrement hospital; \$66.4 for the Laval hospital and \$71.7 million for the Saint-François-d'Assise hospital.

On the other side of the river, in the beautiful region of Chaudière-Appalaches, there are a few examples. There will be a shortfall of \$63.7 million for the Lévis Hôtel-Dieu hospital; \$31 million for the Amiante region hospital; \$14.7 million for the Montmagny Hôtel-Dieu hospital and \$30.1 million for the Beauce-Etchemin hospital. That is a lot.

Often, when billions of dollars are bandied about people do not understand the whole impact, but I know that people currently working in the hospitals—the doctors, nurses, technicians, those looking after the patients—realize what the cuts mean in day to day terms and have known this for a number of years.

On this opposition day, the motion put forward by the Bloc Québécois is basically asking that transfer payments to the provinces be restored. I take this opportunity to commend the hon. member for Drummond, who has been our health critic since the 1993 election. I am qualified to do so, especially since I worked with her for 18 months before being reassigned to industry and regional development.

Time and time again I witnessed attempts by the federal government and the health department to interfere, not only through the funding cuts we are condemning today, but also with unacceptable bills.

We will recall for example Bill C-47 on new reproductive technologies. We could mention other areas and the broad area of health, with bills like C-14 on drinking water. We all know what happened on the hepatitis C issue. I think it is good to remind the House of the facts. At the insistence of the hon. member for Drummond and Bloc Québécois members, settlements were made, although they are still incomplete. As we know, those infected before 1986 are not eligible for compensation.

At the health committee, the hon. member for Drummond and myself could see this sort of thing happening almost on a weekly basis. And it went on. There was this foundation that funds health research, to which payments were made directly, but efforts are made to go over the heads of provincial governments and deal

*Supply*

directly with universities and even private scholars. As I said, this is still going on.

I have been attending every meeting of the Standing Committee on Industry and, because some proceedings are held in camera, I am not at liberty to mention specific issues; a report is to be tabled on Monday. In recent days, we saw all the attempts made by the federal government to invade the health sector, allegedly to protect the interests and health of all Canadians.

This is why I think the Bloc Québécois did a good thing today. Its motion came at a most appropriate time, when the premiers and the Prime Minister are negotiating on this issue and others, including social union. Indeed, an agreement was reached regarding the recovery of part of the transfers.

• (1625)

The issue of social union was also discussed. An agreement was reached to recover transfers. It is still acceptable for health, and I know that my colleagues discussed this issue, but attempts have been made to set new standards, new conditions, again in an effort to get involved in what is—as we know—essentially a provincial jurisdiction.

I used to sit on the human resources development committee. This experience makes me say that there are two different mentalities in our country. Today's agreement, the so-called agreement on social union, was ratified by nine anglophone provinces. It does not bother them to see the federal government get involved in their affairs, as long as they get the money. In Quebec, we think differently.

There is a consensus in our province, and I hope the leader of the opposition in Quebec City will act in a manner consistent with what he said when he was here, and that he will support the position defended today by the Premier of Quebec, Mr. Bouchard.

**Ms. Jocelyne Girard-Bujold (Jonquière, BQ):** Mr. Speaker, I would like to take this opportunity to join my colleague, the member for Lévis-et-Chutes-de-la-Chaudière, in thanking our colleague from Drummond for all the information and support she has been providing the Bloc Québécois. She has helped us improve every piece of legislation dealing with health care we have debated in this House over the years.

If we had not had people like the Bloc Québécois members here in the House of Commons, Quebec would have been penalized ten times more. We are dealing with people who do not consult, take money that does not belong to them out of people's pocket, and use it to reduce their deficit and drive us further into poverty.

Our colleague from Chicoutimi keeps on saying "With this deal it has just signed, I am not sure the Quebec government is going to reinvest this money in health care and redistribute it among the

regions". The cuts the federal government made to health care transfer payments to the provinces created a \$38 million shortfall in the Saguenay—Lac-Saint-Jean area. This is a lot of money, \$38 million, this is not peanuts. This is money it took out of our own pockets.

It said "We do not want to know, you deal with it". We in Quebec had made the move toward ambulatory care. We were going to get health care under control.

But the federal government would not let Quebec do its own thing. It said "Let us play a dirty trick on them and cut \$38 million", which is what it did in my area alone. This was a contemptible move on the part of the federal government.

This was not a gift from the Government of Canada to the Government of Quebec. It represented only a third of what they owed it. I think they should give us back the two thirds they still owe. Since 1993, the federal government has cut provincial transfer payments by \$6.3 billion. This affects the Government of Quebec. The battle is not over. Quebeckers are proud. We listen to our people. We are attuned to what every member of Quebec society thinks. We are proud of what we are and we are proud of our desire to become a sovereign nation.

I would like to ask my colleague, the member for Lévis-et-Chutes-de-la-Chaudière, if he too, in his region, has heard equally contemptible examples of what the federal government has done to the Government of Quebec.

**Mr. Antoine Dubé:** Mr. Speaker, I have heard similar comments. In our riding offices, we hear all kinds of horror stories, people talking about personal experiences with regard to that.

I would like to go back to the issue of difference. I still say there are two countries within this country. In our work and in our discussions with members on the other side of the House and from other parties on this subject, we can see how important it is for Quebeckers to maintain jurisdiction over health, education, and so on. We feel this is important. We are always faced with a perception that we can respect because they may not have read the same history books as we have, and vice versa.

• (1630)

They think—and I am also saying this to those who are listening—that the federal government is the superior government, followed by a second level, the provincial governments, and finally by the municipalities. The spirit of Confederation in 1867 put all governments on the same level. They were meant to have different responsibilities and to act together. That is no longer the case today.

The federal government, with its spending power, uses the money. After achieving surpluses, as mentioned by the member for Jonquière, the federal government can now rectify the situation. However, those billions of dollars that were taken away from

*Supply*

Quebec and the other provinces have resulted in unthinkable situations, including the one in the Chaudière-Appalaches region. That is the example that always comes to mind.

It is a difference in perception to think, as my colleagues from the other parties do, that the federal government is the superior government, the big government, with the provincial governments being inferior governments.

[*English*]

**Ms. Carolyn Bennett (St. Paul's, Lib.):** Mr. Speaker, it is a pleasure to talk today about health care but I am saddened that yet again we seem to be talking about turf.

The motion is filled with words about turf and not about the welfare of Canadians. Words like jurisdiction, unconditionally, encroach and health care field actually mean that we refuse to discuss what is most important to Canadians individually but also to Canadians' role in the international field.

I would like to talk to this motion from two perspectives.

Canada on the international stage when sitting at a meeting with other countries with the Canadian flag in front, needs the ability to be responsible for the kind of health care delivered across the country.

Mr. Speaker, I forgot to mention that I will be sharing my time.

Canadians across the land need to know that when they are represented internationally they will not be embarrassed. Canadians hold their health care system with huge pride. They have expressed that medicare is their badge of honour.

Canadians feel that fairness in the delivery of health care across the country is the most important thing to them. They do not think the size of somebody's wallet should determine where one stands in line for a required procedure. It is extremely important to remember that the provincial responsibility has been for the management and the delivery of health care, but the federal government has always had a role in health care promotion and prevention.

Prevention is the most important thing we can do for our health care system. It must not and can never be separated from actually what is the vision and values of health care for the country. It is integral to doing a good job in health care.

The federal government has always had an important fiscal component in health care. The central vehicle of this has been the CHST. The CHST has been an important lever in terms of a cash transfer. Up until now it has been our only way of insisting on the

provisions of the Canada Health Act which are actually essential to the security and confidence that Canadians have in the system.

Public administration, comprehensiveness, universality, portability and accessibility are important aspects to Canadians but as I have said before, unfortunately the Canada Health Act says nothing about quality.

Canadians risk losing confidence in their health care system. It is imperative that the federal government has a way of ensuring high quality care. That begins with an understanding and co-operation in terms of measurement.

It is thrilling that today with the social union talks we have begun discussing things like accountability. I remember last summer when the Minister for Intergovernmental Affairs first mentioned in terms of the social union talks the word accountability. A lot of us were thrilled that there was the beginning of a discussion on how we ensure to Canadians that it is not the federal government checking up on the provinces but it is a matter of both levels of government being able to report to Canadians on how these outcomes are being done.

● (1635 )

Today we see in the document things like achieving and measuring results, monitoring and measuring outcomes of social programs, sharing information and best practices, something we know we need to do in order to find the savings. Just giving money is never going to be enough, unless we can ensure that health care is delivered in a collaborative way where all the provinces get to share their good ideas with one another and professionals get to determine what are best practices and a cost effective way of spending the money.

Today we have publicly recognized the respective roles and contributions of all levels of government. But we also know that when funds are transferred from one government to another for the purposes agreed upon it is extraordinarily important that this not be passed on to the residents in some other way. We need to make sure that the dollars for health care are spent on health care and that they are spent wisely on health care.

Involving Canadians in some sort of vision exercise is going to be the most important thing we do. We have to ensure that there are effective measures for Canadians to participate in what it is they want and the ability of the federal government to make sure that it happens.

There are certain places within the provinces that do extraordinarily good things. The kind of standard that is now in Quebec in terms of home care is a model for the country. We should share that information across the country and talk about how we get that for all Canadians. Recently when we saw the B.C. outcomes in cancer, we were all a bit jealous and wanted to know what was being done. It is up to the federal government to be the clearing house to make sure those good ideas happen.

*Supply*

Whether it is waiting lists or outcomes or how people are doing in early discharge, we have to measure the readmission rates, if we are going to boast about early discharge in terms of maternity for example. We need to know about hysterectomy rates and Caesarean section rates and birth weight. We are judged internationally as to how we are doing on things such as birth weight. It is not good enough that we leave the accountability for the provision of health care without holding our own valued responsibility to Canadians in terms of how the dollars are spent.

Traditionally the federal government has had some small direct spending ability. Today in the talks it was again articulated. Federal spending power should be used in making transfers to individuals and organizations in order to promote equality of opportunity, mobility and other Canada-wide objectives. When the federal government introduces new Canada-wide initiatives funded through direct transfers to individuals and organizations, it is going to give notice and co-operate with the provinces.

Look at our CAPC program. There are a lot of areas in Quebec where that is hugely welcomed and gratefully received. It is that kind of initiative Canadians have benefited from again irrespective of turf.

I implore my colleagues across the way to help us decide. There were social union discussions today. The next step must be to move to a proper vision exercise to decide together what kind of country this is and what are the values and the vision for this country. Then we must continue to co-operate in a way that is good for Canadians and accountable to Canadians.

[Translation]

**Mr. Réal Ménard (Hochelaga—Maisonneuve, BQ):** Mr. Speaker, I acknowledge that my hon. colleague has put a great deal of sincerity in her speech, but there seems also to be fair bit of inconsistency.

First of all, for those who believe in this country called Canada—we are not among them, at least not as it operates now, and as we know it—it seems to me there ought to be an underlying principle behind their actions and their statements. That would be a minimal respect for the founding legislation of Canada, that is its constitution.

• (1640)

It is not because we are going to the offices of a charitable organization that we can get away with driving at 140 kilometers an hour on the highway, nor is it because it wants to help people that the federal government is entitled to interfere in any and all areas of jurisdiction.

It is paradoxical that the hon. member tells us in her speech that she wants to be proud of her health system when she goes abroad.

This caucus reminds me of the movie *The Silence of the Lambs*, because it is quite docile and it does not offer much resistance to policies that deserve greater criticism and challenges.

If the member cares about other people, and I am sure she does because she is a good person, there are three things that she could promote in her caucus.

First, she could talk about the Canadian Human Rights Act abroad, because it is her duty to do so. Our country is one of the few that does not prohibit discrimination based on social status. So, if the member wants to talk about social justice and if she cares about other people, she can campaign, inside her own ranks, to get a real debate that would allow the inclusion of social status among the prohibited grounds of discrimination.

Second, should the member not pressure the Minister of Human Resources Development who just found out that there are people who are exploited in our society? Should she not press for improvements to the EI system?

Third, should she not press the government to give back to the Canadian provinces the money that it brutally stole from them?

These are three areas where the member could use her talents, her intelligence and her convictions to work in the best interests of other people.

[English]

**Ms. Carolyn Bennett:** Mr. Speaker, it is interesting again that some of my colleague's suggestions are things that would be a national standard. We need to be on the international stage showing that we are sticking up for these kinds of things, whether it is child poverty or accessibility to university. One of my constituents has seen McGill University documents courting Americans who will pay more but she cannot get her son into McGill.

There are national standards we want to see throughout this country. It is a matter of our sticking together and saying that it should not matter where we live in this country, that we are entitled to have good health care, good access to post-secondary education and good social programs. We are going to figure out how we measure that so that every Canadian, regardless of their postal code gets the same kind of care.

**Mr. John Bryden (Wentworth—Burlington, Lib.):** Mr. Speaker, unlike my colleague who just spoke, I have little objection to this motion. For the most part, it is an excellent motion.

I point out that it says that this House urges the government to respect provincial jurisdiction in health care management. I heartily endorse that. That is precisely what is in the Constitution. I am sure that given the right conditions, all the provinces would certainly endeavour to manage health care in a proper fashion.

On increased transfers to the provinces for health care, I think I can speak for just about every member on this side that we would



*Supply*

want to see more money go toward the health of Canadians. I am hoping in the budget that is coming out very shortly that the government in its wisdom will find more money for health care in the provinces. We must remember it is a provincial jurisdiction.

Finally, regarding using budget surpluses to encroach upon the health field, quite honestly I do not really know what that means. I certainly would not want to see the federal government encroach in any improper way on provincial jurisdiction.

● (1645)

The only word I have difficulty with in the motion is the word unconditionally. The motion suggests that the federal government should transfer billions and billions of dollars to the provinces for unconditional spending in health care. I have difficulty with that.

Currently the total cash and tax point transfer for health and social spending from the federal government to the provinces is about \$26 billion. The difficulty is that any time any government, person or organization gives money to another organization to provide services there has to be some level of transparency and accountability. We have to know we are getting a return on the money we put out to an organization, a province or whatever.

I will give an example in my own province. I hope the Bloc members are listening. I cannot speak for the experience in Quebec because I do not live in Quebec; but I do live in Ontario and can say that there is a general feeling in Ontario that the transfer money coming from the federal government for social spending will not get to where it ought to be.

There are indications of this suspicion. A person came to my riding and described a billboard in Mexico which read "Invest in Ontario—Low Personal Income Taxes". I do not know for certain but it leads to the suspicion that perhaps the Government of Ontario is using some of the money that is supposed to go to health care and other social fields for something else, which enables it to cut personal income taxes as indeed it has done. That is only anecdotal, but I have actual evidence that this general opinion is held by people in Ontario.

Every fall at fairs in my riding I hold opinion polls. I have four jars on a table. People are given four coloured beans and asked to pretend they are the Minister of Finance and have a \$4 billion surplus. Each jar is separately labelled. One is labelled "Reduce the Debt"; the second is "Increase Social Spending", the third is "Cut Taxes" and the last one is "Reduce the GST", because I am still very opposed to the GST.

Just in passing, the results among 494 players at the Rockton Fair in my riding last October was 36% for reducing the debt, 30% for increasing social spending, 23% for tax cuts and 11% for reducing the GST.

Members will notice that the figure for increasing social spending is only 30% which seems to be very low, but I have to explain the context in which the question was put to the people who participated in the poll. I should also say that fall fair, one of the biggest in the country, attracts people from all over the province, from Toronto and the Hamilton area; it is a very large catchment area.

If I gave the four beans to persons who were to participate in the poll and said social spending, they would advance the bean toward social spending. However, if I said to them "Oh, just one moment. Remember that the federal government does not control social spending. If you put that bean into the jar for social spending, health and all the rest of it, remember that it is the Government of Ontario that will actually decide how that billion dollars will be used", people would dart back as if they had touched something hot and would put the bean in another jar.

I watched the poll all the way through. I stayed there for the three days that it was carried out. Roughly half the people who would have put money into social spending changed their minds when they realized that social spending was an area entirely under provincial jurisdiction.

● (1650)

That raises the whole matter of what is wrong. If the public gives money to any organization and is uncertain about whether the organization will actually spend the money where it is supposed to, we have a problem. It is a problem that is easily fixed. The way to fix it is to require an agreement of the provincial government in which it assures the federal government that it will spend the money it receives from Ottawa on health care and agrees to demonstrate that it is spending the money in that way. In other words, there has to be some form of accountability. There has to be some form of transparency.

In the social union talks which concluded today I notice that one item agreed upon by the provinces—and I believe it also applies in the health care field—was the consent to a third party audit of money being received from the federal government and used by the provinces for health care. In other words, the actual spending on health care by a province would be audited. I will say, for example, Alberta keeps very careful track of how its health care dollar is spent. Why should all the provinces not do precisely that?

When we talk about unconditional we talk about no transparency and no accountability. However if we all agree that the money coming from the federal government is to be used on health, there should be no barrier by any province to disclosing in detail how the money is spent.

Quebec has one of the best freedom of information laws among the provinces. I hope the federal government would revise its own

*Supply*

access to information law so that the provinces can look into the financial affairs of the federal government in the same way as we would hope the people of Canada and the people of Quebec can look into how money is spent by the province of Quebec on health care.

I do not see much problem with the motion. If I thought there was even a distant chance of getting unanimous consent I would move an amendment suggesting that we drop the word unconditional. If that were agreeable to the opposition I am sure we on this side would support the motion whole-heartedly.

I do not feel I should give my party whip a heart attack by moving a motion at this time so I will pass and ask the Bloc Québécois to seriously consider amending the motion by taking out the word unconditional and I am sure it will get overwhelming support on this side for its motion.

[Translation]

**Mrs. Pauline Picard (Drummond, BQ):** Mr. Speaker, I would like to comment on the speech just made by the hon. member.

I thank him for his information and his speech, but I was a little surprised, because he was initially almost in favour of the motion. But I am not surprised about how his speech ended, because I do not think his party would allow him to vote in favour of this motion.

I would simply like to set the record straight, because Liberals often try to minimize the importance of drastic cuts in the Canadian social transfer by telling us about tax points which have supposedly increased. This is totally false and I am pleased to set the record straight.

I have here a document that was produced by an economist, a tax expert, who knows how to set the record straight. As I am not an economist or a tax expert, I cannot go into the complex mechanics of federal transfers. But I can tell members that this claim is unfounded.

• (1655)

The federal government always brings back the argument of increased tax points. This is unfounded for two reasons: first, there is no relation between the value of tax points and the value of cash transfers.

But Liberals would really like to give the impression they have compensated for their cash cuts by giving more generous tax points. In fact, they have no merit, because the value of tax points is linked to the changing economic situation.

However, the level of cash transfers is determined only by the federal government. It is these transfers that have been cut. An important fact is that the value of tax points would have been increased by the same amount if the federal government had not

slashed cash transfers, because there is no direct link between them.

Furthermore, and I will conclude on this, tax point transfers are not transfers, they are simply tax revenues like any others for the provinces.

[English]

**Mr. John Bryden:** Mr. Speaker, if I had it my way no tax points would be transferred to provinces for any consideration. By assigning tax points to the provinces we have in effect lost control over federal spending on health care. With the tax points it is absolutely unconditional how provinces spend federal dollars.

If members opposite were to move an amendment to their motion to remove the word unconditional, I guarantee them absolutely that I would vote for their motion. I look forward to the time when they actually take out the word unconditional.

[Translation]

**Mr. André Bachand (Richmond—Arthabaska, PC):** Mr. Speaker, it is always strange to hear a Liberal member say such things. We heard a lot today about accountability, about being responsible for expenditures, about the agreement, the fine print saying that from now on provinces are taking responsibility for spending the additional funds they receive, or will receive in the next budget, for health care.

He spoke about fairs in his riding and about how the money in the budget should be spent. They should do the same for employment insurance.

Is the member ready to make the same commitment that the provinces made for health care, and apply it to employment insurance, that every dollar paid into employment insurance stay in the employment insurance fund? It will be the workers who will benefit from it. Could the same philosophy not apply to programs that have an effect on the everyday life of Canadians?

[English]

**Mr. John Bryden:** Mr. Speaker, I thank the member for his question. We have to recall that it was the Conservative government which managed to transfer these tax points to the provinces and essentially created the situation where the federal government lost control of federal spending in health care. That is very sad.

As far as employment insurance is concerned, we are talking about apples and oranges, as the member well knows, because we are talking about a situation in which the demand on the employment insurance fund is met by the money that is there.

I do not know what the member actually means. Would he increase the amount? Perhaps he is suggesting that we should cut employment insurance premiums. Perhaps that is what he is driving at. I am not sure, but I know it is not the same situation whatsoever.

*Supply*

**Ms. Judy Wasylycia-Leis (Winnipeg North Centre, NDP):** Mr. Speaker, I will split my time with the member for Churchill River. I would also ask if there is unanimous consent for the debate to continue until private members' hour. I seek unanimous consent to have this debate continue until 5.30 p.m.

**The Deputy Speaker:** Is there unanimous consent for the proposition of the hon. member for Winnipeg North Centre, that the debate continue until 5.30 p.m. this day?

**Some hon. members:** Agreed.

**Some hon. members:** No.

• (1700)

**Ms. Judy Wasylycia-Leis:** Mr. Speaker, I regret that we do not have unanimous consent to have a full debate to 5.30 p.m. on this very serious issue. I will speak very briefly and will still share my time with the member for Churchill River.

We appreciate the timeliness of this debate. I thank members of the Bloc for bringing this motion before us today. As they will know from our previous speaker, we have serious concerns with the precise wording of this motion and with the spirit of the resolution.

I appreciate the timeliness of this debate given that we are debating this on the day that news of a potential agreement between the federal government and the provinces has been achieved and where there is some agreement around a supposed social union contract. It certainly gives us some encouragement to hear that there is a move afoot that takes us beyond jurisdictional wrangling and into the serious matter of how we together as Canadians can salvage our health care system and find a way we can build in the future a universally accessible, publicly administered health care system.

**Mr. John Duncan:** Mr. Speaker, I rise on a point of order. We want to consent to extend the period beyond 5.15 p.m. for the speaking block but not necessarily to 5.30 p.m. I understand there was some confusion about what was being agreed to.

**The Deputy Speaker:** Perhaps the hon. member could clarify this. The speech by the hon. member for Winnipeg North Centre commenced at 5.00 p.m. She indicated she was splitting her time. She would have a 20 minutes speech with 10 minutes of questions and comments. Were it split there would be two 10 minute speeches with 5 minutes of questions and comments we would go to 5.30 p.m.

Is it the plan to allow for these two speeches and questions on those alone? If so, it would end before. She said until private members' hour. Private members' hour would normally start no

later than 5.30 p.m. but whenever the House got to the completion of the question.

I ask her to clarify if it was to 5.30 p.m., assuming the debate would go to 5.30 p.m. If it ends at 5.25 p.m. after these two speeches is it the intention to end then? Perhaps the member could clarify what he is trying to do.

**Mr. John Duncan:** Mr. Speaker, if they end up shorter than 20 and 10, we would like to end it at that point and not bring a new speaker into the mix who would be cut off.

**The Deputy Speaker:** Is there unanimous consent to allow the hon. member for Winnipeg North Centre and the hon. member for Churchill River to make remarks in accordance with the guidelines of a normal 10 minute speech and 5 minutes questions and comments, then the debate would terminate?

[*Translation*]

**Mrs. Pauline Picard:** Mr. Speaker, I would like some clarification. Are you asking for the debate to continue after 5.30 p.m.? If the NDP members want to use the time provided and speak from 5 p.m. to 5.15 p.m. and you assure me that the debate will end at 5.30 p.m., I agree. I, however, would not want us to continue after 5.30 p.m. The NDP members had the whole day to take part in today's debate. But if you assure me that the debate will end at 5.30 p.m., I agree.

**The Deputy Speaker:** Fine, I can give the assurance to the House that the debate will end no later than 5.30 p.m. Is there unanimous consent to proceed in this fashion?

**Some hon. members:** Agreed.

• (1705)

[*English*]

**Ms. Judy Wasylycia-Leis:** Mr. Speaker, I want to make a comment about the discussions around social union since we are awaiting the full details of today's developments but I know full well Canadians have clearly indicated that they have felt left in the dark on these very substantive and serious developments pertaining to the future of national programs in the country today.

Let it be clearly put on the record that once again Canadians feel decisions are being made at the level of executive federalism away from parliament and beyond the ability of Canadians to participate actively and fully in the debate. I want it to be clear and on the record that we call once again for this discussion of social union to go from this day forward into the public domain where all parliamentarians can debate the issues and where all Canadians can be fully involved.

*Supply*

Although this point will be further elaborated by my colleague from Churchill River, aboriginal peoples remain concerned that they have been excluded from fundamental decision making around the future of national social programs and once again we are left without the adequate input and advice to deal with what is clearly a most horrific problem in terms of health care on reserves and outside reserves among aboriginal peoples. It is a matter of serious concern to all of us that in a country as wealthy as Canada we have third world conditions all around us and we see deplorable conditions pertaining to the health and well-being of first nation communities.

There are some delicious ironies in this debate. It is clear we are talking about the future of a national health care plan. We are talking about the ability of the federal and provincial governments to co-operate with participation from Canadian citizens on the future of our health care system. At the same time we have a federal government that is so hung up and preoccupied with this notion of taking political credit and demanding report cards about provincial activities although it is this government that took the \$6 billion away from taxpayers that was going toward the health and social programs of Canada.

It is certainly ironic especially since it was this government in 1995 that brought in the Canada health and social transfer which not only took the biggest chunk out of health care spending in the history of this country but which also removed conditions by which provinces would be required to adhere to certain standards and principles. That is one delicious irony of this debate.

On the flip side another irony comes from a province like Manitoba with a provincial government that has cut so deeply into its provincial health care system, all the while sitting on a significant surplus. And it has the gall to issue a petition calling on the federal government to increase its share of transfer payments. That is the kind of ridiculous situation we enter into when we do not as a country recognize the serious problems at hand and work together to build for the future.

It is absolutely clear that what is at hand today and hopefully is being resolved as a result of developments today is a commitment on the part of the federal government to reverse the decisions it made a number of years ago which in effect put us on the road to the death of medicare. It is absolutely clear that today we are trying to put our health care system on some kind of stable footing out of a crisis mode of operation so we can move forward.

Any kind of contribution from members, including those from the Bloc who have brought us this motion today, is most welcome. But let us be clear that what is fundamentally at stake is the question of medicare, the question of a national, publicly administered, universally accessible health care system.

While we take some encouragement from today's developments, we are also very worried given the past history of the federal

Liberal government on this issue. Let us keep in mind why we are in such a mess today and learn from the lessons of the past and correct those errors.

• (1710)

I want to put on the record a brief statement by a well known former policy adviser to the Liberal government, Mr. Tom Kent, who recently released his own paper on social policy reform: "It is not in the stars, not because of forces beyond our control that we have faltered in national purposes, that our pursuit of the public interest has lagged. It is in ourselves, in the atrophy of national policies".

Let me also put on record the words of a well known former Conservative, Mr. Dalton Camp, who recently very clearly described the problems we are facing: "It is simply folly to believe that we do not have the means to provide for a national health care system. Means and ends no longer converge. The idea of government as a custodian of the national interests has become a shibboleth and self-government a myth. We are now looked after, if at all, by the World Bank, the International Monetary Fund, the North American Free Trade Agreement, the World Trade Organization, America's trade and competitiveness act and the promoters of the pending multilateral agreement on investment. We are looked upon by other members of the new world club as compliant to the point of docility".

That quote coupled with Mr. Kent's observations points to the very critical issues at hand. What is the true intention of the federal government in terms of health care from a national perspective? It is more than about money on the table. It is more than claiming political credit. It is truly about direction, about standards and about leadership.

The most graphic way one can refer to the concerns we have is to look at the way our public system has fallen into private hands.

There is no question, we have had report after, that a good part of our health care spending today is from the private sector. We are rapidly losing hold of a sound publicly administered system.

Our biggest worry is that we are very much on a slide to a two tier American style health care system. That is the last thing Canadians want.

I urge all members today to look to this point as the beginning of a new era where we can actually recognize the importance of a national health care program; the principles of the Canada Health Act, the need to stop offloading and deregulation by the federal government in the area of health protection, the need to find ways to stop this slide into a privatized American style health care system and to find ways where we can truly work at the federal-provincial level with citizens participating at building for the future.

*Supply*

**Mr. Paul Szabo (Mississauga South, Lib.):** Mr. Speaker, I am a little disappointed that the member continues to point fingers and use the rhetoric of the death of the health care system, the advancing of a two tier health care system, et cetera.

This is the kind of rhetoric Canadians do not want to hear. The issues at hand are the fact that the provinces, the territories and the federal government today have resolved all the bickering and have come up with a plan to assure all Canadians about our secure, sustainable health care system and that the funding will be there.

The member will also know that the responsibilities of the federal government are defined in that they are transfers for hospitals and for doctor fees, which is acute care, not the whole health care system, so there is some joint responsibility with regard to funding. On the member's numbers of \$6 billion, et cetera, we are talking about health but now she rolls in post-secondary education and social programs and starts to muddy the waters. She is talking only about cash and not about tax points.

This is all the stuff Canadians want to stop hearing about. What they want to start hearing is that all levels of government are working together to ensure that Canada's health care system and the principles of the Canada Health Act continue to be supported and sustained for a long time to come.

• (1715)

I have a question for the member regarding some derogatory comments she made about report cards, et cetera. Canadians do want accountability. Yesterday I received the report of the advisory council on health infrastructure. One of its principal recommendations in the final report was to develop the analyses and the information gathering to be able to do report cards for Canadians so that Canadians will know how to assess the quality and the efficiency of our health care system.

Is the member saying reporting and being accountable to Canadians by some mechanism which may be referred to as report cards is inappropriate?

**Ms. Judy Wasylycia-Leis:** Mr. Speaker, I will answer the last question first.

The member is not prepared to hear the irony I pointed to and also misses the point. It is absolutely clear that Canadians want accountability but they want all governments to be held accountable starting with the federal Liberal government. That is why we have proposed a mechanism by which we could try to have such accountability, to have a watchdog function to ensure the federal government and the provincial governments are living up to their responsibilities to preserve a quality health care system and build for the future.

It is interesting for the member to suggest I am only being negative when he is missing the point. We are here today trying to encourage members across the way to look beyond today, to look beyond the question of dealing with the reinvestment issues and to address what is actually happening to our health care system in terms of privatized health care.

The member only has to talk to folks in Alberta who are deeply worried about the possibility of a private hospital, on which the government has maintained absolute silence. I suggest he talk to people who are waiting in line for cataract surgery in a province like Alberta and are told if they want to wait many months they can get it in the public system. If they want to pay \$4,800 now they can get it at a private clinic. That is exactly the kind of deterioration and damage that has happened to our public system that we have to be vigilant about. I would impress on the member to look to the future and to try to work to ensure that we maintain those fundamental principles of a publicly administered, universally accessible system.

**Mr. Rick Laliberte (Churchill River, NDP):** Mr. Speaker, the opportunity to speak today is very crucial because it is sort of a celebration in terms of highlighting the responsibility of health to the federal government.

When I first came to the House and when debating the health issue back in our communities it was deemed a provincial jurisdiction. Today we are in the House of Commons debating health issues and the future of health care and the responsibility of the federal government. It is a major responsibility.

I call on my colleagues to continue to support it because if we look at health care and talk about the millions of budget allocations that are needed to replenish the cutbacks that we have faced in the hospitals, home care, elderly care, maternity wards and emergency wards, all these cutbacks we have realized over the years, with a surplus in sight we have an opportunity to create a health system in the new millennium. It will be a collective effort and the federal government has to play a major role in this.

I looked at health care issues specifically in my area. There is a recent statement I highlight because there are many concerns over the state of our health care.

• (1720)

In my riding I have a majority of aboriginal people who live in northern Saskatchewan where we border the Northwest Territories, the boreal forest and the barren grounds. Here is what it says about the state of our health.

It says we are compared to developing countries because diseases such as tuberculosis and hepatitis A do not exist or run rampant in developed countries.

*Supply*

My riding in northern Saskatchewan has the highest count of tuberculosis in the country. Imagine that in 1999. We will step into the year 2000 and my constituents have the highest rate of acquiring TB right now. Let us address that issue.

How do you address that issue? What causes TB? Here is another statement: "Increased suffering from developing country diseases such as diabetes, cancer and cardiovascular disease". Diabetes is a major issue.

A few years ago I had an opportunity to work with a colleague of mine, an Inuit lady from Inukjuak. She was sharing stories about her people when we talked about our homes. Jokingly she said her people in northern Quebec were addicted to Coca-Cola.

The next day the *Globe and Mail* printed a headline saying they had to fly in a load of Coca-Cola to their communities because the winter supply to be delivered by ship could not make it before spring break-up. It was an emergency that they had to fly in sweetened soda pop. Our people's diets that are causing health problems are a major cause of concern.

What is the status of our environment, the state of our air and water, doing to our health? There is a study dealing with the toxicology of contaminants and its relationship to neurological disorders, reproductive effects, immunosuppression and cancer. PCBs were a part of that study.

A study of Inuit boys in Canada showed that their birth weights were a lot lower if the mothers had high levels of PCBs in their breast milk. These studies were conducted in our own neighbourhood. This was a very recent study and recently the federal government cut the study program on northern contaminants. This did not go beyond the water and air flows in the immediate Arctic region. This study needs to be expanded into the lower boreal forest as well, into the Cree and Dene regions.

Not only Inuit live off the traditional lands. Contaminants are impacting all our northern communities. This is a national program because the northern half of all provinces feel the impact of transboundary pollutants.

The industries in northern Alberta all spew their pollutants into northern Saskatchewan and carry on to northern Manitoba. The industries from Ontario and Quebec carry on to the Atlantic provinces and our northern regions. The Arctic polar regions get theirs from Europe and Asia. It is circulating all over the north and into our regions of Canada.

This is having an impact on our health. I have another health statistic which is a predominate number. Of our northern population 37% is under 15 years of age. Almost 50% of our population consists of children. They will be middle aged, seeking employment, housing and family support in their communities. They are

not moving out. They are not moving away from the northern communities because that is home.

The development of the north is very crucial to this. We share this all the way from British Columbia to Labrador. That is where the intrajurisdictional issue of federal responsibility is very important.

Our situation in the north was highlighted by the United Nations recently. Examples of death rates, infant deaths, premature deaths, low birth rates, cancer, teen pregnancy and diabetes are of international concern. Canada is a major highlight.

We just talked about the social union and health accord gathering that took place. The aboriginal people were missing from there. They did not have a chance to be heard. Provincial jurisdictions are providing services to those communities but the federal responsibility is crucial. The medical services branch has a role with the treaty obligations with the treaty Indians.

• (1725 )

Our communities are mixed. There are not only treaty obligations but there are non-treaty obligations. Then there are Metis obligations and the Inuit obligations. These obligations of health jurisdictions between the federal government and provincial governments is very crucial. I applaud our members today who have brought that responsibility back to the federal government.

Health is crucial. It needs national leadership. It needs provincial leadership. It needs community leadership. But the federal government has to be accountable because it inflicted the cutbacks in transfers to the provinces and inflicted the cutbacks in the environmental departments for analysis of the impacts of our health.

The other situation which is a major crisis in health in this jurisdiction is accessibility of doctors. In my community we have a group of doctors who came from South Africa because the jurisdiction of other countries cannot readily access employment in this country. But the South African doctors found employment and were readily recruited by our communities because we need a stable supply of doctors. Because of immigration they have to get their working visas authorized outside Canada.

I want to raise this in terms of a doctor's story. We want them in our clinics and in our hospitals. When they visit their families on holidays, let us say Easter or Christmas break, some of our immigration offices or embassies are closed during the holidays. They cannot get their working visas to come back into Canada to serve the clinics and serve the patients in our communities. It was an atrocity to see that. They had to backtrack and call people for five days before this specific process was completed.

On the whole issue of doctors and the training of doctors in terms of the north we need northern doctors. We need access to community health and good home care. Not everyone can come to

the large urban centres for major care. So health care and budgeting of home care units throughout the country and to supply our remote and rural communities is in dire need.

I applaud the federal leadership that is taking place and the provinces which are committed to working together. Finally health care is on the federal agenda.

**Hon. Sheila Finestone (Mount Royal, Lib.):** Mr. Speaker, I assure my hon. colleague that on the very serious concerns he expressed about aboriginal peoples, and there are many issues of concern to all Canadians, I believe that if he reads the framework to improve the social union for Canadians he will note that aboriginal peoples of Canada are included under the fundamental principles of a social union in the country. It indicates clearly that for greater certainty nothing in this agreement abrogates or derogates from any aboriginal treaties or other rights of aboriginal peoples, including self-government.

Furthermore, under working in partnership for Canadians there is a section under aboriginal peoples and it is absolutely vital that they not be excluded and that they are an important and integral part of Canada and Canadians, that we would put jurisdictional issues aside in this instance and we must address their pressing needs.

I believe the member will find that this issue has been discussed with Mr. Fontaine. There is nothing that is perfect but I do believe—

**The Acting Speaker (Mr. McClelland):** I have to give the hon. member for Churchill the last word.

**Mr. Rick Laliberte:** Mr. Speaker, I believe in talking especially about the aboriginal community because that was the perspective of my speech. We have to look at health care. Is it a top down initiative? Does the doctor have the power to deliver health care to any individual? I do not think so.

• (1730)

The issues of community, families, employment, housing, the location of water supply and the condition of the environment, land and air are at the ground level. That is where the responsibility has to be. The issues of traditional knowledge and scientific knowledge have to be balanced and recognized. The stories of the elders, their knowledge of the land, the evolution of the land and the deterioration of the land and the species, have to be taken into account.

Those decisions must come from the community. We must empower our communities and give them the resources they need to help them create a healthy future for generations to come.

[Translation]

**The Acting Speaker (Mr. McClelland):** It being 5.30 p.m., pursuant to the order made earlier today, all questions necessary to

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dispose of this motion are deemed to have been put, and a recorded division is deemed to have been requested and deferred until Tuesday, February 9, 1999, at the expiry of the time provided for Government Orders.

[English]

It being 5.30 p.m., the House will now proceed to Private Members' Business as listed on today's order paper.

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## PRIVATE MEMBERS' BUSINESS

[Translation]

### MILITARY MISSIONS BEYOND THE BOUNDARIES OF CANADA

The House resumed from October 29, 1998, consideration of the motion.

**Mr. René Laurin:** Mr. Speaker, I rise on a point a order. I would like some clarification.

As you know, 60 minutes are set aside for Private Members' Business. I see that we have only 45 minutes left to debate the motion put forward by the member for Red Deer, which should take us to about 6.15 p.m. Normally we should still have 15 minutes left in the debate, but the division on the motion is deemed deferred until next Tuesday.

Does this mean that at 6.15 p.m. we will proceed immediately to the adjournment motion?

[English]

**The Acting Speaker (Mr. McClelland):** That is correct.

We have 45 minutes for the debate and seven members have indicated their desire to speak to the motion, and there may be others. If possible, we could ask everyone to shave a couple of minutes off their presentations and that would give everyone a chance to get their oar in the water.

**Mr. Keith Martin:** Mr. Speaker, I know many people have a lot of things to say in their speeches so I will ask for unanimous consent to enable all speakers to speak for the allotted 10 minutes per person. That would be fair and equitable and would give a chance to everybody who wants to speak.

**The Acting Speaker (Mr. McClelland):** The hon. member for Esquimalt—Juan de Fuca has requested unanimous consent of the House. Does the hon. member have unanimous consent?

**Some hon. members:** Agreed.

**Some hon. members:** No.

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[Translation]

**Mr. André Bachand (Richmond—Arthabaska, PC):** Mr. Speaker, I shall be brief since time is of the essence. I will not take all the time allotted to me and humbly heed your request.

My colleague from Compton—Stanstead already discussed Motion M-380 in this House. He made a brilliant speech. Above all, he generated interest in this matter in the House because, unfortunately, the government does not notify us ahead of time and consult us on a regular basis on the whole issue of a Canadian military presence abroad.

At any rate, to know what is going on with our troops, we are generally better off phoning the U.S. secretary of state, who will provide us with information before our own government tells us about our troops' involvement in various missions.

There was such an instance one year ago, when things were starting to heat up in Iraq, and the Americans and the British were preparing to intervene.

• (1735)

The Prime Minister announced that the House would be asked to take note of the fact that Canada might support action against Iraq. However, before this announcement was made, we learned that the American secretary of state knew that Canada had already given its consent.

This is somewhat frustrating. The government does not seem to want to consult Parliament. More specifically, the Minister of External Affairs does not seem to give a damn about what parliamentarians think on a number of matters, including the deployment of Canadian troops abroad to provide either humanitarian or military assistance, although the motion focuses on the military aspect.

The motion does not specify under which authority the mission would be placed. Would it be under the UN? Under NATO? Under the Americans? This might make for an interesting debate.

The Minister of Foreign Affairs is not listening, as he showed us today on the issue of plutonium imports. The Standing Committee on Foreign Affairs and International Trade heard witnesses on this issue. In the report on plutonium, all parliamentarians—we always wonder about the Reformers—asked that absolutely no plutonium be imported into the country. The minister says “We will see, we are not sure”. He did not read the report. We submitted a report to him and he did not even read it. He does not care about us one bit. When it comes to deciding whether we should send military personnel, it is the Americans who make the decision.

We can understand the frustration behind the motion moved by the member for Red Deer. Unfortunately, that motion is flawed. It

is incorrect. It is difficult to defend because it is incomplete. It creates a process which may not be necessary, but that motion is the product of frustration.

What is meant by “a significant contingent”? As the hon. member for Compton—Stanstead pointed out, if we send one soldier to Cyprus, does that mean we must have a debate in the House? We already have aircraft stationed in Italy that are ready for action in Kosovo. Must we have a debate about that? The minister said we would have a debate in this House.

All too often the debate is short and its purpose is primarily to inform the House that Canada has already told the United States, England, France, NATO, the UN, the Pope and everyone else that it would take part in a mission. Everyone has been told except us parliamentarians.

The motion is incomplete, and we will have a lot of trouble supporting it. At the same time, we must also recognize the government's executive power to make decisions. It is ineffective from a governmental point of view. However, minimum respect for the men and women in this House would dictate that the government inform them of its intentions and allow them to play their role as parliamentarians. It is so important for a government to have the support of parliament when taking action.

Take the humanitarian missions, for example. There was no debate in the House in the case of Hurricane Mitch. There were questions about what Canada was contributing in the way of money, troops, and human and material resources. Not one member of the House rose to say that they were not in favour of sending our troops to help out in the case of Hurricane Mitch. What we are talking about here is military missions that are a much greater risk to Canada's credibility but above all to the lives of our men and women in the armed forces.

The member for Red Deer means well. However, the motion perhaps conveys more frustration than credibility. We are very open to improved consultation of parliament in the case of a decision involving Canadian military personnel outside Canada's boundaries.

We hope that the government will listen for once and, contrary to what it did in the case of the nuclear bomb tests, Iraq, Kosovo, and all sorts of other situations, will want to share information and probably hear a few arguments from all four opposition parties.

I congratulate people for being interested in the military question. It is an important one. However, a message needs to be sent as well. If there is going to be a debate before troops are sent overseas on an official mission, we should perhaps also make sure they are well equipped.



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• (1740)

On the subject of the planes, the minister was saying there was no problem with the ejectable seat, that it was the parachute that did not work. That makes no sense.

Last year, they were short of boots in the Canadian armed forces. They want to cut another 5,000 people, men and women, the staff of the Canadian armed forces. What do they want? A scout troop with hard hats? If that is it, let them say so.

In closing, the government should discuss more with parliamentarians and make them allies. There is often talk of American, French and British allies, but the greatest allies of the Canadian armed forces are to be found here. Our military needs support when it goes on foreign missions, let the government consult the opposition.

**Mr. Robert Bertrand (Parliamentary Secretary to Minister of National Defence, Lib.):** Mr. Speaker, it is a pleasure to rise today to speak to this motion on the role of parliament with respect to defence and external affairs policy matters.

First of all, let me make it perfectly clear that we are against having to take a vote before any Canadian troops can be deployed abroad. This motion was debated for the first time in June, and again in October. Both times, we opposed this motion to make a vote mandatory before Canadian military personnel can be deployed abroad. Our position has not changed. We continue to believe not only that timely and effective action is required in times of international crisis but also that this position is consistent with what the people of Canada want.

We also continue to believe that it is important to consult parliament on the deployment of military personnel, and we have demonstrated on many occasions. Canada has made a name for itself internationally, and it is proud of it. Our involvement in the two world wars, the Korean War and various peacekeeping missions as well as the fact that we belong to many international organizations reflects that.

This tradition lives on today, the same way Canadians continue to depend on multiculturalism. The people of Canada continue to pay attention to what is happening internationally and to support a Canadian presence in hot spots around the world.

[*English*]

Let me draw attention to a public opinion poll conducted by Pollara in November of last year. In that poll Canadians responded overwhelmingly that Canada needed the Canadian forces. They supported UN peacekeeping, peace making missions requiring the use of force, NATO out of area operations and NORAD.

We recently reaffirmed Canada's international role by winning a seat on the United Nations Security Council. Three-quarters of the votes cast were in favour of Canada's bid, a clear endorsement of

our international credentials, a recognition of our longstanding commitment to the United Nations and our commitment to a better world.

With our commitment to multilateralism and our position as one of Canada's wealthier countries and a G-7 member Canada has the means and a responsibility to maintain and deploy high quality armed forces. When crises arise that threaten peace and security we need to be able to respond quickly and effectively.

[*Translation*]

The government usually submits to the attention of the House those issues that involve major deployments abroad to maintain peace or to achieve other purposes, and this is precisely what we have done. The debates have focused on specific operations as well as on the principles and the thrust of Canada's peacekeeping policy.

For example, last year, parliament discussed several highly visible international events. In October, the House focused its attention on the situation in Kosovo. It discussed the possibility of Canada's participation in the settlement of that terrible conflict. All the political parties were in favour of an intervention if no diplomatic solution could be applied to this very serious humanitarian crisis.

In April, the House discussed the renewal of Canada's participation in the NATO led stabilization force in Bosnia.

• (1745)

All the parties agreed that Canadian troops should remain in Bosnia to continue to bring their valuable support in that poor country.

[*English*]

Also, in April the House of Commons defence and foreign affairs committee met to discuss Canada's participation in a peacekeeping force in the central African republic with both ministers and the media in attendance.

The joint meeting unanimously resolved that Canada should participate. These are just a few examples of public discussion, but there are many others. This House debated long into the night in February 1998 the participation of the Canadian forces in a possible military action in the Persian Gulf.

In February 1997 members debated Canada's role in international efforts to sustain a secure and stable environment in Haiti. We also had numerous debates in 1994 and in 1995 on our participation in the former Yugoslavia.

[*Translation*]

In fact, a special joint committee of the House and the Senate made a major contribution to the development of our current defence policy, which gives the Minister of National Defence and the Canadian forces the mandate to defend Canada and to protect

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its interests, while helping restore peace and security in the world. All this shows the great importance given by the government to parliamentary debates on these issues.

Since the end of the cold war, the number and the complexity of peacekeeping missions and other peace operations has constantly increased and these activities also last longer. In this era of ethnic cleansing, genocide, and indescribable human suffering, we must react quickly to emerging crises.

Thanks to its rapid reaction, Canada has been able to make a true contribution on the international scene. One of the lessons learned from experiences such as Rwanda, for example, is that the success of humanitarian relief operations depends on rapid deployment.

[English]

We have taken these lessons to heart by improving our ability to react very quickly. In 1996, for example, the Department of National Defence worked with foreign affairs and international trade and the Canadian International Development Agency to create a plan for responding quickly to humanitarian disasters.

The result of this co-operative effort was the Canadian forces disaster assistance response team, DART. DART is capable of responding to a crisis in Canada or almost anywhere in the world and we can begin deploying within 48 hours of a government decision to send assistance.

It was deployed to Honduras in November and in December 1998 as part of the international humanitarian response to hurricane Mitch. DART reflects the Canadian forces unique capabilities and resources to meet these challenges.

[Translation]

We also tried to improve the UN's ability to react in the event of a crisis. We feel this is important because, in our opinion, international peacekeeping operations should preferably be the result of a multilateral response from the UN.

Our government and the Canadian people are proud of the role played by Canada as a world leader in peacekeeping operations and a faithful partner in times of crisis. We will continue to consult parliament, either by holding debates in the House, or by having ministers or other spokespersons appear before standing committees.

[English]

**Mr. Keith Martin (Esquimalt—Juan de Fuca, Ref.):** Mr. Speaker, indeed it is a pleasure today to speak on Motion No. 380. I compliment my colleague from Red Deer on pursuing this important issue.

This is an issue of accountability and an issue of democracy. The United States is even obligated to bring its requests for international military involvement in front of Congress.

• (1750)

The people's representatives must have the ability to analyse whether a group of our soldiers should be going abroad. This should not be left as an executive decision. There is an element of accountability and an element of democracy. Many things need to be done and we need to illustrate a very important problem. The hon. government member mentioned there were debates taking place in this House. The hon. member knows very well that in spite of the fact that the debates on a foreign affair took place in this House, the decision as to whether troops would be deployed were made prior to that.

In a visit to Davos, Switzerland, the Prime Minister made a side agreement and publicly stated that somehow he is going to send troops to Kosovo. Was anybody consulted? Not when the foreign affairs minister is saying something completely different. Apparently not. Motion No. 380 would prevent that from happening. It would enable parliament and the people's representatives to decide whether troops should be sent for the good of Canada.

I will get to the heart of the matter, that we have a big problem in our country. We have a huge discrepancy between the demands placed on our defence department, which is really the muscle of our foreign affairs department, the commitments being made by our foreign affairs department and the international needs being placed on us.

Let us not forget our individual security as nations is intimately entwined with our collective security. Right now in 1999 our allies do not look at us as a player, as the hon. parliamentary secretary mentioned. We are not a player anymore in international security because our military does not have the capability to do the good job it has historically done. The individuals in the military are capable of doing that and they are very competent but they are not equipped and tasked to do the job.

The SCONDVA report that just came out articulately mentioned the wide and deep problems affecting our military. It also gave very pragmatic solutions to address those problems. The minister of defence needs to listen to that report. He needs to enact its solutions and resolutions immediately. If the minister does that we can start to fulfil our international obligations and get back the international respect we have had for so long.

How can we send our troops on so-called peacekeeping missions, which is really war by another name, without giving them the tools to do the job? For example, our helicopters are 30 years old, towed artillery is 45 years old, nearly going back to World War II, and our other artillery is 30 years old. Our CF-18 fighters are having so much strain in their superstructures that they are breaking down and our 30 year old helicopters are falling out of the sky. Our navy's anti-submarine warfare obligations are being

severely compromised as are our search and rescue capabilities. Our country desperately needs those capabilities. Not only are those capabilities compromised but the men and women in our military who put their lives on the line every day for our security are put on the line.

We have an obligation to those men and women in uniform to fund them to do the job, to task them to do the job and to ensure the leadership is there to do the job. But as the SCONDVA report very articulately mentioned, that is not there.

The foreign affairs department has to work hand in glove with the defence department. They cannot work as two entities. They are two halves of the same whole. I commend the Minister of Foreign Affairs for doing a very good job on some of his initiatives over the last few years which have brought peace and security internationally. However, he must work with the minister of defence and vice versa.

From a foreign affairs perspective we must engage in initiatives to prevent conflict from happening. What we see internationally is a global impotence in dealing with conflict. Many meetings have taken place. The Kosovo example is just one or we could go back to Rwanda or any number of conflicts in recent years. The former Yugoslavia is another example. We hear a lot of talk, a lot of babble and a lot of hot air but we see individuals who are sometimes willing flaunt their power in the face of international law against their own people causing the death, destruction and maiming of hundreds of thousands of people. In the face of that the international community wags its finger impotently in their face. What to they get back? They get no response.

• (1755)

Kosovo is a perfect example. The bottom line is from a foreign affairs perspective if we are to face up to tyranny then we better have the muscle to back up what we demand of those draconian rulers.

From a non-military perspective there are foreign affairs initiatives that can take place. Our foreign affairs department has the capability of dealing with preventive measures. We need to use our personnel, particularly in the IMF, World Bank and the UN, to have an integrated, preventive approach to conflict.

War needs money. Choke off the money supply and the ability of individuals to engage in war is choked off. Whether we are looking at conflicts that are on the horizon or the many conflicts that are taking place right now, they put demands on our military. From Angola, which is about ready to blow up right now, to Sierra Leon, which is in a state of complete disarray, to central Africa, which is a conflict that threatens to expand and involve many countries, a war

### *Private Members' Business*

the likes of which we have not seen in decades, to the caucuses, to Kosovo and the former Yugoslavia, Indonesia, all these are just some of the hot spots we will potentially be asked to participate in. If we are to ask our people to participate, we have to fund them properly.

I ask that the foreign affairs minister be wise in his decisions concerning involvement. That is the root of the motion from the member for Red Deer. This decision should not be placed in the hands of a few but it should be placed in the hands of this House, the representative of the people, for it is Canadian people who are putting their lives on the line.

Returning to our military solutions and looking at the SCONDVA report, they require funding back to what they were in 1994. Military personnel now are 60,000 less than our capability. Bring them back to a fighting force of perhaps 70,000 to 75,000 or at least integrate the demands of our defence department with the number of personnel available.

On the pay and allowance issue, there are important concerns that need to be addressed. How can we ask men and women to travel half a world away if they are worried about whether their wives or husbands have enough food to put on the table to feed their children? That is how serious this issue is and that in part is eroding the morale of our forces.

The power of the International Monetary Fund and the World Bank to engage in non-military initiatives to prevent conflict has not been examined properly. Those groups need to look at the economic power and use that against despots who are willing to use their power against individuals for the sake of the pursuit of power in the most heinous ways.

I ask the foreign affairs minister to pursue that with our competent people in these organizations and offer the foreign affairs minister and the defence minister our help in pursuing the effective, pragmatic solutions that we can engage in to make Canada an effective contributor to peace internationally, to keep our troops safe and also to bring peace and security to a world in turmoil.

[*Translation*]

**Mr. René Laurin (Joliette, BQ):** Mr. Speaker, the motion by the member for Red Deer invokes the principle of respect for all parliamentarians when the time comes to decide whether or not to send an active military mission to another country.

It appears that all the opposition parties are prepared to support this motion, and the Bloc Québécois has already said that that is what it will do. Unfortunately, the only arguments we have heard against have come from the government, the Liberal Party, which is getting ready to vote no for one reason alone. The main reason

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mentioned is that of wanting to retain room to manoeuvre so as to be able to act quickly.

• (1800)

This motion gives us an opportunity to solve a serious problem, which is that of asking Canadians and Quebecers who are soldiers, who are members of a military force, to go overseas to defend the freedoms in which we believe, to defend democracy. We are asking them to put their lives on the line. These troops, who have partners, children, and families, are being asked to risk their lives, in most cases, to protect ours.

It seems to me it is important for these people to know that they have the support of not only a small number of people sitting at the cabinet table, but of all parliamentarians, regardless of their political stripes.

This is the principle behind the Reform Party's motion. Instead of attacking that motion, as the Liberal Party is about to do, we should support it and refer it to a committee for a more thorough review.

Sure, this is a motion which can be improved, but the only way to do so is to support it so that it can be referred to a committee which will conduct a more thorough review and which will suggest ways and solutions so that the motion, which would become a bill, would address the objections raised by the government and allow it to maintain some flexibility.

To show that this is possible, let me refer to a dissenting opinion expressed by the Bloc Québécois in the report that followed the review of Canada's foreign policy by a joint special committee. The suggestions made by our party would help improve the motion of the Reform Party member.

We wrote, among other things, that Canada should encourage the setting up of a permanent contingent available to the UN for its peacekeeping missions abroad. We also said that there should be a limit on the number of troops in that contingent. We thought it might be reasonable to have 2,000 or 2,500 troops available to the UN for peacekeeping missions.

If Canada were in favour of the establishment of such a contingent, we would not have to come before the House every time to ask "Do we use the permanent contingent for this or that mission abroad?" No. There would be a permanent mandate from the House indicating to the UN "You can use these 2,000 or 2,500 armed service personnel people as you see fit, in peacekeeping missions anywhere in the world where freedom and democracy are being threatened".

Having this contingent would give the government the necessary latitude to respond to additional requests in specific cases. If there were a particular need for more than 2,000 or 2,500 Canadian military personnel, the government could then come before the

House and hold a debate, in order to determine whether it had the support of the House for Canada's sending more than its regular contingent in order to resolve a problem. This would be one way of responding to the desire expressed in the motion, while at the same time allowing the government to maintain this necessary latitude.

With a permanent contingent there could be a response to need at all times, without the House having to make a decision, while specific additional requirements could be discussed in advance in the House, in order to give the Prime Minister a mandate as follows: "Mr. Prime Minister, in such and such a country on which there has just been a debate in the House, we will agree to Canada's having a supplementary contingent in addition to its permanent contingent". The Prime Minister would then have the responsibility to decide the timing for Canada to send this additional contingent.

• (1805)

Then all the recognized principles would be in place, principles like making the system more democratic and involving all the members of this House in the decision to play an active role in maintaining world peace. The government would then have a perfectly legitimate right to enjoy some leeway when the time comes to make a decision.

More importantly, we want to prevent the government from having to side with the United States simply because the President of the United States picked up the phone one evening and worked out an agreement or discussed some other matter with the Prime Minister of Canada. We want to make sure that the decisions or arrangements will not be made by a select few with a hidden agenda.

When asking our military personnel to put their lives on the line to protect us, we ought to make sure that they have a mandate that has been given to them in the most democratic manner possible, involving as many people as possible. This kind of support is essential. Our troops must feel that they have the entire nation behind them, and not only the ruling party. In terms of quality of life in the military, this is certainly one way of showing respect for our troops and to let them know that they are emissaries, sent out with the unanimous consent of Parliament to protect and defend our lives. That is what this motion is all about.

If the government really wanted to uphold this principle, instead of tossing out this motion, it could support it or say that it will refer it to committee for further study and we could come back to it later, thus respecting the wishes of both the opposition and the government. It is in this spirit that we are going to support the motion and we hope that the government will give it more serious thought before rejecting it out of hand. This is a unique opportunity to improve our decision-making process when world peace is threatened.

For Canada, it would represent an opportunity to transcend the role of peacekeeper. That is our international reputation. Canadians are viewed as the best peacekeepers in the world but, with this sort of solution, we could become the architects of peace, and not just its keepers. We could create conditions favourable to peacekeeping operations, to the advent of international peace. There is a world of difference between keeping the peace and actually creating it.

I hope that the government will think about what I and my colleagues have said and that it will support the motion when it is put to a vote next Tuesday.

[English]

**Mr. Bob Mills:** Mr. Speaker, I rise on a point of order. I seek unanimous consent to close off the debate on my motion with about a two or three minute presentation.

**The Acting Speaker (Mr. McClelland):** The time for Private Members' Business would expire at 6.15 p.m., just for clarification, and we have one more speaker at least.

Does the Chair have it correctly that the hon. member for Red Deer would like to have the time extended to 6.18 p.m. to allow no more than three minutes for the member who moved the motion to sum up?

**Mr. Bob Mills:** Mr. Speaker, that is correct.

[Translation]

**Mr. Robert Bertrand:** Mr. Speaker, I would simply like to clarify something. If I understand correctly, we have only one speaker, which will take us to 6.15 p.m.

**The Acting Speaker (Mr. McClelland):** Yes, approximately.

[English]

No later than 6.20 p.m.

The House has heard the suggestion of the hon. member. Is that agreed?

**Some hon. members:** Agreed.

• (1810)

**The Acting Speaker (Mr. McClelland):** We will go to the hon. member for Churchill for seven minutes and then to the hon. member for Red Deer for three minutes.

**Mr. Rick Laliberte (Churchill River, NDP):** Mr. Speaker, I extend my support and speak in favour of the private member's motion that has been brought forward by the hon. member for Red Deer.

The motion speaks to our democratic right as members of parliament who represent the constituents of the country. All 301 duly elected members of the House represent Canada.

### *Private Members' Business*

My first experience was the debate on the deployment of troops to the Persian Gulf. As a young member of parliament coming to the House I was not struck by the immense responsibility I had as an individual in voting to deploy our young men and women to a war zone.

Entering a war zone is a very unique situation. A lot of us have never experienced it. We have never taken up arms. We have never sacrificed our lives or have been ready to take somebody else's life. These are the issues we are talking about.

The hon. member has highlighted active military mission. That is a confrontation where anybody's life could be taken at any time. Other missions are not active military missions. Cleaning up the storm struck regions of South America or an ice storm or a snow storm are not active military missions but can be done world-wide.

I take this responsibility further and share with members a vision of Canada that I have been generously sharing for the last while. I refer to the unity, the symbolism and the design of this democratic structure. The House was designed so that both sides were two sword lengths apart. The symbolism of war designed the architecture of this room. There is no unity in this room. We are designed to fight, the government and the opposition. Even the words are antagonistic and protagonistic.

We have a budget to renovate this room over the next 15 years. Why do we not renovate the library? The building is a circular one. We could take the books off the shelves and store them in a safe place on the Hill. If we cleared out that room we would have a circular room in which to make decisions in a non-partisan way on sending our men and women to war. We could shed our political stripes. As a member representing the people of Churchill River I could cast my vote on whether to send troops to an active military front. It would be not as a New Democrat, a Reform member or a Liberal member. We could shed that at the door. A crucial issue of calling our men and women to war should be done in a united Canadian way.

Our system of government was adopted from Britain. A symbol of the circle has been held sacred by the aboriginal people for generations on the land that we occupy now. Why can we not adopt a symbol of that unity to unify the country to collectively make a conscious decision when we send members of armed forces to active military missions?

• (1815)

Other decisions could be made in that room. I want to draw attention to one.

The new millennium is coming. Our young men and women, our children and the generations to come, for the youth who might take their rightful place here, let us design structures of governance that involve them without any strings or preconditions attached. We must make decisions in that way.

*Private Members' Business*

My support for the motion comes from our making decisions as members of parliament to send our people to war. Let us envision ourselves in our places of decision making and maybe that is a rightful place.

By using the wooden mace yesterday we acknowledged that this place burned down and only the library was left standing. It persevered a test on the Hill. For that strength of collective unity in this country, let us consider it.

**Mr. Bob Mills (Red Deer, Ref.):** Mr. Speaker, I think all of us were certainly touched by the comments of the member for Churchill River.

It is fitting to end the debate on that tone when we are talking about the lives of Canadian men and women and active military missions. We should not mix it up. We are all proud of our forces. We should not mix up the ice storms and various other disasters.

We are talking about going to war and we are saying that the Canadian parliament should decide that. We owe that to our troops. We owe that to the morale of our troops. We should let them know that 301 of us are behind them when they go on a mission like this. That is the purpose of this motion. To change it in any other way is simply wrong and misleading.

We support peacekeeping missions. We support peacemaking missions. We believe that our troops do exceptionally well at them.

We are simply asking that when lives are being threatened, bring it to the House so we can debate it here.

I go back to the foreign affairs minister and remind members across the way that prior to 1993, as the foreign affairs critic, he made the point over and over again that the previous government did not bring the decision to parliament when we decided to send troops into war. He condemned the government for that. I have read those speeches over and over again. I thought he meant it.

Again, last week when the Prime Minister said we were sending troops to Kosovo, our foreign affairs minister contradicted him by saying "No, we should go to parliament". I still believe he has that mission.

I hope that on Tuesday when we vote I at least see the foreign affairs minister stand on what he has said so many times and as recently as last week.

**The Acting Speaker (Mr. McClelland):** It being 6.19 p.m., pursuant to order made earlier today, all questions necessary to dispose of Motion No. 380 are deemed to have been put and the recorded division deemed demanded and deferred until Tuesday, February 9, 1999 at the expiry of the time provided for Government Orders.

It being 6.19 p.m., this House stands adjourned until tomorrow at 10 a.m., pursuant to Standing Order 24(1).

(The House adjourned at 6.20 p.m.)

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