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Tuesday, May 2, 2006

—
Speaker: The Honourable Peter Milliken

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HOUSE OF COMMONS

Tuesday, May 2, 2006

The House met at 10 a.m.

Prayers

ROUTINE PROCEEDINGS

• (1000)

[*English*]

INTERPARLIAMENTARY DELEGATIONS

Hon. Bryon Wilfert (Richmond Hill, Lib.): Mr. Speaker, pursuant to Standing Order 34(1), I have the honour to present to the House, in both official languages, the report of the Canadian delegation of the Canada-Japan Interparliamentary Group respecting its participation at the 14th annual meeting of the Asian-Pacific Parliamentarians Forum held in Jakarta, Indonesia, from January 15 to January 19.

[*Translation*]

Ms. Francine Lalonde (La Pointe-de-l'Île, BQ): Mr. Speaker, pursuant to Standing Order 34(1), I have the honour to present to the House, in both official languages, the report of the Canadian delegation of the Canada-Europe Parliamentary Association on its participation in the meeting of the Political Affairs Committee of the Parliamentary Assembly of the Council of Europe held in Ottawa, Ontario, from October 23 to 26, 2005.

* * *

[*English*]

PETITIONS

CHILD CARE

Hon. Keith Martin (Esquimalt—Juan de Fuca, Lib.): Mr. Speaker, it is a pleasure for me to present a petition to the House of Commons. The signatories of this petition point out that 84% of parents are both in the workforce and that 70% of women with children under the age of six are employed.

Therefore, the residents of Ontario call upon the Prime Minister to honour the early learning and child care agreement.

• (1005)

CITIZENSHIP AND IMMIGRATION

Mr. John Maloney (Welland, Lib.): Mr. Speaker, pursuant to Standing Order 36, I rise in the House today to present a petition from the constituents of Welland riding.

The petition calls upon Parliament to lift barriers that prevent refugees from reaching Canada; provide national leadership to address the causes that force people from their homes and prevent them from returning; reform Canada's justice and refugee and immigration system to ensure full access to due process and fundamental justice; speed the immigration process for reuniting refugees and their families; and take further measures to help newcomers integrate into Canadian society.

CHILD CARE

Hon. Anita Neville (Winnipeg South Centre, Lib.): Mr. Speaker, I have the honour to present two petitions on behalf of many residents of the city of Winnipeg.

Both petitions call upon the Minister of Human Resources and Social Development to honour the early learning and child care agreement signed with the Province of Manitoba. To not move forward with this agreement would have profound implications for children in the province of Manitoba: 1,600 spaces lost in the city of Winnipeg, 700 in rural Manitoba and over 60 in northern Manitoba. This would have a profound impact on families in the city of Winnipeg.

I am pleased to table this petition.

* * *

QUESTIONS ON THE ORDER PAPER

Mr. Tom Lukiwski (Parliamentary Secretary to the Leader of the Government in the House of Commons and Minister for Democratic Reform, CPC): Mr. Speaker, I ask that all questions be allowed to stand.

The Speaker: Is that agreed?

Some hon. members: Agreed.

GOVERNMENT ORDERS

[*Translation*]

PUBLIC HEALTH AGENCY OF CANADA ACT

The House resumed from May 1 consideration of the motion that Bill C-5, An Act respecting the establishment of the Public Health Agency of Canada and amending certain Acts, be now read the second time and referred to committee.

Government Orders

The Speaker: The last time this bill came before the House, the hon. member for Québec had the floor. She has 14 minutes left to finish her speech.

The hon. member for Québec.

Ms. Christiane Gagnon (Québec, BQ): Mr. Speaker, you are more generous this morning than you were during question period. You are giving me 14 minutes to talk about health. This is far too little, but I will take advantage of it anyway.

Yesterday I talked about the new bill for six minutes. Legally, it will give all powers to the new agency. To be sure, the agency is already operating.

Bill C-5 is a carbon copy of the Liberals' old Bill C-75, which died on the Order Paper. The Conservative Party has brought back to the table legislation to create a public health agency.

Yesterday I said that this bill will encroach on provincial jurisdiction. I would also like to remind the Parliamentary Secretary to the Minister of Health about the preamble to the bill, and to explain why the Bloc Québécois is concerned about certain prerogatives the government will continue to take advantage of in all health sectors. Allow me to read the preamble.

Whereas:

the Government of Canada wishes to take public health measures, including measures relating to health protection and promotion, population health assessment, health surveillance, disease and injury prevention, and public health emergency preparedness and response;

Whereas the Government of Canada wishes to foster collaboration within the field of public health and to coordinate federal policies and programs in the area of public health—

Whereas the Government of Canada also wishes to foster cooperation in that field with foreign governments and international organizations, as well as other interested persons or organizations—

This is the reason for the Bloc's concern about the mandate they will give to the Public Health Agency of Canada. It used to report to Health Canada. It used to be a branch within Health Canada reporting to the minister.

We see here the potential for infringement on provincial jurisdictions. In addition, we are well aware of the government's long tradition of infringing in health care. I would point out that some of the federal government's intrusions date back to the 1930s and it was clear then how the federal government infringed on provincial jurisdictions.

I will not go back that far, because I would need more than 14 minutes to set out the long list of intrusions. However, under subsections 92.7 and 92.16 of the Constitution Act, 1867, the sectors of health and social services are under the exclusive jurisdiction of Québec and the provinces. Since 1919, Ottawa has increasingly intervened in them, going so far as to oblige Québec and the provinces to meet so-called national standards and objectives.

Such is the attitude behind this legislation giving the Public Health Agency of Canada powers to invade provincial areas of jurisdiction through federal government initiatives in health sectors. The Constitution gives it jurisdiction over the health of the first nations and veterans. These are a couple of exceptions where there is no infringement.

The Constitution is not clear as to infringement in other provinces. It is based on more than just spending power, which is what has allowed the federal government to increase its major interventions.

The federal government first created the health department in 1919. In 1957, it adopted the Hospital Insurance and Diagnostic Services Act, in 1966, it adopted the Medical Care Act and in 1984, it adopted the Canada Health Act.

That act imposes conditions and criteria in respect of insured health services and extended health care services. Although we agree with those principles in the act, because Québec applies them, we reject the federal government's desire to interfere in the management of health care in Québec.

If the other provinces want to do it, it is up to them to decide, but Québec already has its networks, its way of doing things, and it also has health and social services institutions that meet the needs and that are under the authority of the Minister of Health of Québec.

• (1010)

In Québec, we have already established our own Conseil de la santé et du bien-être. It was not involved in the development of the new health council of Canada.

With the Public Health Agency of Canada, the Conservative Party continues to infringe on the jurisdictions of the provinces. We are a little disappointed with this. Some Conservative Party leaders, starting with the Prime Minister and including the Minister of Health, said that they were going to respect the jurisdictions of the provinces. This is a very bad start. They have adopted a Liberal initiative and made it a Conservative initiative, and it is an infringement on the jurisdictions of the provinces.

The mandate of the new agency is to take direct action in relation to health. It will focus on more effective efforts to prevent injuries and chronic diseases, like cancer and heart disease, and respond to public health emergencies and infectious disease outbreaks. It is clear why we are concerned and why we are not enthusiastic about this bill. If we had been told that more money was going to be allocated for health or, for example, that information was going to be exchanged to meet the needs that arose in a pandemic, we would have applauded.

I think that is going too far and that powers are being usurped that clearly do not belong to the federal Parliament. No health care institutions are managed here. And now we want to get involved in managing hospitals and issuing directives, rules or guidelines. That is more or less what the Liberals did; it is what the Conservative Party is now going to do.

The federal government covers one-quarter of total health care expenditures by Québec and the provinces. At the same time, it wants to manage the entire strategy. This is not empty rhetoric that is based only on hearsay. Documents that I have in hand confirm the mandate, role and mission of the agency. That is what I challenged first. On the long list of infringements, I have seen information concerning the health care institutions that are now under the authority of Parliament.

Government Orders

We are therefore very concerned and we will have to debate this bill in committee. We will be hearing a variety of witnesses. They will probably tell us to add some qualifications to this bill. In our opinion, it goes too far. It creates a new public health agency that will be autonomous and therefore no longer part of the federal bureaucracy.

We know that Quebec has adopted traditional positions. This does not just come from the Bloc. These positions can be traced back to several governments. Maurice Duplessis also said that health was the exclusive jurisdiction of the provinces. The government of Daniel Johnson Sr. argued that everything that came under the heading of health was provincial jurisdiction.

This public health agency goes very far. In this bill, there is some openness with respect to certain illnesses, such as diabetes or some chronic illnesses, where a certain amount of control could be exercised. However, it goes much too far.

A third government, that of Robert Bourassa, also fought to stop the federal government's propensity to invade provincial jurisdictions. Jacques Parizeau's government often had to stand up to the federal government, which wished to take over certain responsibilities given to Quebec by the Constitution and entrenched in the legislation. Lucien Bouchard's government did the same. The Quebec government is asking that Ottawa transfer, unconditionally, the fair share of taxes sent by Quebecers to Ottawa.

We are speaking about fiscal imbalance but we should now consider the matter of health.

This is going to create an enormous bureaucracy, as I will show in just a moment. Public servants will be released from Health Canada and assigned to the new agency. However, there probably will not be enough of them to carry out all the directives of this new agency.

• (1015)

Thus, the goal of this new bill is to limit the exercise of exclusive jurisdictions in the area of health care. I believe the government is heading in the same direction as it has with other measures.

I would also remind the House that the new premier of Quebec, Jean Charest, is also willing to cooperate with the federal government, as long as there is no duplication.

This new bill will provide a legislative framework for the new structure. This framework will authorize this new agency to encroach upon areas of jurisdiction that belong to the provinces.

Quebec already has all of these institutions. I will not list them all here today. Rather, I will speak briefly about the Institut national de santé publique du Québec. It costs Quebec \$37 million and has a very specific mandate, of which I will quote a few lines.

Here is its vision:

The objective of the Institut national de santé publique du Québec is to be the centre of expertise and referral in matters of public health in Quebec. Its goal is to advance knowledge and propose strategies and interdisciplinary action for improving the health and well-being of the general population.

Here is its mission:

To support the Ministère de la Santé et des Services sociaux, regional public health authorities and institutions in executing their responsibilities, by offering its expertise and specialized laboratory and screening services.

This is more or less what the Public Health Agency of Canada aims to do: develop pan-Canadian strategies, at the expense of some strategies that Quebec has put in place with \$37 million out of its budget. Why not give the provinces more money so that they can develop their own strategies and pool their expertise? This is not what the government means to do in establishing a legislative framework for the Public Health Agency of Canada. It goes much further than that.

The new Public Health Agency of Canada will have the following components. There will be a chronic disease prevention and control centre. As for the agency's main activities and programs, there will be programs on risk factors common to chronic diseases, poor nutrition, physical inactivity and unhealthy weight. There will also be programs on specific diseases and problems associated with certain diseases, such as cancer risk factors and screening, as well as programs on mental health and the Canadian diabetes strategy. In addition, there will be prevention and contribution programs, even programs to combat obesity.

We are really concerned about this. I could name even more programs. The goal is health promotion, so the idea is to develop integrated strategies. That is one mission of the Public Health Agency of Canada.

Before I conclude, I am wondering about one thing. I have here a Treasury Board document about full-time equivalents. The Public Health Agency of Canada currently has 2,000 employees to manage its broad mission. Of this number, 1,714 are assigned to first nations and Inuit health. In my opinion, 2,000 employees is not enough. In a few years we will have a huge bureaucracy. The health sector has received an infusion of money because it lacked funding for 10 years. The reverse could also be true: in 10 years, maybe there will be no more money for the provinces because the government will have invested too much in bureaucracy.

• (1020)

[English]

Mr. Steven Fletcher (Parliamentary Secretary to the Minister of Health, CPC): Mr. Speaker, I think the member may have a misunderstood. The agency does not create new powers, as the member has suggested. It is a re-allotment of powers that already exist under the Minister of Health.

The member talked about the agency being autonomous. The agency is not autonomous. Employees will continue to be public servants and there will be accountability through the Minister of Health.

The member talked about jurisdictional issues. Although I agree that the provinces have jurisdiction over health, and the Conservative Party is certainly very sensitive to that, there are some jurisdictional areas where everyone in Canada can benefit by working together. The Public Health Agency of Canada is designed to deal with such cases. For example, if there were, heaven forbid, a pandemic influenza we would need to have a coordinated effort throughout Canada to deal with the issue. In fact, we would need a coordinated effort throughout the world.

Government Orders

As we saw with SARS, it started in Asia, went through the vast transportation systems that now exist and came to Canada. Influenza knows no boundaries or borders and we need to be able to deal with it. If we extend the logic of the member, there would be no coordinated plan within Canada. The Public Health Agency has developed the framework for a coordinated effort, plus it provides an authoritative voice that is not political and has expertise to deal with public concerns.

The preamble of Bill C-5 enforces the collaborative efforts between provinces, territories and the federal government. Does the member honestly believe that a 1918 influenza or another type of disease, such as SARS, is only restricted by borders? Does the member not agree that we need to have a coordinated effort? If the member disagrees, I would respect her opinion, but the government would disagree with that opinion because we believe we need to work together for the collective good.

[*Translation*]

Ms. Christiane Gagnon: Mr. Speaker, we have heard about the influenza problem and SARS. But the issue is bigger than that. We are not against the exchange of information. But the creation of the Public Health Agency of Canada will only increase the observation of certain diseases. The integrated strategy is more a matter of cancer, mental health and the Canadian Diabetes Strategy than influenza and SARS. This is what the prerogatives of the new Public Health Agency of Canada say. That is not what we are talking about this morning. We are talking rather about the broader view with respect to the new responsibilities. I know that Health Canada was supervising all that. All the integrated strategies have been added to that.

This bill also worries certain players in the health field. They want to know what sort of openness will be demonstrated regarding strategies against cancer, and in favour of mental health and improved quality of life.

Yesterday, an NDP member asked a Liberal colleague a question about a physical activity strategy. I do not think this question was off topic. I have read all the responsibilities that will be vested in the Public Health Agency of Canada to improve quality of life. These responsibilities include a social dimension. That is what it is all about.

Quebec already has such institutions. I wish to clarify what I said a while ago. It is the Institut national de santé publique du Québec that monitors the development of every disease. It has its own programs and works together with various institutions. All these networks in Quebec are among the partners of the federal government that will take part in the thinking process.

I know that the parliamentary secretary will be receptive to the figures I am going to quote. It is said that the Agency employs 2,000 public servants, including 1,202 from Health Canada. I do not know where the others come from. In all, 2,000 public servants will manage all the operations of this Public Health Agency of Canada. However, 1,614 public servants were assigned full time to improve the health of the first nations and the Inuit, and it has been a fiasco. They have been unable to stick to the program and be proactive in order to improve aboriginal health and quality of life. How are they

going to manage to do as much for all Canadians with 2,000 public servants?

One may well wonder about the bureaucracy that might get out of control and eat up the budgets. Already \$1 billion has been allocated to the Public Health Agency of Canada to implement all these actions.

There is plenty to think about. I am very eager for this bill to be referred to committee so that representatives of the health networks and the various governments concerned can be questioned. We will have to see whether it is possible not to perceive this bill as a huge non-functional bureaucracy that will have a hard time achieving the expected results.

My colleague talks about influenza. It is true we are very worried about it. Moreover, the government should be worried about the diseases that cross our borders. Still, as far as crisis management is concerned, each province should be able to make its contribution. We should do so, however, in some way other than this.

• (1025)

[*English*]

Ms. Penny Priddy (Surrey North, NDP): Mr. Speaker, I rise today to speak to Bill C-5. I appreciate the opportunity to raise some points that I know that we will debate further in committee. In point of fact, there are parts of the bill that I think do not go far enough as opposed to going too far. I will be anxious to have that debate in committee so that we can see if those points we are talking about are synergistic with each other.

Canadians want and need to believe that their public health system can and will do absolutely everything it can to protect them and their loved ones from the kinds of tragic illnesses and tragic disasters that we think of when we think of public health agencies. Canadians want and need to know that and to know that their families will be safe.

When we look at the five components of public health, those mentioned by other members, disease and injury prevention, health promotion, health protection, health surveillance and population health assessment, I think there are some things that the bill has captured and I think there are some things on which the bill does not go far enough.

We have seen in recent years what happens when the confidence in a public health agency is shaken. During the SARS epidemic, which I know the Minister of Health has first-hand knowledge of, people in the greater Toronto area in particular were frightened for their lives. Their belief in this public health system was shaken to its very core. They did not believe that the public health system knew how to manage or was learning quickly enough and sharing that information across the country. Their faith indeed was shaken to the core.

Government Orders

I think more people died from SARS in the greater Toronto area than anywhere outside of Asia, if the information I have is correct. That is very frightening. At that time I talked to relatives and friends in Toronto. People did not send their children to school. They did not go to work. They were afraid to go outside their homes for fear of what was happening. On television, they saw people wearing masks, not that those masks indeed made a difference in the end, and we knew that. They were going to Home Depot or other stores buying up boxes and boxes of masks and shipping them back to Asia, hoping that it would help their relatives there, and they themselves were wearing the masks here. It was done out of fear.

Likely it was wasted money because it was not the kind of prevention that was at all successful, but it was done because people were so frightened and did not believe the health agency could cope with it. They were grasping for any straw that they thought would help keep them safe. We cannot ever see that kind of chaos in the system, where people do not believe there is leadership that will tell them what things to do to be able to stay safe.

I know that as a result of SARS there were submissions. There was the Naylor report and I know the Kirby report referenced this, but I also know that over the last number of years there have been officials of health agencies who have been warning that public health in Canada has many gaping holes that have not been filled and may put people at risk.

● (1030)

SARS was clearly the catalyst for the reports being done. By the way, the results quite matched, I think, and made recommendations for many of the same things, but it was not the first time that the government, primarily the former Liberal government, had heard that there were problems within public health and that indeed they had not been acted upon in the 13 years of the Liberal government. I think there is very good work being done at the municipal, provincial and federal levels around public health, emergency preparedness and a number of issues that the bill speaks to. That means there is a far greater awareness and people are working hard to make sure this does not happen again.

I give full kudos to everybody who not only has raised awareness but is working to bring people together to plan what happens when there is some kind of natural or unnatural emergency or disaster, but I think there are steps that would help this bill, since we have this first opportunity here, to show perhaps a bit more vision. I know it has been referred to as a "machinery" bill. I think there are other pieces that could cause this bill to show a bit more vision for Canada in terms of where the Public Health Agency is going. There probably are about five areas of concern that I would want to mention.

One of these areas of concern is the powers of the Chief Public Health Officer. The previous speaker spoke of these powers. I am probably going to take a different position on this, but it is clearly a point that needs to be debated. As for the powers of the public health officer, and I gather it will be the current person should the bill pass, in the bill the individual does not have authority over areas of federal jurisdiction such as airports, railways, military bases, et cetera. Why not? I think it is important that this individual has total responsibility for those clear areas. Planes do not change a protocol if they fly between Manitoba and Ontario. Trains do not change health

protocols if they go from Alberta to British Columbia. There must be national standards of public health around transportation, support to aboriginal people, which again is a federal responsibility, and military bases as well.

Second, the Chief Public Health Officer is not given authority to act, which speaks to the previous speaker's point, when a province or territory is overwhelmed by a crisis or when that crisis transcends provinces. Again, bacteria, germs, SARS and avian flu, should it mutate, are not going to look at a map of Canada and say they cannot go there because there is a border. That is nonsense. Therefore, there must be an ability for the Public Health Agency and the Chief Public Health Officer to have that authority to cross all borders when that is necessary. Otherwise, we are going to put the public health concerns of Canada at risk if this cannot transcend geographical borders.

I want to speak to the issue of health protection for a moment as it relates to quarantine. In this bill, the Minister of Health is the person who is responsible for declaring a state of quarantine. In provinces, it is the public health officers who are responsible for declaring a state of quarantine. So why, at a federal level, would the Chief Public Health Officer not be the person who would, based on academic information and scientific research, be responsible for declaring quarantine? Why should it be the Minister of Health? That is a point we need to talk about and debate in committee. I am sure we will have that opportunity, but that is a disconnect between what happens in the provinces and what happens federally. I believe that it should be the Chief Public Health Officer.

● (1035)

I would like to talk a bit about House surveillance and population risk assessment. There is no mandatory requirement for the provinces and territories to report to the federal government any communicable diseases present in their provinces, never mind any other disease patterns that we might be seeing, although I did not see this bill going quite that far. We could ask them to. We could ask British Columbia to tell us if it has an outbreak of mumps. British Columbia could agree to do so, or it could say that it is not prepared to share the information. I realize it is difficult, but it has to be mandatory.

In the last two weeks the papers have reported a huge outbreak of mumps particularly in the United States, but it is moving up into Canada. We have not seen an outbreak of mumps affecting teenagers in a very long time. We have learned information about the length of time the first immunization is effective. The first immunization that babies get is an MMR shot for measles, mumps and whooping cough. For many people the immunization is not lasting long enough and people are not getting a second one, so there is an outbreak of mumps among teenagers. That is information surely we would want to know federally in order to see a trend across the country.

Government Orders

I cannot speak with knowledge of other provinces in any significant way, but I do know that among first nations people and very much in downtown Vancouver, we are seeing a significant rise in tuberculosis. Tuberculosis is something we thought was gone from this country. In the late 1950s and early 1960s, in my very early nursing days, all the TB sanitariums were closed down because we had beaten it. We had figured it out. People were not getting it anymore. We could treat it immediately. There was no further need and we were not going to see it again, but we are seeing it again in growing numbers.

I want the federal Minister of Health and the Public Health Officer to know that we are seeing those trends across the country, so there can be a national strategy. I am not very comfortable with there being 13 different strategies on what to do if there is a tuberculosis outbreak, a mumps outbreak, or an outbreak of any other kind of communicable disease, particularly those that we thought we had eradicated, such as TB and mumps. They are not even new ones. To have a different strategy in each province would be very dangerous.

I want to mention avian flu. The B.C. Centre for Disease Control has just published a paper. It is concerned about avian flu. If it comes to North America there is every opportunity for it to mutate. At the moment people are not at risk, but we know that those kinds of infections mutate quite quickly, as is the case with many infections today. It can mutate so that humans can be infected by it. Everywhere across the country we see poultry and other birds being imported. A national strategy is needed. We cannot have 13 strategies on what to do about that.

• (1040)

It may go without saying that the agency must be resourced to do its job. I do not want to see an outline of what the Public Health Officer can do, all of the goals and objectives and just a document that will make me feel good because of what is in it. It needs to be properly resourced in order for the Public Health Officer and the people who work at the agency to be able to do their job, to collect the information that is necessary, to do the analysis of that information and to develop strategies that will protect all Canadians within this particular act.

The people in our country look to us for that protection. They deserve that protection. They deserve to know that it is being done and it is being done well, that it is being done in a coordinated way and that the Chief Public Health Officer has the power to take action. He or she should not have to go back to the minister.

I wondered out loud the other day whether consideration had been given to the Public Health Officer not having to go through the minister to present information either to Parliament or to the public, but could simply go ahead and publish a report, as can be done in many provinces. They do not need to go through the minister. They do not need to have someone's permission. They simply provide public information.

It would be interesting to have a discussion in committee about the independence of the Public Health Officer. I welcome the opportunity to discuss these matters in committee. I have had a chance to discuss them with the Parliamentary Secretary to the Minister of Health and I look forward to the chance to discuss them in committee.

The very basis of this must be that never again will we see the lack of leadership, the slow accumulation of information and the failure to share information that we saw with SARS or with avian flu, although that did not affect people, before people figured out what could be done. It was too late by then. People need to know immediately.

• (1045)

The Deputy Speaker: Before I recognize the hon. Parliamentary Secretary to the Minister of Health on questions and comments, I would ask him to keep his eye on the Chair and not just speak directly to the member, so that I can tell him when he should be winding up.

Mr. Steven Fletcher (Parliamentary Secretary to the Minister of Health, CPC): Mr. Speaker, you took away my major excuse for going over time.

I congratulate the member on her post as health critic for her party. It was interesting to contrast the member's point of view with that of the Bloc member in a number of respects.

I have two questions for the member from the NDP. One is that the Bloc member suggested that jurisdictionally, in dealing with pandemics and other health crises, it is just up to the provinces. I wonder if the member would agree with the government's position that we need to have a collaborative effort and that there is shared jurisdiction in these types of situations between the provinces and the federal government.

I also wonder if the member could provide any insight into why it took the previous Liberal government so long to actually bring forward legislation. The agency had been created under an order in council for a number of years before the Liberals even tabled the legislation. Even when they did table the legislation, it was on the eve of an election. I wonder why the previous government dilly-dallied.

Perhaps the member could answer the questions on jurisdiction and dilly-dallying on the previous government's behalf.

• (1050)

Ms. Penny Priddy: Mr. Speaker, I did mention early on in my remarks that long before the SARS crisis, public health officials in general had been raising the fact that there were problems with public health at a national level. The question about why people chose to bring forward or not bring forward something would most appropriately be directed to a Liberal member. What I do know is that SARS was not the first time that anybody had said there were problems with public health in Canada.

I am not sure if I have ever been asked about dilly-dallying. I am sure there is an official definition of that. What I do know is the problem was identified much earlier than the SARS outbreak and that it had been identified to the Liberal Party as a problem.

I think the member's first question was whether I would agree with the government that there were areas that were of national concern. We will see at the committee whether I agree with the government when we have had a chance to discuss this further.

Government Orders

I would say that outbreaks know no borders. Bacteria know no borders whatsoever. They do not know what country they are in, what province they are in or what city they are in. I do not think we can take the risk of drawing a line around that issue. There are many things in health around which we can draw a line around, no question. There is no question about that and I understand that, but around something like this, I think it is dangerous to people's health.

Mr. Mario Silva (Davenport, Lib.): Mr. Speaker, I found the member for Surrey North very interesting to listen to and very informed. I am not surprised that she was a nurse in her former life. It certainly came across quite clear in her views and her understanding of the issue.

Bill C-5 is very similar to the bill that the Liberal Party had put forward, Bill C-75, which unfortunately died in the last Parliament. There are some things my party did move forward, such as the importance of putting in a minister responsible for public health and also putting into place the Chief Public Health Officer. That was a very important move and there was a focus.

I agree with the member that when a crisis hits, there are no borders. It moves across provinces and across countries and we have to act. I share her concerns as well that we do not need 13 plans, that we need one national plan that is coordinated.

I also share the member's assessment of what happened during the time of SARS. I was on Toronto city council at that time. It was a very frightening time to be in Toronto. The messages going out in the media were scaring people away from our city, that people were quarantined all over the place, that people were wearing masks to work. It was not necessarily the case. It was a time of great concern, but people still were quite brave and were going along with their daily lives. SARS certainly had a major impact on the economy of Toronto. Toronto is still suffering as a result of SARS and, of course, September 11. These incidents impacted quite severely on the economy of Toronto.

I would say to the member that there were things that the Liberal Party tried to move along in the last Parliament, particularly on the issue of public health.

Is there anything in relation to the Quarantine Act which she feels needs to be changed or added to, or is she satisfied with the Quarantine Act that was adopted in the past?

Ms. Penny Priddy: Mr. Speaker, I am sorry, but I could not hear the last part of the member's question about the Quarantine Act.

•(1055)

The Deputy Speaker: The hon. member for Davenport for clarification.

Mr. Mario Silva: Mr. Speaker, the member briefly talked about the Quarantine Act. I do not think she raised any concerns. The act that was introduced in the last session of Parliament was somewhat a reform to an earlier act that had not been changed in almost 100 years. It is quite shocking that it had taken so long for the Quarantine Act to be changed, given the new evolving situations happening internationally.

Does the member have anything else to add to that? Does she think anything could be changed in the Quarantine Act, or is she satisfied with the present act?

Ms. Penny Priddy: Mr. Speaker, I will be interested in the discussion at committee.

My current concern about the Quarantine Act is who declares a quarantine. In the provinces, the provincial medical officer of health can declare a quarantine based on scientific and medical information. There seems to be cognitive dissonance when we get to the federal level. It is not within the power of the public health officer to declare a quarantine. Why the difference?

Mr. Dave Batters (Palliser, CPC): Mr. Speaker, it is with great pleasure that I rise today to address this important bill, Bill C-5, an act respecting the establishment of the Public Health Agency of Canada.

Before I begin, I welcome the member for Surrey North to this place and thank her for her intervention this morning. I found her comments to be very informative. It is clear that she was a nurse before she came to this place.

She said that the health of Canadians is of utmost importance to members of Parliament. She commented on the SARS crisis in 2003 and how people were afraid for lives, especially people in Ontario and the GTA. She talked about the need for leadership, and I could not agree more.

The member for Surrey North may agree with me when I say the Minister of Health provided the leadership to the people of Ontario at that most difficult time. He has received a lot of praise for the work he did during that crisis. Canadians can take a lot of comfort in the fact that the Minister of Health will oversee the Public Health Agency of Canada and the Chief Public Health Officer. He will be at the helm, God forbid, should another crisis such as the SARS outbreak take place.

This important legislation is key to the implementation of the government's vision of a renewed and strengthened public health system for Canada. As we all know, preventing and managing chronic and infectious diseases, as well as promoting good health, is key to a healthier population and to reducing pressure on the acute health care system.

The legislation underlines the government's commitment to promote and protect the health of Canadians. It would not only bring greater visibility and prominence to public health issues, but it would also support policy coherence across the health sector.

The bill also responds to the recommendations made by Dr. David Naylor and Senator Michael Kirby in the wake of the SARS outbreak. In their report both Dr. Naylor and Senator Kirby recommended that the Government of Canada establish a new public health agency. Further, provinces and territories and public health stakeholders have called for a federal focal point to address public health matters with the appropriate authority and capacity to work with other jurisdictions in preparing for and responding to public health threats and emergencies.

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The legislation responds to those recommendations by establishing a statutory footing for the Public Health Agency of Canada. It would establish the agency as a separate organization within the health portfolio. In this regard, the agency would support the Minister of Health in exercising his duties, powers and functions in public health. In doing so, the minister recognizes the importance of continuing to foster collaborative relationships with federal, provincial, territorial and municipal governments as well as with international organizations and public health experts. The preamble of Bill C-5 further reinforces the agency's desire to work in cooperation with the provinces and territories.

A key aspect of the Naylor and Kirby report was their recommendation to appoint a Chief Public Health Officer for Canada. Specifically, Dr. Naylor recommended that a Chief Public Health Officer head the new agency in addition to serving as an independent credible voice on public health nationally. The legislation responds to that recommendation by formally establishing the position of the Chief Public Health Officer. Specifically, the legislation confirms the position, duties and powers of the Chief Public Health Officer and recognizes his unique dual role as both the deputy head of the agency and Canada's lead public health professional.

● (1100)

As the deputy head of the agency, the Chief Public Health Officer will be accountable to the Minister of Health for the day to day operations of the agency. In this role the Chief Public Health Officer will support the Minister of Health in fulfilling his public health mandate. He will be expected to advise the minister on public health matters and to inform policy development in these areas, along with the deputy minister of Health Canada and other deputy heads within the portfolio.

As the lead adviser to the minister on public health matters, the Chief Public Health Officer will help to ensure that public health issues are well represented in the health policy making process. At the same time, provisions within the proposed legislation will ensure greater policy coherence across the health portfolio by reinforcing the responsibilities of the deputy minister of Health Canada for supporting the minister in coordinating efforts across the portfolio.

Further, as a deputy head within the federal system, the Chief Public Health Officer also has the standing to engage other federal departments on key public health issues. As one example of this kind of work, over the past several months Dr. Butler-Jones has been working closely with the deputy minister of Public Safety and Emergency Preparedness Canada and the president of the Canadian Food Inspection Agency to strengthen Canada's pandemic and avian influenza preparedness.

As the deputy head, the Chief Public Health Officer is also able to mobilize the agency's considerable public health resources to respond quickly to emerging threats to the health of Canadians. This departmental model gives the Chief Public Health Officer considerable responsibilities while ensuring continued ministerial accountability for federal activities in public health.

In addition to his role as deputy head, the legislation also recognizes the Chief Public Health Officer's role as Canada's lead public health professional, with demonstrated experience in the field.

As part of this role and in response to the strong expectations of public health stakeholders and Canadians, the Chief Public Health Officer will also serve as a credible and impartial voice on public health issues.

To ensure his or her credibility with stakeholders and the public, the legislation would give the Chief Public Health Officer the authority to communicate directly with stakeholders and to provide Canadians with information on public health matters. I think that addresses one of the concerns the member for Surrey North, that the Chief Public Health Officer has the authority to communicate directly with Canadians. He or she would be able to prepare and publish reports on public health issues.

In keeping with the government's focus on strengthening accountability, the Chief Public Health Officer will also be required to submit to the Minister of Health, for tabling in Parliament, an annual report on the state of public health in Canada. This requirement will not only provide greater transparency to Canadians, but it will also support the government's direction for an increased role for deputies in strengthening government accountability.

As the House knows, Dr. Butler-Jones has been serving in the Chief Public Health Officer role since September 2004. He brings to this position a considerable background in public health practice and years of demonstrated leadership in the field, in government settings at all levels, as well as within the non-profit sector. The proposed legislation gives parliamentary sanction to office of the Chief Public Health Officer, confirms the appointment of Dr. Butler-Jones for the remainder of his specified term and gives him the legislative authority to speak out on issues of public health. The Chief Public Health Officer must be an impartial, credible voice on public health matters.

Stakeholders have made it clear that they expect the Chief Public Health Officer to be an independent voice, able to drive real change by speaking out on public health matters and issuing reports. Making the Chief Public Health Officer Canada's lead public health professional and ensuring that future chief public health officers have qualifications in the field of public health will help confirm this credibility with stakeholders and Canadians.

● (1105)

The credibility of the Chief Public Health Officer is also reinforced by the fact that he can communicate directly with the public and stakeholders and can report on public health problems and solutions. The Chief Public Health Officer's expertise, status and power to communicate make him a visible symbol of the federal government's commitment to protect and promote the health of Canadians.

The dual role of the Chief Public Health Officer is unique among deputy heads of departments at the federal level. We acknowledge that there will be a healthy tension between these two roles.

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On the one hand, the Chief Public Health Officer will be an integral part of the health portfolio with direct responsibility for the operations of the agency, for providing advice on public health to the minister and for carrying out the policy direction of the government.

On the other hand, the Chief Public Health Officer will be an impartial spokesperson on public health with an interest in maintaining the scientific and ethical credibility of the office. For example, the Chief Public Health Officer can work with his provincial colleagues in the pan-Canadian public health network to receive information and advice. With the authorities granted to him in legislation, the Chief Public Health Officer can then communicate and provide Canadians with the best public health advice.

We see this dual role being inherent in the nature of the office, but one that is manageable and demonstrates this government's commitment to accountability.

It is also not without precedent, as Dr. Naylor has noted in his report that the chief medical officers in both Manitoba and British Columbia have the authority to communicate and act independently when they deem it to be in the best interests of the health of their citizens, while remaining accountable to the governments they work within.

More recent, in 2004 the province of Ontario made amendments to its legislation to grant the chief medical officer of health more independence.

In light of the many potential threats facing Canadians from a possible influenza pandemic, to combatting chronic diseases such as cancer, to dealing with the persistent challenges of obesity and other health risk factors, public health is an important priority of this government. As such, the government considers that the dual role attributed to the Chief Public Health Officer by the proposed legislation will ensure the attainment of the two policy objectives mentioned above.

The Chief Public Health Officer will be firmly situated within the health portfolio where he or she can advise the government and play a meaningful role in a coordinated government-wide response to ongoing and emerging public health threats and issues. At the same time, it is very clear that Canadians want and expect the nation's lead public health official to have both the necessary qualifications and the mandate to speak out on matters affecting their health.

Canadians can be assured that the government understands the importance of having a Chief Public Health Officer whose overriding interests must be the health of Canadians. I believe the legislation strikes the correct and necessary balance between the dual roles of a chief public health officer, ensuring that the office has the ear of the government and the independence to first and foremost be a servant of the public interests.

I would like to take a moment to thank Dr. Butler-Jones for the great work that he has done. He has an extensive background in public health. Most recently, he served as the medical health officer for the Sun Country Health Region in my home province of Saskatchewan, only approximately 100 kilometres from my home town of Estevan, Saskatchewan. Sun Country is located in Weyburn, Saskatchewan. The public health care of Canadians is in good hands with Dr. Butler-Jones.

•(1110)

Hon. Keith Martin (Esquimalt—Juan de Fuca, Lib.): Mr. Speaker, I listened intently to the member's speech on a very important issue for all Canadians. As somebody who has spent quite a few years practising in the emergency department, I am obviously fully supportive of more resources going to the acute side of medicine because there is a definite need right now. Emergency rooms across the country are being choked and emergency health care professionals are overworked in the commission of their duties in our time of greatest need.

However let us project forward and look at what is happening in the country. It is very disturbing to know that our youngest generation could now for the first time have a shorter lifespan than our generation and older generations. We need to address the fact that public health issues, and usually small interventions do have dramatic effects, will be required in order to prevent problems and continue with the extension of lifespans and the quality of life. Water, food, the quality of food and water, and lifestyle issues have to be addressed.

I would submit the following to the hon. member and he can consider telling it to the Minister of Health. It is the small preventative issues that could work well. For example, the head start program, which would have been part of our early learning program, would have ensured that children had their basic needs met for the first six to eight years of life. This is probably the easiest and simplest way of actually having a profound positive impact upon the lives of children and adults. It ensures that children are aware of proper nutrition, activity and that parents and caregivers are able to spend quality time with children and interact with them over a prolonged period of time.

Those kinds of simple interventions have a very positive impact upon children's lives. Will the hon. member present to his Minister of Finance a proposal for supporting a national head start program, a national mental health care strategy and a national medical manpower strategy with the support of the provinces? Will he also look at adopting the findings of the Walkerton inquiry which were very good toward developing national standards for water quality? All of those things could have a profound positive impact upon the health of Canadians.

Mr. Dave Batters: Mr. Speaker, I know the member opposite is a physician and certainly has very useful insight to add to this place and to this very important debate.

It is nice to see the support that the bill has, at least from two opposition parties, but I think the Bloc Québécois would support the spirit of it.

The member talked about lifespans and the fact that we face some very serious challenges right now in Canada in terms of public health. If some of these epidemics are not brought under control, things that are very widely accepted and well-known but the impact may not be well understood, such as heart disease, diabetes, childhood obesity, the need for lifestyle improvements and primary prevention measures, we could have lifespans on the decline in Canada and that truly would be a shame.

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The member asked if I would take this to the Minister of Health. Absolutely. I am very proud to be serving on the health committee in this 39th Parliament. I look forward to working with other members of the committee who will look at this and other bills and see if improvements can be made. I will go to the Minister of Health and talk about everything we can do in terms of primary prevention in order to improve the health care of Canadians, to address things like water quality, as the member mentioned, and lifestyle modifications, a mental health strategy for the country and basic policies to address heart disease and diabetes.

• (1115)

[*Translation*]

Mr. Guy André (Berthier—Maskinongé, BQ): Mr. Speaker, I have a question for the hon. member.

In Quebec we have the Institut national de santé publique du Québec. This institute specializes in research on various health problems. We have an entire organized health network: CLSCs, hospitals and so forth. Many services are organized to provide the public with appropriate health care.

I read an article recently that said the universities were getting deeper in debt. However, researchers just want to research.

My question for the hon. member is on the fiscal imbalance. During the election campaign the Conservative government said it absolutely wanted to respect provincial jurisdictions, especially those in Quebec with a view to independence. In Canada, a bigger budget is allocated to research. Could some research mandates be given to the Institut national de santé publique du Québec and some to the universities? That way Quebec's jurisdictions would be more respected. Furthermore, that is what the Conservative government promised to do during the last election campaign.

[*English*]

Mr. Dave Batters: Mr. Speaker, Quebec has a number of high quality universities, as there are throughout the country, and federal dollars do flow down through the provinces to these universities for such research. This type of activity is something the government would encourage.

As the member knows, some very important work happens within the private sector in terms of research and development in the field of health care. However the member is absolutely right when he says that more work could be done in the universities in Quebec and throughout Canada.

It certainly is not the intention of the government, in introducing this legislation, to infringe in any way upon the provincial control or the provincial responsibility for health care. Clearly, that responsibility is well defined in our Constitution. What we are trying to do with the bill is to follow up on the recommendations of Dr. Naylor and Senator Kirby to provide some federal role which these individuals believe would benefit the health care of Canadians.

Mr. Dennis Bevington (Western Arctic, NDP): Mr. Speaker, coming from the north, as I do, and being familiar with the conditions of health care in the northern regions, it is an overriding concern that crosses the country. In many cases, people in small communities and on reserves face very difficult health conditions and very limited resources to deal with them.

Having said that, I am interested in the Public Health Agency as a federal responsibility and how it will work. In our perusal of the legislation, it seems to indicate that the chief health officer would not have jurisdiction over aboriginal reserves or perhaps even over self-government arrangements that are constitutionally given through the federal government.

How does the member see the bill improving the life of aboriginal people on and off reserves? The chief health officer represents a very significant service that one would receive if one were under provincial jurisdiction. How does the member see that fitting with the federal responsibilities on reserves?

• (1120)

Mr. Dave Batters: Mr. Speaker, I know the hon. member is a new member and I want to welcome him to the House.

I sat here this morning and listened to the member from the Bloc Québécois talk about the significant number of individuals working within the Public Health Agency of Canada who are devoted to the health care of our first nations peoples. That is a very positive step. Perhaps the member could look into those figures. I believe it was in a neighbourhood of 1,500 to 1,700 employees dedicated to first nation health and certainly a lot of work will be done both on and off reserves.

The member is concerned that the Chief Public Health Officer would not have standing or authority on reserves. In fact, the Chief Public Health Officer, under this bill, would be a deputy answering to the Minister of Health. I will give the member perhaps a couple of different scenarios.

Ultimately, the Minister of Health will have responsibility for what happens in terms of health care on reserves, such as in the case of an emergency, quarantines or containing a pandemic. The Minister of Health would do that, I would guess, in cooperation with the Minister of Indian Affairs and Northern Development. The Chief Public Health Officer, as a deputy, would work with other deputies within the Department of Indian Affairs and Northern Development to address the health care concerns of our first nations people.

Ms. Olivia Chow (Trinity—Spadina, NDP): Mr. Speaker, the act to establish a Public Health Agency of Canada is a good first step. Health promotion, disease and injury prevention, and public health emergency preparedness response is a federal responsibility and a Public Health Agency is long overdue.

This agency would collect data, issue reports and coordinate various efforts. One of the goals of the Chief Public Health Officer is to identify and reduce public health risk factors.

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We know that when children are overweight, they are likely to develop more health problems and illnesses. We know that when children grow up not knowing drownproofing, they could be in trouble if they are near water. We know that there is a public health risk when the environment is polluted. We know that there are ways to prevent and reduce the risks of cancer.

After collecting data, after consulting everyone, and after reports, annual reports and various reports, a Canada Public Health Agency must have the mandate to act. After knowing what the health risks are, the new Public Health Agency must also have spending power. Let me give an example. Children need good health and we know that it comes from food, for example. Right now there is a CAPC program that delivers some kind of food program to kids across Canada, but it is very much underfunded, not well understood and not well appreciated. Canada is one of the very few countries that does not have a national food policy.

Some 72,000 children in Toronto have nutritious snacks, hot breakfasts or lunches in community centres, schools and church programs. The federal government used to be a small partner with the Department of Health, but throughout the years the percentage of contribution has declined. There is absolutely no reason why a child in Montreal or Vancouver or Halifax should also not enjoy such a program.

We see that preliminary research, primarily from the United States, has found associations between households classified as food insecure and the health of young children in those homes. These associations included poor health child status; lack of iron; more frequent hospitalizations, which by the way costs taxpayers money; stomach aches; headaches; lower physical functions, including problems—now this is for children—with walking, running, doing chores; low energy levels, and we are talking about low energy levels in young kids; impaired social interaction skills; and emotional status.

A study of 21,000 U.S. children found that if there was food insecurity among kindergarten children, even if the kids were not from poor families, it hurt their academic performance in reading and math for boys and girls and there was a decline in social skills among boys when followed to grade 3. Those of us who are worried about bullying and safety, all of those issues, we must first think about the public health risk when kids do not have the right food to eat.

The study also looked at older children from 6 to 12 years of age and noticed that there was anxiety, aggression, psychological dysfunction, and difficulty getting along with other children. The parents had poor physical health, feelings of anxiety, loss of control, family dysfunction and psychological impairment, regardless of income status. A feeling of shame or embarrassment about not being able to feed oneself or one's children can also promote social exclusion, a feeling of isolation from neighbours and the community at large.

The British House of Commons, through the public health agency's promotion, is debating a children's food bill, as we speak, which would legislate a number of changes to optimize a child's diet, nutrition and health. It has widespread support and the endorsement of 150 national organizations in England.

●(1125)

A Canadian child's food bill, coming from the recommendation of the Public Health Agency, could support and implement visions proclaimed by many federal charters and conventions that we have declared in the past.

I notice that the former Minister of Health has joined us. We talked about a national plan that would see all children in grade 3 learning drownproofing. The same principle of public health applies. After all, Canada is surrounded by water. We have tragic drownings of Canadian children and young people. That can be prevented if they knew how to swim or, as a bare minimum, knew drownproofing.

After all the studies, reports and gathering of data, a national government has the responsibility to establish a general plan with standards and provide funding, so local community organizations and municipalities or provinces could cooperate and deliver programs. No, we should not be delivering programs, but certainly community agencies from the grassroots up should be provided the kind of support, so they can take the data from the Public Health Agency and do something with the annual reports.

Approximately 68,000 people in Canada will die this year from cancer. It is estimated that one in three will be diagnosed with the disease during their lifetime. We know that some cancers are caused by pollution and environment depredation. Sarnia, Ontario residents, for example, have higher rates of cancer. That is because of the local activities of petrochemical companies. My colleague from Windsor tells me that local residents have a high rate of thyroid disease and cancer, which occurs because of environmental depredation.

Environmental health activists point to the fact that about 500 new chemicals are being used in commercial processes each year, on which no or minimal information is available to consumers. As our ecosystem becomes more permeated with chemicals from agriculture, industrial and residential uses, so do our human systems, especially that of our children. I hope the Public Health Agency would disclose information on products and the contents in food to consumers, so that we can regulate food safety.

At the turn of the century, a public health agency noticed that polluted water leads to bad health. As a result, purification systems were set up. It was also a public health agency which noted that kids grow up with bad teeth if they do not lead very productive lives. As a result, in my city of Toronto, there are dental clinics for kids and seniors who cannot afford to have their teeth fixed privately.

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It is very important that as we set up this Public Health Agency, with a Chief Medical Officer, that the agency be given the responsibility to act.

Lastly, I want to echo what my colleague said earlier, that the SARS crisis illustrated that we must have a clear protocol and a place where all the data can be stored. Information available in Vancouver should also be available in Toronto or Montreal. We must expand the mandate of the agency, so it would cover airports and rail lines because we live in a global environment and the transportation corridors are extremely important. It is very important that the Public Health Agency have a mandate over airports and rail lines.

I look forward to working with the Public Health Officer and hope that some of the areas that we already know about could be prevented and that the bad health of Canadians can be acted upon. If not, setting up the agency will really be just a paper exercise. We will have many reports and a lot of coordination, but no real action.

• (1130)

Mr. Brian Masse (Windsor West, NDP): Mr. Speaker, I want to ask my colleague a question regarding Bill C-5.

One of the things she mentioned in her speech was the environmental contaminants issue. In this chamber in 2002, I presented a motion on environmental contaminants and human health. It looked to create an investigative body that would go to hot spots where we know that cancer rates, for example, or other contaminant issues that are linked to environmental pollution are problematic for those communities. It would look at ways to take remedial action and investigations as well as introduce some best practices to lower the actual percentages of either the cancer rates or other types of illnesses.

In my area, we have respiratory diseases. We have a significant pollution problem from the United States and from our own industries that cause health problems. We actually have some benefits that could be introduced through remedial action.

It is important to add a prevention element to this as well because some of the issues that we deal with, related to disease as well as contaminants, could be done in the forefront by preventing those things in the first place. My question to the member is, how should that envisioned role be part of public health in terms of lowering our costs and, most important, improving the lives of our citizens on a daily basis in order to extend their lives?

Ms. Olivia Chow: Mr. Speaker, one of the goals that is identified in Bill C-5 is very clear and it is in writing. It says that the Chief Public Health Officer will “identify and reduce public health risk factors”.

There have been many reports that connect environmental depredation with a higher risk of cancer, whether it is asbestos, pollutants, airborne pollutants or substances that are in the food or water. Those really have health risks.

It is critically important that we label our food. Many European countries do that, but Canada does not. We do not know what is in some of our health care products or beauty products that we use. I know there are other products that kids are exposed to that have chemical ingredients that are a cancer risk.

I certainly hope that this Public Health Officer would have the power to say to the government that we know this is a risk and that is why we must take action.

• (1135)

Mr. Rod Bruinooge (Parliamentary Secretary to the Minister of Indian Affairs and Northern Development and Federal Interlocutor for Métis and Non-Status Indians, CPC): Mr. Speaker, some of the member's points are well taken. I can speak specifically for the aboriginal community in relation to food and diet. There are clear specific issues throughout the north and throughout Canada concerning diabetes.

However, I will not insinuate perhaps the direction she might be thinking in terms of how to mitigate the circumstances of diet. I would offer that there is a certain degree of government overaction in some areas. I know there needs to be education. I will use smoking as an example. Clearly we know that second hand smoke is something that is very detrimental to people in the immediate vicinity of smokers. That was the biggest reason why there has been such an initiative across Canada to bring about the regulation of smoking. However, in terms of diet, I think education is the right approach.

I would ask the member, what would be her intention in terms of her party and herself in helping to mitigate this issue?

Ms. Olivia Chow: Mr. Speaker, I have seen food programs in schools in very depressed neighbourhoods where there is a lot of food insecurity and low academic performance. With a small investment at the local level and from the businesses in the neighbourhood through fundraising efforts, but also from the government, a CAPC program was initiated, which again is a federal program, and I have seen the academic performance of children rise dramatically.

Do not take my word for it. Take the word of principals, teachers and parents. As the parents come together to cook and provide a decent hot breakfast for their kids, they learn life skills. As the kids learn to eat proper food, rather than all the junk food they see on television, and which is more expensive by the way, they are able to have much higher productivity in life.

As a result, the families do a lot better. I know that in some of the aboriginal communities there is a lot of depression and a teenage suicide problem. I cannot help but wonder whether a program that is run by the elders working together and financially supported by the government would have dramatic results.

I certainly have seen it in some communities. I know that it is not a top down solution. It should be done by the people themselves. We only have to present a general guideline and leave it alone, and allow the communities to come up with the program because every community is different. It should come from the grassroots up and should be organized by the people themselves. I have seen dramatic improvements in the health of children and the health of the entire community, including their families.

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[Translation]

Mr. Guy André (Berthier—Maskinongé, BQ): Mr. Speaker, I want to congratulate my colleague on her presentation. In her comments she spoke a lot about programs on smoking and food programs in schools.

I am from Quebec where CLSCs, or local community service centres, have been set up. These centres have a truly local approach to dispensing services to deal with tobacco addiction, AIDS prevention, nutrition, child care and much more. I have a hard time understanding why the federal government is giving itself the responsibility of designing prevention programs. This is one of Quebec's jurisdictions.

I would like to know what the hon. member has to say about that.

[English]

Ms. Olivia Chow: Mr. Speaker, I have no intention of saying that the federal government should take charge of these programs. Absolutely not. I do not believe it should take charge of these programs. The federal government has the responsibility to look at the health results. Also, the federal government has the responsibility to have the funding available so that the Quebec government can then, through transfers to the health agencies or the community organizations, provide this kind of support. Quebec already has very good programs that are community based. The last thing we need is the federal government meddling in them.

However, I know that a lot of those agencies are struggling for funding. I know that they do a lot of fundraising with the private sector, which is good too, because it brings the community together, but they are struggling for funds. That is what I am talking about. I am not talking about jurisdiction or a top-down solution, because we have seen it messing up programs that work very well. A top-down solution does not work because it is not the closest level of government.

This does not mean that the federal government should not have the responsibility of public health. It does not mean that it should not provide funding for the Quebec government to provide the kind of funding that is working quite well in Quebec and hopefully in many other parts of the country outside of Quebec.

• (1140)

Hon. Larry Bagnell (Yukon, Lib.): Mr. Speaker, I have a very short question. The member mentioned carcinogens in chemicals. I wonder what her views are on the recent and fairly famous program by Wendy Mesley which suggested that the Canadian Cancer Society and others were spending far too many resources on prevention and not enough on fighting the government's allowing of carcinogens in all sorts of products in society.

Ms. Olivia Chow: Mr. Speaker, I have seen that program, several times in fact. The program also mentioned that a lot of the beauty products in Europe, for example, are labelled with what is in the products and that some of the products we use on ourselves cause cancer.

We need to have that information. Some of those chemicals should be banned. I think we all have a role in preventing cancer rate increases, especially among young people. Taking those steps would be extremely important. We need labelling so the public knows.

Also, we know that some products cause cancer. Some of them should be banned.

Mr. Rob Merrifield (Yellowhead, CPC): Mr. Speaker, this is my first opportunity to speak in the House in this new session. I want to say again just how much of an honour and privilege it is for me to represent the wonderful people of Yellowhead. I cannot acknowledge it enough. I am always in awe of the awesome responsibility they have given me and the honour I feel in representing them, so I stand to proudly represent them.

I also want to say how important today's piece of legislation is. As we are speaking about it today, I want to lend my voice to some of the consideration of the legislation as it goes through the House. I want to talk about why I think it is important.

I have talked about this. We have seen exactly what has been going on with regard to this legislation. It has been an order in council since 2004 and now we are actually bringing it into the House in order to put it into legislation. It comes out of Canada's SARS experience. As well, I will talk a bit about the possible pandemic of the avian flu and whether it is or is not.

Let us get to the agency itself and what we are really talking about. We are basically talking about prevention and how we prevent health crisis situations from happening. In Canada in the last 40 years, our experience has been more about looking at crisis intervention. When there is a health crisis, people usually go to hospitals or doctors and try to find an intervention to somehow alleviate the crisis. This is not necessarily about doing that. This is about doing something before that happens.

Not only do we have to look at public health with regard to a potential pandemic or something like a SARS infection, but we have to do that in all of our health considerations, whether it is cancer, heart, diabetes or arthritis. There has been tremendous advancement in the things we can do in the area of prevention before we get into a crisis situation. If we are going to sustain our health care system in the 21st century, we are going to have to begin to be very serious about being far-sighted with regard to the health of ordinary individuals in Canada.

When it comes to this agency and protecting the public health side of things in Canada, we go through monitoring, testing, analyzing, intervening, informing, promoting and preventing until something actually happens unexpectedly, just as we saw recently in Toronto and Vancouver with the SARS situation. When we realize that a good part of what actually happened there could be prevented and that it can be very costly if it is not prevented or dealt with, then we realize that we in the House have a responsibility to do everything we possibly can on behalf of Canadians to prepare them for those situations.

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This was brought home with what happened after SARS. The Kirby report talked about it, and many have talked about the Kirby report, its implications and what it recommended. It was also followed with Dr. Naylor's report, a national advisory committee report on SARS that specifically talked about what we could learn from that disease. This is what has come out of that. It is a recommendation that we actually do something with regard to prevention so that not only can we talk about the federal government and its responsibilities, but we can also understand the responsibilities that provinces and territories have with regard to this whole area of preventing individuals from getting into these crisis situations and what we can do to protect ourselves and prepare ourselves for what might be coming.

I want to spend a minute or two talking about the SARS situation, because there is a lot we can learn from what has actually happened. I want to discuss it because the Naylor report talked a lot about what the province did and what the federal government did not do. I would like to explain a little of what the government's responsibility was at the time and what perhaps did not happen.

Before SARS happened, it was Canada that actually exposed it to the world when it realized what was happening. The virus was present in Asia, in China in particular, and it was actually Canada's surveillance that alerted the World Health Organization to the problem.

• (1145)

It is interesting to note that Canada alerted the World Health Organization, and yet when there were two cases of SARS, one in Vancouver and the other in Toronto, they were handled completely differently and had completely different results. Officials were alerted to the case in Vancouver because the individual came from Hong Kong. All hospitals in Canada were supposedly aware of this infectious disease. In Vancouver, it instantly was treated as an infectious disease. Because of that, there was not one death, because of the way the hospitals handled it and intervened at that time.

I am not blaming the medical people at all for what happened in Toronto. I understand full well what happened. The point is this. When SARS was diagnosed in the Toronto hospital, it took medical staff 24 hours before they really understood what they were dealing with. With everything that flowed out of that 24 hour period of time, there were 44 deaths in the Toronto area. The World Health Organization put a travel advisory on the Toronto area and as a result of individuals refusing to travel to that city it suffered an economic loss of \$2 billion. That was the fallout.

We can see that the timing and the way we prepared in those two cases was absolutely critical to the fallout with what actually happened with regard to human deaths and economic costs.

So why is it so important to show leadership? Because, in regard to leadership, one area reacted differently from the other. I am not blaming anyone. I am not saying that anyone was at fault. I am saying that what we should do is learn from the experience and, in this agency, understand that preventing this from happening again is critical. We should be aware of the fact that many experts around the world claim that another SARS or another pandemic is going to happen in the future. This is very valuable. What we are doing prior to this is actually critical.

No country in the world should be more prepared and more understanding of what is actually going to happen than Canada. After all, we had SARS in our country. It left another nation and came into our country. Because of that, we saw a human toll and an economic disaster. It was when the World Health Organization recognized that we were also actually guilty that we realized Canadians could have potentially transported this virus to the United States, Australia and perhaps other countries in Europe, so the World Health Organization had no option but to put out a travel advisory.

What was our responsibility in the House at that time? Our responsibility was where our jurisdictions lay. First of all, importing and exporting and individuals arriving in Canada or leaving Canada fall under federal jurisdiction. At the time of the SARS outbreak, I had the privilege of being the senior health critic for my party. I have always seen health care as a non-partisan issue. We should approach it in a non-partisan way. We can go and play politics with other issues, but when it comes to health care, we should not. We cannot afford the time. We cannot afford the economic costs. We certainly cannot afford the political fallout from it.

In that case, I wanted the then minister of health to understand the importance of SARS and to take an aggressive approach in dealing with it. Before question period, I told the minister what actual question I was going to ask her in the House. I wanted her to reply in a way that would throw some light on the situation and push her toward a leadership position. I have never done that since, and it was the first time I did. I did it because SARS breached all political party lines. I was disappointed with the results I got when I saw what the provinces were doing.

The member for Parry Sound—Muskoka, now the Minister of Health, was the Ontario minister of health when the SARS outbreak occurred. He took the lead on SARS. When the travel advisory was put out for the city of Toronto, he actually went to Geneva to fight it, to say that the travel advisory should not have been put on Toronto, and actually, the travel advisory was placed on Toronto after SARS had been contained and controlled in the Toronto area.

• (1150)

As it was not the federal minister of health who acted in an aggressive way, in a quarterback way, we saw the disconnect between the federal responsibility role and the provincial responsibility role. Therein lies the reason that we absolutely need to get the lines of communication straight. We need to do everything we possibly can to ensure the Public Health Agency and the Chief Public Health Officer have clear directions and guidelines set out as to what should happen and who should be in charge if this were ever to take place again. We know that it probably will. It is just a matter of time.

I mentioned earlier the avian flu. We had some experience with what we thought might be the avian flu in the lower B.C. mainland, in the Fraser Valley area where we had to eliminate a number of poultry because of it.

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There is good news and bad news on the avian flu side of it. The bad news is that in 2005 we had 95 cases worldwide and 41 deaths. However, since January 2006, and we are only a third of the way into the year, we have had 61 cases and 37 deaths worldwide. We have seen the avian flu actually spread into Europe, into Africa and into Asia Minor. Most of the world has experienced some of what is potential in this virus. The experts are telling us that we are very close to receiving it here in North America. We know it is spreading.

What we do not know is whether the virus will mutate into a pandemic. The experts are divided on that. It has been around for a couple of years. Some of them say that a virus never sits stagnate. It is always mutating and when it is mutating it could easily trigger to mutate between human to human contact. If that were to happen we would be sitting in a potential pandemic situation. That potential is always there and it is escalating as times goes on.

Another group of scientists are saying that the longer this virus is out there and it has not mutated the less chance it actually will mutate.

I am not trying to raise alarms, other than to say that there are things we know and there are things we do not know. The thing we know is that it is spreading. The thing we do not know is whether it will be the next pandemic. However we had better be prepared in either case. Therein lies why it is so important for the bill to pass. We can debate it in the House and try to fine tune it as much as we possibly can so that we are prepared for whatever might happen.

A perfect example of this happened in the health committee last year. Some of my colleagues who sat on that same committee are here in the House. It was when the avian flu and the pandemic began that the Tamiflu was said to be the anti-viral that could help prevent and actually cure individuals with avian flu and we had a glut internationally of wanting to acquire the Tamiflu. The pharmaceutical officials came to the committee and we talked about Tamiflu and whether we were prepared. The Chief Public Health Officer was there and we were able to discern whether or not we were doing the appropriate thing. At least we had some experts who we could go to be able to discern as parliamentarians whether we were as prepared as we could be for what might or might not be transpiring.

As it has turned out, we have some Tamiflu in Canada. Whether we have enough or not we could still debate, but whether it is actually a product that can do the job if the virus mutates is another question. We know that if the virus mutates, the Tamiflu may not work at all.

Nonetheless, we have a professional, the Chief Public Health Office, in case something like this happens. The number one advantage of having a medical officer who is an expert is that he is not a politician. The last thing we want in a crisis situation is anyone who has a political bent. In saying that, we must understand that the responsibility of the federal minister of health is to be able to deal with the situation and deal with the agency.

●(1155)

It is important to have someone who is a professional in the health field because it puts the public's mind at rest knowing that a professional, whose area of expertise is medicine and not politics, is dealing with a potential pandemic. It gives me comfort knowing we

have Dr. David Butler-Jones who has his mandate to follow this internationally and nationally, is able to educate our doctors and front line nurses, and is able to make teams of individuals prepared and ready to deal with a pandemic if and when such an event were to happen.

The agency would do more than just prepare us for any kind of a potential pandemic. It also would be looking at chronic diseases of all kinds. We now realize that chronic disease is the number one cause of death and disability in Canada. We need to do whatever we can to prevent and stop the progress of these chronic diseases. This leads us into the physical environment in which individuals are involved. We know that 60% of the determinants of the health of the population relate to physical environment as well as the social and economic environment. These are areas that we should not overlook and the agency will have the mandate to deal with them.

We could get into the specifics of the agency and talk about whether it should be inside or outside Health Canada but what we need to have is an agency that is focussed on its mandate. We do not want to take a shotgun approach or water it down in any way, shape or form. It is a wise way for the legislation to go forward, which is for the agency to be outside of Health Canada, that it deal with its mandate and, specifically, that it be able to communicate with the population in case of a very serious situation. I am very much in favour with the way this has been drafted. It is the right way to go.

It is important that the agency report directly to the minister. I look forward to annual reports coming back to the Department of Health because it is important for this body and the politicians who are here to have public responsibility and public reporting of what that agency is actually doing and whether we are preparing the country for what may or may not be happening.

The legislation is long overdue. SARS hit in 2003, a long time ago, and, thank goodness, it was not the pandemic and that we have not had one since. We have had some time but there is a striking difference between the past government and what we are seeing in how we actually bring this forward because it is all about leadership.

Later today we will be introducing our first budget but this legislation that is now on the floor will be driven through very quickly. I am looking forward to committee where we will be able to flesh this out to see if there are any problems with it in any other way and then to move it on and enact it as soon as possible, giving our confidence to Dr. Butler-Jones, our Chief Public Health officer, because this is very important for us to do. It is important for us to do everything we possibly can to ensure that we and all Canadians are prepared and this legislation would do all of that and more. This is the beginning of an exciting chapter in the history of Canada and it prepares us well for the 21st century and beyond.

●(1200)

Hon. Carolyn Bennett (St. Paul's, Lib.): Mr. Speaker, I remember SARS and I remember the response that we were able to give as a government in terms of appointing the first ever minister of state for public health and appointing Dr. David Butler-Jones as the Chief Public Health Officer for Canada.

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My question for the member concerns the response we have had over the past few months in terms of the insecurity that our first nations Inuit and Métis people are feeling in terms of their responsibility in preparing for a pandemic or a potential SARS outbreak on reserve. Could we prove that germs do not respect borders and could we put in place a public health network for the 13 jurisdictions? The reason people on reserves are feeling so insecure is that no one seems to know whether it is the First Nations Inuit Health Branch or the Public Health Agency that will be helping plan for a pandemic on reserve.

Mr. Rob Merrifield: Mr. Speaker, I have the greatest of confidence in Dr. Butler-Jones. I think my hon. colleague was very instrumental in choosing him. Not only did we have great respect for him when he appeared before committee, but some of the best conversations I have had with him were actually at the airport because we fly an awful lot and we usually sit and chat for a half hour or more when we get to the airport. I believe he is doing a very credible job.

My argument is: Why did it take so long? It was almost a year and a half after the SARS outbreak before the actual appointment of a chief medical officer.

With regard to the first nations, they do have serious problems. We have \$9 billion to \$12 billion a year of federal money going to reserves where we have third world conditions. I believe this gets to some of the root of the problem. It is leadership. Somebody has to play quarterback, not only in a SARS situation, where we saw no federal leadership at the time of SARS, but the same sort of thing has to happen with first nations. I believe we need some strong leadership on and off reserve to ensure we streamline the activity with preparedness for any kind of a pandemic or potential pandemic on those reserves.

I cannot answer directly what is actually happening at this specific time. I just know that there has to be some strong leadership. I have a great amount of trust in not only our Minister of Health but also our Minister of Indian Affairs and Northern Development to give that leadership and to ensure things are being dealt with on reserve. I have a lot of confidence that is going to take place.

Dr. Butler-Jones would have to be the person who answers the question as to exactly what is happening on those reserves with regard to public health, as he does with preparing front line workers, nurses and doctors right across the country. I am assuming that is being done. I am looking forward to the health committee starting so we can have reports, ask those exact questions and get more thorough answers.

• (1205)

[*Translation*]

Mr. Guy André (Berthier—Maskinongé, BQ): Thank you, Mr. Speaker.

In its report on federal transfers to the provinces, the commission on fiscal imbalance said that the federal contribution, proportional to social spending in Quebec, ought to decrease from 20.4% in 1993-94 to 13.9% in 2005-06, representing a reduction of nearly seven percentage points in just over seven years.

My question is for the hon. member. Instead of encroaching shamelessly on fields of provincial jurisdiction, should the Conservative Party not act on its commitment and restore the transfer to the 1994-95 level, giving the money to federal granting agencies in Quebec and the provinces? They could then conduct their own health research through their universities and their own research institutes.

[*English*]

Mr. Rob Merrifield: Mr. Speaker, I have heard the Bloc member ask that question of other members on this side with regard to jurisdiction. I would suggest to him that it is not the province of Quebec, the province of Ontario or any other province that has the jurisdiction to deal with airports. Importing and exporting people to and from Canada comes under federal jurisdiction, which is why the Quarantine Act is federal legislation.

One of the problems we had in dealing with SARS was when it came to jurisdictions in dealing with a pandemic or potential pandemic. It is not that we should be threatening or that a province should feel any threat that its jurisdiction is being trampled upon. The bill does not do that at all. It actually complements what is happening in the provinces. It would help them to prepare, deal, train and monitor what is actually happening in the province so that there can be a seamless system and a system that is dealt with, not only at the airports and the public health agencies within the provinces, but that they are all working together as a team.

That is the Canada that I believe in, the Canada I believe we need and that is the way we need to deal with a pandemic, whether it is nationally or internationally. I would encourage my colleague to not be so protective or so phobic about provincial jurisdiction because I do not believe the bill or the agency would contravene anything that is happening in the provinces.

Mr. Bill Siksay (Burnaby—Douglas, NDP): Mr. Speaker, I enjoyed listening to the remarks of the member. We are debating establishing the mandate for the Public Health Agency and the Chief Public Health Officer of Canada, but there are concerns about whether there are enough financial and human resources to fulfill that mandate as set out in the bill. The Canadian Medical Association and other key stakeholders have raised concerns about the resources that are available to do this important work. Could the member comment on that?

Mr. Rob Merrifield: Mr. Speaker, I have seen the comments from the Canadian Medical Association. They come at it from a human resources perspective. Whether there is ever enough money for human resources, I do not know when enough is enough. They may be valid to some degree because we have a human resources crunch in medicine, not only in Canada but around the globe. It is very important that we understand that. I have never heard from Dr. David Butler-Jones or anyone from the agency.

The questions of the shortage of our resources with regard to the mandate of the agency are good questions to bring up in committee. We can ask those questions in due course, but I have not sensed that is a consideration at this time.

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•(1210)

Mr. Steven Fletcher (Parliamentary Secretary to the Minister of Health, CPC): Mr. Speaker, the people of Yellowhead are very fortunate to have such an excellent member of Parliament. As the member mentioned, he was the health critic of our party at the time of SARS and did an outstanding job in that role.

It is interesting that the government has brought forward the legislation even before bringing forward its budget, particularly when it took so long for the previous government to act. Would the member comment on his experience with the commitment of the previous government on this legislation? Why did this government act so swiftly when the other government seemed to dilly-dally.

Mr. Rob Merrifield: Mr. Speaker, as I mentioned in my speech, it is all about leadership, or the lack of leadership. That was the problem with the last government. It led by polls and not by directive. I think Canadians are starting to understand that this government is very directive and solid on leadership. That is why the legislation is in the House before the budget. It is important legislation and it should have been done two or three years ago.

It is now before the House. Let us get it to committee and get it enacted. That is what needs to be done, and I believe we will make that happen. It is refreshing to see a government that has this kind of initiative.

[*Translation*]

Ms. Nicole Demers (Laval, BQ): Mr. Speaker, Bill C-5 is of paramount importance for the future autonomy of the provinces in the field of health.

With 9,146 full-time-equivalent employees, including 8,833 for the department alone—excluding the health institutes, the Review Commission and the Patented Medicine Prices Review Board—and a budget of \$3.35 billion, Health Canada cannot even manage to attend appropriately to its own responsibilities. Yet it is doing its utmost to trespass in the fields for which Quebec and the provinces are responsible. The federal government's intervention in health should be confined to its areas of responsibility. We are referring among other things to aboriginal people, the armed forces, veterans, approval of new drugs and assessment of toxic products.

Quebec alone is responsible for policies and management relating to the health services and social services available to its population.

The federal government claims that its health mission is to help Canadians maintain and improve the state of their health. In reality, its responsibilities are basically to assist with health funding through transfer payments to the provinces and Quebec, to offer services to certain groups such as aboriginal communities, veterans, military personnel, inmates of federal penitentiaries and the RCMP, and also to exercise control of new drugs. To better impose its vision, however, Health Canada employs more than 9,000 full-time-equivalent employees, and 4,561 of its 9,146 employees are assigned to health protection and promotion, and only 1,529 to aboriginal health.

From 1998-99 to 2002-03, the increase in positions related to aboriginal health was feeble compared with the increase of personnel in fields liable to cause intergovernmental controversy. The most

marked increase is in the sector of health promotion and protection, which rose from 506 to 4,561 full-time-equivalent jobs.

Money is spent on aboriginal health, but not enough is being done. The infant mortality rate is twice as high in first nation communities as in the population at large. The life expectancy of registered Indians is seven years less than that of the general population, and their suicide rate is two to seven times as high as that of the general population.

How can they justify phenomenal amounts to promote and protect health when services for first nations are so poor?

In her March 30, 2004 report, the Auditor General of Canada blew the whistle on Health Canada, which does not have a comprehensive program to protect citizens against the risks associated with medical devices. I could mention breast implants, medical devices that proved defective but which had still been approved by Health Canada or that were available even without its approval through its special access to health products program in cases of an emergency or for life-threatening conditions, even though the federal government had promised to institute such a program more than ten years ago.

How can the federal government justify so many intrusions into health when it is incapable of doing a good job on one of the few tasks that really do fall within its jurisdiction in this area. I am speaking of the hospitals under federal jurisdiction.

Health Canada is also in charge of managing three hospitals that serve aboriginal communities.

First there is Norway House Hospital in Manitoba. It is for the Cree and serves 6,000 people. In 2002-03, Health Canada gave it \$3,500,429. Apparently \$3.5 million is also spent annually on transporting patients to Winnipeg; that is a lot of money for transporting patients. This hospital is in such decline that RDI did a report on it in late 2003. RDI reported that one of the only two physicians working full time in this hospital described it as worthy of a third-world country. That is terrible.

•(1215)

There are also the Percy E. Moore Hospital in Manitoba, which Health Canada gave \$3,028,048 for 2002 and 2003, and the Weeneebayko General Hospital in Ontario, which the department gave about \$11.5 million for 2002 and 2003. Ontario also funded this hospital to the tune of \$3,932,000.

Although Health Canada is in charge of aboriginal health, aboriginals have a smoking rate that is more than twice the Canadian average, an obesity rate that is twice as high as that of Canadians in general, a diabetes rate that is three times as high as that of Canadians 55 years of age or more and six times as high as that of Canadians 35 to 54 years old. In addition, many older members of the first nations do not get the home care services that they need.

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What is more, Health Canada does not even manage all the federal hospitals. In fact, some federal government hospitals are managed by Veterans Affairs Canada, National Defence and the Solicitor General. Quebec and the provinces are the only instances with the authority to assess health services needs. Despite this evidence, Health Canada causes duplications and encroaches on the jurisdictions of Quebec and the provinces. The most flagrant example: the Canada Health Act “establishes the criteria and conditions related to insured health care services that the provinces and territories must meet in order to receive the full federal cash transfer contribution under the Canada Health and Social Transfer”.

The federal government appears virtuous by imposing standards when it is not even able to manage properly the few hospitals it has. Let us not forget drug regulation, which is another Health Canada responsibility. Health Canada's approval procedures for new drugs can be quite lengthy. The federal government has often promised to speed up the regulatory process to provide quicker access to drugs. However, Health Canada seems unable to engage in a quick and thorough assessment of the products.

This situation also exists at the Natural Health Products Directorate where more than 12,000 products are currently waiting to be assessed, thereby depriving thousands of people of products that are for the most part inoffensive and could greatly improve their health.

The Patented Medicine Prices Review Board Canada Performance Report for the period ending March 31, 2003, states that only 35 people or “full-time equivalents” are employed with a budget of roughly \$4.2 million. That is quite expensive. Nonetheless, Health Canada allocates \$802.2 million to its health promotion and protection policy.

The department should do more to address the gaps in approving new drugs instead of putting its energy into interfering in the jurisdictions of Quebec and the provinces.

Despite all these flaws in its own jurisdictions, on December 12, 2003, the Liberal government announced the creation of the Canada Public Health Agency under Health Canada. In the Speech from the Throne on February 2, 2004, the Liberal government said:

The Government will therefore take the lead in establishing a strong and responsive public health system, starting with a new Canada Public Health Agency that will ensure that Canada is linked, both nationally and globally, in a network for disease control and emergency response.

On September 24, 2004, Paul Martin officially inaugurated the Public Health Agency of Canada by appointing Dr. David Butler-Jones as the first Chief Public Health Officer for the agency that had been established in Winnipeg.

The Public Health Agency of Canada is funded out of the \$665 million promised in the 2004 budget to strengthen the public health system in Canada and the \$404 million provided to the Population and Public Health Branch of Health Canada.

The agency therefore has \$100 million for increased front-line public health capacity, \$300 million for new vaccine programs, \$100 million for improved surveillance systems and \$165 million over two years for other federal public health initiatives.

Let us come back to surveillance systems. We have recently heard about this on television.

• (1220)

An English language program did a report on airports in Canada, and more specifically Pearson airport. We saw how easy it was for anyone to get through the security systems with anything. In Canadian airports, you could just as easily get through with anthrax as with a bomb, especially at Pearson airport. If we really want to do surveillance, employees have to be trained to do it properly. Unfortunately, we saw in the past that this was not the case.

The Public Health Agency's mandate is to focus on more effective efforts to prevent injuries and chronic diseases, like cancer and heart disease, and to respond to public health emergencies and infectious disease outbreaks. The PHAC would also work closely with the provinces and territories to keep Canadians healthy and reduce pressures on the health care system.

And yet as recently as last week the Canadian Cancer Society was telling us that, in its opinion, research was paramount. It is not more bureaucrats that we need, it is money going directly for research, with as few intermediate layers as possible. The more complex the bureaucracy, the less money is used for the purposes for which it is intended.

Ultimately, this agency is to have six coordinating regional offices, including one in Quebec. In Quebec, however, we have had our own public health agency since 1998: the Institut national de santé publique du Québec. In fact, we already have our own action plan for bird flu. In that connection, the government has procured over 9.8 million doses of the antiviral Tamiflu for fighting the disease, and plans to increase its available stock to 11 million doses. We are well aware that this would probably not be enough to fight the bird flu virus if a pandemic were to break out. However, we are aware that we already have more of it than Canada has. We will therefore have a better chance of getting through it. In Quebec, we do things differently, and we want to continue doing them differently.

Because it is the Government of Quebec that has the expertise and that can direct all of the institutions in the Quebec health care network, we believe that it is up to Quebec to set priorities, to develop action plans for Quebec and to ensure that they are consistent with the global objectives developed by organizations like WHO.

The federal government has taken advantage of the fiscal imbalance—which it created itself—and the needs that the fiscal imbalance has created in Quebec and the provinces in their areas of jurisdiction, to multiply its intrusions in those areas by using its spending power. It would appear that the Conservative government is adopting this tactic.

Yet in a speech given as recently as April 21, 2006 in Montreal before a large audience—through which we heard about it—the Prime Minister boasted of his open federalism, saying: “Open federalism means respecting areas of provincial jurisdiction. Open federalism means limiting the use of the federal spending power—”

In the same vein, the Minister of Health said with regard to guaranteed wait times that we have to respect provincial jurisdictions, even if that takes a little more time to get things done.

One has to acknowledge that they are not “walking the talk”. We have always been very aware of the importance of health-related issues, particularly in light of the ageing population and the possibility of easily communicable diseases crossing our borders, as in the SARS episode in Toronto. However we are convinced that the formulation of plans for dealing with serious diseases is one primordial aspect of health care which must remain a provincial responsibility, especially when, as in Quebec, we have our own public health agency.

Furthermore, since the reduction of federal health transfers in 1994, health care has suffered from chronic underfunding. We consider the main problem to be the underfunding as a result of the fiscal imbalance, which deprives Quebec and the provinces of the revenue necessary to meet their responsibilities, thereby making it difficult for them to properly support their public health agencies.

•(1225)

Only the correction of the fiscal imbalance will enable Quebec and the provinces to better develop services to their populations in their fields of jurisdiction, and ensure that citizens have the proper tools to face the new public health challenges.

The Bloc Québécois considers the problems Quebec is experiencing today in its health system to have been caused in large part by the federal government, which effected a massive withdrawal from health starting in 1994-95. Those draconian cuts, of which my colleague was speaking earlier, at a time when Quebec was initiating health care reform, prevented the Government of Quebec from carrying through with its planned improvements and made any intelligent long-term planning to meet the needs of Quebecers an illusion.

Whatever the party in power, Quebec governments have been denouncing federal intrusions in health for a very long time. I offer you a few striking examples.

According to the second government of Maurice Duplessis, formed by the Union Nationale, which sat from August 30, 1944 to September 7, 1959:

Quebec considers that the following areas are the exclusive jurisdiction of the provinces: natural resources, the establishment, maintenance and administration of hospitals, asylums and charitable institutions, education in all areas including university studies, the regulation of professions, including the entrance requirements to the practice of medicine and relations between patient and physician, social security, health and public hygiene—

Even Robert Bourassa, the leader of the Liberal Party, said the following after the failure of the Meech Lake accord:

Under the Canadian Constitution social affairs and health are irrefutably matters of exclusive provincial jurisdiction. Over the past 25 years, the Government of Quebec has carried out its responsibilities in a remarkable fashion and has provided quality administration in the sectors of health and social affairs. These successes are eloquent proof, and the people of Quebec are convinced of it, that Quebec would gain nothing from a new manner of sharing jurisdictions in these sectors. Up to now, they have been under exclusive provincial jurisdiction and, in the best interest of Quebecers, will remain so.

Finally, Jean Charest said at a first ministers' meeting:

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The first ministers addressed other issues, such as establishing a public health agency that could coordinate a national response to a crisis occasioned by an infectious disease such as SARS. The two levels of government will look as well at combining their efforts in the event of a natural disaster. Quebec, warned Jean Charest, has established its own structures in these two areas, which are working. They will work with those put in place, but there is no question of duplication—

We in the Bloc Québécois share these opinions that there is no question of duplication or of setting up another health agency that would employ thousands of people and cost taxpayers millions of dollars for very little in return.

Only correction of the fiscal imbalance will ensure stable funding, enable Quebec and the provinces to further develop services for their inhabitants in their areas of exclusive jurisdiction and ensure that, in matters of health, the public receives proper care.

The government must reiterate its firm commitment to correct the fiscal imbalance. Today's budget must provide a clear indication of the government's intention to resolve the problem by giving the provinces and Quebec an initial portion of the increase needed in transfer payments for post-secondary education and social programs.

In the name of pan-Canadian objectives that negate the Quebec difference, the federal government is confirming that it wishes to interfere further in areas of jurisdiction belonging to Quebec and the provinces. The federal government's responsibility is to provide adequate health funding, not just to propose new structures, like waiting list indicators, which do not solve the problem of underfunding.

•(1230)

Finally, because the federal government is interfering in the provinces' areas of jurisdictions with its prevention and surveillance programs, with its Nursing Strategy for Canada, its Canadian Diabetes Strategy, its plan to combat an influenza epidemic and many other unilateral initiatives, health priorities get jostled.

[English]

Mr. Steven Fletcher (Parliamentary Secretary to the Minister of Health, CPC): Mr. Speaker, I think the member may in part misunderstand what this bill is doing. First, it is not infringing on any jurisdiction. It is a machinery bill that organizes the responsibility that the health minister already has. In fact, in the area of public health there is some overlap in jurisdiction, particularly when it comes to peace, order and good government. Part of it is if there ever is a pandemic, there needs to be coordinated role.

The member talked a lot about Quebec in isolation of the world. I do not think Quebecers or Canadians would accept that Quebec somehow would be isolated from a pandemic. This is why this bill is very important. It provides for a Chief Public Health Officer who is not a politician but someone who has expertise in public health matters, who would be able to address the concerns of all Canadians, including Quebecers, when such a pandemic occurred. Quebec is only 100 metres away from where we are speaking today and to suggest that it is somehow isolated is incorrect.

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Will the member accept that Quebec is not an island unto itself and there are circumstances where the provinces need to work together to ensure the protection of all their citizens? The Public Health Agency of Canada will do that without creating additional cost to bureaucracy but actually will streamline the government's response to a public health crisis. Would the member agree?

• (1235)

[*Translation*]

Ms. Nicole Demers: Mr. Speaker, although I have often agreed with my honourable colleague on the Standing Committee on Health, I find myself forced to say no right now because, by instituting this agency, the federal government is displaying its arrogance towards the powers of Quebec and the provinces.

Also, we repeat that Quebec already has had its own Institut national de santé publique since 1998, and that this institution does not need a federal agency to do the same thing. We already take care of this, ourselves, in Quebec. Furthermore, it is not true that we are isolated.

We do things directly in Quebec. We do things differently. We do things by taking into account the aging population and the children we have. We do things because we are concerned about people in Quebec. We do things because perhaps our way of thinking is a bit more social than conservative, but we do things well.

[*English*]

Hon. Keith Martin (Esquimalt—Juan de Fuca, Lib.): Mr. Speaker, I listened intently to the member's comments.

Regardless of where we live in our great country, we are all affected by health care challenges. That is the intent of the bill. Over the last few years Canada is the number one nation in the entire world in terms of SARS preparedness and SARS response. There is an extraordinary monitoring system within Canada. Our experts have travelled to the Far East to help the people there monitor and address their SARS challenges. We know those challenges quite well. We have done a great job in Canada. Our researchers and Public Health Agency experts, as the parliamentary secretary also knows very well, have done an outstanding international job on this. A world meeting was held last year in Montreal so that we could work with other countries to deal with that challenge.

Some of us put together an initiative which deals with type 1 diabetes. We are poised to close an incredible loop in our country, which is very exciting. It started with Banting and Best and the discovery insulin. We are now at the stage in research where we hope in the very near future to complete the genetic mapping for the genetic component of type 1 diabetes but also to identify some of the environmental factors and develop the technology to enable individuals to regenerate the islet cells in the pancreas which produce insulin.

The member and her party refused to participate in a bipartisan initiative to enable researchers to have a \$25 million per year investment over five years. That would enable Canada to take the lead and be the first country in the world to ever cure a chronic disease.

There are thousands of people in the member's own province who suffer from type 1 juvenile diabetes. People are diagnosed primarily

when they are children. The biggest increasing age group is between five and nine years. Our country has the third highest incidence in the world. How could the member look her constituents in the eye and say that as a member of the Bloc Québécois, she refused to participate in a binational, bipartisan initiative to ensure that our researchers in Canada, in Montreal, were able to have the tools to find a cure for type 1 diabetes? Why did she refuse to participate in this initiative? Why did she block the initiative for members from all political parties to unite in defeating this disease?

[*Translation*]

Ms. Nicole Demers: Mr. Speaker, I thank the member very much for his question.

Last year, when the Minister of Health was confronted with the same problem and he was asked for \$25 million over five years, the request was turned down. In addition, the money for juvenile diabetes was combined within various chronic disease strategies. Therefore I do not think that the member has anything to tell us about this subject.

Also, how does he think that the federal government can help people suffering from juvenile diabetes or any type of diabetes, when it is not even able to help the native people under its responsibility? These people suffer three times more from diabetes than other Canadians aged 55 and above. And seven times more people aged 35 to 54 suffer from diabetes. The federal government is not even able to take care of them. How can we expect it to be able to manage a pan-Canadian strategy on diabetes, when it is not even able to live up to its own responsibilities?

• (1240)

[*English*]

Mr. Brian Masse (Windsor West, NDP): Mr. Speaker, one of the interesting avenues the bill might actually create is the investigation and mitigation of different health factors in terms of food products. I would like the investigation to involve the elimination of trans fats. The House of Commons voted to work toward the reduction and elimination of trans fats. The NDP motion was accepted in 2005. I would like to see that administered.

I ask my colleague from the Bloc, would her party argue that Quebec should have different standards for trans fats? Trans fats appear in baby food and a whole series of products that affect human health.

Especially given the industrial use of different manufacturing processes in the goods that people buy, it would be an advantage to lower trans fats and have standardized reductions of trans fats across the country. It would also pressure the manufacturing industries to immediately reduce or lower trans fats which would create better market conditions to attain a quicker result in the elimination of trans fats.

Having Quebec as part of that would make it a speedier process, or do the Bloc members actually believe that Quebec should have a different level of trans fats than in the rest of the country, than eliminating products or restricting products or allowing more that would have increased trans fats?

Government Orders

[Translation]

The Acting Speaker (Mr. Royal Galipeau): The hon. member for Laval has less than a minute to answer this question.

Ms. Nicole Demers: Mr. Speaker, I would tell my hon. colleague that we are very aware of the problems caused by trans fats. These problems have already been discussed in the House. We support the principle of the bill on trans fats.

I would add that we are involved in the fight against trans fats. My own brother, who has been living in Alberta for 20 years, works for Frito Lay. It was the first company to get rid of trans fats in its chips. He is a Quebecker who is working therefore on getting rid of trans fats.

[English]

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): Mr. Speaker, today it is my privilege to speak to Bill C-5, an act respecting the establishment of the Public Health Agency of Canada.

I take very seriously the responsibilities the member of Parliament for Prince George—Peace River and chief government whip gave me when he appointed me as a member of the Standing Committee on Health. This is the first of many issues relating to health that I plan to address.

I am very pleased to speak about such an important service that benefits all Canadians, the Public Health Agency of Canada. I would like to address the reasons this agency was created, the reasons this agency is needed, and the reasons we need a Chief Public Health Officer. Finally I will address what the legislation will do.

The overarching theme of this legislation is the protection and promotion of the health of Canadians. The establishment of the Public Health Agency of Canada was in fact a response to the need to establish a federal focal point to address public health issues following the 2003 outbreak of severe acute respiratory syndrome, popularly known as SARS.

SARS was a blow to our health care system. Some experts have stated that only the heroic efforts of Ontario's front line health workers kept the deadly SARS outbreak from exacting a far heavier toll. The province's public health system was called into question. Internationally, the health of Canadians was also called into question for months after the outbreak when they travelled overseas. Even Canadians living abroad were sometimes questioned. Canadians demanded action.

Dr. David Naylor and Senator Michael Kirby each consulted with the health community and reported specific recommendations, including the establishment of a Canadian public health agency and the appointment of a chief public health officer for Canada.

As members are probably aware, our right hon. Prime Minister has great respect for provincial jurisdiction. That is why our government is committed to federal, provincial and territorial collaboration, especially in such an important project as the Public Health Agency of Canada. One way this cooperation is done is through the Pan-Canadian Public Health Network which was established in April 2005. Informal discussions with provincial and territorial public health authorities have indicated that they would like a federal public health focal point with the authority and

capacity for effective collaboration, especially during emergencies. God forbid an emergency like SARS should ever resurface, but we will be prepared.

Consequently, the Minister of Health has made it clear that the legislation does not expand on the existing federal role in public health. Instead, the legislation simply provides the agency with its mandate to assist the Minister of Health in exercising his powers, duties and functions in public health. Nothing that the federal government is currently doing in public health has changed.

Although the Public Health Agency of Canada was created by order in council in September 2004, it lacked parliamentary recognition. As the House is quite aware, my party is about accountability. This legislation will give parliamentary recognition to the Public Health Agency of Canada and the Chief Public Health Officer. In other words, this is largely a machinery bill that will give the agency a sound legislative footing to support the Minister of Health in addressing public health issues.

For me, this is an area of grave importance. In my former role as mayor and warden, I served for many years on the local board of public health, including six years as chair of that board. I know firsthand the value of having a Chief Public Health Officer at the federal level which, in the time of a widespread emergency or pandemic, can coordinate an appropriate response in coordination with the provinces and territories.

● (1245)

A federal focal point to address public health issues will benefit the constituents of Sarnia—Lambton in many ways. As a riding with so many international border crossings to the state of Michigan, including the twin Blue Water Bridges, an international health emergency would be better contained and managed through a federal focal point, including a Chief Public Health Officer.

In the chemical valley, by which my riding of Sarnia—Lambton is popularly known, the main CN line carries many hazardous goods. In my hometown municipality of Plympton-Wyoming, we see an average of one train every 20 minutes carrying hazardous freight. The comfort of knowing there will be a coordinated effort with a federal focal point should an accident happen is important to me and my constituents. The Chief Public Health Officer will provide that comfort by way of leadership.

The legislation will establish a unique dual role for the Chief Public Health Officer. Why, some would ask, is there a dual role? The legislation recognizes the Chief Public Health Officer's unique status as the Government of Canada's lead public health professional as well as the deputy head of the agency. Let me explain. As deputy head of the agency, the Chief Public Health Officer is accountable to the Minister of Health and informs the minister on policy development. Additionally, the Chief Public Health Officer is Canada's lead public health professional with authority to communicate with Canadians and publish reports on any public health issue.

Government Orders

Not only does the legislation clarify the rules and responsibilities of the Chief Public Health Officer, but it also responds to both Naylor's and Kirby's recommendations that the Chief Public Health Officer have a degree of independence to speak out and issue reports on public health matters.

Threats to the health of Canadians will allow the Chief Public Health Officer to engage other federal departments to mobilize health resources of the agency. The Chief Public Health Officer must submit to the Minister of Health for tabling in Parliament an annual report on the state of public health in Canada, aiding the Minister of Health in his decision making as to what are the best measures to promote better health care for Canadians, and subsequently, improve patient wait time guarantees which is a priority of the government.

Therefore, as an impartial, credible voice on public health able to communicate directly with the public, the Chief Public Health Officer will be accountable to all Canadians while respecting the Privacy Act and the Charter of Rights and Freedoms.

A federal focal point will provide assurances to provinces and territories that they can lawfully share information with the federal government in light of a possible health emergency such as an influenza pandemic. Systematic monitoring and surveillance would be needed to anticipate, prepare for and respond to such an emergency in a timely manner.

The agency already maintains a national emergency stockpile system that contains everything from pharmaceuticals to beds and blankets for use in an emergency.

Additionally, the Chief Public Health Officer uses the public health network to get information from his provincial and territorial colleagues and with his authorities would be able to communicate and provide the best public health advice to Canadians in key areas such as pandemic preparedness and antiviral stockpiling. SARS has taught us all a valuable lesson in dealing with public health threats.

My several years of training through Emergency Measures Ontario have certainly taught me the value of having this national emergency stockpile system in place. It will be imperative in a pandemic situation that resources be available on a national level. In fact, the Public Health Agency of Canada has already strengthened the Canadian pandemic influenza plan by increasing its national antiviral stockpile and signing an agreement to develop a prototype H5N1 or avian flu vaccine.

Having a separate agency within the health portfolio is needed to deal with public health issues. Coherence on a national scale is what the legislation ensures when the health of Canadians is in jeopardy.

● (1250)

I support Bill C-5 and so will my colleagues. We want to bring greater visibility to public health issues. We made a commitment on this side of the House to improve our public health system. The legislation fulfills these objectives.

Hon. Robert Thibault (West Nova, Lib.): Mr. Speaker, I welcome the member to the House. I am pleased to see she has been appointed to the health committee. I had the opportunity to serve on that committee for quite some time, and she will find it very rewarding.

I listened to her speak about what the bill would accomplish. It is reminiscent for me. I remember presenting the bill last year and going through part of the debate. She and some of her colleagues present it as if it were a new bill. The Public Health Agency was established by the previous Liberal government. The Chief Public Health Officer was selected in that process. The bill was introduced, the same bill that has been presented here, but it died on the Order Paper because the opposition chose to vote the government out to force an election without advancing the bill.

I hear members of her party suggesting that bill shows great leadership, that it is great advancement in the interests of the public health and that it is something new. Would it not have been in the interests of the public health six months ago to have advanced the bill and put it forward quickly, or are members of that party a little on the hypocritical side?

I also heard the comment that it was being presented before the presentation of the budget. There is nothing to put in the budget. The only thing in the budget could be a withdrawal of resources, and I hope the Public Health Agency is resourced properly and that Dr. David Butler-Jones and his staff have the available those resources. I look forward to that. I hope independence is given to the agency to operate on a pan-Canadian basis in cooperation with the provinces and with other agencies.

I have stated that I will support the bill. It is a good bill and I am pleased to see it has the support of the member.

A private member's bill, which recommended that national health products be treated as foods and not evaluated or listed independently and that personal care and hygiene products such as make-up and antiperspirants, deodorants and soaps be treated as food also and sold without any warning or under the same circumstances, died on the Order Paper. It was strongly supported by the member's party at committee last year. Does she intend to bring that one back? Could we expect to see that bill back with the same vigour that we see the Liberal bill brought back before the House?

● (1255)

Mrs. Patricia Davidson: Mr. Speaker, the bill before us today is a very important bill for all Canadians. Whether the bill was before the House in some other form is not the issue. The issue is the fact that we all care very much about the public health of Canadians. The bill is before the House for discussion and passing. We have a lot of positive comments on it from all parties. The discussions at committee level will be extremely interesting, and I look forward to that.

Regarding the other question, we need to put the resources in place and I am quite confident that those resources will be there to address the issues that will come from the bill. The independence and the leadership that will develop as well from the bill are extremely important as we deal with the public health of all Canadians.

Government Orders

As far as the question regarding the private member's bill, I cannot answer that question. I do not have that knowledge. Perhaps one of my other colleagues on this side of the House would be able to answer it. Once the health committee sits, that is a question I can ask and we can definitely answer later. At this point I cannot answer the question.

Mr. Steven Fletcher (Parliamentary Secretary to the Minister of Health, CPC): Mr. Speaker, the member may be aware that any private member's bill that passes through the House will go to committee provided government legislation is dealt with first. I do hope there will be strong support for this bill.

The member made note that the previous Liberal government only brought its bill before the House a week before it fell, with the full knowledge that it would fall. Its legislation did not even make it to second reading, which questions the Liberal government's commitment to public health.

I congratulate the member on her appointment to the health committee.

My question for my colleague is this. How we can ensure that we get the message out to all Canadians, including those in Quebec and first nations people, that this government is firmly committed to public health where the previous government failed?

Mrs. Patricia Davidson: Mr. Speaker, the government is definitely committed to improving the health of all Canadians. By bringing this bill forward so early in our mandate, speaks well to that commitment. We definitely have made health care, including shorter wait times and other issues, one of our priorities. We know this has to be done in cooperation and collaboration with other areas of this great country. We need to discuss these issues with the provinces and territories. We also need to have discussions with municipal leaders, who also have a role to play in public health.

The fact that this government is extremely committed to moving forward on health care and that is extremely committed to taking a leadership role and to collaboration and cooperation should convince the Canadian public that we are very serious about health care in Canada.

• (1300)

[*Translation*]

Mr. Jean-Claude D'Amours (Madawaska—Restigouche, Lib.): Mr. Speaker, I would like to draw my hon. colleague's attention to an important aspect.

Addressing the question of the Public Health Agency of Canada is one thing, but pandemics are something else entirely. Also, in regard to another reality, we must be able to provide the people of Canada with food that, in my view, is worth eating.

Let us speak, therefore, of the example of dairy substitutes. This problem exists not just in my region but all across the country. We cannot even have products nowadays that are 100% dairy. We are forced to import dairy substitutes to make cheese and ice cream.

My position is clear in this regard. Would my hon. colleague agree that we should proceed in exactly the same way as the previous government, which is to introduce a bill that would improve things for Canadians by eliminating the entire question of dairy substitutes?

This bill would both help our dairy farms and give Canadians some assurance that they are consuming very good quality products.

[*English*]

Mrs. Patricia Davidson: Mr. Speaker, there is no question that health care and our food supply are interwoven. Both are extremely important. We have said repeatedly that we need to have control of our food sources. We had this discussion during other debates on agriculture and the plight of our farming community across the country.

I agree with what the member has said. We need to have control of our food sources. We need to examine that. There are great links to public health issues, our food sources and our food supply, and I support those.

[*Translation*]

Hon. Carolyn Bennett (St. Paul's, Lib.): Mr. Speaker, it is with great pleasure that I rise to talk about Bill C-5, an act respecting the establishment of the Public Health Agency of Canada and amending certain acts.

The text of this bill is a carbon copy of Bill C-75, which was tabled in the House on November 16, 2005, by the former Liberal government. Bill C-75 was consigned to history when Parliament was dissolved on November 29, 2005.

This is a housekeeping bill because it creates the Public Health Agency of Canada and sets out its purpose and duties. I support it.

[*English*]

It is very important, though, to set the record straight on the proud accomplishment of the previous government in the rapidity in which it dealt with the SARS crisis in April of 2003. The minister of the day, Anne McLellan, immediately appointed David Naylor's committee to study what had happened. In November Naylor's report was released. In December the prime minister appointed the first ever minister of state for public health.

Very soon after that, in May of 2004, we were able to describe the new Public Health Agency of Canada, as well as the national collaborating centres that would study how to keep Canadians as healthy as possible. By September 2004 the Public Health Agency of Canada was created with an order in council and David Butler-Jones was appointed the first ever Chief Public Health Officer for Canada.

In April of the following year the extraordinarily important Canadian public health network was established, which would allow all 13 jurisdictions to plan public health together, recognizing that germs did not recognize borders and that the other epidemics of obesity, diabetes and other chronic diseases, as well as injury, could be much better planned by sharing best practices across the country and doing all of that together.

Government Orders

However, I remind the government of the extraordinarily important commitment all first ministers made at their meeting in September 2004, and that was to establish some health goals for Canada. I think it was extremely exciting for all Canadians to hear the first ministers speak to the initial goal of Tommy Douglas for medicare in Canada, which would be to keep Canadians as healthy as possible, not just patch them up when they get sick.

The first ministers talked about building rails so seniors would not fall. They talked about diabetes. They talked about the unacceptable gap in the status of our aboriginal peoples. Everybody understood that the health of Canadians could not be ameliorated only by looking at the health departments. Each of the ministers called upon all their departments and worked in collaboration with all jurisdictions to ensure that every government department understood its responsibility in keeping people well, not just patching them up once they got sick.

It is very worrisome for me today that the goals, which had been asked for and delivered this past September and approved by all health ministers, are no longer visible on the home page of the Public Health Agency of Canada. It is extremely important that we underline those goals, that the governments, particularly the federal government, work with all departments to reach those goals and move immediately on to the next step of deciding what each government department must do. Each jurisdiction needs to work together to ensure that Canadians stay well.

● (1305)

[*Translation*]

I would like to remind you about the Overarching Goal:

As a nation, we aspire to a Canada in which every person is as healthy as they can be – physically, mentally, emotionally, and spiritually.

Canada is a country where:

Our children reach their full potential, growing up happy, healthy, confident and secure.

The air we breathe, the water we drink, the food we eat, and the places we live, work and play are safe and healthy - now and for generations to come.

Each and every person has dignity, a sense of belonging, and contributes to supportive families, friendships and diverse communities.

We keep learning throughout our lives through formal and informal education, relationships with others, and the land.

We participate in and influence the decisions that affect our personal and collective health and well-being.

We work to make the world a healthy place for all people, through leadership, collaboration and knowledge.

Every person receives the support and information they need to make healthy choices.

We work to prevent and are prepared to respond to threats to our health and safety through coordinated efforts across the country and around the world.

A strong system for health and social well-being responds to disparities in health status and offers timely, appropriate care.

[*English*]

I ask the government to now, please, begin again, to work with all its departments, to work with the areas that we have complete responsibility for, the public service; our first nations, Inuit and Métis people; corrections; the RCMP; the military; all those people. We need to see what we are doing in each of those departments in our areas of direct responsibility to actually move forward on the indicators for these goals. As a result, we, as the federal government

and as parliamentarians, can be proud of what we are doing in the areas that we have direct responsibility for. We must work together with the provinces to work on the indicators that they themselves will report on and will work toward across all government departments and all jurisdictions.

It is only in this way that we will be able to protect the sustainability of our cherished health care system. It is only in this way that we will understand the huge difference between health and health care. The Public Health Agency of Canada requires serious resources to be able to do this job. We thank and applaud the Chief Public Health Officer of this country, Dr. David Butler-Jones, and all the chief public health officers across Canada who are working so well together.

That means, however, that we must work with our partners within government and other jurisdictions in the same way. I would hope that in this budget this afternoon the \$300 million that had been there and that should have been passed in the estimates on December 6 for an integrated disease strategy will be restored. I hope there will be resources in the budget for proper pandemic preparedness and resources for a proper information system that would allow us to collect data and to ensure that we are working every day in the best interests of Canadians and their health.

I look forward to the budget, I look forward to seeing the health goals process back up on the home page of the Public Health Agency of Canada. I hope that we, together, in a non-partisan way, will be working every day to ensure that as many Canadians stay as healthy as possible in order to sustain our cherished public health system.

● (1310)

Hon. Judy Sgro (York West, Lib.): Mr. Speaker, I would like to acknowledge the excellent work that was done by my colleague, the former minister, on this particular issue. Certainly, she worked with a passion and I think we all owe her a huge debt of gratitude.

I am pleased to see that the bill is here today and that it is now moving forward. The government recognizes how important this work is and why we need to have this Public Health Agency.

The SARS epidemic that hit Canada had a huge impact on us all and we recognized our responsibilities as parliamentarians in the protection of all Canada and Canadians. I would like to ask the hon. member, when she looks over Bill C-5, is there anything else that is not in the bill? The regulations section refers to “may” not necessarily “do” when it comes to instituting the regulations. I wonder if she has any concerns over anything that has been left out of this bill that might need to be put in to ensure that the legislation is covering off all the bases.

Hon. Carolyn Bennett: Mr. Speaker, we knew that the bill was just the framework to establish the agency and to ensure that within the bill there would be the flexibility to go forward in terms of regulations. We would want the bill to go forward in a way that would be fair, transparent and would get the job done. I think that the bill does that job.

Government Orders

However, we also need to look forward to the kind of work that will be done by the health committee. As we move forward on regulations we must ensure that everything that needs to be done is there. However, the main thing that we will need to fight for will be the resources to ensure this is done properly because way too many resources are proportionately on the health care side as opposed to keeping people well.

I hope that in the future we will be able to have a way of looking at all government department responsibilities for the health of Canadians. The World Health Organization is now talking about this kind of thing and we have seen it in Quebec. Perhaps we should look at a health impact analysis of all government policies and budget items to ensure that everything we do that has an impact on the health of Canadians is recognized. That will require a whole of government response and not just what is in the purview of the Public Health Agency.

• (1315)

Mr. Pat Martin (Winnipeg Centre, NDP): Mr. Speaker, the member for St. Paul's was of course the former minister of public health. Does she think that the Public Health Agency perhaps may have dedicated more time to issues of preventative medicine had it not been preoccupied and seized with things like SARS, mad cow and Asian flu?

In other words, epidemics and pandemics seem to take the priorities and energies from the new Public Health Agency and leave very little time or resources to deal with things like banning trans fats, which I approached her with early on. She cooperated in dealing with that public health issue. There were issues like banning pesticides which her colleague from Ottawa used to push aggressively.

It seems to me that as a nation, in dealing with public health, we embraced the idea, but we were knocked off the game plan by unforeseeable things like SARS. Would the member care to comment on the dual role the agency could and should have?

Hon. Carolyn Bennett: Mr. Speaker, that is an excellent question. I think the agency really has almost three responsibilities related to infectious diseases, chronic diseases, as well as emergency preparedness. That it is always seen as a zero sum game. If we actually need to be moving forward on infectious diseases or pandemic preparedness, it is seen as though we might be taking resources from another area.

I think that the job of the government is to move forward on all of these issues and to ensure that they are properly resourced. The \$300 million that we placed in last year's budget on integrated disease strategy was, and we knew, only a down payment. We know that we need more money for that.

The member has dealt extraordinarily well with the issues relating to the epidemic of heart disease and the epidemic of obesity. How we actually look to the future on the issue of diabetes is going to be hugely important and must be dealt with as its own epidemic.

It is interesting that the New York State public health department has now designated diabetes as a reportable disease, meaning that even though it is not an infectious agent, it is a contagious agent that is social. We need to understand that pockets of diabetes can be

tracked and can be dealt with in a public health strategy in the same way as we would deal with any other outbreak of a disease cluster. We must deal with it in that way. Otherwise, this will be the first generation of kids who will not be able to look forward to living as long as their parents and for that we cannot sit still.

Mr. Steven Fletcher (Parliamentary Secretary to the Minister of Health, CPC): Mr. Speaker, I would like to thank the member for her comments and also wish the member success in any future endeavours she may have on a larger scale.

However, on the issue of the bill, the previous government waited until the dying days of the government to introduce this legislation. Looking at it from a historical perspective, it only received first reading after a number of years of being an order in council.

This government is acting swiftly to bring it forward and we appreciate the opposition's support. I wonder a bit however about the history.

As the former minister for public health in the previous government the member was very supportive of federal involvement in providing swimming lessons for young people. I wonder if the member still believes that the federal government has a role in providing swimming lessons.

Hon. Carolyn Bennett: Mr. Speaker, I thank the member for his support. He would need to take out a Liberal membership and I look forward to that.

In terms of the chronology, this was a very interesting project in terms of getting it from the order in council into an actual bill, but we are there now. As many of the speakers have said, this was a very challenging issue in terms of identifying the dual role for the Chief Public Health Officer of Canada to actually speak to Canadians as well as having deputy level status. That has been a hugely important first step and we are thrilled that this is coming forward. We are proud to support this bill.

Yes, I do think every kid in Canada should know how to swim. I hope the government is able to move forward on the healthy schools initiative in which all the deputy ministers of health and education across the country have come together to look at the kinds of things that we can do better together than apart. I hope that the swim to survive program of the Royal Life Saving Society is supported by as many jurisdictions as possible and I hope the Conservative government will help them do it.

• (1320)

The Acting Speaker (Mr. Royal Galipeau): Resuming debate. I recognize the hon. member for St. Catharines, who will be happy to know that this debate is about the Public Health Agency of Canada Act and not about floor crossing.

Mr. Rick Dykstra (St. Catharines, CPC): Mr. Speaker, I will keep that very much in mind.

First and foremost, this is my first opportunity to rise and address the House as a member of the 39th Parliament. I would like to take a moment to thank the people of St. Catharines and all those who worked so tirelessly in our community to allow me the opportunity to represent St. Catharines in the House of Commons.

Government Orders

It is a pleasure to rise and speak to this piece of legislation, one designed to improve public health in this country. The health care of our citizens, and particularly the people of St. Catharines, is an issue near and dear to my heart.

Members may know that my community is currently in the process of securing the construction of a new hospital. This hospital is planned to include a regional cancer centre and this new facility would provide state of the art health care for thousands of people in my community and allow newborns, such as Isaiah Thomas Dykstra, to get their lives started out on the right foot.

Of course we are not here this afternoon just to talk about new hospitals or the need for more family doctors. I am sure I will have plenty of time to address these issues in future debates.

As we indicated in our Speech from the Throne, our new government is committed to building a better country. We need a stronger federation in which governments at all levels come together to help Canadians realize their full potential. This includes working with the provinces and territories to protect and promote the health care of Canadians. This is why Bill C-5 is about taking action. It is a critical step in our new government's effort to promote and protect the health of Canadians.

My riding of St. Catharines is very close to our border with the United States. In 2003 when we were faced with the SARS outbreak, I watched at first hand the impact it had on the province of Ontario. As a Niagara parks commissioner, I saw the parks commission fall into a deficit position for the first time since World War II. The deficit was directly on account of the slowdown in tourism resulting from SARS. This speaks to more than just a financial deficit. It speaks to a deficit motivated by fear. That deficit represented the belief of many Canadians and Americans alike that their health and well-being were at risk.

What Bill C-5 represents is what we have learned. We have learned that we must be prepared to assist Canadians in the worst of times and we must be able to provide the international community with the assurance that we are able to protect the health and well-being of our citizens.

Providing a statutory foundation will give the agency and its Chief Public Health Officer parliamentary recognition. Dealing with health care and its issues is as old as our country itself. In 1867, Parliament was granted exclusive jurisdiction over quarantine and marine hospitals, while the provinces were granted exclusive jurisdiction over the establishment, maintenance and management of hospitals. Since that time, the federal government has had responsibility for quarantine at our borders and over the management of infectious disease outbreaks. This power has two branches: an emergency branch and a national dimensions branch.

This history has helped lead us to Bill C-5, a bill that allows for the establishment of the Public Health Agency of Canada and the confirmation of a Chief Public Health Officer. Our Minister of Health understands that. The minister witnessed the SARS tragedy at first hand and he understands the importance of granting the Chief Public Health Officer the authority to communicate directly with the public. The public health officer must be able to provide the public

with information about public health, including enduring a health emergency. In my eyes, this is a key component of Bill C-5.

We all know that diseases do not respect borders. Therefore, it is imperative that our lines of communication be open, not only within our own borders but with our colleagues in other countries, including countries such as Australia and the U.K., which already have a chief medical officer in place.

In response and leading up to that, we are moving forward with Bill C-5, which is not only a measure to improve our ability to protect the health and well-being of Canadians, but a measure to show our neighbours and people throughout the global community that we understand the serious nature of public health threats as they exist in today's world. I can confirm that our new government is prepared to take the action necessary to protect our people and those who visit our country.

● (1325)

This notion of borders brings me to another interesting component of Bill C-5. As many hon. members will know, the Canadian health agency currently maintains the national emergency stockpile system. This system provides emergency supplies quickly to provinces and territories, including the necessary pharmaceuticals.

I feel I should take this opportunity to recognize the ongoing efforts of a small pharmaceutical company in my riding that is working tirelessly to break down the borders and help fulfill this mandate in the event of a flu pandemic. A small company by the name of Biolyse Pharma has been working tirelessly to develop a drug equivalent to Tamiflu in order to combat the avian flu. There are companies such as Biolyse that face many challenges, but their efforts should be commended across the country. I look forward to working with them.

I would like to make one final point. This bill is representative of what our new government is all about. It is focused, it is direct, and it does what it is supposed to do. Bill C-5 contains only a preamble and 24 clauses, but it is focused on protecting the health and well-being of Canadians. It delivers what Canadians expect: a stronger, safer and more secure health care system.

[*Translation*]

Hon. Robert Thibault (West Nova, Lib.): Mr. Speaker, I would first like to welcome the member and colleague to this House. I hope that, like us all, he will find the time he spends here worthwhile.

[*English*]

I want to thank the member for his work. I am pleased to see that he supports this bill, which he calls very direct and indicative of the actions his government intends to undertake. I am pleased if it is, because it is our bill. It is a bill that we put forward. It follows the Naylor inquiry. It was formed by the governor in council appointment of the Chief Public Health Officer and the agency. I certainly hope that he will support me, as I have mentioned before, in asking his government to properly resource this agency.

Government Orders

One of the areas about which I have some fear is what I heard in the House earlier: that resources in the integrated disease strategy were being reduced. I have to take this as authoritative because it was not contradicted. This integrated disease strategy sought to work with the provinces, agencies and non-governmental organizations on the common causes of diseases such as cancer, diabetes, heart and stroke, all the other respiratory ailments and all these others that are out there in our country and that we are working together on. That strategy no longer appears on Health Canada's website.

In the House and during the campaign, I remember hearing the governing party talking about fully funding the Canadian cancer strategy. I support that and I believe it is a good idea, but part of that falls within the integrated strategy. The governing party has talked a lot about ethics. I believe it would be unethical, even hypocritical, to remove that funding, to not properly fund that integrated strategy. I believe it is important that we work together with all intervenors in our society, provincial, local and non-governmental, on the common elements of all these scourges on the health of Canadians and the public health of our nation.

I would ask the member to please comment on these points.

Mr. Rick Dykstra: Mr. Speaker, I think the efforts need to be recognized. I think the member opposite does recognize the crystal clear fact that this bill is sitting in front of us today not because it was or was not defeated with the election call, but because it is a priority of this government. We can take one step forward in understanding that the reason it is here is the critical role it plays from this government's perspective, as it did when we were not in government. We certainly supported the bill then and we are now moving forward with it under the pretext of having it as one of the first bills introduced by this government.

Where I do question the perspective of the member opposite is that under the former Liberal government the bill sat for over a year without being passed or even considered. With all due respect, it was acted on, but never through government legislation. It was always a piece that stood to the side. With all due respect to the work and the efforts of those who work within the context of this agency, it was never recognized here in the House. I think we should applaud the fact that one of the first steps this government is taking is to make sure this bill is here in the House and is being debated and will of course be passed.

• (1330)

Mr. Pat Martin (Winnipeg Centre, NDP): Mr. Speaker, I would like to ask my colleague from St. Catharines for his view on one of the most obvious public health concerns that we can do something about and that even in the context of this agency we could do something about, and that is the fact that Canada is still the third largest exporter and producer of asbestos in the world.

In fact, much of Canada is contaminated with Canadian asbestos. There is a recent outbreak that is being noted in the Cape Breton region of Nova Scotia, where public housing is being abandoned because of the Canadian asbestos in the walls. Yet the government continues to promote, support and subsidize asbestos mines; in fact, 120 foreign missions paid for by the federal government in 60 different countries by the Canadian asbestos industry, paid for by the government dumping this stuff into the third world.

Would he agree with me that his government should stop subsidizing this, should stop being merchants of death and contaminating developing nations in third world countries with Canadian asbestos? Would he agree that the asbestos industry should be shut down and that his government should stop subsidizing it in the interest of everyone's public health?

Mr. Rick Dykstra: Mr. Speaker, I certainly cannot speak to the overall direction that our government plans to take with respect to the issue the member has put forward, but based on the energy and enthusiasm that he displayed in putting forward his question, I would love to sit down with him and talk about this matter further to get a clearer understanding of the direction he believes we should take. I certainly would endeavour to do that.

Mr. Ron Cannan (Kelowna—Lake Country, CPC): Mr. Speaker, I listened with great interest to my hon. colleague from St. Catharines and appreciate his words on this important bill before us today.

I come from Kelowna—Lake Country, the home of Firestorm 2003, the national disaster. The fires of August and September 2003 saw 30,000-plus people evacuated from their homes safely. There were no fatalities. At that time, we fortunately had a regional plan, a provincial emergency plan, albeit with some flaws, but we learned a lot from it.

Of course, Mr. Filmon had a national name and there was a presence to his report, which helped solidify things with our B.C. fire chiefs. In that recommendation was the need for a coordinated approach. Specifically during the fire, our fire chief, Gerry Zimmerman, was the credible, trusted voice during that national emergency. That is definitely something we need during a national crisis.

I have a question for my hon. colleague. While professional leadership and integrity are required during a national health crisis, will this legislation allow the Chief Public Health Officer to be the top go-to person during such a health crisis?

Mr. Rick Dykstra: Mr. Speaker, I think the member's question speaks directly to the legislation. When enacted, it will allow, in the case of a provincial and certainly a national emergency, our chief medical officer to indeed respond directly. In fact, this legislation enshrines that authority for the chief medical officer, giving him the authority to speak directly to the public about the crisis, to speak about the need to take action and the type of action necessary.

Let me add that over the past number of weeks I think the government certainly has shown that same type of leadership and dedication that our current medical officer has over the past year and a half that he has been in the position, and that in fact when it comes to times of crisis and need, the government will be there and the chief medical officer will also be there.

Government Orders

• (1335)

The Acting Speaker (Mr. Royal Galipeau): I will advise the hon. Parliamentary Secretary of Health that there are two minutes for both his question and the answer.

Mr. Steven Fletcher (Parliamentary Secretary to the Minister of Health, CPC): Mr. Speaker, my question for the member is quite simple. The member correctly pointed out that the previous government seemed to take a long time to bring forward this legislation. The current government is doing it in its opening weeks. I wonder if the member could elaborate on why public health is such a big priority for the government when it did not seem to be under the previous government.

Mr. Rick Dykstra: Mr. Speaker, when it comes to priorities, this is the first of the five bills introduced that is specific to health care. It is interesting that it represents the number five, which is the five priorities that this government stands for. We are going to hear more about that this afternoon in the budget speech.

However, the commitment we have to health care waiting times and the commitment we have to implementing Bill C-5 shows leadership, shows direction.

The former government had 13 years to talk about how important these issues were. It had the opportunity to speak and, more important, act on the issue of providing good fundamental leadership when it came to health care and standing up for the five principles of the Health Care Act. It is not by coincidence that the number five plays a key role in why the legislation is before us. One of our five key priorities is health care, the five principles of health care in the Canada Health Act, and the fifth bill presented in the 39th Parliament regarding health care.

Mr. Bill Siksay (Burnaby—Douglas, NDP): Mr. Speaker, it is a pleasure to participate in the debate this afternoon on Bill C-5, the Public Health Agency of Canada act.

This is legislation that my New Democrat colleagues and I want to support. We will be working hard on this legislation and our health critic, the member for Surrey North, will be working hard on it at committee to improve it, but we are happy that the legislation is before Parliament.

It was a resurrected bill from the 38th Parliament, Bill C-75. I have to say, given the last exchange we just heard, that both the previous government and the current government deserve some credit for moving forward on a public health agenda. The previous government did in fact institute the position of minister responsible for public health and did appoint the Chief Public Health Officer, Dr. David Butler-Jones. The member for St. Paul's, who spoke earlier today, spoke enthusiastically about the work of public health in Canada. He was the first minister of public health.

The current government deserves credit for giving it a high priority, for formalizing the agency through this legislation and for putting the bill forward so early in this Parliament. I think there needs to be some joint credit on this issue.

The genesis of the legislation was probably the SARS crisis, which a number of members spoke to earlier in the debate. SARS affected Toronto in particular. Outside of Asia, I think Toronto was the major area that SARS affected. It shook up people in Toronto and

in Canada fairly significantly to say the least. Their faith in our system their faith in our ability to deal with a major infectious disease was shaken.

Canadians want to know that their families are safe. They want to see that there is an ability for health care professionals to coordinate their activities. They know that there are dedicated teams of health care professionals. We saw that during the SARS crisis where people came together under very difficult circumstances, where, in some cases, their own lives were in danger. They worked very hard and in very creative ways to address SARS.

Canadians want to know that kind of cooperation and those kinds of skills are coordinated and effectively utilized all across the country during those kinds of crisis points in our health care history. The SARS crisis demonstrated clearly the need for a national coordination of public health issues.

A national advisory committee on SARS and public health was struck after the SARS crisis. It was chaired by Dr. David Naylor and it made many recommendations. I think this legislation flows directly out of those recommendations.

It is good to have something tangible on the agenda of this Parliament and something tangible to deal with the concerns of Canadians with regard to infectious diseases and to deal with the concerns of health care professionals who have to attack those infectious diseases.

I have a real bias when it comes to talking about public health and that bias is to increase the influence of public health nurses and public health professionals in government, in our health care and in our social systems.

Before I was a member of Parliament, I worked in the community of Burnaby for 18 years. I was always impressed by the approach that public health care nurses took to dealing with issues in our community. Public health care nurses have a particular skill set that brings something crucial to almost every discussion in our community. They bring very specific health care skills through their nursing training. They have particular people skills that are not always evident in every professional group. Public health care nurses are particularly good at analyzing the context of crises and problems in our community. Public health care nurses have shown that they are excellent organizers. In fact, I cannot think of better organizers in our community than the public health care nurses who serve Burnaby.

In my experience, if we are looking for someone at a community meeting to work on a community project or for someone to cut through the rhetoric and get to the core of an issue, that person is more likely to be a public health care nurse than any other professional in the community. They also have a particular understanding of grassroots organizations. Because they deal with people who are experiencing health problems or who are experiencing the problems that lead to health problems, they really understand what is going on in the community. I think they are actually grassroots experts in many ways

Government Orders

• (1340)

Public health care nurses take a holistic approach to solving problems in our community. They do not limit themselves to specific health issues. They go to environmental issues and other social issues, like poverty, to understand the importance of public health in the community. They draw connections between all of the issues that face the communities. They would draw connections between the environmental, between human rights issues and between poverty issues to come up with a holistic approach to solving a health problem. That is very typical of the entire profession and the entire professional group. These are people who bring broad experience and know how to apply that and know how to organize around that experience.

That is something that is needed more in this place. I remembered this morning that a former colleague, the former member for Hamilton Mountain, Marion Dewar, a former mayor of the city of Ottawa, came out of a public health background. I think one of the reasons for her success in her political life was from the expertise she gained there. We need to integrate that perspective into government.

In the future, I would be happy if we saw more public health care nurses in this place. A few less lawyers and more public health nurses would be a good thing in my opinion.

Public health care has five tenets: disease prevention and injury prevention, health promotion, health protection, health surveillance and population health assessment. Those five tenets are very important but they are often the flip side of our health care system where we are dealing with the more acute and treatment issues in health care.

Specifically, the bill seeks to address those five tenets of public health care. Where that is evident is if we look to the preamble of the bill specifically. In the preamble we see that by undertaking the establishment of the Public Health Agency, that the government wants to take public health measures, including measures relating to health protection and promotion, population health assessment, health surveillance, disease and injury prevention and public health emergency preparedness and response seriously. Those relate directly to the five tenets that I just noted.

We also see that the government wishes to foster collaboration within the field of public health and to coordinate federal policies and programs in the area of public health. The agency is:

—to promote cooperation and consultation in the field of public health with provincial and territorial governments;

The agency is:

—to foster cooperation in that field with foreign governments and international organizations, as well as other interested persons or organizations;

We have heard many times today how viruses, bacteria and disease do not respect any border, let alone international borders and provincial borders and how this kind of coordination is very important in the public health area.

Finally, from the preamble, it states:

—the creation of a public health agency for Canada and the appointment of a Chief Public Health Officer will contribute to federal efforts to identify and reduce public health risk factors and to support national readiness for public health threats;

The preamble says it all and it shows why the bill is so important and why it is so important to Canadians. We need to recognize that this is a significant step forward, that there are specifically focused public health measures in the federal government, is something that is perhaps overdue and it is a measure that I think we can all enthusiastically support.

We need to have confidence in the leadership in public health and we need to have confidence in the structure of public health in Canada. This will fill a gap that has existed for some time.

Earlier this morning, my colleague, the member for Surrey North, the NDP health critic, talked about some of the concerns that we have in this corner of the House with regard to the bill. I will just go through six of the concerns that we would like to outline.

The first one, which I raised earlier today and we have had some discussion on this afternoon, is the question of the resources that will be dedicated to the agency and to the important tasks of the agency. We have heard that there is concern out there that there are not enough financial resources nor not enough human resources available to do this important work. A group like the Canadian Medical Association and other stakeholder agencies have raised that issue. I do hope, maybe even today in the budget that we will hear later today, that we may hear a commitment from the government to ensure the resources are there, if necessary, to do this important job.

• (1345)

We also have raised the concern that the Chief Public Health Officer is not given authority over other areas of federal jurisdiction such as airports, railways and military bases, as well as the health of aboriginal people. We need to ensure, given infectious diseases often spread through our transportation system, as we saw with SARS, that the Chief Public Health Officer has the a mandate to deal with health concerns in those areas.

Also, there is an important role for the Chief Public Health Officer in correctional services in terms of harm reduction around drug use and the spread of diseases like HIV-AIDS and hepatitis in the prison system. We know that is a public health issue. It is not only concentrated in the correctional facilities. Prisoners get released and they go back into the general population. Therefore, the health of folks who are incarcerated in our prison system is of concern of all Canadians.

We are also concerned about the power to enforce the Quarantine Act. Under the current system, and this bill would not change that, the power would remain with the Minister of Health. In other jurisdictions the power around the Quarantine Act rests with the provincial public health officers. This seems to be a bit of a disconnect between the provincial system and the federal system. It is probably something that merits attention in the committee.

The Public Health Agency is also not given authority to act when a province or a territory is overwhelmed by a crisis or when a crisis transcends provincial and territorial borders. As I mentioned earlier, we know that viruses, disease and bacteria do not respect borders created by people.

Government Orders

Our fifth point is that the Public Health Agency is not given authority to impose mandatory reporting of diseases by the provinces and territories. Part of the health surveillance mandate is to assess risk in the population. We cannot have a system where we have 13 different strategies. We need to have the ability to control a communicable disease outbreak. This morning my colleague discussed the current outbreak of mumps in North America, specifically in the United States, but also in Canada. Also, the re-emergence of tuberculosis is a major health concern in many of our cities across Canada. We have to ensure that there is the ability to coordinate and that someone is looking at the overall picture across Canada. We cannot have 13 different strategies to address these important issues of communicable diseases.

Finally, our sixth concern is to ensure that the Chief Public Health Officer has some modicum of independence from the Minister of Health. We think there is an important role for independence of this officer and that he or she should have the ability to run with the issues within the mandate of the officer and to take the initiative, as seen fit, to promote the important mandate of the agency. I know my colleague, the member for Surrey North and the NDP health critic, will be raising this when the bill gets to committee.

This is very important legislation. We strongly support getting it to committee and moving on this. We know how important it is to the public health of all Canadians. We know it has been an important response to a major health crisis in SARS. We want to ensure that we do not delay, that we take the appropriate action to follow up on both that crisis and the recommendations made by those who we asked to study this. We should get on with the work, get it into committee and get the bill enacted.

• (1350)

[*Translation*]

Ms. Christiane Gagnon (Québec, BQ): Mr. Speaker, in addition to those that do not respect borders, there is also the federal government which does not respect the borders of infringement on the provinces' jurisdictions.

We know that the new agency, which is already in operation, but which is going to be given powers by Bill C-5, with its mandate and its mission, will not respect the "borders" of federal jurisdiction.

I would therefore have a question for the NDP member regarding the structures that will be put in place in order to fulfill this new agency's entire mission.

There are currently 2,000 public servants to carry out this entire mission. The mandate is a broad one, it does not relate just to SARS or diseases and viruses that can be transmitted from one "border" to another, as the member said. It has much more to do with diseases such as diabetes, cancer and heart disease. We are well aware that a lot more public servants will be needed. Already, this agency has been given \$1 billion to meet its responsibilities.

Does the member not think that this is an enormous bureaucracy that is going to be created, particularly in provinces like Quebec, which already has all the institutions to meet the needs and comply with global requirements in relation to health prevention and in the event of a pandemic or other diseases or viruses?

[*English*]

Mr. Bill Siksay: Mr. Speaker, the member and I probably have a different understanding of the jurisdiction and the importance of the federal government. That is probably a given in this conversation. However, she raises an important question about not creating an unnecessary new bureaucracy, which would be the wrong thing to do. We have to respect that some provinces have excellent measures in place in this area.

We often hear from her corner of the House of the good work that has been done in Quebec. We often hear about as Quebec being Utopia. I do not think it is always as good as it sounds, but there are some good models. The community health agencies in Quebec are an important model of health care delivery and preventive care from which we could all learn something. I wish we had a similar institution in my province.

However, we do not want to go around willy-nilly creating a new bureaucracy that is not effective. This is something that all of us in every corner of the House will be interested to follow to ensure that the agency does the work it is supposed to do effectively and efficiently.

• (1355)

Mr. Steven Fletcher (Parliamentary Secretary to the Minister of Health, CPC): Mr. Speaker, I thank the member for his party's support. This is an excellent example where the Conservatives and the NDP can work together for the betterment of all Canadians.

Could the member comment on the fact that it seems to have taken the previous government forever and a day to introduce the bill, and nothing came of it, while this government, with the support of the NDP, has worked quite quickly to bring the bill forward? Does the member have any comments on the commitment, or lack thereof, of the previous government in the area of public health.

Mr. Bill Siksay: Mr. Speaker, to go back to where I began my speech, I want to recognize that the former Liberal government took some important steps in this area. I recognize that it established the minister of state for public health as an important cabinet position. It appointed the Chief Public Health Officer of Canada, which was important action to take.

I am glad the current Conservative government has given this bill high priority and put it fifth on its list of legislation in this Parliament. That is a significant thing to do.

Credit needs to be shared. I do not agree necessarily with the parliamentary secretary's position that there was no action. It would have been nice if the legislation had come to the previous Parliament and gone through, but that did not happen. To say the previous government did not take any important initiatives in this area, is wrong. At the same time, I do not want to take away from the initiative that the member's government is currently taking in this area.

We need to get on with this important work, get the bill to committee and get it through and enacted so the system is up and running as it should be.

Statements by Members

[Translation]

Mr. Raynald Blais (Gaspésie—Îles-de-la-Madeleine, BQ): Mr. Speaker, I would like the New Democrat member to be a little more specific in regard to his fears about the bureaucracy. In his speech, or in the answers he gave just a few minutes ago, he referred to a fear, an apprehension in that regard. I would like to hear him speak to that subject.

[English]

Mr. Bill Siksay: Mr. Speaker, I am not sure I can be any more specific than I was in my speech. The reservations we have in this corner are not huge ones. I am not sure they are ones that cannot overcome even by further discussion at the committee and by further clarification on the roles of the agency and the Chief Public Health Officer and the relationships of that agency with the 13 other provincial and territorial governments in Canada.

That is what I heard from my colleague, the member for Surrey North, this morning when she spoke on behalf of our party as our health critic. I think these issues can be addressed in committee and worked out so we will have a clear understanding of the legislation by the end of that discussion.

The Acting Speaker (Mr. Royal Galipeau): It being 2 o'clock, we will now go to statements by members. There will be three minutes left in the period of questions and comments for the hon. member for Burnaby—Douglas.

STATEMENTS BY MEMBERS

[English]

CITIZENSHIP AND IMMIGRATION

Hon. Judy Sgro (York West, Lib.): Mr. Speaker, I rise in the House today to express outrage that the Conservative government seized two children from St. Jude Catholic School in my riding last Friday. Officials threatened to take away the two young sisters if their parents did not show up within 30 minutes.

It is disgraceful that these children were removed from their classes and held as bait by the government. They must have been scared to death.

What took place was not only contrary to CBSA protocols, but a truly unconscionable act. We talk about Canada being a compassionate and caring country, and then the government seizes innocent children from the safety of their classrooms. The government clearly should be ashamed of this. Not only is this traumatic, unjust and insensitive to this hard-working family, but it tarnishes Canada's reputation on the world stage.

I would like to remind the minister of his ability to assist many families who find themselves in similar situations. The minister clearly has the power under humanitarian and compassionate grounds if he chooses to assist.

● (1400)

[Translation]

JOHN KENNETH GALBRAITH

Ms. Caroline St-Hilaire (Longueuil—Pierre-Boucher, BQ): Mr. Speaker, one of the most influential economists of the 20th century, John Kenneth Galbraith, a native of Iona Station, Ontario, died last Saturday at the age of 97.

A proponent of the school of thought of John Maynard Keynes and institutionalist theory, he defended the state's role as an economic regulator and a catalyst for wealth sharing.

An economic advisor to every Democratic American president since Roosevelt, he was one of the harshest critics of the triumphant market economy.

In his last book, *The Economics of Innocent Fraud*, he stated: "The best of the human past is the artistic, literary, religious and scientific accomplishments that emerged from societies where they were the measure of success...The more than minimal fraud is in measuring social progress all but exclusively by the volume of producer-influenced production, the increase in the GDP".

We pay tribute to John Kenneth Galbraith, an outstanding economist and great humanist.

* * *

[English]

BUDGET DAY

Mr. Bradley Trost (Saskatoon—Humboldt, CPC): Mr. Speaker, today is budget day, and while the economists, the lobbyists, the activists and the journalists will all have their pronouncements, millions of Canadians will each have a very simple test: Am I better off? Is my family better off? Is my family better off with lower taxes on fuel, clothing and furniture? Is my family better off with more police to serve and protect? Is my family better off when the government empowers real child care experts, mom and dad? It is a simple test, but a necessary test.

For us as members of this House, we must remember that this is our test too. Not are we individually better off, but is the country better off for our being here?

Last budget day I mentioned my friends Andrew and Vicki, farmers with three small children in eastern Saskatchewan. This budget will be a success tomorrow if they are better off than they were yesterday. They will be better off because this government has asked and answered one simple question for all Canadians.

* * *

[Translation]

OFFICIAL LANGUAGES

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, to date, the Conservative government has done nothing to deserve our congratulations on official languages.

Statements by Members

The throne speech said nothing about the importance of promoting the two official languages in Canada. The Prime Minister's appointment of a unilingual anglophone as Parliamentary Secretary for La Francophonie and the government's delay in appointing his successor certainly impressed no one, nor did the decision not to translate Canadian Forces instruction manuals.

I was also very disappointed to see that, once again, job offers on the government's jobs website are being translated by machine. At the bottom of job postings, we sometimes see a note indicating unrevised machine translation. This is an insult to linguistic minorities in this country.

As the member for Acadie—Bathurst, where English and French proudly co-exist, I will continue to closely monitor this government's actions on official languages.

* * *

[English]

ENGINEERS WITHOUT BORDERS

Mr. Rahim Jaffer (Edmonton—Strathcona, CPC): Mr. Speaker, in honour of National Volunteer Week I had the pleasure of hosting an event in my riding this weekend to recognize the outstanding efforts of the dedicated volunteers with the University of Alberta chapter of Engineers Without Borders.

Engineers Without Borders embodies the best of Canada's tradition of compassion and constructive assistance on the world stage. Over the last year, volunteers in Edmonton have organized to expand their membership and reach students at the high school level with regular outreach programs.

They successfully implemented a campaign to lobby elected officials to play their part in improving overseas development assistance and raised funds to send students abroad to developing countries in sub-Saharan Africa to share their expertise with communities in need.

I am proud of the volunteers with the U of A chapter of Engineers Without Borders. I share their desire to see Canada play a lead role in making the world a more helpful and equitable place.

* * *

• (1405)

ENUMERATION SYSTEM

Hon. Joe McGuire (Egmont, Lib.): Mr. Speaker, Elections Canada has to change its method of enumerating electors in this country. The present system, which has been in effect for the past three elections, is not working. The system is getting worse, not better, and is disenfranchising many voters. I believe it is contributing to low turnout in Canadian elections, an issue that should be of fundamental importance to Elections Canada and the House.

Voters arrive at the polling stations on election day only to find that they are no longer on the voters list even though they were there in the previous election and had not died. As a result, hundreds of people in my riding and across P.E.I. leave embarrassed, blaming the government of the day, and they rightly should. If this is happening

in P.E.I., how many tens of thousands of voters across Canada are affected?

My constituents have let me know this is their largest issue of contention regarding the election process. New technology and processes are supposed to be adopted because of the improvements they achieve. If this does not occur, then the status quo should be maintained. The old way worked best, door to door enumeration. Let us do it again.

If P.E.I., the smallest province, can afford to enumerate, then everybody else—

The Speaker: The hon. member for Macleod.

* * *

MULTIPLE SCLEROSIS

Mr. Ted Menzies (Macleod, CPC): Mr. Speaker, multiple sclerosis is an unpredictable and at times disabling disease of the central nervous system which affects Canadians from coast to coast to coast.

May is Multiple Sclerosis Awareness Month. I am honoured to help kick off the 30th annual MS carnation campaign this year. Tomorrow, volunteers from the MS Society and I will be pinning carnations on members of Parliament to help raise awareness of this campaign. It is a tradition that has been followed on Parliament Hill for many years now.

This weekend volunteers in over 280 communities across Canada will be selling carnations to raise money for MS research and services for people with MS. In the past 30 years the program has raised close to \$45 million to fund MS research and services.

I encourage all members of the House and all Canadians to join me in supporting the MS Society to help make a difference for individuals and families living with this disease. Together we can find a cure.

* * *

[Translation]

LITERACY GROUP

Mrs. Carole Lavallée (Saint-Bruno—Saint-Hubert, BQ): Mr. Speaker, for the past 15 years, the literacy help group Écrit Tôt of Saint-Hubert has been offering, free of charge, various reading, writing and basic math classes to people over 16 who have difficulty reading and writing.

I would like to take this opportunity to highlight the work of Monique Poisson, president of the organization, and Geneviève Beaudet, its coordinator, as well as the efforts of all those who work with Écrit Tôt to help people who have special literacy needs.

I would like to extend my heartfelt congratulations to our fellow citizens who decide to acknowledge their illiteracy and work hard to overcome it.

Statements by Members

[English]

PERRY KAZEMI

Hon. Ken Dryden (York Centre, Lib.): Mr. Speaker, I rise in the House today to pay tribute to a remarkable woman.

Perry Kazemi was born in Tabriz, Iran. In 1985 at the age of 35, with her husband Sy and their children, she came to Canada. Thus began her love affair with this country.

Her husband describes her as the most considerate and compassionate person he has ever known. He would say to her, because Canadians are so polite and considerate, "Perry, you were born Canadian and you didn't even know it".

In this country she started her own business, made friends with people of different backgrounds, created a garden and loved to make beauty with the flowers she grew. And always there was her family. She came here to build a new life for them. Her daughters have grown up. Two are married and there are two grandchildren. All of them are proud Canadians.

On March 27 Perry Kazemi passed away at age 55. In her 21 years here she made Canada a better place. The family she has left behind will make Canada an even better place in the future. That is the wonderful legacy of Perry Kazemi.

* * *

LIBERAL PARTY OF CANADA

Mr. Jeff Watson (Essex, CPC): Mr. Speaker, spring is in the air and Liberal leadership candidates have sprung up across Canada wondering where all the Liberal ad scam cash has gone.

The member for Kings—Hants said that the dirty money never went to the Liberal Party. We knew his pants were on fire, but it took Justice Gomery to catch the Liberal Party red-handed. Then the member said that the dirty money was paid back. Not so say his Liberal colleagues from Etobicoke—Lakeshore and York Centre.

It is hard to follow the ad scam dirty money trail, but let us try. Start with the Liberal Party of Canada, add a few Samsonites stuffed with thousands in small, probably unmarked taxpayer dollars, throw in a great Italian restaurant, a few brown envelopes and 18 Liberal Party candidates in need of serious cash donations and what do we get? Every rule in the book broken, \$40 million still missing after a forensic audit, and a Liberal Party badly in need of being sued.

With Liberal leadership hopefuls finally admitting the dirty money has not been paid back, when can Canadians expect the Liberal Party cheque for \$40 million, and could that cheque be certified?

* * *

● (1410)

POVERTY

Mr. David Christopherson (Hamilton Centre, NDP): Mr. Speaker, in 1998 the UN Committee on Economic, Social and Cultural Rights examined the causes of poverty in Canada.

Yesterday, Craig Foye of the Hamilton Income Security Working Group presented an update to the UN committee in Geneva, Switzerland. His report was shocking. Thirteen thousand of

Hamilton's children are living in poverty today because their parents have too little income to pay for housing and the other necessities of life. It found that provincial and federal government policies are at the root of family poverty.

Thanks to Mr. Foye, a lawyer with McQuesten Legal and Community Services, and his co-authors, Chabriol Colebatch and Deirdre Pike, we now understand better the real impact of government cuts on the lives of many Canadian families.

We will be looking at today's federal budget for some action to end poverty in Hamilton and across Canada.

Where do we begin? Stop allowing the national child benefit supplement to be clawed back. Increase employment insurance eligibility and rates. Invest in affordable housing. These are real solutions to a real crisis.

* * *

STEVEN DWIGHT KAVANAGH

Mr. Rodger Cuzner (Cape Breton—Canso, Lib.): Mr. Speaker, I stand in this House today to recognize the passing of a great citizen. Steven Dwight Kavanagh of Glace Bay was a well-known academic, community leader and military man.

Serving as the Dean of the School of Business at Cape Breton University, Steve was a mentor to both students and staff. He was honoured in 1999 with the President's Award in recognition of his personal actions and leadership inspiring others to common effort. His long and distinguished military career as a reserve army officer saw him rise to the rank of Lieutenant Colonel and Commander of the 2nd Battalion of the Nova Scotia Highlanders. He served with distinction for three lieutenant governors of Nova Scotia.

Steve's commitment to his community was exemplary. He was a founding member of the Sydney Airport Authority, chair of the Sydney Ports Authority and a respected member of the Chamber of Commerce.

He will be remembered for his compassion, generosity and leadership, and his love for both family and community.

His wife Afra, his son Dan, and his daughters Basma and Sana should take comfort in knowing that Steve not only made a contribution to his community but he made a great difference.

* * *

AIR-INDIA

Mrs. Nina Grewal (Fleetwood—Port Kells, CPC): Mr. Speaker, I want to congratulate the Prime Minister on yesterday's historic announcement of a judicial inquiry into the Air-India bombing.

Oral Questions

On June 23, 1985, 329 innocent people, most of them Canadian citizens and many of them children, lost their lives in the largest mass murder and terrorist act in Canadian history. For years the families of the victims have called on the government to find answers. The previous government promised a full inquiry before it was elected in 1993, and then began dithering to prevent an eventual inquiry. Canadians deserve justice, not broken Liberal promises and false hope.

We are committed to finding the missing answers so that the families of the victims can finally close this terrible chapter in Canadian history.

This government is committed to protecting the safety and security of all Canadians and will prevent such a tragedy from happening again.

* * *

[Translation]

STANDING COMMITTEE ON CANADIAN HERITAGE

Mr. Maka Kotto (Saint-Lambert, BQ): Mr. Speaker, last November 15, the Standing Committee on Canadian Heritage unanimously carried a motion by the current Minister of Canadian Heritage to establish an independent task force to review the mandate of the CBC-SRC.

Recently, we heard that she intends to proceed. Good. Nevertheless, the Bloc Québécois wishes to remind the minister about the last clause of her motion, which reads as follows:

That the government, when establishing this independent task force, do so under the advisement of the Standing Committee on Canadian Heritage, and that the membership reflect that of this committee.

It is imperative that the minister fully respect her motion by, first, taking the advice of the committee members and second, ensuring that the membership of her task force reflects that of the committee.

It is a question of keeping her word and respecting the committee's unanimous decision. It is also a question of credibility.

* * *

•(1415)

[English]

AFFORDABLE HOUSING

Hon. Karen Redman (Kitchener Centre, Lib.): Mr. Speaker, I would ask the House to join me in extending congratulations to Kitchener Centre's Mary Bales who was honoured by the Governor General with a Meritorious Service Decoration for her outstanding achievements.

As a successful realtor, Mary became aware of the lack of affordable housing in Kitchener. Always first to take affirmative action, Mary launched a campaign to create Heartwood Place to provide safe, affordable and adequate housing as well as transform old commercial buildings in our downtown core. In 2003, Heartwood Place unveiled its inaugural project, an industrial site renovated into a 33 unit apartment facility for low income families in Kitchener.

It is through Mary's generosity and commitment that we are able to provide citizens with improved access to housing, and also instill a sense of hope and confidence in tenants.

I invite hon. members to join me in offering heartfelt congratulations to Mary Bales, a true leader in our community.

ORAL QUESTIONS

[English]

ACCESS TO INFORMATION

Hon. Bill Graham (Leader of the Opposition, Lib.): Mr. Speaker, yesterday the Prime Minister spoke in the House about his election promise to implement the Information Commissioner's recommendations for greater access to information.

Now we learn that the government did not even consult with the Information Commissioner until after it tabled its new legislation in the House. The Information Commissioner offered to work with the new government before it introduced the legislation. It did not even bother to return his calls.

Why did the government ignore the views of the very parliamentary officer who was so important to it during the election campaign?

Right Hon. Stephen Harper (Prime Minister, CPC): Mr. Speaker, I know that is not true. We have always taken into account the views of the Information Commissioner, and I can even say that I did meet with the Information Commissioner well before the legislation was tabled.

Hon. Bill Graham (Leader of the Opposition, Lib.): Mr. Speaker, yesterday the President of the Treasury Board, who sometimes uses vocabulary that runs ahead of himself a bit, described the criticisms of the Information Commissioner as extreme and over the top.

However, during the election campaign, the Prime Minister pledged to implement the Information Commissioner's recommendations. When the Prime Minister extended the term of the Information Commissioner, he expressed a desire to have the benefit of the commissioner's views.

Why will the Prime Minister not now recognize that, as the Information Commissioner says, these new proposals actually reduce the amount of information available to the public as a result of the government's policies?

Hon. John Baird (President of the Treasury Board, CPC): Mr. Speaker, the Leader of the Opposition should also be aware that not only did the Prime Minister meet with the Information Commissioner before tabling the federal accountability act in Parliament, I met with him. The very hard working parliamentary secretary from Nepean—Carleton met with him.

His advice certainly meant our bill was stronger. He also said in *The Ottawa Citizen* that our proposals were more radical than any of the ones that he proposed.

*Oral Questions**[Translation]*

Hon. Bill Graham (Leader of the Opposition, Lib.): Mr. Speaker, there are consultation meetings and then there are ratification meetings. It is the latter that the government opposite is holding. It does not want to consult, it just wants to get its actions ratified. The Commissioner has told us that the effect of this legislation will be to weaken the Commissioner's oversight role and increase the government's ability to cover up wrongdoing.

Does the Prime Minister now intend to respect the words of his own Information Commissioner so that we in this House can pass legislation which reflects his pertinent opinions?

Hon. John Baird (President of the Treasury Board, CPC): Mr. Speaker, it is very interesting to have this hon. member as the Leader of the Opposition. Last November, just seven months ago, he voted against all the known access to information measures contained in our bill. On May 5, this hon. member and all the members of the Liberal Party voted against the opening of this new cooperation agency. I say we will continue to work with the Commissioner to ensure that the bill which has been tabled is the best for accountability in Canada.

• (1420)

Hon. Jean Lapierre (Outremont, Lib.): Mr. Speaker, someone is not telling the whole story about what has occurred in this House, for on page 9 of his special report tabled in this House, the Commissioner says, and I quote: "It is regrettable that the new government did not consult with the Information Commissioner with respect to the need for, or the wording of, the 12 new exemptions to, and exclusions from, the right of access". The Commissioner himself says that you did not consult him.

Who is telling the truth? The Commissioner, the Prime Minister or the Minister?

[English]

Hon. John Baird (President of the Treasury Board, CPC): Mr. Speaker, again, it is quite interesting that this is one of the members opposite who voted against including crown corporations. This is one of the members who voted against including officers of Parliament. This is one of the members who voted against putting some access to information law to shed some light on the billion dollar foundations created by the previous government.

We hope he and his party will give speedy passage to these important pieces of legislation.

[Translation]

Hon. Jean Lapierre (Outremont, Lib.): Mr. Speaker, the Information Commissioner goes even further. He says, and I quote:

The government's access to information reform plan will not strengthen the accountability of government through transparency—it will weaken it.

The word "weaken" does not mean "more", but "less".

So I would like to know why the Prime Minister continues to take shortcuts with the truth and not listen to the Commissioner, in whom he had such confidence during the election campaign.

[English]

Hon. John Baird (President of the Treasury Board, CPC): Mr. Speaker, I noticed in the *Hansard* of November 15, not even seven short months ago, that it says in the nays: Lapierre (Outremont).

[Translation]

That is quite clear.

The Speaker: The response is no doubt of great interest, but the Honourable President of the Treasury Board knows very well that he may not speak the name of an hon. member in the House, even if he is quoting *Hansard*, voting lists or other such written matter.

The Honourable President of the Treasury Board has the floor and may finish his reply.

[English]

Hon. John Baird: Thank you, Mr. Speaker. Rather than call him by his name, I should perhaps call him, Mr. Flip-Flop. This is the member opposite who voted against expanding access to information. We will move forward and we will bring more light where there is darkness. We will bring more accountability where there has been Liberal corruption.

* * *

*[Translation]***REGIONAL DEVELOPMENT**

Mr. Gilles Duceppe (Laurier—Sainte-Marie, BQ): Mr. Speaker, all premiers of Quebec since Jean Lesage—regardless of political allegiance—have called for anything done by the federal government in the area of regional development to respect the priorities set by the Government of Quebec.

Does the Prime Minister agree with Quebec's historical request? In addition, does he intend to incorporate it into the federal regional development act?

Hon. Jean-Pierre Blackburn (Minister of Labour and Minister of the Economic Development Agency of Canada for the Regions of Quebec, CPC): Mr. Speaker, may I ask the member to repeat his question? I did not catch it.

Mr. Gilles Duceppe (Laurier—Sainte-Marie, BQ): Mr. Speaker, if he is not listening, shall I repeat it and then ask another one? It is really not my fault if he is not following what is going on in the House.

I said that all premiers of Quebec since Jean Lesage—regardless of political allegiance—have demanded that in the area of regional development, the federal government respect the priorities set by the Government of Québec.

Does the Prime Minister support Quebec's request? Does he intend to incorporate it into the federal regional development act?

Right Hon. Stephen Harper (Prime Minister, CPC): Mr. Speaker, I can only say that the Government of Quebec has not raised this question directly with us to date. I believe that the reason is simple: we are an economic partner of the Government of Quebec. We work closely with the Government of Quebec. The Government of Canada and the Government of Quebec believe that a strong Quebec within Canada is essential to the development of Quebec.

Oral Questions

● (1425)

Mr. Gilles Duceppe (Laurier—Sainte-Marie, BQ): Mr. Speaker, all prime ministers in Ottawa—regardless of political allegiance—have said the same thing as this Prime Minister. Even when things were not going well, they said that they were going well. That is why Quebec wants it to be incorporated into the federal regional development act.

If the Prime Minister tells us that things are going well, then there is no problem with incorporating it into the act.

I will ask the question again: why not incorporate this into the act in case things go less well at some point? Let us clearly establish this concept and let us genuinely respect Quebec's priorities.

An hon. member: Perfect.

Right Hon. Stephen Harper (Prime Minister, CPC): Mr. Speaker, if the Government of Quebec has a request to make to the Government of Canada, it is capable of making it itself.

I will wait for that, but to date the Government of Quebec has been working closely with the Government of Canada for the economic development of Quebec within Canada.

* * *

QUEBEC CITY AIRPORT

Mr. Mario Laframboise (Argenteuil—Papineau—Mirabel, BQ): Mr. Speaker, during the election campaign, the Conservatives promised that the federal government would contribute financially to the modernization of the Quebec City airport. The airport's capacity to handle passengers must be increased. The work will cost \$65 million, including \$15 million from the federal government.

Since the Government of Quebec has already announced its contribution, is the Minister of Transport prepared to announce the federal contribution for a starting date next fall?

Hon. Jean-Pierre Blackburn (Minister of Labour and Minister of the Economic Development Agency of Canada for the Regions of Quebec, CPC): Mr. Speaker, the Quebec City Airport project will cost \$68.5 million. A committee involving the various levels of government is working on this matter. Given present circumstances, we will have to wait for the budget to see what funds are available to meet expectations and to ensure that everything is ready for Quebec City's 400th anniversary celebrations.

The Speaker: The honourable member for Vancouver—

Some hon. members: Oh, oh!

The Speaker: I realize that there is discussion regarding the minister not having heard the question. With the list I have, it is difficult. If a minister or another member does not hear what is said, that is not a reason to allow more questions.

[English]

The hon. member for Vancouver East.

* * *

NORAD

Ms. Libby Davies (Vancouver East, NDP): Mr. Speaker, the already signed Norad agreement allows the United States to monitor

Canadian internal waterways. It also reaffirms the Liberal commitment to allow aerospace surveillance to be transmitted to the Americans for the purposes of missile defence.

Why did the government not insist on sovereignty over our internal waterways and ensure that there will be no participation in Bush's missile defence scheme. Why did it not insist on that?

Right Hon. Stephen Harper (Prime Minister, CPC): Mr. Speaker, I reject entirely that categorization of the Norad agreement which, by the way, for the first time ever, will be submitted to the House for debate and a vote.

The position of the government is that we are outside missile defence, but otherwise we work cooperatively with our American allies in defence of this continent. Until the NDP members understand the importance of that relationship, they will never be the government of this country.

Ms. Libby Davies (Vancouver East, NDP): Mr. Speaker, the Prime Minister knows that Norad has already been signed and he knows that the motion coming before the House is a sham. It is unamendable and it is being done after the fact. It makes a joke of the Conservative election promise. It is heavy handed and anti-democratic.

Will the government allow Parliament to do the work Canadians sent us here to do, or are we simply to be a rubber stamp when the Conservatives have already given away our sovereignty?

Hon. Peter MacKay (Minister of Foreign Affairs and Minister of the Atlantic Canada Opportunities Agency, CPC): Mr. Speaker, the debate that will take place tomorrow night on the subject of Norad, which has been expanded to include maritime defence and, as the Prime Minister has referenced, will take place for the very first time, allowing both a vote and the participation of Parliament, is not after the fact.

In fact, we will be signing letters of intent after the debate takes place, so there is no suggestion whatsoever that it preempts the debate. The hon. member is fully capable of putting her very well known objections on the record then and we are very anxious to receive them.

* * *

● (1430)

SOFTWOOD LUMBER

Mr. John Maloney (Welland, Lib.): Mr. Speaker, yesterday the trade minister defended leaving \$1.5 billion of Canadian softwood money in Washington and the fact that Canadian softwood producers will have a full year delay before they get a penny back. He also defended the inclusion of a clause that allows the U.S. to veto Canadian forestry management practices or to help our industry in difficult market conditions.

With our dollar at a 30 year high, will the minister admit that this deal has left producers worse off than they were last Tuesday?

Oral Questions

Hon. David Emerson (Minister of International Trade and Minister for the Pacific Gateway and the Vancouver-Whistler Olympics, CPC): Mr. Speaker, I do not know where the hon. member is getting his facts. We did not leave \$1.5 billion down there. The deal will ensure stability, certainty, more investment, and more jobs. It will ensure a healthier and more competitive forest products industry and softwood lumber industry in Canada going forward.

Every small community in this country, and there are thousands of them that depend on softwood lumber, will benefit from this agreement.

Mr. John Maloney (Welland, Lib.): Mr. Speaker, NAFTA's dispute settlement mechanism and Canada's sovereignty over industry practices are both undermined by this deal. It includes an exit clause that workers say is code for the Americanization of Canadian forest policies. A spokesperson for 40% of the industry says this deal is the worst he has seen in 35 years.

I know the minister's pension is more secure now since Canfor is set to receive a nice cheque, but why did he sign a seven year sell-out that could permanently hobble Canadian producers?

Hon. David Emerson (Minister of International Trade and Minister for the Pacific Gateway and the Vancouver-Whistler Olympics, CPC): Mr. Speaker, I think the hon. member's comments are actually quite disgusting. They are quite disgusting, and in fact, if the hon. member were an honest man, he would admit that carrying on with litigation is going to mean more duties, more fights and more problems, and the forest industry in this country is going to be in very serious trouble.

* * *

AGRICULTURE

Hon. Wayne Easter (Malpeque, Lib.): Mr. Speaker, Canadian live cattle over 30 months were expected to move into the United States in June. However, with the Prime Minister's soft approach to the United States, the U.S. Secretary of Agriculture has now made it clear that cattle over 30 months will not be permitted until some time in 2007, a year from now.

If the United States will not keep its word on cattle imports, what hope is there for the softwood lumber deal? Why has the government accepted this treatment from the United States administration? Will the Prime Minister not stand up for Canadian cattle farmers and fight in their interests?

Hon. Chuck Strahl (Minister of Agriculture and Agri-Food and Minister for the Canadian Wheat Board, CPC): Mr. Speaker, it is unfortunate, of course, that we have had a couple of cases of BSE-related problems in Canada this calendar year. I have met with Secretary Johanns and he is very eager to get the border open as soon as we get the scientific rigmarole out of the way. He is eager to get it open. I am still hopeful that it can happen in 2006. We are working closely with our American counterparts to make that happen.

Hon. Wayne Easter (Malpeque, Lib.): Mr. Speaker, there is no scientific rigmarole here. This is pure protectionism on the part of the United States administration. The minister has a responsibility to act. How can the government be so callous when it comes to dealing with Canadian producers? What action is this minister or the

Minister of International Trade going to take in the interests of Canadian farmers?

Hon. Chuck Strahl (Minister of Agriculture and Agri-Food and Minister for the Canadian Wheat Board, CPC): Mr. Speaker, one of the things we will not do is use the Liberals' approach on softwood lumber. That is what we will not do. If we follow their approach, we will be waiting for the next seven years to get the border open.

We are working closely with our American counterparts. CFIA and the American officials are working closely. We hope to get this border open as quickly as possible.

* * *

[Translation]

INFRASTRUCTURE

Ms. Louise Thibault (Rimouski-Neigette—Témiscouata—Les Basques, BQ): Mr. Speaker, the federal ports divestiture program has just ended, but the Trois-Pistoles wharf still has not been transferred or restored.

Given the importance to the regional economy of restoring this wharf and reinstating the Trois-Pistoles—Les Escoumins ferry service, can the Minister of Transport guarantee the continuation of the port transfer program as soon as possible?

● (1435)

Hon. Lawrence Cannon (Minister of Transport, Infrastructure and Communities, CPC): Mr. Speaker, I thank the hon. member for her question.

I had the opportunity to meet with her a few weeks ago. We had a chance to discuss this issue.

We will have to wait and see what happens. It is clear that when the Liberals were in power they were unable to resolve the issue of full divestiture of the harbours.

Mr. Michel Guimond (Montmorency—Charlevoix—Haute-Côte-Nord, BQ): Mr. Speaker, some \$13 million are needed to restore the Trois-Pistoles and Escoumins wharves. This federal involvement is essential for restoring the wharves and reinstating the ferry service.

I want to remind hon. members that this is the second year of suspension of the ferry service and it has a negative impact on tourism on both sides of the river.

The minister must act quickly. Could he promise to give the go-ahead for construction as early as this spring?

Hon. Lawrence Cannon (Minister of Transport, Infrastructure and Communities, CPC): Mr. Speaker, I also had the opportunity to meet with the hon. member's representatives. During that meeting we agreed that the work should be done this year and that in meantime the link joining both shores of the St. Lawrence would unfortunately be compromised for this year.

We will continue to have discussions with our colleagues opposite on expediting matters on this issue for the well-being of all our fellow citizens.

*Oral Questions***CANADA POST CORPORATION**

Ms. Christiane Gagnon (Québec, BQ): Mr. Speaker, the Canada Post Corporation plans to close the postal sorting station in Quebec City. The decision was apparently made in order to streamline staffing. We want to see the plan before the closure because we are wondering why one centre in two is being closed in Quebec, when Canada Post is keeping six of them open in Ontario.

My question is simple: why?

Hon. Lawrence Cannon (Minister of Transport, Infrastructure and Communities, CPC): Mr. Speaker, the hon. member is asking the question to discover what direction we are headed. It is already known and no secret to anyone in this House. Canada Post is affirming its independence from the government.

However, in the latest election campaign, we made a commitment on this side to review this decision. A decision in this respect will be imminent. I ask the hon. member to bide her time.

Ms. Christiane Gagnon (Québec, BQ): Mr. Speaker, my question is for the minister responsible for the Quebec City region. She said in a press release of September 29, 2005, and I quote, "There is no doubt that this closure represents a hardship for the hundreds of families affected but it also indicates the current Liberal government's lack of interest in the old capital".

If the minister is so interested in the fate of the old capital, why is she not resolving the matter of the Quebec City postal sorting centre closure? I put this to the minister responsible for the Quebec City region. Let her rise and answer.

Hon. Lawrence Cannon (Minister of Transport, Infrastructure and Communities, CPC): Mr. Speaker, I have to say of course that the minister responsible for the Quebec City region, despite what our friends opposite are saying, assumes her obligations and responsibilities and also cares deeply about the interests of the Quebec region.

* * *

[*English*]

THE ENVIRONMENT

Hon. John Godfrey (Don Valley West, Lib.): Mr. Speaker, the Prime Minister has been sounding off about a Canadian greenhouse gas reduction plan as an alternative to Kyoto, yet the minister—

Some hon. members: Oh, oh!

The Speaker: Order, please. The hon. member for Don Valley West has the floor.

Hon. John Godfrey: Yet, Mr. Speaker, the Minister of the Environment recently said she was going to follow the American lead in establishing the so-called made in Canada scheme, and of course the NDP has sold out on Kyoto, so what are we going to end up with? A plan that all the provinces of Canada want to work toward or an ineffective scheme copied from the United States?

Hon. Rona Ambrose (Minister of the Environment, CPC): Mr. Speaker, our government is committed to Canadians first, committed to a made in Canada solution that will reduce both pollution and greenhouse gases. The difference between our made in Canada solution and the Liberals' Kyoto plan is that the Liberals were willing to spend billions in taxpayer money overseas and we refuse to do

that. We will invest in a made in Canada plan where Canadians come first.

• (1440)

[*Translation*]

Hon. John Godfrey (Don Valley West, Lib.): Mr. Speaker, the Quebec environment minister wrote to the federal minister, however, asking her to speed up negotiations to conclude a federal-provincial agreement.

Why does the minister prefer to negotiate with the United States rather than with Canadian provinces such as Quebec?

[*English*]

Hon. Rona Ambrose (Minister of the Environment, CPC): Mr. Speaker, I have met with my Quebec counterpart and all of my provincial counterparts. The provinces are very eager to work with us. They will be very much a part of our made in Canada solution, Canadians will come first, and Quebec is a part of that plan.

Mr. David McGuinty (Ottawa South, Lib.): Mr. Speaker, it is clear for those of us who are working on new and creative solutions to global warming that this government simply does not get it. Our Minister of the Environment worked with Premier Ralph Klein to fight and take down Kyoto. Just recently, the Prime Minister appointed Gwyn Morgan, a well-known anti-Kyoto industrialist, as a senior adviser.

After signalling to the world that Canada will not cooperate on Kyoto, the government turns around and slashes and burns 15 programs on climate change. My question for the Prime Minister is simple. Is he taking his lead on his so-called made in Canada climate change plan from Ralph Klein, Gwyn Morgan or Washington?

Hon. Rona Ambrose (Minister of the Environment, CPC): Mr. Speaker, as I mentioned before, this government is committed to made in Canada solutions to deliver clean air and clean water and soil for the health of Canadians. In fact, Dr. Rick Smith from Environmental Defence said in a news release that he is encouraged by this government's comments on greenhouse gases and pollution reduction.

Dr. Smith went on to say that "if the new federal government is interested in tangible improvements on this crucial issue we say 'It's about time' and we'll be the first in line to work with the government to make this happen".

[*Translation*]

Mr. David McGuinty (Ottawa South, Lib.): Mr. Speaker, clearly, Canadians should not look to this government for climate change solutions. This much is clear. We know that the current Minister of the Environment was once appointed by Premier Ralph Klein to fight against climate change solutions, including Kyoto. Last week, Gwyn Morgan, a former CEO in the oil industry who is well known for his opposition to the Kyoto accord, was appointed as a senior advisor to the government.

Oral Questions

Will the Prime Minister finally admit to this House that he has no new ideas in mind to fight against climate change and that he is quite content to copy the policies of his home province?

[English]

Hon. Rona Ambrose (Minister of the Environment, CPC): Mr. Speaker, as I have said before, we are making progress on our plan. We are working closely with both industry and the provinces, which are eager to make a change. The provinces have been very clear that they also do not support seeing taxpayer money go overseas under the former Liberal Kyoto plan. They want to see investment in Canadian provinces, in Canadian technology and in Canadians.

* * *

ABORIGINAL AFFAIRS

Mr. Dave Batters (Palliser, CPC): Mr. Speaker, when the member for Wascana sat in cabinet in the previous Liberal government, he claimed that he was going to move the head office of Indian and Northern Affairs Canada to his riding in Regina. Just recently, in opposition, he sent out literature to his constituents referring to a move for INAC as his work in progress.

Would the minister responsible tell the House if any plans are in place to move INAC to Regina or has the member for Wascana misinformed the citizens of Regina?

Hon. Jim Prentice (Minister of Indian Affairs and Northern Development and Federal Interlocutor for Métis and Non-Status Indians, CPC): Mr. Speaker, upon assuming this role, I had my colleagues from Regina inquiring enthusiastically as to where things stood regarding the move of the INAC head office to Regina.

The puzzling thing is this. My officials tell me that no move was ever contemplated, studied or planned. In fact, the former minister said variously that he had not heard anything about it, he did not know anything about it and there were no plans to relocate.

I do not know on what basis the member for Wascana is sending out literature bragging that this is his work in progress. Some work, some progress: where I come from, we call it bogus.

* * *

HEPATITIS C

Ms. Penny Priddy (Surrey North, NDP): Mr. Speaker, when the Conservatives were in opposition they promised all victims of the tainted blood tragedy compensation. Pre-1986 and post-1990, thousands were infected with hepatitis C as a result of the failure of the Canadian government and were not compensated by the Liberals.

Does the Minister of Health have a plan to immediately compensate these victims?

• (1445)

Hon. Tony Clement (Minister of Health and Minister for the Federal Economic Development Initiative for Northern Ontario, CPC): Mr. Speaker, as hon. members on both sides of the House know, this issue has been festering for a number of years. We made a campaign pledge and we intend to keep it.

Ms. Penny Priddy (Surrey North, NDP): Mr. Speaker, that is not really good enough. When the Parliamentary Secretary to the

Minister of Health used to speak about this issue, he would promise compensation immediately after the Conservatives were elected. That was three months ago and there is still no compensation.

Why did the government not move immediately after the election to compensate all hepatitis C victims and right this awful Liberal wrong? What is taking this government so long?

Hon. Tony Clement (Minister of Health and Minister for the Federal Economic Development Initiative for Northern Ontario, CPC): Mr. Speaker, I can assure the hon. member that this is one of my top priorities. I know there has been a little barracking on both sides of the House, but I can tell the hon. member that this is a priority for this government. We are moving with alacrity. I can tell the hon. member that after 13 years of non-action, we will see action with this Prime Minister's government.

* * *

[Translation]

THE ENVIRONMENT

Mr. Pablo Rodriguez (Honoré-Mercier, Lib.): Mr. Speaker, Quebecers and all Canadians have serious concerns about the intentions of the Conservatives with regard to reducing greenhouse gases. Not only is their plan costly, it is also ineffective. Rather than spouting the usual platitudes, the Minister of the Environment should act responsibly.

Why is she doing nothing to contribute to the development of public transit? Why is she doing nothing to foster sustainable development? Why is she doing nothing?

[English]

Hon. Rona Ambrose (Minister of the Environment, CPC): Mr. Speaker, again I reiterate the government's commitment to the reduction of greenhouse gases and pollution that was outlined in the Speech from the Throne and will be a part of our environmental agenda as we move forward. I am very proud of that because in our environmental plan Canadians come first. We will be investing in Canadian technology and in Canadians, not in sending taxpayer money overseas to buy international credits.

[Translation]

Mr. Pablo Rodriguez (Honoré-Mercier, Lib.): Mr. Speaker, I don't know what planet the minister lives on, but I can assure her that here on earth climate change is a serious issue.

The Conservatives are abandoning Kyoto and the fight against climate change. By abandoning proven programs, they are abandoning Canadians. The minister is abandoning Canadian leadership by abandoning the United Nations.

Why has the Minister of the Environment become the minister of abandonment?

*Oral Questions**[English]*

Hon. Rona Ambrose (Minister of the Environment, CPC): Mr. Speaker, we take our obligations under the United Nations Framework Convention very seriously. I understand those obligations. I am presently presiding as president of the Conference of the Parties to the UN Framework Convention on Climate Change. We are participating vigorously in that process to defend the interests of Canadians.

Hon. Mark Eyking (Sydney—Victoria, Lib.): Mr. Speaker, in 2004, our government committed \$280 million to clean up the Sydney tar ponds. This project is now underway and my community is seeing positive results. Recently, the Minister of the Environment would not respond to questions on further cleanup funding.

My question is for the Minister of the Environment. Is the government committed to the federal share of \$280 million to clean up the Sydney tar ponds?

Hon. Rona Ambrose (Minister of the Environment, CPC): Mr. Speaker, this is an issue that we are following very closely. We have been involved in the assessment. When I was in Atlantic Canada I met with the minister for the environment in this area and we are working very diligently on this issue.

Hon. Mark Eyking (Sydney—Victoria, Lib.): Mr. Speaker, the House is getting tired of that kind of answer. The minister has been here two months and—

Some hon. members: Oh, oh!

The Speaker: Order, please. The hon. member for Sydney—Victoria has the floor. We will have a little order, please.

Hon. Mark Eyking: Mr. Speaker, the tar ponds, along with many other contaminated sites in this country, are in desperate need of environmental cleanup. Our government budgeted \$1 billion to clean up these brownfields. The NDP, along with the Conservatives, derailed this initiative.

Could the minister confirm whether the government will continue our Liberal commitment? Will she show some leadership and instruct her officials to fast track the work of the brownfield cleanup?

• (1450)

Hon. Rona Ambrose (Minister of the Environment, CPC): Mr. Speaker, what I can say is that I will not commit to what the Liberals have done, which is nothing on this issue for the past 13 years. I was in the area and I met with the minister and the community and we are working on it together.

* * *

*[Translation]***RAIL TRANSPORT**

Mr. Raynald Blais (Gaspésie—Îles-de-la-Madeleine, BQ): Mr. Speaker, the future of rail transport is still under threat in Gaspé. Even though representations were made to the former government, very few guarantees were given to the public. A petition currently circulating in the region calls on the federal government to intervene.

The Matapédia-Chandler line is for sale. Can the Minister of Transport tell us what he plans to do to ensure that the train will continue to be operational in Gaspé?

Hon. Jean-Pierre Blackburn (Minister of Labour and Minister of the Economic Development Agency of Canada for the Regions of Quebec, CPC): Mr. Speaker, I want to thank my colleague for his question.

I had the opportunity to go to the Gaspé a few days ago. I told the people there and the socio-economic stakeholders that, indeed, the Gaspé had already been greatly affected by the cuts in forestry and by the entire fisheries issue. I told the people of Gaspé as Minister of the Economic Development Agency of Canada for the Regions of Quebec that it was not true that the train would be cut too.

It is in this vein that we are currently working with our partners. That does not mean of course that we will throw money at the problem, but the desire to keep the train in Gaspé is real.

* * *

MUSEUM OF SCIENCE AND TECHNOLOGY

Mr. Richard Nadeau (Gatineau, BQ): Mr. Speaker, the Minister of Canadian Heritage must soon choose a location for the new Museum of Science and Technology. The city of Ottawa already has eight museums, but there is only one in the Outaouais.

Does the Minister of Canadian Heritage agree with the Minister of Transport, who, during a meeting with the city's Chamber of Commerce, spoke in favour of locating the new museum in Gatineau?

[English]

Hon. Bev Oda (Minister of Canadian Heritage and Status of Women, CPC): Mr. Speaker, currently, I can report to the House that we are working on a new museums policy. We are reviewing the needs of every one of the federal museums. I will be meeting with the Science and Technology Museum to identify its needs and we will have a plan in place.

* * *

TRANSPORTATION

Hon. Belinda Stronach (Newmarket—Aurora, Lib.): Mr. Speaker, almost 100 Canadians are killed annually in train accidents, and reflectors on the sides of trains are good but installed over 10 years is not the answer.

I hope the government will not use today's budget just to reposition itself for re-election but instead will invest in infrastructure renewal to save lives.

Just two weeks ago the Minister of Transport indicated publicly that he would not rule out calling a public inquiry into rail safety. When will the minister be calling that inquiry?

Oral Questions

[Translation]

Hon. Lawrence Cannon (Minister of Transport, Infrastructure and Communities, CPC): Mr. Speaker, the hon. member's question has to do with transportation safety and security. Clearly, our first priority is the safety of the people who travel not only by rail, but also other means of transportation to get from one place to another in Canada. My hon. colleague's preamble lacked some detail. Yesterday, we announced that over the next seven years, we will specifically step up the application of reflective material—

The Speaker: The hon. member for Edmonton East.

* * *

[English]

INTERNATIONAL COOPERATION

Mr. Peter Goldring (Edmonton East, CPC): Mr. Speaker, despite years of chronic problems, Haiti is buoyed today with successful elections sponsored by Canada, with a new president-elect, René Prével, and with a new renewed commitment from our Prime Minister to help.

Could the Minister of International Cooperation tell the House more details on what this commitment will be?

[Translation]

Hon. Josée Verner (Minister of International Cooperation and Minister for la Francophonie and Official Languages, CPC): Mr. Speaker, I would like to thank my colleague for focusing on development assistance in Haiti. Yesterday, I had the privilege of meeting the president-elect, René Prével. I informed him that Canada would contribute an additional \$48 million to support democracy, education and small businesses, and to improve Haitians' quality of life. Haiti is a friend of Canadians.

* * *

● (1455)

EMPLOYMENT INSURANCE

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, yesterday, the Minister of Human Resources and Social Development invited the opposition to help her assess a pilot project that gives workers five additional weeks of EI benefits.

The minister also mentioned that she must take the time to look at the results of this pilot project. The reality is that workers cannot wait. The five additional weeks of benefits are a question of survival for many families across Canada and in my home province, New Brunswick.

Will the Minister of Human Resources and Social Development promise to renew the pilot project before June 4, yes or no?

[English]

Hon. Diane Finley (Minister of Human Resources and Social Development, CPC): Mr. Speaker, as I have explained, this is a pilot project. Pilots are run as tests before we decide whether to continue this program or not. We want to determine how effective it has been in achieving the goals of helping people who need to fill in the gap.

To do that, we need to analyze the results. I want to make sure that we make an informed decision so that if the money can be spent better to help these people in other ways, we will do that, but if the

money is better spent where it is, we will do that. However we will do the right thing and make an informed decision.

[Translation]

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, assessing is all well and good, but we need action. June 4 is only 33 days away. This pilot project is very important to seasonal workers. Every year, the seasonal gap plunges families into poverty. The government finally has the chance to do something about the drastic cuts made to the employment insurance system by the Liberals.

Will the Minister of Human Resources and Social Development prove her commitment to seasonal workers by proposing a comprehensive reform to the EI system, yes or no?

[English]

Hon. Diane Finley (Minister of Human Resources and Social Development, CPC): Mr. Speaker, what I want and what the government wants to ensure is that all Canadians get the best value for their dollars and that any programs that we invest in really do help the people who need it and they do not go beyond that but serve the purpose for which they were intended.

I am inviting the hon. member to help me in this consultation to ensure the people he is fighting for are getting the best value they can for the Canadian dollar.

* * *

[Translation]

AIR TRANSPORTATION

Mr. Francis Scarpaleggia (Lac-Saint-Louis, Lib.): Mr. Speaker, the Minister of Transport is getting ready to propose that the number of flight attendants on passenger flights in Canada be reduced by up to 25%, when the above-standard number of flight attendants may have prevented deaths in the crash of Air France flight 358 in Toronto last summer.

Is the minister going to cancel this plan and make public his department's internal report challenging it?

Hon. Lawrence Cannon (Minister of Transport, Infrastructure and Communities, CPC): Mr. Speaker, basically, the procedure is one of going and consulting those involved, finding out everyone's best practices.

We know that there is one practice prevailing in the U.S. and another in Europe. In fact, we are going to submit a proposal so that we can get the best possible ideas in order to move ahead on this file.

*Points of Order***SAFE DRINKING WATER**

Mr. Marc Lemay (Abitibi—Témiscamingue, BQ): Mr. Speaker, the Minister of Indian Affairs and Northern Development is still refusing to confirm the implementation of the Kelowna agreement and is trying to create a diversion by praising the merits of the action plan to guarantee safe water in first nations communities, but forgets to say that the Anishnabee of Kitcisakik and the Lubicon Cree, who are still today transporting their water by tank, are excluded from it.

What does the minister plan to do to permanently improve the lot of these communities?

Hon. Jim Prentice (Minister of Indian Affairs and Northern Development and Federal Interlocutor for Métis and Non-Status Indians, CPC): Mr. Speaker, I thank the honourable member for his question.

The new government's program is based on accountability and assumption of responsibility. This should also be the case for first nations policies.

In the coming months, the new government will be working with Canadians of native origin. We are going to define the new framework for establishing the federal action plan and federal expenditures. This is something the Liberal government never did.

* * *

• (1500)

[English]

TORONTO PORT AUTHORITY

Mr. Mike Wallace (Burlington, CPC): Mr. Speaker, recently there have been repeated questions about the operation of the Toronto Port Authority. Revitalization of the waterfront is an important issue to all residents of Toronto.

Could the Minister of Transport give us an update on his plans for addressing the concerns surrounding the operation of the port authority?

Hon. Lawrence Cannon (Minister of Transport, Infrastructure and Communities, CPC): Mr. Speaker, as the House knows, there is a long and complex history of activities surrounding the operation of the island airport. Questions have been raised about decisions made in the past so I have retained the services of an independent advisor to shed light on those decisions.

I am pleased to report today that I have appointed Mr. Roger Tassé as an external advisor to conduct a review of the decisions, actions and transactions of the Toronto Port Authority and have requested him to table a final report by September 1.

* * *

STATUS OF WOMEN

Ms. Irene Mathyssen (London—Fanshawe, NDP): Mr. Speaker, my office has received numerous calls that funding has been stalled for various organizations that advocate for women. I am very concerned that important programs are not receiving the appropriate attention of the Minister responsible for the Status of Women. Equity seeking groups fear that they will not receive the funding they need to advance women's rights. There is great concern that today's budget will leave these programs in the lurch.

Will the minister continue to shirk her responsibility to advance the rights of 51% of the population, or will she stand up in this House today and commit to making the Status of Women a file that is a priority?

Hon. Bev Oda (Minister of Canadian Heritage and Status of Women, CPC): Mr. Speaker, I can assure the member and all women in Canada that this government will stand up for the equality of women and their full participation. I am looking forward to a meeting with my counterparts in the provincial governments to further our work as we work together on these important issues.

* * *

[Translation]

CANADA COUNCIL

Mr. Maka Kotto (Saint-Lambert, BQ): Mr. Speaker, three weeks ago, in response to questions about the ridiculous budget of the Canada Council, which the previous government had pledged to increase, the Minister of Canadian Heritage expressed an outrageous paradox by answering from both sides of her mouth. Out of one side, she said that she was assuming the commitment to support the arts and culture community and out of the other, she said, on the same issue, that she was not here to honour commitments made by the Liberals.

In the same vein as the logic of going to Afghanistan, has the minister done what was necessary with her government to ensure it will raise the budget of the Canada Council to \$300 million in order to help this very vulnerable community?

[English]

Hon. Bev Oda (Minister of Canadian Heritage and Status of Women, CPC): Mr. Speaker, the government has always stood behind its commitment to support the arts, the creative community and the artists and performers. I ask the member to wait for the budget and it will reveal the support that will be given by the government to the creative community.

* * *

PRESENCE IN GALLERY

The Speaker: I draw the attention of hon. members to the presence in the gallery of the Hon. Judy Streach, Minister Responsible for the Nova Scotia Liquor Commission and Minister Responsible for the Advisory Council on the Status of Women for Nova Scotia.

Some hon. members: Hear, hear!

* * *

POINTS OF ORDER

ORAL QUESTIONS

Mr. John Maloney (Welland, Lib.): Mr. Speaker, in response to my supplementary question to the Minister of International Trade, the member for Vancouver Kingsway, I allege my honesty was impugned in that he referred to me as, "if this man was an honest man".

I refer you, Mr. Speaker, to Marleau and Montpetit, page 525, where it states:

The proceedings of the House are based on a long-standing tradition of respect for the integrity of all Members...Personal attacks, insults and obscene language or words are not in order.

I respectfully suggest that the minister's comments are unparliamentary. I appreciate that they may be given in the heat of the moment, but I request that he would apologize and withdraw his remarks.

• (1505)

The Speaker: I thank the hon. member for Welland for raising this point. I heard the words that were used. The minister, I think, was careful to avoid suggesting that the hon. member was in fact not honest, and I took it that way in the remarks that were made.

I will look at the precedents to see if there are rulings in respect of the use of those words. Had the minister suggested that any hon. member was dishonest, I would have ruled the remarks out of order and asked for an immediate retraction, but he did not.

I will look at the precedents and get back to the hon. member if it is necessary, since there has been no other comment in the House on the point of order the hon. member has raised. My initial reaction was the remark did not cross the line because he was not suggesting the member was dishonest, which is the thing that would be quite unparliamentary and would have been immediately stomped upon had the hon. member tried that stunt.

* * *

BUSINESS OF THE HOUSE

Mr. Tom Lukiwski (Parliamentary Secretary to the Leader of the Government in the House of Commons and Minister for Democratic Reform, CPC): Mr. Speaker, there have been consultations and I believe all parties agree to the following motion. I move:

That on Wednesday, May 3,

(a) notwithstanding the order adopted April 4, at 6:15 p.m. the Speaker shall interrupt the proceedings then in progress and shall put forthwith and successively, without debate or amendment, every question necessary to dispose of any motion relating to interim supply and for the passage at all stages of any bill or bills based thereon; and

(b) notwithstanding Standing Order 84(3), no proceedings pursuant to Standing Order 38 be taken up this day and the House continue to sit after the ordinary hour of daily adjournment to consider a government motion in the name of the Minister of Foreign Affairs: "That this House supports the government's ratification of the North American Aerospace Defence (NORAD) Agreement"; and that, notwithstanding any Standing Order or usual practices of the House, no member shall speak for more than 20 minutes and that following each speech a period not exceeding 10 minutes shall be made available, if required, to allow members to ask questions and comment briefly on matters relevant to the speech and to allow responses thereto; members may indicate to the Speaker that he or she will be dividing his or her time with another member; that during debate, the Speaker shall not receive any amendments, dilatory motions, quorum calls or requests for unanimous consent; and when no member rises to speak or after five hours of debate, whichever is earlier, the Speaker shall put all questions necessary to dispose of the motion, provided that, if a recorded division is requested on this motion, it shall stand deferred until Monday, May 8 at the ordinary hour of daily adjournment and that the House shall immediately adjourn until the next sitting.

The Speaker: The House has heard the terms of the motion. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

(Motion agreed to)

Government Orders

GOVERNMENT ORDERS

• (1510)

[English]

PUBLIC HEALTH AGENCY OF CANADA ACT

The House resumed consideration of the motion that Bill C-5, An Act respecting the establishment of the Public Health Agency of Canada and amending certain Acts, be read the second time and referred to a committee.

The Speaker: When the debate was interrupted, the hon. member for Burnaby—Douglas had the floor for questions and comments, and there were three minutes remaining in the time allotted for questions and comments.

The hon. member for Windsor West.

Mr. Brian Masse (Windsor West, NDP): Mr. Speaker, Bill C-5 has a potential provision in it that could be very helpful. The NDP championed a motion, which was passed in the House of Commons, relating to the banning of trans fats. The member for Winnipeg Centre was a particular champion on this motion.

We know trans fats are in everything from children's baby food to regular types of packaged food. It is one of the things we can reduce, as a human health factor, through promotion, enforcement and regulations. Having an advocate for this through Bill C-5 would be an enhancement. Public policy could be shaped across the country that would improve wellness. More important, it could eliminate some of the risks factors on human health, which costs us on the medical side and shortens the span of life of our citizens.

What is the hon. member's opinion on how the bill might be able to tackle overall coordination and advancement of the elimination of trans fats and other types of human health issues that affect us on a regulation basis?

Mr. Bill Siksay (Burnaby—Douglas, NDP): Mr. Speaker, I want to thank my colleague from Windsor for reminding us of the great victory we had in the last Parliament, as an NDP caucus, concerning the vote of Parliament and alerting all Canadians to the dangers of trans fats.

This Public Health Agency will have responsibility for health promotion and the ability to deal with the whole issue of trans fats in our foods. It has been something that has been lacking, frankly. We have not had the ability to focus, to give the kind of attention to the health promotion aspect of our health care system. We have often become bogged down in the important questions of health care and the more acute questions of the health care system.

The Public Health Agency and the Chief Public Health Officer will have an important role to play in promoting health and in dealing with issues such as trans fats. This legislation is very important on that issue as well.

Mr. Paul Szabo (Mississauga South, Lib.): Mr. Speaker, I am pleased to contribute to the debate on Bill C-5.

Government Orders

Starting yesterday, the parliamentary secretary addressed the House on the bill. It is quite clear that the bill has the support of the House. It is a bill that was available in the last Parliament, but was not able to get through the full legislative process before Parliament was dissolved.

The summary of the bill states:

This enactment establishes the Public Health Agency of Canada to assist the Minister of Health in exercising or performing the Minister's powers, duties and functions in relation to public health. It also provides that the Governor in Council may make regulations respecting the collection and management of public health information and the protection of confidential information, including personal information. It also makes related and consequential amendments to certain Acts.

In a brief paragraph, that is precisely what the bill does.

Oddly enough, the debate has become one about health issues, which are really important. It is really important to understand why the bill was first developed in the last Parliament.

I can recall in 2000 or 2001 having a private member's initiative in which I proposed that the Government of Canada establish the position of physician general of Canada. Members will be aware of the surgeon general in the United States. The physician general of Canada would be a parallel position. I specifically wanted to address the issue of the evolution of the roles and responsibilities of Health Canada, which were becoming so great that Canadians were having some difficulty finding out exactly where they would get information.

To visit the website of Health Canada is a very problematic exercise even today, because there are so many aspects to Health Canada. It does not surprise me that we are trying to put some focus, particularly as it relates to some of the more critical aspects of public health.

There was the SARS outbreak in 2003. This was probably the big wake-up call that was needed for parliamentarians. The SARS outbreak was particularly focused in the greater Toronto area, actually in Scarborough. A particular member had an area which was under close scrutiny. A lot of people were scrambling around trying to figure out what to do. There was the potential for a serious viral epidemic in Canada threatening the health of a countless number, who knows, thousands, tens of thousands, maybe even hundreds of thousands of people.

I can also remember looking at the websites of various departments to determine what they were doing in terms of the SARS issue. The Health Canada press releases referred to 18 different websites and 18 different departments. It was an indication that within Health Canada there were so many things going on. There were areas of controversy like the hep C issue, which certainly was a significant problem. There was an issue of where the focal point was for public health issues.

• (1515)

Canadians may wonder what public health issues are. Canadians will also recognize that there has to be a reason for the legislation. There has to be a linkage to the constitutional authority given to the Minister of Health.

As it relates to public health, the government obviously wishes to take measures in certain areas. These include health protection and

promotion. There is a health protection branch already, but it is in need of that focal point as well.

The issue of population health assessment is another important area, as is health surveillance to ensure that we are vigilant about emerging problems and early detection of situations. There is as well disease and injury prevention. There is also emergency preparedness and response, which is where the SARS situation comes in. These areas are of significant importance to Canadians because they all relate to the umbrella topic of public health.

The Government of Canada also needs to have this focal point to foster collaboration within the field of public health, to collaborate and coordinate federal policies and programs in the area of public health, as well as to promote cooperation and consultation in the field of public health with provincial and territorial governments. It is extremely important that there be this coordination. I can think of a couple of examples where the absence of that coordination has caused some significant delays in progress on certain public health issues.

It is also fair to say that the public health issues transcend Canada's borders as well. It is important that we also foster cooperation in the field with foreign governments and international organizations, as well as with other interested parties and organizations. We did have one issue as it related to SARS which was the sourcing back to a province in China and the fact that there were significant delays in the reporting of the detection of the SARS related problems to the World Health Organization. This had a ripple effect of putting everyone else behind in terms of their ability to respond to this emergency situation.

There are many people who frequently travel internationally and Canada is a destination for many people from around the world. There is significant activity at our borders and airports. Equipment was put in at the airports to try to detect whether or not there might be some problems. This should come as no surprise.

As I listened to the debate yesterday and today, one of the things I noted is that the debate has basically become a broader discussion of health issues and their importance. We have talked about trans fats. The member for Yellowhead took us down memory lane with all the subjects that the health committee has dealt with over the last several years, ever since he has been on the committee. It gives Canadians an opportunity to appreciate the breadth of work that happens at committee and the importance of that work.

Bill C-5 indicates that the minister has the authority to set up committees. These committees are going to be paid and the bill sets out the Treasury Board guidelines, et cetera. It is rather interesting that it is in there. It is almost as though this actually does happen. It is under the general provisions clauses 13, 14 and 15.

Back when Allan Rock was the health minister I was advocating a private member's initiative relating to fetal alcohol syndrome. Allan Rock used to sit beside me at national caucus. There were press releases going out and all kinds of government documents on the issue of fetal alcohol syndrome. These documents were actually put together by committees of people who were responsible for that little area.

Government Orders

●(1520)

One of the principal statements the Government of Canada made at the time was that fetal alcohol syndrome is the leading known cause of mental retardation in Canada. What an ominous statement. It sure should get our attention. It is an interesting statement to make but this came from Health Canada and the statement was absolutely wrong. Fetal alcohol syndrome is not the cause of anything. It is the result. In fact, it is prenatal consumption of alcohol by the mother that is the leading known cause of mental retardation, yet Health Canada in its wisdom was putting out things like that.

It went further. Health Canada set up a coalition that included the Canadian Medical Association, the Canadian Nurses Association and NGOs representing all walks of life, including aboriginal people. It came out with what was called a joint statement which said the same thing, and this was some years later. It said that fetal alcohol syndrome is the leading known cause of mental retardation in Canada.

When there is a coalition of some 18 groups and organizations representing virtually everybody who has ever touched an issue and those groups still do not get it, we start to have some questions about whether or not committees have been charged with the proper instructions.

We saw the same kind of problem with another issue that came to the health committee. It was about health warning labels on alcoholic beverage containers, which again related to fetal alcohol syndrome. The government created a task force. It was a very broad task force. A lot of money was spent on that task force. It worked for a couple of years and came out with reports. There was glossy literature but what the task force did not have was any recommended strategies or solutions. All of the reports and documents were saying things like, "Here is where we have been. Here is the history. Here is how we got to where we are today and we are continuing to work".

If more and more committees are going to be set up within Health Canada, or any other department for that matter, we have to be vigilant. If accountability is a hallmark word for this Parliament, then accountability also means that when committees are established, as this bill permits the minister to do, those committees should be charged to follow the full line of activity right through to strategy, recommendations and other proposals related to implementation.

When I first raised the issue of fetal alcohol syndrome with the then health minister, the hon. Allan Rock, he decided he was going to set up a national advisory commission on fetal alcohol syndrome. One night after being in the House most of the day, I went back to my office and there was a fax on my machine. I had met with the people in Health Canada who were going to set up the advisory commission and they wanted to send to me the terms of reference for its establishment.

It was the same as what I had seen before for another committee in another department. There would be one person from every province and territory. There would be a gender balance and other criteria. There would be people who were knowledgeable about fetal alcohol syndrome and they were going to do some work.

I did not think it was really necessary for anyone to know any more about fetal alcohol syndrome after all the work that had been

done. I thought that maybe what we should have been doing was creating an advisory commission that would advise the Government of Canada, the Minister of Health and parliamentarians on strategies that may very well work to handle the situation where it has to do with behaviour. We cannot legislate behaviour but we can encourage good behaviour and maybe discourage behaviour that is not healthy.

I spent the whole evening rewriting the terms of reference and saying that when we set up committees, we need to have people whom we know have the experience and the expertise to deliver solutions. We need them to recommend solutions and strategies and have the basis so that there will be a buy-in for all the stakeholders.

●(1525)

I recommended a behaviouralist, a psychologist and an expert in federal-provincial relations because we do cross jurisdictions within governments. We needed marketing people and communications people. We needed people who could deliver a product and get the job done.

If we continue to boast, as this bill does, that the minister can set committees up on these various subjects that relate to public health, there is the risk that we could actually increase the bureaucracy of Health Canada but not necessarily deliver in terms of the priorities. I would think that the priorities for the Public Health Agency of Canada should be amplified further with regard to what those priorities are, or at least the minister has to articulate what those priorities are in terms of the most significant health risk to Canadians.

Under the regulations section of the bill, section 15(1) states:

The Governor in Council may, on the recommendation of the Minister, make regulations respecting

(a) the collection, analysis, interpretation, publication and distribution of information relating to public health, for the purpose of paragraph 4(2)(h) of the Department of Health Act;

It is a very broad provision. It is interesting that it says that "The Governor in Council may". I am pretty sure they will and maybe we should say they shall.

I gave this little speech about doing legislation through regulations rather than in the bill itself.

When the health committee gets this bill it may want to consider whether there should be some provisos with regard to the issues of collection, analysis, interpretation, publication and distribution of information relating to public health because we can really get carried away with this stuff. I hope it is done in a way in which we are not trying to simply see who can produce glossy brochures and a whole bunch of very beautiful looking information but, rather, who will put together this stuff where it in fact is as a consequence of the work done by this new agency under the Chief Public Health Officer who will have the equivalent position of a deputy minister. However that activity has to be established within the legislation which really emphasizes the need that this is not work that we just do to keep people busy. This is work to deliver results.

Government Orders

I would think that, knowing the situation we had with SARS, and given the information we have on the high possibility of a pandemic and the fact that we have situations where there are not enough pharmaceuticals necessary, these are some of the priorities which the minister will have to engage this new officer to undertake.

I wanted to raise that because I do not think the bill by itself does justice to the urgency there is with regard to this new agency.

We have some major risks and threats to the public health of Canadians. Although there are a broad range of activities, I am hoping the bill would be the kickstart to establishing the necessary priorities so Canadians have the protection that is necessary for good public health and they can have confidence in this new agency.

• (1530)

Mr. Steven Fletcher (Parliamentary Secretary to the Minister of Health, CPC): Mr. Speaker, I thank the member for his comments, particularly those around Allan Rock, but I think he may be dating himself. I remember seeing Mr. Rock on TV when I was in grade school.

Hon. Robert Thibault: You were there until you were 23 though.

Mr. Steven Fletcher: Yes, that is right.

With regard to the points raised by the member around committee work and so on, it seems that the member, courageously, may be challenging part of the record of the previous government as far as its effectiveness and efficiency.

I wonder if the member could clarify his concerns a bit more. He does seem to be out of step with comments made by other parties, including his own earlier on in the debate, in that the legislation was tabled by the previous government. We want to move expeditiously in bringing this legislation through second reading and then to committee.

Is the member indeed contradicting the comments of other parties?

Mr. Paul Szabo: Mr. Speaker, no, that would be an unfair characterization of my comments.

The bill was before the last Parliament. I think all members would agree that it provides the foundation, the tools and the mechanism to work. The issue really comes down to how we use that foundation, those tools and that mechanism. I do not want to see any more committees.

The member knows that the last time I sat on our health committee, Dr. Butler-Jones came before us with a report that the committee had asked for and it turned out to be a report showing what had been done over the last number of years. However it gave us absolutely none of the feedback that had been directly asked for by the committee. That is unacceptable. I do not care which party is in government. I am a member of Parliament. I asked the question and I wanted an answer, as did the committee. As the member will recall, the committee, which received approval in this chamber to make the request, did not get the response that it requested.

As a parliamentarian, if I am going to be accountable for my work and the things that I am interested in, I am going to want to ensure that the tools that are available to us are used in a cost effective way

and in a progressive way so that public health issues do find solutions for some of the problems that we face.

• (1535)

Mr. Peter Julian (Burnaby—New Westminster, NDP): Mr. Speaker, I am pleased to make some comments on Bill C-5 and to ask the member a question.

I come from British Columbia where, as members know, an outbreak of avian flu two years ago devastated the eastern Fraser Valley zone of the lower mainland. We found at that time that the coordination among various federal agencies was done very poorly. This strain of avian flu basically mutated by a factor many times over 24 hours. It took many days to get test results back because of the lack of coordination at the federal government level. The quarantine lines were breached twice.

I am talking about an extremely serious situation that ended up being catastrophic. Seventeen million birds were exterminated. It was only because of the geographical isolation of that particular part of the Fraser Valley and the fact that there are eastward flowing winds that the catastrophe was averted beyond that. However it was still a catastrophe that had huge ramifications for citizens of that region of British Columbia.

We see four areas of concern with Bill C-5. First, the Chief Public Health Officer is not given authority over areas of federal jurisdiction, such as airports, railways and military bases. Second, the power to enforce the Quarantine Act remains with the Minister of Health. Third, the Public Health Agency is not given the authority to act when a province is overwhelmed by a crisis. Fourth, the Public Health Agency is not given authority to impose mandatory reporting of diseases by the provinces. We see those as loopholes and we are concerned about them.

I wonder if the member for Mississauga South shares those concerns.

Mr. Paul Szabo: Mr. Speaker, the member will know that the position reports to the Minister of Health. I do not discount the significance of the example the member gave but it almost sounds like he wants to suggest that Health Canada somehow should be divided in terms of one being for the delivery of public health initiatives, as we have discussed under this bill, and the other basically dealing with the health care system and the Canada Health Act. That may be a debate for another day.

Hon. Robert Thibault (West Nova, Lib.): Mr. Speaker, the member has done a lot of good work in the House and through committees on issues that we know very well, such as fetal alcohol syndrome. If we know them well it is because he has brought them to our attention. He is published on that matter. He has brought forward private member's bills that I hope will have an effect on the way the department operates and works toward those strategies.

When we look at the Public Health Agency we see two areas of interventions: in emergencies and pandemics, such as SARS and the potential of an impending bird flu. However we also have disease prevention and common health risks, fetal alcohol syndrome being one of the areas where the member has been working a long time on prevention.

Government Orders

We learned today in the House that on Health Canada's website there is no longer a reference to the rate of disease strategy, an investment of \$300 million working in partnership with Canadians, with the provinces, with local authorities and with non-governmental organizations to reduce these disease elements and health risks that are common to a bunch of diseases, such as cancer, cardiac problems, pulmonary problems, diabetes and so on.

Would the member care to comment on how he would see us working through the Public Health Agency and with the Department of Health on all these elements?

• (1540)

Mr. Paul Szabo: Mr. Speaker, that is the dilemma. If everything is a priority, then nothing is a priority. I would think that Canadians want to know that we are prepared for the big hit, whatever it may be, whether it is a pandemic, another SARS, bird flu or who knows what. Those kinds of things have the potential to kill a large number of Canadians. We need to tell them that we are going to deal with it.

We have already done much work in some of the other areas. It is not to belittle them. We must continue to work on all fronts but there are certain priorities we have to deal with.

Last week the Canadian Centre on Substance Abuse issued a wonderful report and I hope members will look at it. It was on the current situation with regard to the costs and the morbidity from misuse of tobacco, alcohol and drugs. If members have not seen that report they can read it on the CCSA website. It states that alcohol is the one area where we have not made progress. In fact, it states that binge drinking is one of the most critical causes of health problems among Canadians. This is consuming a large number of drinks in a short period of time on a periodic basis. It does not mean that a person is a chronic drinker. It could be one occasion. We are talking about billions and billions of dollars annually as a cost of this misuse of these drugs and the mortality from them, which makes this a significant priority for the new Public Health Agency.

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, CPC): Mr. Speaker, I rise in the House today to address Bill C-5, an act respecting the establishment of the Public Health Agency of Canada. If anything demonstrates the need for the position of a chief medical health officer at a public health agency to deal with these types of concerns, it has to be the former administration's response or, more appropriately, lack of response to a SARS outbreak that is behind the creation of this agency.

By acknowledging that the Public Health Agency of Canada was created in September of 2004 through orders in council, Bill C-5 represents housekeeping legislation from the last Parliament as the new agency lacks parliamentary recognition in the form of its own enabling legislation. As such, the legislation would provide a statutory footing for the Public Health Agency of Canada and gives the agency and the Chief Public Health Officer, the CPHO, the parliamentary recognition they need.

Canadians will recall that the previous administration, as part of the democratic deficit that led to its eventual defeat, routinely organized and reorganized federal government and then sought retroactive approval from Parliament after the fact. In one of the worst examples of the democratic deficit that existed in the House prior to the last election, this was done to provide a cabinet spot for

the member for York Centre, who was encouraged to move from the hockey arena to the political arena. This was after his predecessor was encouraged to leave elected politics and took a patronage appointment to the other place to create a seat vacancy.

The proper sequence would have been for the appropriate legislation to come before Parliament. That should have been the case with this legislation. However, this is housekeeping legislation, as the new government works to restore the confidence Canadians will have in their public institutions.

As my colleagues have indicated, this legislation represents a key piece in supporting the federal government's efforts to promote and protect the health of Canadians. The need is there and I support that need.

As everyone may know, following the severe acute respiratory syndrome outbreak, known as SARS, there were discussions and debates on the state of the public health system in Canada. As a member of Parliament from the province of Ontario in the 37th Parliament, I participated in the emergency debate in the House on severe acute respiratory syndrome as an important independent voice.

It was clear from the outset, when SARS was first identified that leadership, was evident on the benches of what is now the government of today. My colleagues and I were very careful in our approach, allowing the old administration latitude on how it dealt with SARS. Our questions were constructed to provide information to the public. It would have served no purpose to unduly alarm the Canadian public or the international community.

In that regard, the Conservative Party was very responsible in its approach to the SARS crisis. The tragedy of that case was the total lack of leadership from the federal government. The people of Ontario suffered. First, there was the West Nile virus to scare away the tourists. Then, because of the incredible incompetence on the part of the old government, the World Health Organization, the WHO, issued a travel ban against Toronto, Ontario based on the lack of information it had at that time.

The tourism industry, which is important for jobs and our economy took a hit as a consequence. The economic losses to Ontario alone were in the hundreds of millions of dollars. If the province of Ontario, under the firm leadership of the new Minister of Health acting in that capacity for the province of Ontario, had not acted decisively and displayed the leadership necessary to control this spread of SARS, it is clear that Canadians could have been faced with a full-blown epidemic.

Canadians will probably never know how serious the threat to the health of Canadians SARS posed. What is unfortunate is that it took this crisis for the old government to finally grasp the need for a public health agency and a chief medical health officer. Canadians who watched the emergency debate on SARS were surprised to learn that Canada had a minister responsible for emergency preparedness. That minister, who had a mandate to deal with national emergencies, went missing and was totally invisible as the events unfolded regarding SARS.

Government Orders

Canadians should not be surprised to learn that the minister responsible for emergency preparedness at the time was the same individual who had the dubious distinction of shutting down the Emergency Preparedness College in Arnprior at precisely the time Canadians would have benefited from over 50 years of experience in training for emergencies and emergency first responders for Canada.

• (1545)

I had the opportunity to question Assistant Deputy Minister Jim Harlick, in committee, about the government reaction. In responding to a question from the member for Compton—Stanstead, Mr. Harlick stated the following:

We only have one minister at the federal level really designated as Minister for Emergency Preparedness although all ministers under the statute have responsibility for it.

Too many people being responsible led to the confusion where no one stepped up to assume the leadership that was needed in the SARS crisis. The Office of Critical Infrastructure Protection and Emergency Preparedness, OCIPEP, was described in the media as a secretive emergency agency and the decision to split up that office, which Bill C-5 effectively does in this legislation, will allow the Canadian public a clearer view of the role of the various government agencies and how we prepare for an emergency with clear lines of communication for people to understand who work in government also.

In the 9/11 budget, OCIPEP received \$396 million to prepare for emergencies. For Canadians to understand why the old government was so inept at handling SARS, a look at the old administration's own internal analysis on how it responded to 9/11 as informative.

In the federal government's own internal assessment of how it responded to 9/11, it found the following. There were concerns with fluctuating requests, multiple players, problems with the available and capacity with ground transportation, with special blame directed at Health Canada. There was a lack of clear coordination within the Government of Canada. There was no declaration of a lead department, no standard coordination mechanism and a lack of clarity around OCIPEP's role.

The creation of the Public Health Agency and a Chief Public Health Officer is a direct response to that internal assessment.

The internal analysis then identified immediate steps to be taken such as properly trained personnel, the need for strategic airlift and the need to develop a permanent pie level interdepartmental body responsible for planning, directing and coordinating federal and national operations during a crisis.

The most scathing criticism was reserved for the \$396 million that the OCIPEP received. This is the same agency, I remind Canadians, that discarded all its institutional memory on how to deal with an emergency when it made the decision to close the emergency preparedness college in Arnprior.

OCIPEP was characterized as having inadequate internal operating procedures and a workforce with little relevant experience or specialized training. These inadequacies generated confusion, slow responses and disappointed stakeholders. The OCIPEP assessment went on to confirm that Emergency Preparedness Canada had a

limited capacity to maintain extended operations that would be required in a crisis.

The headquarter staff, many of whom have been OCIPEP for less than six months, displayed "a lack of knowledge and awareness of policy and operational procedures". The new Chief Public Health Officer will have the expertise to deal with this crisis. I have no doubt that the next health crisis is waiting to happen and we will be better prepared for it.

As an example of what may occur when a potential threat is not properly identified and analyzed, just looked back to that great blackout of 2003. The old office of critical infrastructure, protection and emergency preparedness produced a threat analysis to Canada's infrastructure. Under the section "Impact and Accidental Threats on Canadian Critical Infrastructures", it has this to say about power failures, and I quote from its website.

The North American hydro grid is more interconnected today than it was at the time of the Great Northeast Blackout. "This interconnectedness has increased the ability of the grid to withstand unexpected disruptions as managed by coordinated real-time monitoring across North America."...This work is therefore making the possibility of another massive blackout that would leave large areas of North America without power, remote.

In hindsight, it is now clear from this faulty analysis by OCIPEP that the federal government totally underestimated the potential threat to the power grid, just like it underestimated the threat from SARS. The OCIPEP assessment concluded, and I will continue to quote from the federal government's own internal assessment to handling emergencies, that the Government of Canada paid insufficient attention to emergency planning.

In many respects, Canadians were very lucky that SARS was contained the way it was. This is a disease that on average claims 4% of its victims. Imagine what would have happened if we had a disease such as smallpox, which takes 30% of its victims. If that had hit instead of SARS, the consequences would have been far more serious for the health of Canadians.

• (1550)

SARS was a disease that was unintentionally introduced at a couple of sites in Canada. Again, what would have happened if a contagion had been deliberately introduced, carefully planned so the infected persons went to several major cities across Canada or North America for that matter? A pandemic. There would not be enough people on this continent to battle against such a case of biological warfare.

A nationally coordinated plan with a clear and rehearsed protocol for all the relevant stakeholders and departments of government that would take in all the information from the World Health Organization is what Canadians can expect from this new agency.

We recognize that health care is a provincial responsibility, but responding to international health bodies like the World Health Organization is a requirement of the federal government. I am confident that this new agency will complement the role of health care in Canada and our ability to respond to the next health crisis in a timely manner.

Government Orders

[Translation]

Ms. France Bonsant (Compton—Stanstead, BQ): Mr. Speaker, Bill C-5 looks like a cut and paste of the bill the Liberals introduced last year.

During the election campaign, the Prime Minister said, and I quote: “A federalism of openness means respecting areas of provincial jurisdiction, keeping the federal government’s spending power within bounds—”. From what I see, the government in office is creating a structure that will be another health monster.

I have a question for the hon. member. How is it that, with its openness and knowing that health is under Quebec’s jurisdiction, the government is once again meddling in an area belonging to the provinces?

[English]

Mrs. Cheryl Gallant: Mr. Speaker, we recognize that health care is a provincial responsibility. The legislation and the formation of the agency will complement what the provinces are doing.

Mr. Steven Fletcher (Parliamentary Secretary to the Minister of Health, CPC): Mr. Speaker, the agency was created by an order in council and there was no legislative framework. The legislative framework that was brought forward in the last Parliament was done during the dying days of the government. However, the legislation is being brought forward in the very early days of the present government. Could the member explain why public health seemed to be such a low priority in the last government and such a high priority in the present government?

• (1555)

Mrs. Cheryl Gallant: Mr. Speaker, in the last Parliament, with the opposition as government, there was clearly a lack of leadership.

We are tabling the legislation and going forth, even before we present our first budget. We are showing that public health safety is definitely a priority with the government.

[Translation]

Mr. Richard Nadeau (Gatineau, BQ): Mr. Speaker, my question is for the hon. member for Renfrew—Nipissing—Pembroke.

During the SARS crisis, the Toronto region went through quite a difficult time. If I remember correctly, the World Health Organization made an announcement restricting travel to and from Toronto. It was not only up to the government of the day to ensure that travel was restricted.

Could we take this into account and show that this international organization actually did have an important word to say in regard to this crisis?

[English]

Mrs. Cheryl Gallant: Mr. Speaker, the responsibility to respond to the World Health Organization was and is that of the federal government. Because the federal government at that time did not respond to the World Health Organization, travel restrictions were put in place.

Mr. Brian Murphy (Moncton—Riverview—Dieppe, Lib.): Mr. Speaker, I want to thank the member for Renfrew—Nipissing—Pembroke for her intelligent comments with respect to half of her comments. Those were the comments regarding the Chief Public

Health Officer. The other half on the history of it and the partisanship should be left behind. This bill was ready to go in November. The opposition pulled the plug on the government and the legislation came down.

The other side should recognize that not every public health crisis was well handled by Conservatives. I was very involved as a mayor in water crises across this nation. I remember being in Ontario during the Walkerton crisis, which was not handled well by the Harris government, and many of whom have resurfaced in positions of power across the way.

On the important parts of my friend’s speech, does she feel constructively that the Chief Public Health Officer and the agency created should look at issues that affect all Canadians, all municipalities, all communities, such as pesticide use, water crises, second hand smoke inhalation and tuberculosis which my friend from West Nova is dealing with in his riding right now? Are those topics that should be covered by the new agency?

Mrs. Cheryl Gallant: Mr. Speaker, the new Public Health Agency will have to look at a variety of different issues regarding health and protecting the health of Canadians. I agree with the member opposite that partisanship must be put aside. We must look forward. I look forward to the opposition supporting the bill.

[Translation]

Mrs. Claude DeBellefeuille (Beauharnois—Salaberry, BQ): Mr. Speaker, does the member know that every administrative region in Quebec has its own public health authority? These administrative regions are united through a national public health authority. They have their own national health promotion and prevention objectives. Does she not think that Bill C-5 contradicts this and intrudes into Quebec’s jurisdictions in view of the objectives set for it and that the Department of Health and Social Services has adopted?

• (1600)

[English]

Mrs. Cheryl Gallant: Mr. Speaker, the Government of Canada recognizes the jurisdictions in the different areas of health and will respect the jurisdictions of health provincially and at the municipal levels. This legislation complements what the provinces and municipalities have done so far. Thus, they and I look forward to the opposition supporting the government’s bill.

The Speaker: The House could resume debate on this matter, but given the time, I wonder if we might relax for a moment the proceedings. Is that agreed? I will not call anyone at the moment, but we will not suspend the sitting. We will just sit here for a minute.

• (1605)

[Translation]

Order, please. Since it is 4 p.m., the House will proceed now to the consideration of Ways and Means Motion No. 1 for the budget presentation.

The Budget

[English]

THE BUDGET

FINANCIAL STATEMENT OF MINISTER OF FINANCE

Hon. Jim Flaherty (Minister of Finance, CPC) moved:

That this House approves in general the budgetary policy of the government.

He said: Mr. Speaker, I wish to table the budget documents for 2006, including notices of ways and means motions. The details of the measures are contained in these documents. I am asking that an order of the day be designated for consideration of these motions.

I also wish to announce that at the earliest opportunity the government will introduce bills to implement the measures in this budget.

The budget is balanced, our spending is focused, and taxes will go down for all Canadians.

[Translation]

Budgets say something about your motivations and your goals. They say something about your priorities.

[English]

The government is focused and nowhere is it more focused than in the area of tax relief. For years, Ottawa has been overtaxing Canadians. In this budget, we deliver real tax relief for Canadians

Tax relief people can see. Tax relief that makes a difference. Tax relief they can count on.

That is the bottom line of the budget.

On the GST, effective July 1, the goods and services tax is reduced from 7% to 6%.

On child care, effective July 1, families with children under the age of six will receive a benefit of \$100 per month, per child. That is \$1,200 per year, per child.

On employment income, effective July 1, this budget creates the brand new \$1,000 Canada employment credit. This new tax credit gives each and every employed Canadian a break on what it costs to work, in recognition of expenses for things like home computers, uniforms and supplies.

On personal income tax, effective July 1, the lowest personal income tax rate will be reduced from 16% to 15.5%.

Some hon. members: Hear, hear!

● (1610)

The Speaker: Order, please. I know there is a lot of enthusiasm in the House today, but we must have some order so we can hear the Minister of Finance, who has the floor.

Hon. Jim Flaherty: Mr. Speaker, the amount that all Canadians can earn without paying any federal income tax will be increased each and every year for 2005, 2006 and 2007.

This budget will make a real difference to Canadians.

As a result of these tax reductions, approximately 655,000 low income Canadians will be removed from the federal tax rolls altogether.

Families earning between \$15,000 and \$30,000 per year will save almost \$300 in 2007. Families earning between \$30,000 and \$45,000 will save over \$500. Families earning between \$45,000 and \$60,000 will save more than \$640.

Plus, as a result of our reduction of the GST, a family buying a new car for \$30,000 will save \$300. Plus, a suburban family purchasing a new home for \$350,000 will save \$2,310.

This budget provides almost \$20 billion in tax relief for individual Canadians. There is more tax relief in this one budget than in the last four federal budgets combined.

This budget delivers more than twice as much tax relief as new spending. For every new dollar we spend, the government is returning two dollars to hard-working Canadians. There is more, Mr. Speaker.

[Translation]

Small businesses are crucial to the Canadian economy.

Approximately 87% of all Canadian businesses are small businesses. They are responsible for almost half of all new jobs created in this country.

[English]

In this budget, we are taking action to help small businesses grow. Effective January 1, 2007, the threshold for small business income eligible for the reduced federal tax rate will be increased from \$300,000 to \$400,000. The 12% rate for eligible small business income will be reduced to 11.5% in 2008 and 11% in 2009.

Helping small businesses, effective July 1, 100% of Canadian wine produced by small vintners will be exempt from duty. Effective July 1, the rate of excise duty on beer produced by small brewers will be reduced.

To excel in the global economy, Canada needs a competitive business tax system. We need to create a climate that encourages capital investment and innovation. Canadian companies have already shown they can compete with the best. Now we have to let them go for the gold.

In this budget, effective January 1, 2008, the general corporate tax rate will be reduced to 20.5% as part of our commitment to reduce this tax to 19% by 2010.

Effective January 1, 2008, the corporate surtax will be eliminated, and effective January 1 of this year, the federal capital tax is eliminated, two years earlier than originally scheduled.

● (1615)

[Translation]

I have presented a lot of big numbers. What is most important about them is what they mean for Canadians in their daily lives.

The Budget

[English]

For many Canadian families, right now the bottom line is that they still have to struggle to make ends meet. Canadians pay too much tax. It is holding families back. It makes it harder for small businesses to create jobs and opportunities. It discourages innovation and investment. It is limiting our productivity.

[Translation]

As I will explain in a moment, the budget surplus is larger than projected in the 2005 *Economic and Fiscal Update*.

This government could have chosen to spend all of the extra money collected from taxpayers. But that would not have been responsible. That money will be put to best use if we return it to the pockets of Canadians.

Providing immediate and substantial tax relief for all Canadians is a priority for this government. Today we are delivering results.

[English]

In this budget we are providing 29 separate tax reductions in every area where the government collects revenue. From consumption taxes, to income taxes, to business taxes, to corporate taxes, to excise taxes: in every way the government takes money from Canadians, this government will take less of it. As for the money we do collect, we will use it more effectively, by focusing on priorities.

One of those priorities is to encourage the skilled trades. Canada is facing a serious shortage of tradespeople, so the government is taking action to encourage apprenticeships and to support apprentices in their training.

This budget creates a new apprenticeship job creation tax credit of up to \$2,000 per apprentice, for each of the first two years of his or her contract.

It also creates a new apprenticeship incentive grant of \$1,000 per year for the first two years of a red seal apprenticeship program and other programs.

We will invest more than \$500 million over the next two years in these two measures, which will benefit approximately 100,000 apprentices. I would like to thank some members opposite for their advice on these initiatives.

The cost of tools can be a barrier to Canadians interested in a career in the trades. This budget creates a new \$500 deduction for the cost of tools, and this is in addition to the new \$1,000 Canada employment credit.

We will invest \$155 million over the next two years for this cost of tools deduction, which will benefit approximately 700,000 employed tradespeople in Canada.

•(1620)

[Translation]

A good education is the key to a great future for our young Canadians. It will also provide this country with a workforce ready to work hard and get ahead.

To encourage Canadians to pursue post-secondary education, this budget provides \$370 million in new investments to foster excellence and accessibility in our colleges and universities.

[English]

Also, we are eliminating federal income tax on all income from scholarships, bursaries and fellowships.

Plus, we are creating a new textbook tax credit, which will benefit approximately 1.9 million Canadian students, at a cost of \$260 million over two years.

Still for students, and their parents, we are expanding eligibility for the Canada student loans program by reducing the parental contribution required. As a result, an additional 30,000 students will gain access to this program. Approximately 25,000 current borrowers will be able to increase their loan amounts.

This country was built by people seeking a better life for themselves and their families. They came here for opportunity and they come here for opportunity and they contribute their culture, skills and energy in return. This government will provide more help to new Canadians to get started.

Effective immediately, the right of permanent residence fee is reduced by 50%, from \$975 to \$490.

We are increasing immigration settlement funding by \$307 million.

We are taking action to establish the Canadian agency for assessment and recognition of foreign credentials.

This government is committed to supporting Canada's resource industries.

In this budget, we are removing the tax liability faced by Canadians in the fishing industry when transferring fishing property to their children.

We will give equal treatment to people in the fishing industry by giving them the same \$500,000 lifetime capital gains exemption enjoyed by farmers and small business owners.

Last week, under the leadership of our Prime Minister, this government successfully negotiated an historic softwood lumber deal with the United States.

We will continue to support our Canadian forestry industry. Over the next two years, we will invest \$400 million to encourage the long term competitiveness of this crucial industry, to assist worker adjustment and to address the pine beetle infestation in British Columbia

•(1625)

[Translation]

This budget will help make Canada more competitive in the global market.

But we will also help ensure that Canadians affected by global economic adjustments receive support—especially older workers.

With access to opportunity, these Canadians can keep contributing their talent and experience to our economy.

The Budget

This government will undertake a feasibility study of measures to help such workers, including the possibility of income assistance and retraining. I would like to acknowledge some members opposite for their advice on this issue.

[English]

Families and communities are a priority for this government. Families are the building block of society and communities are what bind us together, but parents are finding it harder to balance work and family commitments. And some individuals and groups in our society need greater support.

For this government, supporting families means providing choice in child care for all Canadian families. It means helping everyone in our communities to live a good life and achieve their potential.

The benefit to Canadians will be that parents will have more choice in meeting their children's needs. People facing special challenges will not be left out. Groups with special needs will not be forgotten.

Our government recognizes that no two families are exactly alike, but all Canadian parents struggle to balance work and family commitments and to meet their children's individual needs. Whether the answer is regulated child care, a parent at home, a grandparent or a trusted neighbour, we are committed to supporting all Canadian parents in their choices.

In this budget, we are investing \$3.7 billion over two years for the universal child care benefit, which will provide all families with \$1,200 per year for each child under 6. The universal child care benefit will not affect federal income-tested benefits and will be provided as of July 1.

I would like to commend those provinces which have already stated that they would not claw back this money.

While the universal child care benefit will support child care choices by families, we also intend to invest in creating new child care spaces. This budget allocates \$250 million, beginning in 2007, to create real child care spaces as part of Canada's universal child care plan. We will work with governments, businesses and community organizations to develop a plan that works, a plan that actually creates spaces.

Every child is unique. Parents know each child is brilliant in his or her own way. They also know that sometimes children need special help to achieve their potential, but obtaining that special help can be very costly.

Canadians value compassion, respect and inclusiveness. In support of those values, effective July 1, this government is increasing the maximum annual child disability benefit from \$2,044 to \$2,300. We are also extending this benefit so that more families can qualify.

We are increasing the maximum amount of the refundable medical expense supplement to \$1,000 from \$767 for the 2006 taxation year. This supplement improves work incentives for Canadians with disabilities by helping them offset the loss of coverage for medical and disability-related expenses under social assistance when recipients move into the labour force.

Also, parents and grandparents of a child with severe disabilities face an important consideration. They need to find a way to secure their child's long-term financial security when they are no longer able to provide support. This government will appoint a small group of experts to examine ways we can help to ease this concern.

• (1630)

There is more we can do to help children and families. For so many Canadians, like in my town of Whitby, loading up the minivan for hockey practice or carpooling to the soccer field is a familiar routine. We have all been there. For many children, it is a crucial part of their development. But it often means an added expense, sometimes a significant one, in the family budget. That is why in this budget, this government is providing a physical fitness tax credit for up to \$500 to cover registration fees for children's sports.

[Translation]

Our seniors have made this country great. We owe them our support, to allow them to enjoy their later years and to provide extra security after a lifetime of contributing to our society.

To provide increased support to Canadian seniors, this government is doubling the amount of eligible pension income that can be claimed under the pension income credit—from \$1,000 to \$2,000 starting in the 2006 tax year. This will benefit almost 2.7 million taxpayers. It will provide savings of up to \$155 for eligible pensioners. And it will remove approximately 85,000 pensioners from the tax rolls altogether.

[English]

People from many nations have built a good life in this country and contributed to its strength. But our first nations, the first people to live here, face special challenges. We must support our Canadian aboriginal communities in addressing their particular needs. We are providing \$450 million for improving water supply and housing on reserve, education outcomes, and socio-economic conditions for aboriginal women, children and families. Also, we are confirming up to \$300 million to the provinces to address immediate pressures in off-reserve aboriginal housing. In addition, we are setting aside funds to meet the government's obligations associated with the legacy of residential schools.

Not enough affordable housing has been built to accommodate individuals and families who need it. Some are homeless. We need to do more to address these pressures now. This government will allocate up to \$800 million for a major one-time investment to increase the supply of affordable housing in our cities and communities through a new affordable housing trust. To address the particularly acute housing situation in Canada's north, the government is making a one-time investment of up to \$300 million to increase the supply of affordable housing in the territories.

The Budget

•(1635)

[*Translation*]

Community support is essential to Canada's arts and cultural life. Encouraging more charitable giving from within the community will mean more financial support for these projects. This budget will therefore eliminate the capital gains tax on donations of publicly listed securities to charities, effective immediately. This will help create a donations pool of about \$300 million annually that can be used to support worthy charitable causes and projects.

At the same time, this budget increases funding to the culture and arts communities by \$50 million over the next two years.

[*English*]

Investing in infrastructure, bridges, roads and transit, is a priority for this government. A great trading country like Canada must have the best in highway and border infrastructure. Delays in moving goods to market lead to increased costs and decreased competitiveness for our Canadian businesses. As a result, the government has decided to increase our country's investment in new highways and border infrastructure. This is a long term commitment of unprecedented new investment.

We will maintain the estimated \$3.9 billion in current funding under existing infrastructure initiatives. And we will maintain the existing gas tax funding commitment under the new deal for cities and communities, and the full GST rebate and the federal portion of the HST paid by municipalities. These tax measures amount to \$7.1 billion in infrastructure support for our cities and municipalities over the next four years.

Also, over the next four years we will invest a total of \$16.5 billion in new infrastructure initiatives, including \$3.5 billion this year and \$3.9 billion next year. We will provide more than \$5.5 billion in new federal funding for the highways and border infrastructure fund, the municipal-rural infrastructure fund, the Canada strategic infrastructure fund, the public transit capital trust and the Pacific gateway initiative.

This increased infrastructure funding will support improvements across the country, including such projects as Evergreen Commons at the Don Valley Brick Works in Toronto.

As minister responsible for the greater Toronto area, I appreciate the importance of good transit infrastructure in maintaining a high quality of life. Canadians in cities are concerned about traffic congestion and the harmful emissions that come with it. This government appreciates the fact that investing in public transit infrastructure can help preserve our environment. In this budget, we are providing up to \$1.3 billion to support public transit capital investments.

Effective July 1, we are also providing a 15.5% tax credit for the cost of transit passes. A person who buys an \$80 pass each month will save up to \$150 in taxes over the year, which translates to about two months of free transit per year. This will provide a total benefit of \$370 million to Canadians who use this environmentally friendly mode of transport.

The transit pass credit will be funded from reallocation within existing resources set aside for climate change programs. A

substantial amount, \$2 billion over the next five years, will be devoted to a made in Canada climate change program currently being developed by the Minister of the Environment.

Farmers feed our cities, our country and the world.

[*Translation*]

They keep our rural communities strong.

[*English*]

But falling prices and trade disputes are causing real financial hardship. Current insurance and income support programs are inadequate.

Despite showing true resilience in the face of all these pressures, Canadian farmers need even more of our support. This year is a particularly difficult year, and we know it.

In support of our farmers and farming communities, one of the government's first actions was to accelerate disbursement of \$755 million in payments under the grains and oilseeds payment program.

•(1640)

This budget goes further. We will provide an additional \$500 million per year for farm support and to work with farmers and others to secure a more prosperous future for this important primary economic sector.

We committed to do this. But we are committing today to do even more. In recognition of the needs of farmers now, we are announcing an immediate \$1 billion additional investment to assist farmers this year.

Together, this amounts to \$1.5 billion more in new funding for Canadian farmers this year. This additional investment will help farmers as we transition to new income stabilization and disaster relief programming.

We will also replace the Canadian agricultural income stabilization program with more effective programming to meet the needs of farmers. In an immediate move to more effective programming, we will provide one-time funding under CAIS to make the program more responsive, put in place deeper loss coverage, that will be cost shared with provinces and territories.

We will also implement a cover crop protection program to help farmers deal with the damage caused by flooding of their fields.

Security is a priority for this government. Canadians want to know that we can do our part to build peace and security around the world, but our men and women in uniform have not been given the tools they need to do their job.

The men and women of the Canadian Forces dedicate their lives to serving this country. These soldiers exemplify the character and dedication of our Canadian Forces, and all our men and women in uniform deserve our gratitude and full support.

The Budget

In this budget we are investing \$5.3 billion over the next five years to provide our Canadian Forces with the support and resources they need to defend Canada's sovereignty, advance our national interests and support Canadian values around the world.

We will recruit an additional 23,000 regular and reserve personnel. We will improve base infrastructure and housing. We will invest in the equipment needed to support a multi-role, combat capable maritime, land and air force.

Increased global security concerns present a special challenge for Canada. We must strengthen the security of our borders, while ensuring that they remain open for business. For the good of the country, we must act.

In this budget, the government is allocating \$101 million over the next two years to provide side arms and training for our border officers, and to eliminate work-alone posts. We are committing \$303 million over the next two years to provide secure and efficient border crossing for low risk travellers. These two measures will advance our contribution to the security and prosperity partnership of North America. We are also investing \$133 million over the next two years for the Canadian Air Transport Security Authority, and \$95 million for new measures to strengthen passenger rail and urban transit security.

• (1645)

Our government is committed to ensuring Canadians are safe in their homes and in their communities. Safe streets are a defining characteristic of the Canadian way of life and must be preserved.

In this budget, we are taking decisive action to crack down on crime. We are providing \$161 million to begin recruiting 1,000 more RCMP officers and federal prosecutors, who will focus on such law enforcement priorities as drugs, corruption and border security.

We are investing \$37 million for the RCMP to expand its national training academy to accommodate these new officers and build the capacity to train more officers in the future.

We are setting aside funds to expand Canada's correctional facilities to house the expected increase in inmates as a result of changes in sentencing rules.

We are providing \$20 million for communities to prevent youth crime, with a focus on guns, gangs and drugs.

We are providing \$26 million to give victims a more effective voice in the federal corrections and justice system and to give victims greater access to services such as travel to appear at parole hearings.

[Translation]

Canadians have reached a level of accomplishment few other countries can rival. Our economy has shown great resilience, and in spite of a heavy tax burden, Canadian workers and business people have shown the world what talent and hard work can do.

Looking at our current situation, Canadians have many reasons to be confident. Unemployment is at a 30-year low, we have low inflation and strong consumer confidence, and corporate profits are at record levels.

[English]

Private sector forecasters have raised their forecasts for growth in 2006, mainly because of stronger than expected growth in commodities prices. The level of nominal GDP in 2006 and 2007 is now more than \$20 billion higher than projected last fall.

[Translation]

The challenges we need to watch for are still mostly external: uncertainty about commodities prices; the risk of a sudden correction in U.S. house prices; and the impact of a higher dollar on our manufacturers.

• (1650)

[English]

Regarding our fiscal outlook, the federal surplus in 2005–06 is projected to be \$8 billion. As a result, the projected planning surpluses set out in this budget are significantly higher than what was presented in the 2005 economic and fiscal update.

This government will direct these surpluses to providing significant tax relief for all Canadians.

Based on the tax reductions in this budget, government revenue as a share of GDP is projected to decline from 16.4% in 2004–05 to 15.5% in 2007–08.

I am proud to say that because of this budget, growth in program spending is projected to fall below the rate of economic growth. As a result, program spending as a share of GDP is projected to decline from 13.7% in 2004–05 to 13% in 2007–08.

As a result of our debt reduction plan, the ratio of debt to GDP is projected to fall to about 31.7% by 2007–08. This will allow us to reduce the debt to GDP ratio to 25% by 2013–14, one year earlier than previously projected.

Accountability is a priority for the government. Canadians need to be able to trust their government and know their tax dollars are being well spent.

For this government, accountability means being open. It means the numbers must be presented clearly. It means we have to be frank about where we stand financially. That will mean at times that we will show unallocated surpluses, as we have for this year and next, which will be used to address future priorities.

Canadians will benefit from greater accountability in their government. They will be able to tell whether their government is being straightforward with them. They will be able to make informed judgments about what our priorities should be.

Accountability requires new checks and balances. We need to ensure the government will be answerable to Canadians. We need to take action so taxpayers can open our books and find the bottom line.

As our first piece of legislation, this government introduced Canada's first federal accountability act. This act holds the government, from the Prime Minister on down, to a standard never contemplated before.

The Budget

Today we are providing the funds needed to get these new measures up and running.

We are committing the funds necessary to establish a parliamentary budget office. This new office will ensure Canadians can get honest and straightforward information on the state of our finances from an independent source.

We are also strengthening existing means of holding the government to account by providing additional resources to the Auditor General, the Ethics Commissioner, the Information Commissioner and the other officers of Parliament.

Our government intends to be open and straightforward with Canadians regarding the finances of Canada. To that end, we will provide quarterly updates on our fiscal situation to make available the most current information.

We are making budget decisions over a two year planning horizon. Measures are to be introduced when they are affordable and ready to be implemented.

Being accountable also requires fiscal responsibility. Canadians deserve to know their money is being used effectively, efficiently and on priorities that are important to them.

That has not always been the case. Over the past five years, total program spending has grown by an average of 8.2% annually. In 2004–05 growth in spending increased by 14.4%. This growth is neither sustainable nor desirable.

Instead, our government is taking decisive action to get runaway spending under control. Our government's approach to spending control is based on the following three principles.

First, government programs should focus on results and value for money.

Second, government programs must be consistent with federal responsibilities.

Third, programs that no longer serve the purpose for which they were created should be eliminated.

•(1655)

With those principles in mind, the government is launching a review of its expenditure management system. In addition, the President of the Treasury Board will be identifying savings of \$1 billion for 2006–07 and 2007–08. Reports on both initiatives will be completed by the fall.

[*Translation*]

Restoring fiscal balance for our Canadian federation is a priority for this government.

Canadians want to keep our country strong and united. But our federation could and should work better. The federal government has been underestimating surpluses and overtaxing Canadians, while the provinces and territories have found it difficult to fund crucial services like health care and education.

For this government, fiscal balance means that the federal government and the provincial and territorial governments have to

be able to focus on their core responsibilities. They have to have the resources they need to meet those responsibilities.

Achieving fiscal balance will help ensure Canadians receive the services they have paid for. And it will help ensure our federation continues to work for the good of all Canadians.

[*English*]

There is one especially important concern this government shares with the provinces and territories and with all Canadians. Canadians cherish top quality, publicly funded, universal health care. While funding for health care has increased, wait times for treatment are also increasing.

We are committed to implementing the 10 year plan to strengthen health care. Transfers for health care will rise by 6% this year and next for an additional \$1.1 billion in 2006–07, and \$1.2 billion on top of that in 2007–08. As part of that plan, the government has already provided \$5.5 billion for the wait times reduction transfer to help ensure Canadians will receive the health care they need, when they need it.

This government will work with the provinces to develop a patient wait times guarantee to ensure all Canadians receive medically necessary treatment within clinically acceptable wait times.

We are also committed to doing our part to implement the Canadian strategy for cancer control. We will invest \$52 million per year for the next five years to help improve screening, prevention, and research activities, and to help coordinate efforts with the provinces and with cancer care advocacy groups.

We are also providing \$1 billion over the next five years to improve Canada's ability to respond effectively to pandemics and other public health emergencies.

The equalization and territorial formula financing programs help ensure that Canadians in all regions of the country enjoy an acceptable standard of living and share in the benefits of living in this great country. But the past couple of years have shown that these programs are not working as well as they should. They need to be made more effective.

We will renew these programs, taking into account reports by the Council of the Federation as well as the forthcoming report of the expert panel on equalization.

In the spirit of working cooperatively with provinces and territories, this government has decided to improve the equalization and territorial formula financing programs on a one time basis for this year.

We will allocate money to provinces and territories based on a more current set of estimates than what was proposed by the previous government. This will not only result in six provinces and one territory receiving more money than what they would have been getting, it will also ensure that no province or territory will lose funding, as they would have if we had not made this decision.

We will provide a one time adjustment of \$255 million this year for this decision.

The Budget

• (1700)

[*Translation*]

This government is determined to keep Canada strong and united.

Our founders built a flexible, federal system of government. Each generation of Canadians has done its part to respond to the hopes and challenges of their time.

This government will show leadership to ensure our federal system continues to work for the good of all Canadians.

[*English*]

Our approach will be based on the five fundamental principles set out in the budget companion document, “Restoring Fiscal Balance in Canada”. Those principles are: first, accountability through clarity in roles and responsibilities of both orders of government, including accountability of how governments raise and spend funds; second, fiscal responsibility and budget transparency by planning on annual debt reduction of \$3 billion, and fiscal planning based on accurate, timely and complete information and analysis; third, predictable long term fiscal arrangements that adequately support shared priorities, based on transparent principles and formulas; fourth, competitiveness and efficiency of the Canadian economic union to ensure rising living standards and enable governments to deliver the quality of services Canadians expect; and finally, effective collaborative management of the federation that results in practical intergovernmental mechanisms to facilitate provincial involvement in areas of federal jurisdiction and more efficient service delivery.

Extensive consultations will be conducted on this paper. We encourage Canadians to give us their views. We will involve Parliament in this national dialogue. I will meet with provincial-territorial finance ministers later this spring to begin our discussions. A first ministers meeting will be held in the fall. Budget 2007 will bring forward funding and legislation required to implement our proposals.

Of all the priorities I have mentioned today, the common denominator is prosperity. A better life for all Canadians is the highest priority for this government. To ensure our long term prosperity, we need to increase our productivity. Canadians have built a great country with many advantages. Canadians are hard workers and great innovators. But we are facing increasing competition from countries like India and China. Our workforce is aging. Government tax policies have discouraged investment and job creation.

For this government, increasing productivity and competitiveness means creating a stronger economic union across Canada and reducing barriers to trade between provinces. It means reducing red tape, reducing business taxes and eliminating the capital tax to help our Canadian companies compete in the global economy and create jobs for Canadians at home. It means investing in education, research and development. It means making sure our borders stay open for business.

The benefit to Canadians will be a higher standard of living and a greater quality of life. Canadians will have access to more and better jobs. We will be able to pay for the things we want, the things we

want for our families and the things we want for our communities and our country, like health care and education.

I mentioned in my remarks today many measures this government is taking to help build a better life for Canadians including: incentives for Canadians to enter and stay in the workforce such as the new \$1,000 Canada Employment Credit; reductions in taxes on small business; creating a climate for job creation and growth by reducing corporate tax rates; supporting competitiveness in the primary sector through measures for agriculture and forestry; making major investments in infrastructure; and providing significant support for education and training, including \$1 billion for a new post-secondary education infrastructure trust.

The government will pursue a broad approach over the coming year, building on the targeted measures proposed in this budget, to develop a strong, results-focused agenda to promote a more competitive, productive Canada for the benefit of all Canadians.

• (1705)

Yesterday, I planted a tree, a maple tree of course, with elementary school students at a new school in my riding of Whitby—Oshawa. It reminded me that this budget is also about turning a new leaf. In this budget, Canada's new government is focusing on priorities and getting results on issues that matter to Canadians.

We are doing it in a way that will benefit Canadians now and enable us all to keep reaching higher, to build and even greater country. We are doing it according to our fundamental principles: strong fiscal discipline, tax relief and a clear focus on the core areas of federal responsibility.

When we asked Canadians for their support in the election campaign just past, we made some firm commitments. In the context of a comprehensive plan, we laid out some immediate priorities. Today we are delivering on those priorities, and more.

In this budget, Canada's new government is taking action on our broader plan. We are providing significant tax relief for all Canadians. We are taking steps to ensure tax dollars will be spent responsibly.

We are investing in families, education, industries, security and infrastructure. And we are working to ensure the federation works for the good of every part of the country.

The results of our acting on these priorities will be a stronger Canada and a better life for all Canadians.

This government knows how important it is for every family to be able to meet immediate needs and to plan ahead so our children can make the most of living in a great country like Canada. The government is dedicated to that cause, in the service of all Canadians.

In this budget, we are focusing on priorities, immediate and long term, and we are delivering results.

The Budget

As I said upon rising in the House, the budget is balanced, spending is focused and taxes will go down for all Canadians.

We have a plan. Let us move forward to build a stronger and even better Canada.

• (1710)

Hon. John McCallum (Markham—Unionville, Lib.): Mr. Speaker, my question for the finance minister is a fundamental question because the budget is wrong in its fundamental premise. On page 1 of the budget, the minister talks about cutting income tax. In fact what he is doing is raising income tax for every Canadian. He talks about cutting income tax from 16% to 15.5%. Every Canadian, who filled out his or her tax form recently, will see clearly written 15%. He is increasing the tax rate for every Canadian. All his tables about effects on individual families are wrong. It is an income tax hike not an income tax reduction.

If the minister does not believe me, maybe he will believe his own budget document. Page 218 states that the full year rate for 2005, it will be 15%; for 2006, it will be 15.25%; and for the 2007 and subsequent taxation years, it will be 15.5%. He said in his budget speech, "the numbers must be presented clearly". These numbers are totally and absolutely wrong.

Will he rise from his seat and clarify this matter to the House?

Hon. Jim Flaherty: Mr. Speaker, I know the member opposite, as the founding president of the save the GST club, is not happy today. If he wants to look at the reduction in personal income and family incomes, if he wants to look at the effect of this budget on families and on individuals in Canada, 90% of the reductions for families and individuals—

Some hon. members: Oh, oh!

The Speaker: Order, please. The Minister of Finance has the floor to give an answer to the question asked by the member for Markham—Unionville. We will have some order, please.

Hon. Jim Flaherty: Mr. Speaker, if the member opposite wants to add together the personal income tax reductions and the GST reductions in this budget, and I invite every member opposite and every member in this House to do that, he will see that the spending reductions for all Canadian families and individuals, on average, are greater than they would have been under the previous government. In fact, they are more than double what they would have been under the previous government.

• (1715)

[*Translation*]

Mr. Pierre Paquette (Joliette, BQ): Mr. Speaker, I must first emphasize that the Bloc Québécois notes the government's firm commitment to resolving the issue of the fiscal imbalance by February 2007. However, given that we are starting the debate, I would like to ask the minister why this budget does not include measures to help the manufacturing sector. This sector is currently at risk due to competition from emerging economies such as China and India. The speech mentions this competition, but nothing concrete is proposed to help the clothing, textile, shoe and furniture industries. This is my first question.

I have another question. Given that the government promised to respect Quebec's jurisdictions, I do not understand how it can

propose a Canadian securities commission. This was rejected by the Liberal government in the past. It would seem that this contradicts what the Prime Minister is saying and this could be a potential source of bickering between Quebec and the federal government.

[*English*]

Hon. Jim Flaherty: Mr. Speaker, the member asked a few questions. One related to the issue of fiscal balance and the date. The date under discussion was February 2007, a year from now.

As outlined in the budget papers, the plan is that we would proceed with a federal, provincial and territorial finance ministers conference in the spring. By that time, we would have the benefit not only of the report by the Council of the Federation, which has been received already but also the federal report, the O'Brien report, which is to come.

A report by big city mayors is still to come. The finance ministers will meet. Other ministers are to be involved as set out in the documents that all members have received. A fall meeting or a meeting later this year of first ministers will be held. All of this is designed to move this agenda forward, so that we can create more rational relationships and a well functioning Canadian economic federation.

The second question related to manufacturers and whether there was anything in the budget for them. There certainly is. With respect to small businesses, and many manufacturers are small businesses, we have fulfilled our commitments of moving from \$300,000 to \$400,000 plus the reduction in the tax.

With respect to larger corporations, there are corporate tax reductions that the party opposite had in its budget last year but somehow disappeared. Another imaginary tax reduction by the former Liberal government, among other tax promises, that never saw fruition.

The member raised another important point relating to some industries in which older workers have difficulty retraining and what could be done in that regard. We had input from some of the members of his party with respect to this. As I mentioned in the budget speech, we are going to have a feasibility study on this issue to look for possible solutions. I hope the hon. member will assist us in that effort.

[*Translation*]

Mr. Yves Lessard (Chambly—Borduas, BQ): Mr. Speaker, I would like to ask the Minister of Finance the following.

Why is there no measure in this budget to come to the aid of workers? Considerable mention is made of the contribution of workers to the economy of Canada and Quebec. Reference is made as well to the impact of the labour force on the economy. At the same time it is acknowledged that workers are affected by the current situation, as our colleague from Joliette mentioned earlier.

The Budget

How is it the government in the throne speech promised to include a measure to support older workers and there is nothing in the budget in this regard? How is it that the government promised during the election campaign to set up an independent employment insurance fund and the budget contains nothing for it either?

[*English*]

Hon. Jim Flaherty: Mr. Speaker, there are a lot of measures in the budget that relate to workers, including lower taxes, such as the reduction in the GST and the personal income tax reductions. Employed people will also have the benefit of the Canada employment credit, which is a new initiative.

I am sure members have heard from workers in their ridings that feel they are not on a level playing field with people who are self-employed in terms of being able to write off certain types of expenses and so on. That will be corrected by the Canada employment credit of \$500 as of July 1 and \$1,000 as of January 1, 2007.

The member opposite also raised the issue of workers and training. The apprenticeship initiatives in this budget will affect hundreds of thousands of tradespeople and apprentices. It will create more apprenticeship opportunities in Canada, which we need. The tools tax credit is something that people who work have long asked for and are finally going to receive.

• (1720)

Mr. James Bezan (Selkirk—Interlake, CPC): Mr. Speaker, I want to congratulate the Minister of Finance on presenting such a great budget to this House. This is a budget that finally recognizes the hard work of every Canadian and will reward them for their contributions. They are finally going to get some of those tax dollars back.

This is going to be an opportunity for Canadians to have money returned to them for their own pockets. This will provide them with the benefits that they need to continue on with their own investments in their families, in their homes and in their communities.

The minister mentioned some benefits to agriculture of \$1.5 billion in new spending. I have a large agriculture riding and I want him to comment briefly on how those moneys are going to benefit farmers across this country.

Hon. Jim Flaherty: Mr. Speaker, the member opposite asks how and when? As soon as the budget implementation bill is passed, we will get on to that. I am sure that the member opposite will want to support the budget implementation bill, so that these benefits can get to farmers quickly.

As members know, the commitment we had in our platform was \$500 million a year over five years equaling \$2.5 billion. We intend to honour that commitment.

We certainly heard from farmers and the Prime Minister heard from members of our caucus who represent farming communities here in the House of Commons about the dire straits that many farmers find themselves in. To that end, the budget allows an additional \$1 billion this year for farming communities.

Hon. John McCallum (Markham—Unionville, Lib.): Mr. Speaker, I asked a simple, serious question about whether something went up or whether something went down. If we read the finance

documents for any of the millions of Canadians filling out their tax forms, it is perfectly obvious and undeniable that the tax rate as we stand is 15%. One does not have to be a mathematical wizard to know that 15.5% is higher than 15%.

When the minister has this obvious mistake in his budget and all of the tables are wrong and he refuses to acknowledge it, clearly it makes a mockery of this idea of accountability. It makes a mockery of his statement in the budget itself that the numbers must be presented clearly.

These numbers are not only unclear, they are wrong. Clearly, it calls into question the honesty of this budget when he says something absolutely and obviously wrong, and refuses to acknowledge that fact. I have no doubt that the Canadian people and the media will see through this obvious error in the budget which the minister refuses to acknowledge.

I am now happy to pronounce the finance minister, as a consequence of his budget, a full-fledged member of the reverse Robin Hood club. What he has done with his income tax hike, in combination with the GST cut, is to dip into the pockets of hard-working Canadians and take money out of the pockets of all of those earning less than \$50,000, and put that money into the pockets of the better heeled Canadians. That is what his budget has done and that is probably why he does not want to admit it, but that is the truth.

He may know that many Canadian parents are worried about the rising costs of sending their kids to college and university. He may know that the Liberals were committed to \$6,000 for each and every university and college student, to pay half of their tuition fees in year one and year four.

What does the government propose instead? It proposes \$80 for a tax write-off on books. That is a token and it is an insulting token to all those hard-working Canadians struggling with rising tuition fees.

[*Translation*]

The budget eliminates the child tax benefit, which helped those in greatest need, in favour of a child care program that will benefit many people who can pay for a whole lot of services.

The budget also scuttles the Kelowna accord, thus penalizing members of the first nations, many of whom are among the country's most disadvantaged.

• (1725)

[*English*]

It is utterly unacceptable to cherry-pick the Kelowna accord without even having any consultation whatsoever with first nations representatives.

How can the Conservatives pretend that this budget responds to the needs of Canadian families? It is also fiscally irresponsible. By eliminating economic prudence, the extra cushion provided in the case of a downturn some time in the future, and by not identifying the sources of the spending cuts, it brings us dangerously close to going back into deficit.

The Liberal Party spent 13 years cleaning up the \$42 billion mess left by the Conservatives. We are not going to stand idly by and allow those people to repeat that history again.

The Budget

Finally, this budget has no vision. This budget is confined by the smallness and the small mindedness of the top five priorities. What Canadians need and what Canadians deserve is a blueprint for our future, for our children and our grandchildren. Canadians deserve an answer to the question of how this country of some 30 million will compete and prosper in a world of emerging giants, a question to which this government has no answer.

I have one final example pertaining to R&D and brainpower. Those things are essential to this challenge. We as Liberals offered \$2.5 billion for research and development. What does the government offer? It offers \$200 million. This is another token and another sign it is not serious with the issues that really affect Canadians.

This budget fails to maintain fiscal responsibility. It fails to provide real tax relief for low and middle income Canadians. It fails

to address the issue of climate change. It fails to provide real child care choice for Canadians. It is a total failure and this side of the House, the official opposition, will have absolutely no hesitation in voting against this failure budget.

I will have more to say tomorrow about this failure. Therefore, I move:

That the debate be now adjourned.

(Motion agreed to)

[*Translation*]

The Speaker: Pursuant to Standing Order 83(2), the motion is deemed adopted, and the House stands adjourned until tomorrow at 2 p.m.

(The House adjourned at 5:31 p.m.)

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