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Tuesday, November 28, 2006

—
Speaker: The Honourable Peter Milliken

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HOUSE OF COMMONS

Tuesday, November 28, 2006

The House met at 10 a.m.

Prayers

ROUTINE PROCEEDINGS

• (1000)
[English]

GOVERNMENT RESPONSE TO PETITIONS

Mr. Tom Lukiwski (Parliamentary Secretary to the Leader of the Government in the House of Commons and Minister for Democratic Reform, CPC): Mr. Speaker, pursuant to Standing Order 36(8) I have the honour to table, in both official languages, the government's response to 46 petitions.

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COMMITTEES OF THE HOUSE

JUSTICE AND HUMAN RIGHTS

Mr. Art Hanger (Calgary Northeast, CPC): Mr. Speaker, I have the honour to present, in both official languages, the fifth report of the Standing Committee on Justice and Human Rights in relation to the funding of the Court Challenges Program of Canada and the Law Commission of Canada.

* * *

[Translation]

PETITIONS

NATIONAL HOMELESSNESS INITIATIVE

Mr. Christian Ouellet (Brome—Missisquoi, BQ): Mr. Speaker, I would like to thank my colleague from Terrebonne—Blainville for this petition, which is, yet again, about the immediate renewal of the national homelessness initiative.

We are still waiting to find out what will happen to the SCPI and RHF programs at the end of March 2007, and we would really like the government to take a position on this.

This petition is from a group at the Café de rue Solidaire in Terrebonne—Blainville. This funding is crucial for them because Café de rue Solidaire receives more than 1,500 emergency food baskets every year, food baskets that will no longer be available if the services are cut.

The organization provides a safe and healthy environment for young people, who will lose their meeting place if funding is cut.

* * *

[English]

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

• (1005)
[English]

BUSINESS OF SUPPLY

OPPOSITION MOTION—HEALTH CARE

Ms. Ruby Dhalla (Brampton—Springdale, Lib.) moved:

That, in the opinion of the House, the Conservative government has broken its promise to reduce medical wait times and to provide the necessary funding and resources to achieve the goals of the First Ministers' accord on health care renewal.

She said: Mr. Speaker, we are here today to talk about an important issue, an issue that impacts all Canadians from coast to coast to coast and an issue that impacts Canadians of all socio-economic and cultural backgrounds, and that is the issue of wait times and health care.

When we look at the issue of wait times, we see that it is an issue that impacts all Canadians, Canadians who need to look for specialists, Canadians who need access to doctors and Canadians who need access to health care in their times of need in hospitals.

I, along with many of my colleagues, believe that unfortunately the Conservative government has broken its promise to reduce wait times in Canada. This abandonment of a promise to implement a national wait time guarantee has become rhetoric and, unfortunately, has not been translated into reality.

During the election campaign, the wait times guarantee was put forward by the Conservatives as one of their top five priorities. However, now that it is in government, this priority seems to have fallen off its agenda altogether.

Business of Supply

The whole responsibility for the wait times issue has been downloaded to the provinces and the territories, without any type of funding and without any additional resources. Canadians want their national government to show leadership on this issue. The provinces and the territories have gone through their challenges in ensuring their health care dollars actually meet the needs of their respective residents and constituents. Canada alone spent an estimated \$142 billion on health care in 2005, which is almost \$4,400 per person. After we take into account inflation, this perhaps is almost three times as much as what was spent in 1975.

It is for those reasons and after looking at those figures that we realize we must work together as parliamentarians to ensure we actually achieve results.

I will take the House back to 2004 when all the provinces and the territories, along with leadership from our Liberal minister at that time, Minister Dosanjh, put forward the 2004 health care accord. This \$41 billion long term agreement on health care was made in 2004 with the support of and in collaboration with all premiers. This was a 10 year plan to strengthen the public health care system by reducing wait times, by ensuring that we invested in human resources, by the implementation of a national pharmaceutical strategy, by ensuring we had a catastrophic drug coverage plan available for all, by ensuring that we actually supported health promotion and the prevention of disease and by ensuring that we promoted and had a national immunization strategy.

This plan actually recognized all of these issues that we needed to address to ensure the best possible public health care system for all Canadians, a health care system that was effective, efficient and provided quality health care.

This 10 year plan had a deadline of December 31, 2005 for the determination of wait time benchmarks for key medical procedures. This deadline was met with the support and the leadership of everyone involved, the provinces, the territories and Canada's former Liberal government. Wait time benchmarks were set for five priority areas: cancer treatment, cardiac care, sight restoration, joint replacement and diagnostic imaging.

It was also agreed upon by everyone that research, support and resources would be provided to support ongoing benchmark development in other priority areas that were important to Canadians.

In the budget of 2005, the former Liberal government put its money where its mouth was and allocated \$41 billion to support this accord. In addition, \$5.5 billion were invested to ensure that the establishment and creation of a wait times reduction fund would take place. This \$5.5 billion investment assisted the provinces and territories to actually reduce wait times.

• (1010)

The former Liberal government went one step further when it appointed Dr. Brian Postl as the new federal adviser on wait times. Dr. Postl worked diligently with the federal, provincial and territorial governments to achieve the commitments made in the 10 year plan. His report was delivered to the new Conservative government in June 2006.

In his report, Dr. Postl states that the wait times are a symptom of a much larger issue. He states that in order to create a more efficient and effective health care system within Canada, we need to ensure that we transform our system. He says that as Canadians, as government and as all stakeholders, we need to ensure that patients are put in the centre of the system. He believes that it is only by working in collaboration and in coordination that we will ensure wait times across Canada are reduced.

He stated that several elements required attention for the transformation to take place and all of them were necessary. However, they are not individually sufficient to create change, but by working at all of the initiatives that he has outlined, he is sure that with the support and leadership of all governments and stakeholders, we will make this transformation and ultimately achieve the goal of a reduction in wait times.

We need to ensure, he stated, that we have ongoing research to support benchmarking and operational improvements, that we have the adoption of modern management practices, that we invest in information technology in Canada's health infoway, that we ensure we have an increase in health-human resources, that we trust our regions and our municipalities and ensure they receive the resources and the funding they need for the development of their infrastructure and their particular needs, and that we ensure we have public education to support this transformation.

It is his view that by addressing these key areas, patients will be better served, wait times will be reduced and health care systems will become responsive of the needs of the patients.

As a result of the 10 year plan and the guidance of the former Liberal government, many provinces have worked diligently to ensure they reduce wait times. In British Columbia, the median time for starting cancer treatment in 2005 was almost, in some areas, less than a week. In Alberta, the number of people waiting for open heart surgery declined by 55% over a two week period in December 2005. In Saskatchewan, the Saskatoon's health region waiting list for an MRI was cut by 45% in 2005.

When we move on to Quebec we see that the number of patients awaiting cataract surgery has been significantly reduced by the redistribution of the surgeries to a smaller number of facilities. In Ontario we have seen that the provincial health minister, George Smitherman, has announced funding for an additional 42,000 medical procedures to be allocated under the provinces wait time strategy.

It is unfortunate, however, that over the last 10 months we have seen an increase in wait times. In Manitoba, wait lists have jumped to an average of 18 weeks for services, such as CT scans and orthopedic surgery, a 9% increase from 2005. Nova Scotia's average wait times have increased to 22 weeks in 2006 alone. New Brunswick has recorded some of the highest wait times in the country, with patients having to wait 31 weeks for surgery and 20.8 weeks to consult a specialist. When we take a look at these statistics, we realize that we all must do more.

Business of Supply

It was during the 2006 election platform that the Liberal Party actually put forward the Canada health care guarantee. The guarantee put forward by the Conservative Party when it was elected as the New Conservative government, unfortunately, has not been acted upon, but more so, the Conservative government has not provided results to Canadians on the issue of wait time guarantees.

• (1015)

We have seen as well the importance of ensuring that we invest in health care in the aboriginal and first nations communities. Another disappointment has occurred with the Conservative government and its failure to implement the Kelowna accord. The full funding for the Kelowna accord was \$5 billion, but many individuals who were involved in the negotiation and the signing of the accord see that there was \$1.3 billion allocated to aboriginal health care, health care which many Canadians take for granted but unfortunately is not received by many aboriginal and first nations Canadians.

We have a responsibility. We had a responsibility when we signed the Kelowna accord and in 2006 we continue to have a responsibility to ensure that our aboriginal and first nations communities receive the very best in a health care system that our country has to offer.

Once again, we have seen that unfortunately the Conservatives have not honoured the full support of the premiers of all political stripes and the premiers, along with Canadians and the aboriginal federation. Many other stakeholders continue to call on the government to implement the accord. The AFN continues to call on the government to implement the accord as it understands what Kelowna represents. It represents an investment in the aboriginal and first nations communities and, more importantly for today's motion, an investment in health care.

We have seen that the conditions for first nations communities have not changed. They continue to struggle and face challenge after challenge. While the government has gone on to implement a pilot project for 10 aboriginal and first nations communities, this is a pilot project ensuring prenatal care that many Canadians across this country actually take as a basic standard.

Has much really been done? We take a look at aboriginal communities and talk about fetal alcohol syndrome disorder, which one of the members on this side of the House has worked on diligently over the last many years to ensure that there are solutions and that a proactive approach is put forward.

We have seen that fetal alcohol syndrome is a leading cause of mental retardation in the western world and yet it is absolutely preventable. Honouring the Kelowna accord would have invested the money, time and resources that we need to address this issue within the aboriginal and first nations communities.

We must also take a look at another important issue in the health care accord and that is the national pharmaceutical strategy. This strategy was announced in 2004. It was intended to protect all Canadians from all socio-economic backgrounds to ensure that they would have access to the medications that they need when they need it.

We had put forward a catastrophic drug plan within the national pharmaceutical strategy and as part of the 10 year plan to strengthen health care, first ministers actually directed health ministers to

establish a ministerial task force to develop and implement these national pharmaceutical standards. However, when the first ministers met in 2005 and then in 2006 with the new Conservative government, it is unfortunate that we did not have the leadership we needed to have this implementation.

The ministers had agreed to expand the common drug review to ensure that recommendations on which drugs were eligible for reimbursement would be made possible, to work toward a common national formulary to ensure that there was more consistent access to drugs across the country, and also to ensure that the Patented Medicine Prices Review Board would monitor and report on non-patented drug prices. They wanted to allow the board to regulate the price of non-patented drugs and for the provinces to formally consider delegating this responsibility to perhaps the federal government.

However, during all these reports and suggestions that were put forward by the first ministers, they all wanted to work together to be able to collect, integrate and disseminate information on the real world risks and benefits of drugs. The ministers reaffirmed their commitment to this report, the development and implementation of all elements of the national pharmaceutical strategy, to the first ministers in June 2006.

It is unfortunate that the Minister of Health, when Canadians were looking for national leadership, did not even show up at the release of the report for the national pharmaceutical strategy. Putting partisan politics aside, that is an absolute shame.

We have also seen the incredible need for more funding in the area of research, innovation, and HIV-AIDS research. There are 58,000 people living in Canada with HIV-AIDS and one-third do not even know that they are infected. There are 3,400 Canadians who are newly infected every year. It is estimated that almost 11 people are newly infected with HIV in Canada on a daily basis. That means that every two hours a Canadian is infected with HIV. Since 2002 the number of people in Canada infected with HIV has increased by almost 16%.

• (1020)

On December 1 we will celebrate World AIDS Day throughout the world. It is during that time perhaps when we are celebrating World AIDS Day around the world that we will realize that we must do more. We must provide the research, the investment, and the resources to address this international and global issue.

Let us look at what the government has done. It is unfortunate when we as Canadians in Toronto were hosting the International AIDS Conference that the Prime Minister did not even see it worthwhile or fitting to attend. It was an absolute embarrassment for many of the stakeholders, the researchers and the organizers planning the HIV-AIDS conference.

When Canada had a chance to make its mark and make an announcement for investment and research, we as a country failed because our Prime Minister did not provide the leadership that was required.

Business of Supply

On November 21, 2005 the previous Liberal government announced over \$60 million in funding to fight HIV-AIDS globally over the next six years. Of this amount, \$15.2 million was intended to enable Canada to meet its commitment to provide 4% of the four components of the UN AIDS budget for 2006-07.

Another \$12 million was to support the international AIDS vaccine initiative for 2006 as its previous funding expired in December 2005. We renewed that commitment as the former Liberal government. In fact, from 2000 to 2005 the Liberal government actually committed more than \$800 million to combat HIV-AIDS globally. This included our contribution to the global fund to fight AIDS, TB and malaria, and more than half of which actually went to combating HIV-AIDS, not only here in Canada, but throughout the world.

When we talk about the investment in HIV-AIDS research, when we talk about a national pharmaceutical strategy to ensure that we have catastrophic drug coverage, or when we talk about a national immunization strategy, the fact is that the funding for the national immunization strategy is up for renewal in March 2007. We would hope that the Conservative government is going to support to continue to renew this particular strategy which has impacted and helped thousands of Canadians across the country.

Whether it is about HIV-AIDS or a national catastrophic drug coverage or a national pharmaceutical strategy or the national immunization strategy, we must all work together as parliamentarians to provide the leadership that is needed to address these issues.

When poll after poll is done in this country, it is very apparent that the number one issue that resonates with Canadians from coast to coast to coast is the issue of wait times. It is an issue that impacts all Canadians. As a health care provider and having worked in my constituency of Brampton—Springdale, I have seen firsthand the challenges that patients face on a daily basis. We must ensure that they get the health care services that they need in a timely fashion.

Patients fall ill and many of them, unfortunately, have never been to a doctor or they cannot find a doctor. Once they do find a family physician for their particular problem and if they have to be sent to a specialist, it takes months and months for them to access a specialist. Then, if they are required by the specialist to go on to receive a CT scan or an MRI scan or other diagnostic imaging, that takes another few months.

We have seen this particular story, it is one that every single Canadian can relate to, one where they had to wait. When there are conditions such as cancer and other terminal illnesses wait times have an impact on the number of days that they may have to live.

That is why I believe it is the responsibility of all parliamentarians to put our partisanship aside to address this important issue and work together to honour the health care accord that we signed in 2004. More importantly, we must work together to provide the leadership to take action and to ensure that we do reduce wait times in this country.

• (1025)

Mr. Steven Fletcher (Parliamentary Secretary to the Minister of Health, CPC): Mr. Speaker, there are a number of things that the member forgot to mention. It is ironic that the hon. member did not

mention that wait times doubled under her government, that the enrollment of family physicians was reduced, or that \$25 billion was cut out of health care by her government.

One thing that I was very involved in, and I know a lot of Canadians were disturbed by the inaction of the previous government, was the issue of compensation for hepatitis C victims from tainted blood. The government in a whipped vote, a vote of confidence, denied pre-1986 and post-1990 victims compensation. This government, under this Prime Minister and the health minister, found the moneys to do the right thing and compensated these hepatitis C victims. The previous government refused to do so time after time. In fact, when we took government, it was obvious that no work had even been done to think about compensating these hepatitis C victims.

I wonder if the member is willing to apologize to the hepatitis C victims for the previous government's meanspirited attitude toward them.

Ms. Ruby Dhalla: Mr. Speaker, I want to commend my colleague across the House who I know has raised this issue a number of times, both here within Parliament and also in the health committee.

Regardless of his comments, I am not going to turn this into a partisan issue and get into name calling like calling someone meanspirited. The most important thing is to ensure that hepatitis C victims do get compensated for the unfortunate incidents they have gone through.

Many members on this side of the House in the former Liberal government worked extremely hard to ensure that results would be provided and that the victims would get the compensation they deserved. Looking over the past few months I am glad to see that the Conservative government has also worked toward the same initiative.

I think that name calling in these types of incidents is not going to help anyone. We have to ensure that we work together so that the concerns and the needs of hepatitis C victims are addressed in an efficient manner.

Ms. Olivia Chow (Trinity—Spadina, NDP): Mr. Speaker, we know that patients wait for hours in over-crowded emergency rooms. Millions of Canadians cannot even find a doctor. Families cannot afford the medications they need. Seniors are waiting a long time for a long term care plan. Our party has some plans and here are some of the suggestions that we want to offer.

We need more doctors and nurses. That is why we need to create more training spaces for health care providers and expand the pools of skilled professionals to shorten wait times for patients. We need to offer real dignity for seniors, provide free dental care and drug coverage, and long term care so we can free up hospital beds.

Business of Supply

We need to have real innovations. We have to control drug costs and phase in a national prescription drug strategy to help families afford the medications they need.

In order to lower wait times, the key is to forge a new deal with the provinces that would link reliable federal health transfers to a commitment that such funds would not subsidize for profit health care.

My question is actually very straightforward. Would the member support a long term federal health transfer that would be contingent on no federal money being used to cover the salaries or costs of doctors and other medical personnel involved in a new separate profit making private insurance system?

Ms. Ruby Dhalla: Mr. Speaker, the member raises an important issue. I appreciate the outline of the NDP's particular plans and priorities.

I do want to say that in 2004 the purpose of the health care accord was to have a long term plan, a plan whereby we invested the actual resources and the funding to ensure that we did achieve results in many of the areas that I have outlined, to ensure that we would achieve results in the area of reducing wait times, in the development of a national pharmaceutical strategy, and in the creation of catastrophic drug coverage for our seniors and the vulnerable in society.

However, it is unfortunate that with the new Conservative government we have not seen the investment of any type of additional resources. When we talk to Canadians from coast to coast, we hear that they are looking for national leadership. The Conservative government is instead devolving all of its responsibilities to the provinces and territories, asking them to deliver on the wait times guarantee without any funding and without any resources.

The simple fact of the matter is that there is only so much money and the provinces and territories need help and support. Not only do they need financial help and support, but they need resources. More importantly, they need the leadership and the political will to ensure that we do achieve results on reducing wait times and having catastrophic drug coverage and a national pharmaceutical strategic plan.

• (1030)

Mr. Rob Merrifield (Yellowhead, CPC): Mr. Speaker, I listened to my colleague intently. I serve with her on the Standing Committee on Health, which I have the opportunity to chair. I sometimes am struck by this individual's partisanship. I can hardly believe this motion. I understand that it was actually introduced on September 26, eight months after the election of January 23, when we took office.

The motion talks about broken promises on reducing wait times. It also talks about not providing the necessary funding or resources. I will have an opportunity to dialogue about that later, but I have a specific question for my colleague. The partisanship is really a little over the top, no question about it, but as for my question, does my colleague honestly believe that the problem with wait times is specific only to the number of dollars in a system and that the system can fix itself just with more funding? Or is there actually something further that needs to take place in order for us to be able to deal with

wait times? It is a problem that actually seemed to explode under the past government's reign of 13 years, when we saw wait times increase by 91%.

Can the member come up with something more innovative and realistic than just whining about dollars after my only eight months in the chair dealing with this issue? Does my hon. colleague have something more on her plate than just that?

Ms. Ruby Dhalla: Mr. Speaker, I want to say to my colleague opposite that we have worked very closely within our committee on health to ensure that we address some of these issues. Despite the fact that my colleague says it is a partisan issue, I think health care is actually a non-partisan issue. If my colleague has heard me, every time I have spoken, whether it is in the House of Commons or at committee, I have continued to state that health care is not a partisan issue. It is an issue that affects all Canadians.

The motion before the House today was done with consultation with a number of different stakeholder groups, organizations and average Canadians who contacted not only me in my capacity as health critic; a number of stakeholders, organizations and average Canadians and constituents contacted many members on this side of the House in our Liberal caucus, telling us of their frustration and anger at this point with the fact that the government, the Conservative government, is not delivering results.

The member across spoke about whether or not any other types of additional resources are required. Whenever I have spoken, I have continued to state that not only must we must invest the financial dollars, we also need to have the political leadership and the political will, and we need to have an action plan. Funding is only one component of that. We need a multi-faceted approach.

Just recently in Ontario in the last month, we have seen our provincial minister of health take innovative and strategic approaches to address this issue. To sum it up, there is not only a single-faceted approach. We require a comprehensive strategy. The health care accord was an initiative for that and I would hope that we have the political will, the action plan and the leadership to address this issue.

• (1035)

Mr. Steven Fletcher (Parliamentary Secretary to the Minister of Health, CPC): Mr. Speaker, I would like to share my time with the member for Yellowhead.

I listened to the member's comments and also to her response to my question. It is a bit rich for the member to say that it is not right to call the Liberal approach to the compensation for hepatitis C victims meanspirited, because I think a lot of Canadians who look at the issue saw that approach as meanspirited. As for the term "meanspirited", I got that from the Liberal side of the House. In every question period we hear that term many times, and even the member herself, I believe, has used that term. If the member has a problem with the term, perhaps she should talk to her colleagues and ask them to stop using it when describing others.

Business of Supply

In regard to the motion itself, I do find it ironic that the motion has been brought forward by a member of the previous government, because the previous government has a very poor record when it comes to health care. In that regard it is a partisan issue, because the Conservative government is doing what we have historically done and that is to try to fix the problems that Liberal governments have created, and surely health care is a major problem.

Let us put it in context for a moment. It was the Liberals who cut \$25 billion in transfers to the provinces. It was under the Liberals that wait times doubled. It was under the Liberals that there was a deliberate policy to cut the number of health care professionals in the system. That occurred about 10 years ago and now we have a major health care profession crisis because we do not have the HR. I think people who apply common sense will see that the Liberal record is very poor.

However, in the last election the Conservative Party came up with a tremendous concept and commitment, and that is the patient wait time guarantee. In fact, I was honoured that the Prime Minister made that announcement in my campaign office on Portage Avenue in Winnipeg, Manitoba. In that announcement, he described what the guarantee is. It is to ensure that people get the health care they deserve in a reasonable amount of time in their jurisdiction, and if they cannot get it where they live we will provide the option to send them to some place that can provide that care.

As the Parliamentary Secretary to the Minister of Health, I know that Canadians have said that establishing a patient wait time guarantee is their priority. Now the Government of Canada has committed to a wait time guarantee that offers recourse when wait times become too long. It is time to state the obvious: the status quo is not acceptable and failure is not an option. It is time to declare it unacceptable in a nation as wealthy and modern as Canada to have a health care system that permits long delays and offers patients no recourse to alternate treatment options.

That is not just my opinion. That is the opinion of the Supreme Court. The Supreme Court has said, under the Liberal record, that unless we are able to provide care in a timely manner the Supreme Court will step in and allow people the option to get the care they deserve. That is really the ultimate indictment of the previous government's record. Perhaps that is why the people of Canada elected a new government: to try to fix that problem and to get control of the situation so that people will get the care they deserve in a timely manner.

• (1040)

Doctors overwhelmingly support this concept. Health care professionals support the guarantee. The public supports the Conservative guarantee. In Canada we have a deal: people pay their taxes and government provides reliable health care. Canadians have lived up to their side of the deal. They have paid their taxes year in and year out, but they have not been getting the value they deserve for that money. The health care wait lists are still too long.

Canada's new government understands this fact. Canadians expect all levels of government to work together to get things done for families and taxpayers. They expect practical health care programs, properly managed. Are wait time guarantees a new idea? In Canada it is innovative, but other countries in the world are doing it. New

Zealand, Denmark and the United Kingdom all offer some sort of guarantee.

In fact, the current minister of health has travelled to some of these countries to see what their experiences have been. Fortunately, our federal health minister has also been on the provincial side as a health minister, so he knows how to work with provinces, territories and all our health care partners to deliver a system that is more accountable to patients, not to policies or providers, but to patients.

For too long, patients have been treated as a cog in the wheel. Doctors care, nurses care and family members care, but the system does not care. It was not designed to put patients first. Patients need and deserve to be at the centre of the health care system. Canada's new government is committed to a patient-centred approach.

It is obvious that we cannot do everything at once, but I know that reducing wait times is a key component. We have to start somewhere. The good news is that we have indeed started.

Canada's new government is taking action to deliver and improve health care results for families and taxpayers. Canadians have told us that this is what they want. The Supreme Court has told us that this is what we must do. We will do it.

What does a patient wait time guarantee mean to Canadians and their families? It means a system that provides certainty and confidence that care will be there when we need it. It means a system that is responsive, accommodating changing health care needs in a timely manner. It means a system that is fair, based on need, and transparent, providing us with readily available information and keeping us in the loop. Finally, it means a system that is accountable so that Canadian taxpayers see value for their money.

In 2005, all the provinces and territories worked together to establish an initial set of benchmarks for acceptable wait times in priority areas. As they say in business, "If you can't measure it, you can't manage it". With these benchmarks in hand, we can now measure against them in order to determine which areas of our system we need to focus on for improvement.

In budget 2006, our government committed to honouring Canada's health care accord by continuing to transfer to the provinces an additional \$41 billion over five years, including \$5.5 billion specifically earmarked to reduce wait times. We also are committed to a 6% increase in funding in each of those five years.

Business of Supply

Let me emphasize that: each and every health ministry in every province and every territory can now budget to receive a 6% increase every year through the Canada health transfer. For the first time in over a decade, the health ministers are working with health care budgets that are increasing. We have given them the money to make these improvements and Canadian taxpayers expect to see these improvements.

We have seen reductions in wait times for hip and knee replacements in Alberta, from 47 weeks to 4.7 weeks. We have seen the Manitoba wait time for cancer radiation therapy going down to under one week versus six weeks. Quebec and Manitoba have publicly declared de facto guarantees for select cardiac and cancer services. Last Friday we introduced the Canadian strategy for cancer control, which the previous government refused to fund or implement. We have a patient wait time pilot project for first nations that will be a landmark, especially for a community that is all too often forgotten.

• (1045)

The Conservative government is taking action. We are increasing funding and looking for innovative approaches. We support the Canada Health Act, which is important to all Canadians. Thank goodness for the Conservative Party.

Ms. Ruby Dhalla (Brampton—Springdale, Lib.): Mr. Speaker, I do not know if that is the most partisan speech I have ever heard in the House, but the member has developed the quality for doing that every time he speaks. However, I want to touch upon a few things about which the member has spoken.

First is with regard to cancer control strategy. I remind the member that the former Liberal government invested \$300 million over five years, with almost \$74 million of ongoing funding for the integrated strategy on healthy living and chronic disease. Of that funding, \$60 was dedicated solely for cancer control. However, I do not want to get into a tit-for-tat.

I want to talk about the motion at hand and reducing wait times, which is important.

We know that Dr. Postl put forward a report, which was done in consultation with all provinces and territories and many other stakeholders across the country. It was given to the Conservative government, with the support of not only Dr. Postl but all of the network with which he had worked. It put forward suggestions and recommendations to reduce wait times.

Could the member comment on what happened to that report and the recommendations outlined in it? What has the Conservative government done or what will it do to address those specific recommendations made by Dr. Postl?

Mr. Steven Fletcher: Mr. Speaker, on the cancer front, we are still pursuing the \$300 million, but the cancer announcement is an extra \$260 million to fight cancer.

Perhaps the member does not want to get into a tit-for-tat. She knows she will lose that fight because the Conservatives will win every one.

With regard to partisanship, I have a lot of friends on the Liberal side of the House. I and many Canadians have a problem with the

members who denied needy people compensation with regard to hepatitis C or who caused the crisis in the health care system in the first place. I hope the member will support this government in future endeavours, even though I know, for partisan reasons, she has voted against many of this government's productive initiatives.

With regard to Brian Postl's report, the government is working all the aspects. In fact, we have shown great progress on every aspect dealing with wait times. We are setting benchmarks and increasing funding. We have the cancer control strategy. We have pilot projects with first nations communities.

The Minister of Health has done an extraordinary amount in a short period of time.

I recall the so-called fix for a generation announced by the previous prime minister. He neglected to mention that people would have had to wait a generation for any kind of progress under that previous regime, whereas this current government, within that 10 months, is has made significant progress. It is really heartening. We are getting feedback from Canadians across the country that they appreciate the wait times guarantee, they appreciate the Conservative Party is a party of its word and they appreciate that we have made significant progress in all areas.

[*Translation*]

Ms. Christiane Gagnon (Québec, BQ): Mr. Speaker, I have a question for the Parliamentary Secretary to the Minister of Health. It seems to me that the parliamentary secretary's position on public health initiatives is weak. I realize that the parliamentary secretary's role is to protect his minister and praise his achievements. But we are talking about waiting lists, so we are talking about the health of the entire population because these are people who might need surgery in the future. Unlike the opposition, the parliamentary secretary did not oppose the return of breast implants, and we all know it. The company even said that magnetic resonance imaging would have to be used to find out what happens in the bodies of women who get the new breast implants now on the market.

I am therefore calling the parliamentary secretary to order and saying that this will cost far too much money—not for the federal government, which has the authority to say yes or no to the use of breast implants—but for the provinces who will have to cover the cost of surgery. Waiting lists might get much longer over the next few years. I think that the parliamentary secretary has two messages for the population, and I would like to hear what he has to say about this important issue. This is about women's health.

• (1050)

[*English*]

Mr. Steven Fletcher: Mr. Speaker, there has been a recent review of breast implants. They have been determined to be safe, though there is always a risk with any kind of implant. However, all OECD countries now allow breast implants.

Business of Supply

Since the member is from Quebec, let me just compliment a Liberal government. The Government of Quebec has made great progress in dealing with the wait times issue. Jean Charest has shown great leadership, and I think there is a model there for the rest of the country under the Quebec Liberal governance.

It is really heartening that this government is willing to work with governments of all party stripes to ensure Canadians, regardless of where they live, get the best possible health care in a timely manner.

Mr. Rob Merrifield (Yellowhead, CPC): Mr. Speaker, I appreciate the opportunity to speak to this motion. When I first looked at it, I was absolutely appalled. It is appalling because it is a motion that is so absolutely partisan. It was introduced on September 26, eight months after the Conservatives formed government. The Liberals are saying that we broke promises on wait times and have not provided the necessary funding or resources. We have not cut any funding or resources. That is exactly what has happened with regard to health care.

We have introduced some wait times initiatives, and I will talk about those in a few minutes. However, the partisanship of this is appalling. If we want to talk about partisanship, I will talk a bit about what the last Liberal government did. I do not want to dwell on the negative, but I have to level the playing field and set the record straight with regard to 13 years of terror in health care, one might say, by a Liberal government. It did nothing but increased wait times to 91% longer in the time it was in office. It pulled \$25 billion out of health care in the mid 1990s.

By the year 2000, it decided there should be an accord to do something about health care. There were three accords in fact. There were accords in 2000, 2003 and 2004. What is really interesting is it followed the accords with a bunch of studies. The oldest trick in politics is when one does not want to make a decision, one puts it off to a commission, a committee or a study. That is exactly what happened.

We saw the Mazankowski report on what the provinces were doing. We had the Fyke report, the Clair commission, the Kirby report and the Romanow report. We were reported to death. The problem is not that we have not studied health care.

When we look at what the previous government did, it is absolutely startling. When it is in a situation where it refuses to deal with a problem at hand, it can cost a tremendous amount of money. We saw that in health care. However, it is worse than that. When a government dithers and does not take the initiative to lead—

An hon. member: The previous government.

Mr. Rob Merrifield: Yes, the previous government.

We saw an example of exactly what could happen when the SARS crisis hit Canada. We saw that dithering cost not only billions of dollars but 44 lives. That was due, to a large degree, to ineffective leadership by the Liberal government. We could discuss for the entire day the disaster that happened because of the inaction of the Liberal government. We are not talking dollars, we are talking lives.

Let us go on to wait times. Why is it so important that we have a wait times guarantee? It is important to understand that some of the commissions studied it and recommended it. The Mazankowski

report recommended it as did the Kirby report. It is a very important concept. People have to understand that if a government is prepared to say that it will provide necessary services as a public system and then the public does not have the opportunity to access those services, something is wrong.

The Supreme Court decision in the Chaoulli case in 2005 said that medically necessary services must be provided by the state in a timely fashion. If we are not going to do that, then we are saying that we are prepared to allow individuals to die on those wait lists before we provide the services. That is not compassionate, nor is it the way we should run our health system and it does not reflect Canadian values.

It is interesting to look at what happened in the last election. On December 2, the Conservatives announced the care guarantee saying that we would guarantee care to Canadians.

What was really interesting about that and why I bring this up, is the Liberal government, when it was embarrassed and knew it had to come out with something on health care, on January 3 said that a care guarantee was needed. That was after 13 years of saying no, that it was not going to do what needed to be done in health care. I am upset because of the partisanship and shallowness of the motion. We must stop playing politics with health care if we are to sustain it over the next 30 or 40 years.

● (1055)

We have to get down to work in the best interests of Canadians. We have to put the patient first. We must stop all this rhetoric and nonsense. A care guarantee absolutely must take place.

There is much that can be done with the dollars we have put into health care. It is not that Canadians do not want to support the system. It is not that there is not enough funding in the system. There is a significant amount of funding in the system.

The health committee wanted to look at care guarantee and wait times in order to make a recommendation to the minister with regard to wait times. We brought in a good number of witnesses last spring to look at what is happening in the provinces. We have to look at the provincial jurisdiction, understanding that it is the provinces that deliver on health care, and then determine what we can do from the federal perspective to assist them in dealing with the situation.

What are the provinces doing? There are some wonderful examples. One is the Cardiac Care Network of Ontario which appeared before the committee and described how it was improving access for patients. There is a joint approach between cardiac care and a system of services. Decision making is being improved through the way the data and experiences are being put together. A significant amount of research is being done. As well, there is an early warning system.

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The one that struck me the most was the Alberta bone and joint transplant project. This is a pilot project led by Dr. Cy Frank from Alberta. It reduced the wait times from 47 weeks to 4.7 weeks within one year for joint and hip replacements. That is a wonderful statistic. The first thing that ran through my mind was the cost, but it actually cost us zero. They put \$20 million into the project. Most of that money was for the extra joints and hips. The most astounding fact is not one more doctor was needed in order to provide that service and to reduce the wait times by 90%. It is astounding when a public system can actually do that.

The question that begs to be asked is why that cannot be done for every procedure in every province right across the country.

Dr. Cy Frank was in my office about a week ago and I asked him what else has happened. A significant amount of these projects are on their way in every province. Other provinces are modelling what has happened. This is the kind of innovation that we need in the public system. If we are going to sustain it, we have to stop the rhetoric and start working with the provinces that have the jurisdiction to accomplish what needs to take place to sustain the health care system over the next 40 years.

Because of the baby boomer bubble, an intense weight will be put on this system starting in about 10 years and increasing toward 2040 and beyond. It will take every Canadian working as hard as he or she possibly can to sustain the health care system as we know it today. We do not have time for rhetoric. We have to get serious about solving the problems and fixing what is out there.

My hon. colleague talked about the funding. There was the \$5.5 billion in the 2004 accord and none of that money has been cut. It is all going out there. This year alone there is \$1.2 billion for reducing wait times, focusing on health human resources. When we talk about health human resources, the minister actually added another \$18.3 million last week to a specific project to deal with those immigrants in Canada who might be driving taxis right now, but who need to receive medical credentials. They need to be brought into the mainstream of the health care system to use their abilities in the best possible way for the benefit of Canadians. The goal with the \$18.3 billion is to increase the number of doctors by 1,000, nurses by 800 and other health care professionals by 500. Those are the kinds of things that are actually happening.

That is not all. There is another project. It is the mandate of the federal government to deal with first nations. The first initiative is a care guarantee for first nations. After a woman's first pregnancy appointment, she will be cared for within four weeks of that visit.

I come from the province of Alberta where there are regional health authorities. Before coming to the Parliament, I worked for a regional health authority for 20 years.

• (1100)

The care guarantee is such in my riding that if an individual has a back problem and needs back surgery, he can go to Edmonton, which is not too far away. He may be on a wait list for six to eight months, or maybe even a year. Or he could go north to Grand Prairie to a smaller hospital and have that surgery within two weeks. Those are the kinds of examples.

The concept is that the individual needs the option to get the care as fast as he possibly can to add credibility and competitiveness within the system. That needs to transplant itself right across this country, in every province, in every area, so that we can use the dollars in the most effective way possible for the benefit of all Canadians. That is where we need to go. The rhetoric has to stop. We have to fix health care and we will do it.

Ms. Ruby Dhalla (Brampton—Springdale, Lib.): Mr. Speaker, the hon. member did a tremendous amount of work on our health committee in his capacity as chair. I could not agree with him more that we do need to stop the rhetoric, and we do need to get serious. I would ask the member, with his party being in government, to ensure that members of his party do stop the rhetoric, do get serious and actually stop playing politics and deliver results.

The motion that was put forward today was done after a considerable amount of consultation with many advocacy groups, such as the Canadian Health Care Coalition and other stakeholders and organizations, but more important, with concerned Canadians.

From my experience as a health care provider, on a day to day basis I have seen the challenges about which the member spoke. Patients are struggling to find doctors. They are struggling to get access to specialists. They are having to wait months to ensure that they get results from their CT and MRI scans. We need to work together in cooperation, in collaboration, to ensure that we do deliver results.

Especially in light of the fact that health care is one of the hallmarks of our country, we have to work together to ensure that there is innovation in our system to sustain it long term. I would remind the member that the Conservatives are in government, and they have the opportunity to ensure that we do have innovation, that we have sustainability, but more important, that we have an action plan.

You outlined a couple of initiatives and pilot projects that have taken place—

The Deputy Speaker: Order. The hon. member is lapsing into the second person again, and also a number of people are rising to ask questions. The hon. member has had enough time already. I will go to the hon. member for Yellowhead.

Mr. Rob Merrifield: Mr. Speaker, there are a couple of ways I could answer that, but first I want to say that it takes 138% longer to see a specialist today than it did in 1993. That has to stop. We have to have some innovative projects that will actually hit the nail on the head and deal with the problems that Canadians have to try to get medical services. That is what the care guarantee is all about.

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We will accomplish that. It is not an easy thing. We have to deal with the provinces collectively, because they have jurisdiction as well on this. We will work with them and drop the rhetoric not only in this House, but between orders of government. That is how we will solve it. We will solve it collectively. We will do it in a way that will be effective, because we have to for Canadians. They have paid for no less and they deserve no less. That is what we will accomplish.

• (1105)

Ms. Olivia Chow (Trinity—Spadina, NDP): Mr. Speaker, currently about 10% to 25% of the acute care beds are occupied by seniors who are waiting for long term care beds. We absolutely have to expand the long term care beds and home care in order to reduce wait times. Affordable long term care would really assist a lot of Canadian families.

Research shows that the majority of Canadians, 53%, prefer to recover from an illness or surgery in their own homes. However, the home care sector is seeing a serious supply and demand crunch and we are not able to meet the needs. Some 2.1 million Canadians serve as informal caregivers. There is a desperate need to expand the home care system. Is there any plan for the government to do so?

Mr. Rob Merrifield: Mr. Speaker, I could not agree more with my hon. colleague with regard to home care. It is a major problem. It was a major problem back in the 2003 accord. That was a specific one. That accord had a date for when there would be national standards on home care. It was supposed to be accomplished by September of the following year. That date came and went and the Liberal government sat there and did nothing and wondered what was to happen. It is absolutely unbelievable that we saw no initiative, even when the Liberals sat down with the provinces, signed the accord, said that this was what it would do and then failed to complete it. The Liberals failed to even address it after that time period.

There is absolutely no question when it comes to home care, when it comes to individuals who need health care services, that they have to get it in an appropriate way.

We have to keep our seniors in their homes for as long as we possibly can and give them support services as long as we possibly can. That is where we have to go. We have to start thinking outside the box to know how to deliver that service in an effective way and understand the diversity between the vast geography of our country in doing so. If we do those things right, we will be able to accomplish what the hon. member has alluded to, which is to deal with our seniors in a respectful way in their homes. That is what we have to do.

[*Translation*]

Ms. Christiane Gagnon (Québec, BQ): Mr. Speaker, I am very happy to speak, especially after the chair of the Standing Committee on Health, who is a member of the government and therefore in a position of authority. I am particularly glad to speak to this motion on the Liberal opposition day. The motion reads as follows:

That...the Conservative government has broken its promise to reduce medical wait times and to provide the necessary funding and resources to achieve the goals of the first ministers' accord on health care renewal.

We agree in part with this motion by the Liberal Party. It was a toss-up whether the Liberal Party or the Conservative Party was guiltier. In 10 years with the Liberals, the Canada social transfer sometimes missed the mark. The provinces were also struggling to reduce the deficit, at a time when the Liberal government had cut off the funding that would have allowed the provinces to meet the public's needs. Every province was fighting to reduce the deficit. I wanted to give a bit of background.

In Quebec, decisions were made. I am not here to judge the aim of those decisions, but they did let the public down. Many nurses were laid off, with the result that Quebec has a shortage of nurses today. This was done so that the province could meet needs with the money allocated to it. That is why we take a special interest in that part of the motion. But it is hard to know which of the two governments is responsible.

The Conservatives have been in power for just under a year, but from what I have seen, the Conservatives and the Liberals seem to be more or less on the same page when it comes to pursuing health objectives in provincial jurisdictions.

Yesterday I pointed out to the chair of the Standing Committee on Health that I found it somewhat contradictory to see a press release announcing a cancer program in Montreal that Quebec did not want to take part in. He said, rather ironically, that he could understand that Quebec only wanted the money. I would like to explain, once and for all, why Quebec wants the money. It does not want money for money's sake, just to have more in our pockets, but because the programs are already in place. I would like people to stop answering this question in such an arrogant and simplistic manner, which is the only way I can describe it.

Why not respond to Quebec's needs simply by saying, "Yes, it is true, Quebec wants the money and we can understand why because it already has programs in place". Indeed, Quebec is often a leader in implementing a number of actions and it responds to the urgent needs of the people, especially in health matters.

As far as waiting lists are concerned, we know full well that the current government and the Parti Québécois would have had the same reaction. The outcome might have been different in certain respects, but the problem would have been addressed in order to truly meet the needs of the people. In Quebec, the entire population and the social and economic players know quite clearly and precisely how the government should behave toward the public. Every political party chooses its own objectives in various matters.

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If I say we want the money, I do not want to feel intimidated. It is true that Quebec demands that provincial jurisdictions be respected. I am not the only way who says so, all the premiers of Quebec have asked for this. Health is a provincial jurisdiction. Furthermore, in the health accord signed by all the first ministers, a "Quebec clause" exists for Quebec's jurisdictions.

For example, on child care services and on wait times programs are being implemented and there are also reactions in the parliamentary commissions.

• (1110)

We have parliamentary commissions in Quebec for all these issues.

If other provinces do the same, even better. Members must rise in this House and say that this is what their governments want.

Why should we get bogged down in endless administrative procedures regarding the implementation of national programs for which there are often Canada-wide institutions that cost a great deal of money? Millions of dollars are spent on administrative costs.

I will cite only two examples, although I could give a very long list of the cost of all such agencies that oversee the entire Canadian population and all departments, in Quebec and elsewhere. If that suits all Canadians and the Canadian provinces except for Quebec, then good for them. We would understand and would not feel threatened or targeted unfairly.

Why should we contribute to funding the Public Health Agency of Canada, when the same agency exists in Quebec and carries out almost the same mandate? Our request is very simple. We should have a portion of the operating funds from the Public Health Agency of Canada, because it is not needed to supervise Quebec.

I am looking for my notes because I just mentioned the cost of the Public Health Agency of Canada. In the beginning, we all know that the Public Health Branch was within Health Canada. The two roles were divided with respect to all the public servants who work there. Thus, a budget of nearly \$354 million was transferred, along with the equivalent of 1,164 full-time employees, to be precise.

Over the years, obviously, costs have increased, first, by \$56 million with 385 more employees, then, by \$76 million with another increase of 260 employees. Furthermore, some programs were eliminated in research and staffing related to hepatitis C. They decided to end the programs in an attempt to save \$63 million.

There was another increase in 2006-07: an additional \$48.6 million and 190 employees; then a further increase of \$34.9 million tied to the integrated strategy on healthy living and chronic disease, with another 120 employees.

In late 2006, the cost of managing the Public Health Agency of Canada is \$506.6 million and there are now 2,000 full-time equivalent employees.

I am citing these figures because during the committee hearings I remember asking the new director of the Public Health Agency of Canada, appointed by the previous government, what the additional costs would be and how many jobs would be created. These figures were provided by the Public Health Agency of Canada and I wanted

to compare them to the cost of my suggestion of transferring to Quebec the money used by the agency for administration and supervision, since Quebec already has a similar agency. For example, the \$34.9 million increase in the envelope tied to the integrated strategy on healthy living and chronic disease for supervisory purposes. Why not give Quebec a portion of this money since it has the Institut national de santé publique du Québec? Its representatives also appeared before the committee to provide their input on the increase in obesity among Canadians and Quebecers.

I should not be told, with a smirk, that we are only after the money. This money would give the Government of Quebec some latitude enabling it to be even more proactive and to improve its human resources.

Today, we are talking about wait lists. Things do move slowly in some areas. That is the reality and I have experienced it. Someone in my family is waiting for intestinal surgery. She had it and is now connected to a tube and has been waiting for an operation for a year, because there is no room.

• (1115)

I know what it means to have to wait for surgery. Certainly, money is not the answer to everything, but if we want more effective strategies, then we need a little more money to pay people and support the public. We are not entirely wrong to ask for more money. Quebec's health minister is currently asking for more money for health in order to meet the public's needs.

Here again, this is not partisanship. The hon. member asked which of us was the more partisan. I believe that everyone is trying to make his or her point. But on the issue of health, the Liberals fell short of the mark for a number of years. The current government is taking the same approach to health, instead of realizing that there is the Quebec clause, looking at that clause and seeing what it can do.

You do not sign just any agreement or use just any words. You do not boast about understanding Quebec society and the Quebec nation. Recognizing Quebec as a nation also means working together to understand Quebec society. That means adopting strategies to meet all the public's needs. A person can distinguish himself or herself by developing a strategy faster than someone else.

The final report of the federal wait times advisor has been issued. The report contains many encroachments on provincial jurisdictions, particularly in Chapter 7. I will not go into this in detail, because the report runs to several hundred pages. I would just like to point out that the current government is still operating as the Liberals did. For example, the table of contents includes public education and contains the following items:

7.1 The need for a public education strategy

7.2 Who is "the public"?

7.3 How Canadians are informed about wait times and implications for a public education plan...

7.5 Factors to consider

7.6 Public education on key transformations

Business of Supply

If that is not encroaching on fields of jurisdiction, I believe that many would agree with me in saying that once again it is a step in that direction.

I spoke of the costs of the Public Health Agency of Canada. There is also the Health Council of Canada, which, if my memory is correct, supervises the agreement reached in 2004. They established the Health Council of Canada. How much does it cost? In 2005, the Health Council of Canada cost \$3.2 million. In 2006, there was a slight increase and it cost \$4.8 million.

What is obvious is that each time there is a federal agency, all the money goes for administration. I am not sure that is the best way of doing things. I am a member of the Standing Committee on Health and I can tell you that Health Canada—which has a very specific mandate—and the Public Health Agency of Canada often fall short of the mark, and the answers to our questions are very feeble. I could give you some very specific examples. I am not sure that they follow the letter of all their assigned mandates, or that they do it in a very effective way. Often, they set out to cast a wide net but in practice achieve the opposite effect.

There is a news release on the effective management of expenditures by this government. They went looking for money. They want to lead by example and check the effectiveness of programs. During the committee meeting last week, the Minister of Health appeared before us and spoke of his generosity toward victims of hepatitis C. He boasted of the existence of a billion dollars for the victims of hepatitis C. However, that billion dollars has still not reached the pockets of those victims.

● (1120)

That is what I told him. I also said to him, “You can boast when you stop delaying and immediately provide a temporary fund so the victims of hepatitis C can have better support at all levels”.

There was much talk about waiting lists, but what is needed is action. I am not sure that either the Liberal government or the Conservative government that is now in power is capable of the best reactions or the best strategies for providing more support to the provinces.

I am not sure whether I made myself understood clearly in terms of the funds Quebec is asking for. In my opinion, what it is asking for is very justified and justifiable, particularly when a Liberal premier whose praises are constantly sung is asking for the same thing and his Minister of Health is asking for the same thing. This is not money being spent foolishly and simplistically, because this is money that will be used to be more proactive in the measures that the public of Quebec as a whole are calling for.

This also brings me to another point. Any talk of waiting lists opens up the broader issue of the fiscal imbalance. We know that the Conservative government is not capable of offering us a concrete roadmap for the direction that will be taken on the fiscal imbalance. The recent economic statement made very little reference to it.

If the Conservative government in power, which accused the Liberals of a lot of things, is going to be consistent, it will pay the fair value of this fiscal imbalance, the value that Quebec’s political spokespeople are calling for. That comes to \$3.9 billion.

We understand that these are figures that have already been stated. Various political strategies have been used in order to throw us off the trail, but we know perfectly well that this is the amount we called for to be recognized and to solve the fiscal imbalance. Why? To put an end to the financial pressure on the provinces and on Quebec so that they can meet the challenges they are facing in a number of areas, in this case health care, but also in education and social programs. There is also the matter of equalization.

When that party was in opposition, it said that interfering in areas under provincial jurisdiction was not their cup of tea. Now, little by little, we are seeing that the Conservatives are not entirely prepared to meet the provinces’ demands when it comes to federal government interference.

Obviously, no matter what party is in power, the centralization of national programs is an objective that a majority of the members of this House will pursue, be they Liberals, Conservatives or even New Democrats. Nonetheless, Quebec’s wishes must be respected.

I know that I am going to vote for the bill introduced by the NDP, because it recognized that Quebec was entitled to opt out of a child care program and it recognized that \$2 billion was being invested in child care services.

Quickly, I can show how the Conservative members frequently contradict themselves completely. I know that they have managed to scrape together \$1.1 billion by making cuts to all sorts of programs. In non-core programs, they are going to save \$4 million by eliminating funding for medical marijuana research. I do not know why they want to withdraw from that program. Apparently, it is because it falls within provincial jurisdiction.

I find it ridiculous for them to respect provincial jurisdiction when it suits them, but when it does not suit them, on the other hand, they do the complete opposite. This information comes from a press release given to us by this government.

● (1125)

We could entertain ourselves with the inconsistencies of the present government.

[*English*]

Mr. Blair Wilson (West Vancouver—Sunshine Coast—Sea to Sky Country, Lib.): Mr. Speaker, I listened intently to the hon. member’s speech. I have three points to bring up. One deals with the much talked about broken promises of the Conservative government, not only the broken promises on income trusts, but the broken promises on the patient wait time guarantees and the broken promises on dealing with a national strategy for autism.

Obviously health care is an important issue in Quebec, as it is in my riding of West Vancouver—Sunshine Coast—Sea to Sky Country and the province of British Columbia. Could the member tell me how Quebec is going to deal with this string of Conservative broken promises, the most important of which, I believe, is the broken promise to deal with health care on a national basis and to deal with health care and the wait time guarantees?

Business of Supply

I have been in a number of meetings with the province of British Columbia and the premier of B.C. to deal with health care issues in B.C. We are having a conversation right now with British Columbians to get to the root of the problem. The question I have for the hon. member is this: what specifically is Quebec going to do to deal with this broken promise of the Conservatives on their wait time guarantee?

• (1130)

[Translation]

Ms. Christiane Gagnon: Mr. Speaker, Quebec has its own plan. I will not go into detail about Quebec's plan, but I know that the province has been very proactive.

Reacting would mean pressuring the government to fulfill its obligations under the agreement signed in 2004, which promised \$41 billion for the entire population of Canada and Quebec and \$5.5 billion to reduce wait times. We must ask the government to finally keep its promise about wait times.

Quebec is managing its own wait times, but the funding is not there. I would even say there is a shortfall in the agreement signed with Quebec for the entire health file. There is a lot of catching up to do. We are waiting for the government to take meaningful action to address health issues and especially to address the fiscal imbalance. Quebec has acted on wait times by creating several working groups. Quebec is doing something about wait times.

The ball is in the government's court. We know that wait times are one of the federal government's five priorities. We are watching closely. The government cannot make promises and then break them.

[English]

Mr. Rob Merrifield (Yellowhead, CPC): Mr. Speaker, I would like to ask my hon. colleague a question or two. She went on and on about a number of different issues. I think she referred to me in part of her dialogue. I believe there is a communication breakdown, but I will talk to her about that a little later. She thought I said one thing when actually I said something else, but that is not what my question is about.

My question is about her idea of the broken promises with regard to her province. I wonder just how much she really believes in her province, because when the 2004 accord was signed, all the provinces, including Quebec, signed on to that accord, which was for \$41 billion over a 10 year period with the onus and the responsibility of dealing with wait times as a provincial jurisdiction. The only time the federal government should have to exercise a wait time guarantee is if the provinces have failed to comply in providing those wait times for those individuals.

Can my colleague tell me if the province of Quebec is going to fulfill its mandate, which it agreed to in the 2004 accord and which is to make sure that medically necessary services are provided for their citizens?

[Translation]

Ms. Christiane Gagnon: Mr. Speaker, the hon. member has touched on a very sensitive point, indeed. I know the Quebec government signed that agreement, but it was not pleased to do so. It only signed so the entire population would not be penalized. It is not

up to the federal government to tell us what our objectives should be, which is why Quebec refuses any conditions on funding.

It seems to me that our sensitivity is being mocked here this morning. I do not understand why my colleague brought this up. He knows very well that Quebec is very sensitive about all its programs, especially when it comes to provincial jurisdictions. The last government and previous governments all adopted this attitude. This is precisely why Quebec institutions are so strong, active and proactive in many areas, particularly health care and education. We try to correct things when the time is right.

For our child care alone, we should have been paid for all the analyses done in Quebec. The government refused on child care, but we wanted it to apply to the entire Canadian population. The conditions were therefore accepted, but not necessarily with pleasure. We would have preferred to have no conditions. However, we did manage to have the Quebec clause, which returns the money to Quebec to help the population.

[English]

Mr. Paul Szabo (Mississauga South, Lib.): Mr. Speaker, I will read for members from the election platform of the Conservative Party. It is from the press conference of December 5, 2005. It stated:

The concept of the Guarantee is that patients must be able to receive treatment in a medically acceptable maximum time for a publicly insured service. If this [service] is not available in their own area, they must be given the option of receiving treatment at another hospital or clinic, even outside of their home province.

It appears that the government made a promise during the campaign and in the throne speech, a promise which says that notwithstanding the delivery of the service, there is this other problem about how if it cannot be delivered there, there is an additional cost to transport not only the patients but their families to some other clinic or institution in another place in their province, to another province or even to the United States.

That costs new money, I believe. I wonder if the member could advise the House as to whether or not her party believes that this guarantee that was promised does in fact require additional funding that should go to the provinces, including Quebec, to meet that promise.

• (1135)

[Translation]

Ms. Christiane Gagnon: Mr. Speaker, the answer is yes. We know very well that it would entail additional costs for all the provinces and Quebec.

That also applies in other cases. I would like to make a connection to another matter that has nothing to do with wait lists: approval of breast implants. The answer we were given is that the federal government approves them and then it becomes a provincial responsibility. The provinces will have to pay for the surgical follow-up that may be required as a result of the use of these implants. We know full well that they are harmful to women's health. Thus, the provinces will have to take care of their own problems.

That is more or less what we heard in committee.

Business of Supply

[English]

Mr. Paul Szabo: Mr. Speaker, as a member of the health committee, I know the member has worked for many years providing support to that committee. The committee has issued a report with regard to fetal alcohol syndrome or the fetal alcohol spectrum of disorders. I wonder if the member could tell the House whether or not the health officials, as directed by the government, have been sufficiently responsive to the urgency of addressing a strategy for FASD, or whether she believes that the provinces in fact need to take the lead because Health Canada simply is not doing the job.

[Translation]

Ms. Christiane Gagnon: Mr. Speaker, my colleague is posing the question to a member from Quebec. I think it would be more appropriate for the provinces to take up this challenge because the issues are perceived differently. The strategies could be adapted depending on how the situation is interpreted.

In committee, I do not believe that fetal alcohol syndrome has been a priority. I also believe that we will not be dealing with this issue in the next few months. We have a rather packed agenda. We are currently examining the problem of obesity. We cannot yet speak about the content of this report. However, I think that a lot of the discussion and issues are in provincial jurisdiction. We will see what the outcome is and what recommendations will be made by the parliamentarians sitting on the committee.

The educational component is definitely a provincial responsibility and I think that goes for fetal alcohol syndrome as well. Some people would like to establish a national education program. I believe that the provinces should be responsible for this matter.

[English]

Ms. Penny Priddy (Surrey North, NDP): Mr. Speaker, the New Democratic Party has, since its inception, and the CCF before that, put health care first. It is not a partisan issue. It does not come up from time to time. It does not come up only during elections, before elections or as some crisis hits the health care system. It is a part of the founding of this political party. I believe I am speaking to this motion without attempting to make health or wait times a partisan issue.

However, I will talk about what I think are some of the significant challenges around the fact that this wait times guarantee has not been met.

When the Conservative government was elected, I believe Canadians had certain expectations on what the wait times guarantee would mean. I do not think that what the people of Canada have seen is in any way what they expected to see given the focus and the priority that was placed upon health care and patient wait times guarantee by the government. I do not think the Canadian people see the commitment or the political will to move this agenda along.

One of the reasons for this that might cause people to wonder is that one of the Conservatives' five priorities during the election campaign was to work with the provinces to establish a patient wait times guarantee. People saw that as being one of the Conservatives' priorities and whether they voted for them or not, they expected that to happen because that was the promise.

When they hear the Prime Minister talking about being pleased that his government has made progress on all five priorities, from cleaning up the federal government, to cutting taxes, cracking down on crime, supporting families and strengthening our country at home and around the world, they may be great, but where did health care go?

When the government talks about its five priorities, why has it stopped talking about the patient wait times guarantee? Has it fallen off the table? Has it been recognized that there is no plan in place whatsoever on how to approach it or is there no political will and courage to carry it out? I do not know but I do know that Canadians are asking themselves those kinds of questions.

• (1140)

I have a friend with a back problem who had to wait seven months for spinal surgery. This happened after the election. Every day for those seven months she hoped the promise of the guaranteed wait times within a reasonable time, depending upon when the illness, disability or diagnosis, would come through. She does not have full recovery and will probably never have full recovery. However, she would have had full recovery had she had her surgery earlier. However, lying in pain for seven months on a bed or a chesterfield and not moving created a whole series of other problems, as well as further damage to her spinal problem.

I do not think it is any great wonder that Canadians are wondering about this promise.

While I support the motion, I find it ironic that the motion was brought forward by a Liberal member of Parliament, a member of the health committee. Where do we think these wait times came from? They did not develop overnight. They came from 13 years of the Liberals not taking any action on wait times. When they did take action it came at the very last moment when it was clear that we had an enormous crisis across this country and it was shortly before an election was on the horizon. They only waited 12 years to do something about the growing wait times and all the factors that contribute to wait times.

There are factors that have played into the increase in wait times where the government could have and should have taken earlier leadership, or is still to take leadership, that would have made a significant difference in the quality of lives of many Canadians, both adults and children.

Earlier someone referenced the recent dollars for foreign-trained, immigrant doctors. The dollars will go toward rewriting the curricula and looking at the context of the tests or exams with the possibility of rewriting them, and that is a good thing. However, although foreign doctors can take the extra courses and write the exams, the real barrier for them and the one thing that was missing from the announcement is that they cannot get residency positions.

Business of Supply

If we were to go to the Lower Mainland of British Columbia and ask foreign-trained doctors what Canada has done to help them, they would say that it has allowed them to drive taxicabs. About every third or fourth taxi driver in the Lower Mainland is a foreign-trained physician, many of whom have made their way through the existing curriculum. It is fine to be looking at the exams and rewriting them but if these foreign-trained doctors cannot get residency positions, it does not matter because they will never be able to practice.

● (1145)

In that announcement or that concern about health and human resources, of which physicians are only one piece of course, there was no money for residency positions. I understand that many residency positions go to the medical students who have gone through the medical schools in their provinces. That is fair enough. They should have a chance for residency positions. I am not suggesting for a moment that they do not deserve that. However, there should be an expansion in the number of residency positions available, which is the piece in that announcement that was missing. If everything in that announcement happens, it still will not produce more physicians unless there are residency spaces. This is action that is missing a piece. This is a promise to foreign-trained doctors that will be broken because they will not be able to get residency positions.

One of the biggest things we could do to help with wait times would be to provide a national home support program or ensure that each province has some standards around home support. Across this country, from coast to coast to coast, the standards as to whether one gets home support are very different. Seniors who apply for an extended care facility or for long term medium care facility cannot get in because there are no housing initiatives for anything but private long term care. Some seniors, who could perhaps stay in their homes much longer than they currently do if they had help at home, can no longer get the help they need and therefore their physicians must admit them to the hospital. Once they are in a hospital they have first priority when an opening becomes available in an extended care facility. What does that do? It just backs up the entire system.

People talk about the crisis in emergency rooms but the crisis in emergency rooms is simply a domino effect backward. No beds are available because the people who are in the beds do not need to be there. They should be someplace else but there is no place else for them to go.

I understood the Conservative member to say that the Liberal opposition had done work on home support, that it had researched it and had some initiatives but that nothing came from them. I think he said that was in 2003 but this is 2006. Since January, what have the Conservatives done to either renew some of the oppositions' initiatives, if those were good initiatives, or to develop initiatives of their own? This is another way the government is driving up wait times in this country.

I want to speak for a moment to aboriginal health. The wait times for aboriginal people are also part of the pressure on wait times. We know that many aboriginal people are at risk of other health problems, diabetes among them, because aboriginal health has not been attended to in a manner that would have really made a

difference in their quality of health which drives up wait times additionally.

I know that 10 out of the 623 reserves have a pilot project on wait times for prenatal care. I am not certain of the lessons we will learn from that project, although I am sure we will learn some, but there is an irony in picking wait times for moms.

● (1150)

We know that good prenatal care is absolutely critical, although the aboriginal people I speak with talk far more about the fact that women do not go early enough due to the lack of transportation to get them there. What happens then is they go back into a community like Kashechewan where health care for aboriginals is appalling because of all of the social indicators that have not been attended to due to the lack of action on the issue of aboriginal health.

That is a broken promise to aboriginal people and certainly not the kind of movement needed on patient wait time guarantees, although I am very pleased for those 10 out of 623 reserves involved in the pilot project. I do not think that is the kind of wait time guarantee action that was expected by Canadian citizens.

One of the things that would make the biggest difference in wait times is that of innovation. There is innovation in wait times going on across this country, not because of the government but in spite of the government. Are wait times going down? Yes, they are. Wait times are going up in many provinces, but there are many examples of excellence which have not come about because of the government.

I was fortunate enough to have my motion pass in the health committee to establish a database of innovation on how to reduce wait times. People from across the country could look at this database and see examples in P.E.I., British Columbia, Alberta, Manitoba or wherever of how hospitals, sometimes very small hospitals, had been able to reduce their wait times. Why should we reinvent the wheel when people could simply look at a database? That would make a big difference for people.

That motion was passed by the health committee. So what? Nothing has happened. Innovation will make one of the biggest differences in wait times. I am pleased that it was passed by the health committee, but I am concerned about what happens after something is passed by a committee. It seems to go to some ether land where it is never to be heard of or seen again.

Recently, at least two private facilities have opened. One is a hospital with operating rooms, et cetera, and there is a story about a private emergency room opening in a hospital in Surrey, British Columbia or it has at least gone through a change in zoning.

Business of Supply

There is a national leadership role for the government to play regarding the issue of privatization. Provinces must be held accountable and clearly British Columbia paid a \$72,000 fine last year. There is not enough accountability with the privatization of health care. Where is the accountability with the fact that privatization violates the Canada Health Act? Where is the accountability regarding the standards? There are some stories about some very bad experiences people have had in some, and I only say some, private health care facilities.

The government has a national leadership role to play in research. It cut the medical marijuana research program. The physicians who are prescribing medical marijuana for patients who need it as a result of nausea or dealing with what is a debilitating or very often terminal illness need more research around what an appropriate dosage is and over what period of time. Now that research is gone. Those physicians are either left saying they will not use it any more or they will use it with the information they have, which is not currently as adequate as they would like it to be.

The government has not taken up its role on national strategies, although I see the national cancer strategy was announced. I am waiting for the national strategy on autism. If we can do it on cancer, we can do it on autism. As I said, the government has not taken up the national leadership role regarding accountability.

• (1155)

The last thing I will mention is prevention and promotion. The biggest thing that we can do, if we do nothing else, is prevention and promotion.

I do not want to find a better way to deal with wait times, bring wait times down, but have just as large a percentage of patients in 10 years time. We must have good prevention and promotion which is always the poor sister of health care, provincially, federally, wherever.

Yes, the health committee has prepared a report on childhood obesity, fetal alcohol spectrum disorder, but where do the reports go? We agree and pass these reports, and they disappear and nothing happens. Perhaps something happens, but I do not know how we figure that out because there is no mandatory action as a result of that.

Good prevention and promotion today is the most significant thing that we could do to bring down wait times in the future. Yet, that is what is focused on the least by the federal government and the provincial governments as well.

I will support the motion with the irony of where the motion comes from after 13 years of allowing wait times to grow. I expect courage and political will on the part of the government to take action and not to have its legacy be a legacy of broken promises.

• (1200)

Mr. John Cannis (Scarborough Centre, Lib.): Mr. Speaker, I want to make a comment and then I will ask the member for Surrey North a question. In the member's presentation she referred to the previous Liberal government having done nothing.

I thought that she was being a bit unfair. I know she was not a member of the chamber at that time. I want to remind the member

that in 1996 the provinces came to the then Liberal government and asked for about \$1.5 billion to shore up the health system. Let me assure the member that the Liberal government at that time went ahead and gave the provinces the money.

Then, in 1997 I believe it was, the national forum on health, after the study, came to the former Liberal government led by Prime Minister Chrétien and said that it needed about \$2.5 billion to shore up our health system. I remind the member that at that time all the premiers gathered in Ottawa, and the prime minister and the Liberal government said that we would give them the money, providing they assured us and signed on the dotted line that the money would go strictly to health care.

Instead of \$2.5 billion, the Liberal government having put its finances in the right direction, gave the provinces \$3.5 billion. The only province that did not sign on was Quebec under Premier Lucien Bouchard. He only wanted the money to do what he wanted to do with it.

I remember Premier Harris from the Conservative Party in Ontario and Premier Klein from Alberta stood with Prime Minister Chrétien and applauded and appreciated the money. This money was going to take care of our health system.

The problem I had at that time was that Premier Harris took the money and spent about half a billion dollars, of which Ontario's share was \$1.2 billion, and paid severance packages to nurses. Today we are still trying to replace those nurses.

The member talked about a national leadership role. I agree with her. Would the member agree that the time has come for us to standardize health care right across the country?

Ms. Penny Priddy: Mr. Speaker, we are debating wait times today and the things that are the drivers for wait times, so perhaps in signing on the dotted line there should have been a more extended or expanded version of accountability. Was that health care money expected to go to building hospitals or paying salaries? What was the accountability and how would that actually reduce wait times?

I think that all of us recognize that when we talk about accountability, we have to be very specific with whomever is the recipient of dollars about what the government expects to see back in the area of accountability.

I do not know, as a result of those dollars, whether the Liberal government at that time was able to say that as a result of it putting those dollars out, wait times were to be reduced by x . I think it is a lesson in the specificity of accountability. However, I do take the member's point.

Mr. John Cannis: Mr. Speaker, we are getting on the same page with the member for Surrey North. This is where the problem lies. We take our premiers seriously and when we come to the table we agree. That is what has happened and maybe this is a lesson for us to be looking to the future of how we put these negotiations with the provinces together.

Business of Supply

The member talked about accountability. We go to the table. Mr. Romanow brought forth the most in-depth study and recommendations of which the former Liberal government, as stated publicly not only met but exceeded. The concern we have is that the premiers or the provinces are going to take these funds now over 10 years and we have to sit back. This is why I ask her again, does she believe that maybe the time has come for the federal government to update, revise, and clamp down on our relationship with how health care is delivered in Canada?

• (1205)

Ms. Penny Priddy: Mr. Speaker, across this country people do not have necessarily the same care because from province to province to province people need different things. However, there should be an equal level of access for the needs of individual provinces, there should be something that says whether we live in Newfoundland and Labrador or Haida Gwaii, that depending on the needs of our particular communities, we will have access.

I would not want to say that every province should have exactly the same standard if we are talking about very specific standards, but people should have standards regarding the equality of access to the care needed by each community.

Mr. Dave Batters (Palliser, CPC): Mr. Speaker, I listened with interest to the member's speech. She is a member of the health committee and I have enjoyed her interventions on that committee as well.

I brought up a point the other day at the health committee so this will not be a surprise to the member. I am from the province of Saskatchewan where under its NDP government we have the highest patient wait times in the country. That may be a surprise to members in this chamber and people watching at home. We have the highest surgical wait times and the highest wait times in terms of waiting for a diagnostic test.

I have a couple of questions for the member. Will the member join with Canada's new federal government in working with her provincial NDP cousins in Saskatchewan to help reduce those patient wait times? What kind of explanation does she offer for Saskatchewan, being the birthplace of medicare, to have the longest health care wait times in the country?

Ms. Penny Priddy: Mr. Speaker, I would work with any province regardless of its political leadership to reduce wait times, whether it is New Democrat, Liberal or Conservative. It matters not to me in reducing wait times.

I had enough challenges explaining my own actions on reasons for them as the health minister in British Columbia. I would certainly not get into choosing to explain the actions or the statistics in Saskatchewan, but there are also high wait times in NDP provinces, in Conservative provinces and in Liberal provinces. I will work with any province regardless of its partisan or its political leadership to reduce wait times. I will do that with any partner who can come forward with the will and the courage to do that.

Ms. Olivia Chow (Trinity—Spadina, NDP): Mr. Speaker, a recent report said that we absolutely need to pay attention to areas other than the five that are identified to reduce wait times. Also, we absolutely have to have an electronic system so that everything would be integrated. There should be a commissioner in each of the

provinces, so that the patient would know and there would be an advocate to push for lower wait times. Children and mental health patients, and women especially, suffer greatly because they, by and large, have longer waits than others.

Could the member comment on those areas related to women, children, mental health patients, and other areas outside of the five priority areas?

• (1210)

Ms. Penny Priddy: Mr. Speaker, on mental health, I think in my first speech in the House, when we talked about wait times, I said that I hoped they included both wait times for mental health and for people with drug and alcohol addictions. It is almost not worth looking at this because there are so few services available.

We know that not treating, and it is not only treatment but providing support as well, people with mental health needs is an enormous cost to our society, to families and to communities. We know we can provide support in the community, but we also know those supports have not been there. The reason normally given, and I have seen this myself, is that the resources—

The Acting Speaker (Mr. Andrew Scheer): Resuming debate, the hon. member for Dartmouth—Cole Harbour.

Mr. Michael Savage (Dartmouth—Cole Harbour, Lib.): Mr. Speaker, I welcome the opportunity to speak to the motion on the issue of the health care wait times and to the record of the government in this regard.

I want to thank my colleague, the member for Brampton—Springdale, for bringing this motion forward and for the passionate work that she brings to the health care file.

Health care remains one of the most important concerns of Canadians. Certainly, in my riding of Dartmouth—Cole Harbour it is a big issue and it continues to be. We are very fortunate in my riding to have a wonderful community hospital, the Dartmouth General Hospital, which I think is one of the best hospitals in the country, but it has felt the funding stresses and pressures of the health care system. That is an issue.

My riding also has some of the very great nurses and doctors in Canada. Jake O'Connor is the former Family Physician of the Year. Louise Cloutier is the president of the Canadian Medical Association. They have both appeared at forums that I have held in my community, open forums, inviting people to come in and talk about health care and about population health, health promotion. The previous member spoke to that as well.

I think it is one of the most important concerns of Canadians. It is one of those things that defines Canada, and yet is a source of ongoing debate. Perhaps only health care and the Constitution, as we saw last night, are subjects of such similar discussion, argument and interest in Canada.

Business of Supply

In the last election the Conservatives put forward a number of proposals that they intended to provide Canadians. They reinforced these after the election as the five key priorities of the government.

One of them was to promise the GST cut. No legitimate economist in the country has suggested this makes any sense. It is a cut that disproportionately benefits the wealthy, does virtually nothing for the poor and takes \$6 billion out of the economy, out of the spending power of the federal government. It robs the government of \$6 billion that could be used to better serve Canadians, to increase the basic personal exemption, to perhaps increase the Canada child tax benefit, maybe even to reduce taxes or redress the health care needs of Canadians.

The Conservatives dismantled the national child care agreement, a move based on narrow ideology, one that hurts Canadians and one, I would suggest, that adds to ill health and does nothing to help the health of Canadians.

The federal accountability act, another one of their promises, has been riddled with problems.

Today we can add health care as a key area of concern of the government since January.

Let me look back at the previous government's efforts in the area of health care to provide some context. Just two years ago, the former prime minister, the member for LaSalle—Émard, met with the premiers and signed a historic agreement on health care in Canada.

In 2004 the federal government and the premiers agreed to a solution, resulting in billions of new dollars to the health care system over 10 years. Among the key parts, one of the things that was recognized in the agreement, was the federal government identified issues such as stable, predictable, long term funding and the provinces agreed. The provinces agreed to work together with the federal government to create home care and to develop a national strategy for prescription drug care. They also agreed the Canada Health Act would be respected and they would work on a national waiting times reduction strategy, which was identified as the number one health concern.

Specifically, the agreement signed by the previous Liberal government called for a \$16 billion five year health reform fund for primary care, home care and catastrophic drug coverage; \$13.5 billion in new federal funding to the provinces over three years; a \$2.5 billion cash infusion; \$600 million for information technical; and \$500 million additional for research. Some \$41 billion were committed to making health care more efficient and providing the provinces with the resources to fix health care for a generation.

The 2004 agreement focused on a national wait times strategy, a strategy with five key areas: cancer, cardiac treatment, diagnostic tests such as MRIs, joint replacements and cataract surgeries. As well, the agreement provided a deadline. The people to whom I spoke, whether it be the doctors in my community, like Dr. O'Connor, Dr. Cloutier and others, said that it was so important to get some wait times guarantees, but critically important was that we established benchmarks for wait times.

On December 12, 2005, provinces and territories set out the wait times benchmarks for five key areas: cancer, cardiac, sight restoration, joint replacement and diagnostic imaging.

Despite what we often hear in the House and the spin from the other parties, the previous Liberal government has nothing to be ashamed about on its record on health care, in spite of the enormous challenges that were presented. When we cleaned up the financial mess left to us by the Mulroney Conservatives, we invested in health care. We could only do so because the fiscal house was in order.

● (1215)

I have some other highlights of what our previous government did on health care.

In budget 2005 the Liberal government allocated another \$5.5 billion over 10 years under the wait times reduction fund to assist the provinces and territories in reducing wait times.

In July 2005 the Liberal government announced the appointment of Dr. Brian Postl as the new federal adviser on wait times. He is working with federal, provincial and territorial governments to achieve commitments made in the 10 year plan. As a result of the 10 year plan, we were seeing some success in Canada.

In B.C. the median wait time for starting cancer radiation is less than a week. In Alberta the number of people waiting for open heart surgery has declined by 55% in two years. In Saskatchewan the Saskatoon health region's waiting list for MRI tests has been cut almost in half. In Quebec the number of patients awaiting cataract surgery has been significantly reduced by redistributing the surgeries to a much smaller number of facilities. In Ontario funding for an additional 42,000 medical procedures has been allocated under the province's wait times strategy.

That took us to the 2006 election. The Liberal government promised then that it would implement a Canada health care guarantee to ensure that Canadians had timely access to care. Included in that guarantee was a \$75 million health care guarantee fund to assist patients and family members with travel and accommodation costs to a public facility in another province for quicker access to necessary medical procedures.

There were \$300 million for regional centres of specialized care in university teaching hospital and \$50 million for the Canada Health Infoway to accelerate wait list management technologies such as registries, booking systems and electronic health records.

That speaks to the initiatives of the previous government.

Business of Supply

I will talk about an area of public health that is particularly interesting to me. When I contemplated running, one of the issues I made as part of my campaign was the issue of population health and healthy living health promotion. How do we keep people healthy? How do we focus on keeping people well, especially children, instead of spending all our time and money when intervention is required.

In truth, some say and I agree, that we do not have a health system, we have a sickness system. Our long term salvation is to turn it into a health care system. In fact, upon my election in 2004, it was for that among other reasons that I requested to be on the health committee.

Some steps are being taken. There is some very positive news. The creation of Canada's Public Health Agency, under the leadership of Dr. David Butler-Jones, is an important first step. As well as a focus on public health, SARS, West Nile et cetera, this agency has a mandate to improve the overall population health of Canadians. As well, the Public Health Agency is doing more research that looks at things like population health, health systems, demographic and regional issues in health.

This is particularly important to me, coming from Atlantic Canada. Outside of our aboriginal communities, which probably suffer the most from chronic disease, Atlantic Canada is next on the list in suffering from chronic disease.

Another very important step forward was the establishment of the CIHR, which has been a tremendously important move forward. It has paid dividends all across Canada, particularly in Atlantic Canada. In Atlantic Canada researchers, like Renee Lyons and Judy Guernsey, have done excellent research, focusing on areas like rural health, women's health and even health in Atlantic Canada and the particular challenges that it faces. I certainly hope that CIHR gets the increased funding, which it needs.

My Government of Nova Scotia was the first province in the country to develop and implement a department of health promotion. It has come forward with some very successful initiatives. I compliment Dr. Hamm, the former Progressive Conservative premier of Nova Scotia, for the work that he has done in this area. Healthy living and kids activities in schools have all been initiatives started in the department of health promotion in Nova Scotia.

We have other allies as well in the not for profit health sector. My own involvement with the Heart and Stroke Foundation over 10 or 12 years has showed me first-hand how much work it and other health charities can do. They are allies and I would suggest even leaders in healthy living.

In the long term, our seriousness in addressing chronic disease prevention will determine how well we can sustain our precious public health care system.

●(1220)

Another area that I think we need to put more time into across Canada is the issue of what causes illness. We know that poverty is number one in the incidence of poor health. Too many Canadians are living in poverty, and when we cut literacy programs, when we cut the social economy and when we cut the great organizations that

work in mental health and the boys' and girls' clubs, we make it harder for Canadians to achieve good health, not easier.

Another key for me, and this is one I learned at first hand, is to better treat patients who have had a medical intervention. This means we need better home care, better palliative care, better pharmaceuticals, et cetera.

I had the circumstance in my life of having both of my parents die of cancer three and a half years ago. It was a sad time, obviously, for our family and our friends, but it was made much easier by the fact that my two sisters, who were living in Toronto, moved back into the family home and provided full time care for my parents as they died. We were all there with them when they took their last breaths. Shelagh and Brigid left jobs and moved home and it made a very big difference.

We have a large family and we are not rich, but we had the resources to be able to do that. My parents died at home in comfortable surroundings, in a comfortable bed, looking out a window at a scene that they knew, with their family around them. I think that is very important. It was a sad time, but to have my parents die at home was a privilege.

However, it is a privilege that not all Canadians can actually share. We had great nurses and respite workers, but in my own province of Nova Scotia I know of a family with two children with autism. The parents were getting two hours a week respite. That was cut off because their income had gone over the level that they were allowed, and that was only because they saved every penny they had for when those kids were there and they were not.

The system is not working. It brings up a system of two tier health care, not only public-private but among provinces, rich provinces and poor provinces. I believe the federal government has a responsibility to act in that area. We need to do more there as well.

I believe that federally we need to take responsibility. A lot of these are provincial areas of direct responsibility, but the federal government has a role to ensure, as much as possible, equal access across Canada.

I do want to commend the government for the commitment to the Canadian strategy for cancer control. This is our initiative that came out of the cancer community from people who were working in cancer, people in Nova Scotia like Dr. Andrew Padmos, who has now left Cancer Care Nova Scotia, Theresa Marie Underhill, and researchers like Gerry Johnson.

Many people have come together to say that we can actually make a difference in cancer. We need to take it a little bit out, at arm's length of government, and work with research agencies, do better surveillance and identify what research we need. I was proud last year in this House to vote for the implementation of the Canadian strategy for cancer control. I commend the government for following through on that last week.

Business of Supply

I want to take a look at the Conservative record on wait times. In spite of the fact that we have to do more on health promotion and also treat people after they have been ill, right now we have the current crisis in wait times. In the 2006 election, the Conservative government promised to implement the patient wait times guarantee to provide timely access to care for patients within clinically accepted waiting times or to enable them to be treated in another jurisdiction by another provider.

In budget 2006, the Conservative government basically reintroduced the Liberals' 10 year plan to strengthen health care, as well as the original \$41 billion investment to assist provinces and territories to improve their respective health care systems. In budget 2006, the Conservative government also reintroduced the wait times reduction fund.

On this side of the House, we remain committed to a strengthened and renewed public health care system. We believe that through reduced wait times we can ensure that our system of health care remains sustainable for generations to come. Until the last election, significant achievements in honouring our commitments were, I believe, under way. We will continue to work to ensure that the commitments set out in the 10 year plan are honoured. We will accept nothing less on behalf of all Canadians and in the interests of protecting our public system of health care.

In the 2006 election campaign, the Conservatives promised a wait times guarantee of their own. I am going to quote directly, if I may, from the Conservative Party platform and a press release of December 2, almost exactly a year ago. The Prime Minister, the then Leader of the Opposition, indicated:

I am pleased to announce that one of the first acts of a new Conservative government will be to sit down with the provinces to develop a Patient Wait Times Guarantee...We will bring all governments back to the table, not to bicker about more money, but to set wait time targets across the country, and figure out a plan to begin meeting them. That process will begin immediately after the election, and conclude in 2006.

• (1225)

I find myself quoting Conservatives far too often recently, which I do not find particularly endearing, but I am using quotes from earlier this year to talk about inaction or reverse decisions, whether that be on accountability or income trusts.

That is what the Prime Minister said back then. If one says it and puts it on paper, one has to live up to it. That is the fact. No one has yet seen a plan put forth by the government.

Let us contrast that to the 2004 election. Health care was a big election item in 2004 and a big election issue in 2006. We had the election in June 2004. By the fall, we had the 10 year plan to strengthen health care, about which people like Gary Doer, premier of Manitoba, said it was a positive step. The premier of Saskatchewan, Lorne Calvert, said, "I believe that tonight, with the plan that we have signed, publicly-funded health care in Canada, not-for-profit health care, is on a more firm foundation...". Then minister of health for Alberta Gary Mar said, "I think we've got a good deal for Albertans".

The president of the Registered Nurses Association of Ontario said, "This agreement removes any concerns about funding and expands universally accessible health care services". Linda Silas,

president of the Canadian Federation of Nurses Unions, said, "The promised dollars in the agreement are great news for patients. Forty-one billion dollars over 10 years more than covers the Romanow Gap in provincial health care costs and is an impressive federal financial commitment". Roy Romanow said, "This is...a very positive step forward for reform. I have no doubt about that".

The election was in June 2004 and there was action in the fall. This year we had an election in January with a promise by the end of the year and we have not seen it. There is no indication of how much the Conservatives' phantom plan will cost or how it will be implemented.

The Canadian government should probably issue a new press release indicating that it actually had only four priorities, because it is clear that reducing wait times has slipped off its priority list altogether. The current minister is MIA. Perhaps he believes that by laying low and avoiding the subject of health care altogether, Canadians might not notice, but they do. They notice when a party says one thing and does not come through on that promise, whether it is making cuts to seniors, to poorer students, or to women in minority groups, or whether it is a broken promise on not getting jobs for political friends or muzzling their members or kicking MPs out of caucus. Canadians do notice and they will have the choice to make their voices heard.

Liberals believe that we need to make the necessary reforms to keep our health care system sustainable and accessible to all Canadians so they can receive treatment in a timely fashion. We delivered much in the historic agreement in 2004. It is now time for the new government to do something to build on that record of achievement.

Mr. Ed Fast (Abbotsford, CPC): Mr. Speaker, I listened carefully to my friend's comments. Of course he was critical of the progress, or lack thereof, on wait times guarantees. However, I think the member will agree, given the fact that our government has only been in power for some 10 months, that it is somewhat ambitious for him to suggest that by now we should have solved all of Canada's health problems.

In fact, first I would remind him that we recently have implemented a pilot project to implement wait times for first nations. Then I want to remind him of his own party's record. In fact, over 13 years of Liberal government rule in this country, we saw \$25 billion in cutbacks in transfers to provincial governments. Wait times doubled during those 13 years.

I have a question for the member. How is it that his government was unable to achieve wait times guarantees, unable to fund a national cancer strategy and unable to address autism in Canada during those 13 years, yet he expects our government to have solved all of the problems his government created in 13 years?

Business of Supply

•(1230)

Mr. Michael Savage: Mr. Speaker, my colleague mentions that the government has been in power for only 10 months. My heavens, it seems longer than that to most Canadians.

The situation that we inherited when we came into power compared to the situation that his party inherited this year could not really be more different. In fact, I do not think we could find another country that from 1993 to 2006 had such different economic conditions upon assuming office.

We came in with the Mulroney deficit of \$41 billion a year, or higher, and we had to do something. The member may recall the headlines about Canada becoming a third world nation with a third world economy. We probably would not have a health care system today, a publicly funded health care system, if we had not improved and restructured the economy.

Were people hurt by that? Some people were hurt. My father was the premier of Nova Scotia at the time, but he understood, as those people did, that certain things had to happen to sustain the health care system. I am proud of the fact that as soon as the economy was in better shape, improvements were made. They were improvements that made a tangible difference in the lives of Canadians.

The member talks about 10 months. I would remind him that the election I talked about was in 2004 and in four months we had achieved a historic agreement that a number of premiers of all stripes agreed with. The Conservatives have had these 10 months and have done nothing.

Ms. Olivia Chow (Trinity—Spadina, NDP): Mr. Speaker, between 1.9 million and 2 million Americans file for personal bankruptcy every year because of medical causes. We know that the cost of paperwork for health care in the U.S. is about \$1,000 per person per year, while in Canada the figure is only \$300. Obviously private health care is not efficient and is expensive, given that the U.S. spends 15% of GDP on health and Canada spends only 10%.

In May of this year, the Canada Health Act annual report had no report on the subject of private clinics in Quebec, Alberta and Ontario. It was appalling. There was no tracking of private health care services. I have a question for the member. How can Canadians strengthen our public health care system and lower wait times if the federal government refuses to monitor and enforce its existing legislation as it deals with privatized health care?

Mr. Michael Savage: Mr. Speaker, I believe in a publicly funded and publicly delivered health care system. I mentioned that I have had a number of community meetings in my riding at which hundreds of people have come out to talk about health care. Those meetings are no holds barred; I tell people that they can talk about whatever they want. We have had people, including doctors, say to us that we need to look at new ways of delivering. We have had some people say that we should look at some increased aspects of private health care.

My own view is that there is absolutely no evidence that privately delivered health care is more efficient than publicly delivered health care. In fact, operation for operation comparisons between the United States and Canada indicate that Canada's system is more efficient than that of the United States. If someone were to come to

me and say that we can make people in ill health better through a private system, I would say to let us have a look at the numbers. I have seen nothing to that effect.

I remain committed to a publicly funded, publicly delivered health care system, which I believe can work, is working, and can be improved upon, but it is the future of the health care system in Canada as long as we do those things that I talked about, which are to do everything we can to keep Canadians healthy, especially children, and provide better, more equitable and equal access across the country to things like home care, palliative care and pharmaceuticals. I believe in a publicly funded and publicly delivered system.

Mr. Rob Merrifield (Yellowhead, CPC): Mr. Speaker, I listened to my colleague and challenge some of the things he had to say with regard to this motion, which suggests that there are broken promises.

He also then he went on to explain what we were intending to do as government when we first got into office. First, we were going to sit down with the provinces, which we have done. Second, we were going to try to work with the provinces to establish wait time guarantees, which we are doing. Third, we were going to do pilot projects to actually comply with those issues, which we have done as of last week. It is not that we have broken anything.

I want my colleague to understand this as I ask him a question. In the last election campaign, we stood up on December 2 and said that we needed a health care guarantee in this country, but that was not a brand new idea. It is an idea that was put forth by the Kirby commission. In fact, a Liberal senator's report recommended it. The Mazankowski report and the CMA and others suggested it many years prior to the Kirby report.

However, we have a debate today on a motion that was actually introduced in the House on September 26, eight months after we formed the government, saying that we had broken promises to the Canadian public. I find it absolutely appalling that we would be playing politics with an issue like this, with such shallowness, and appalling to come into the House and spend a whole day debating what is absolutely ridiculous. In fact, the government should be embarrassed to be bringing forward a motion like this, so—

An hon. member: The opposition.

Mr. Rob Merrifield: I mean the opposition. Will the hon. member of the opposition commit to working on behalf of Canadians to make the care guarantee actually work in this country instead of the nonsensical rhetoric that we have heard from him in his deliberations and that we see in this motion?

•(1235)

Mr. Michael Savage: Mr. Speaker, my colleague referred to us as the government. I am not sure if he is going back a year or ahead a year; it could be either one of those.

Business of Supply

My colleague was on the health committee last year and I understand he is now the chair of that committee. My suspicion is that he is a very good chair. I thought he was a very reasonable member of the health committee last year.

He said that his party promised it would do all these different things but maybe did not achieve action if I understood it correctly. I am actually reading from the press release from the now Prime Minister. It went through all of those things and then said that the process would begin immediately after the election and would conclude in 2006. Unless there is some sleight of hand, that is not going to happen. The health care guarantee he spoke of was in a Liberal Senate report. Senator Kirby and Senator Jane Cordy, who is from my riding, worked on that. The idea of a health care guarantee was brought forward in their platform and we brought it forward in ours. We believe it should be honoured. We would assist people in getting the care they need in Canada in a publicly funded setting. That may be the difference in the two plans. It is not a new idea.

I come from a province where waiting lists in some areas are much shorter than they are in other areas. I believe it makes fundamental sense. It shows why the federal government is the government that has to take some leadership in this area so that Canadians have better and more equitable access to health care across this country.

* * *

BUSINESS OF THE HOUSE

Hon. Jay Hill (Prince George—Peace River, CPC): Mr. Speaker, please excuse the interruption to the proceedings on this important opposition motion. There have been discussions between all parties and I think you will find unanimous consent for the following motion:

That, notwithstanding any Standing Orders or special Order, consideration of the Business of Supply for today only, Standing Order 81(18)(c) shall be amended by replacing "6:30 p.m." with "6:00 p.m.", and "10:00 p.m." with "8:00 p.m."

The Acting Speaker (Mr. Andrew Scheer): Does the hon. chief government whip have the unanimous consent of the House to move the motion?

Some hon. members: Agreed.
(Motion agreed to)

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BUSINESS OF SUPPLY

OPPOSITION MOTION—HEALTH CARE

The House resumed consideration of the motion.

Mr. Kevin Sorenson (Crowfoot, CPC): Mr. Speaker, it is a real pleasure to speak to the motion that has been brought forward by the opposition. The motion deals with one of the institutions that Canadians have come to expect to be strong and secure, and that is our health care system.

I will begin by commending the Minister of Health, a new member of Parliament who came here with a great deal of expertise, tenure and experience as the former health minister for Ontario. We have certainly appreciated the leadership he has provided. Canadians have been enriched because of it. I also want to thank others who for a long time have been advocates for strong health care. Certainly in

the six years I have been here, the member for Yellowhead has done remarkable work. He is a strong advocate for a health care system that must deliver results to Canadians. The parliamentary secretary to the health minister, the health committee and the Conservative Party have made this the number one issue and priority. Those three specifically must be commended for their hard work.

Canada's new government understands that Canadians expect all levels of government to work together to get things done for families and taxpayers. Canadians understand that there are different levels of governments and that they may be from a different partisan perspective, but Canadians expect these governments to work together where and when they can to provide services.

Canadians expect practical health care programs. Canadians not only expect that programs exist and that there is help when they need it, but that the programs are properly managed. There is no doubt that our health system works for many Canadians. When Canadians get sick, they go to a doctor or clinic and they receive the attention they need. When they need medicine, they can access prescribed drugs.

Canadians have a degree of confidence in the system that we enjoy in Canada. Canadians believe that strong health care is one of the institutions that makes Canada what it is. It is a publicly funded health care system that can deliver when needed. They have a degree of confidence in the system, but full confidence is what Canadians deserve.

In Canada we have a pretty good system where people pay their taxes and governments provide most with satisfactory health care. Canadians have lived up to their side of the deal. They pay their taxes year in and year out. Canadians know that come the end of April, their taxes are due. There are forms to fill out and accountants to visit. Canadians understand that they have responsibilities as citizens of this country to keep records of income and expenses. They fill out their tax forms and pay their taxes on time. They understand that if they do not pay their taxes on time, there will be repercussions. Canadians know that certain measures are in place so that people will pay their taxes on time.

● (1240)

Canadians have not been getting the value that they deserve for their money. That is why every other day we read in the newspapers about the health care system, the need for more money, the lack of doctors, the wait times and all those kinds of things. One of those indicators has been very clearly that health care wait lists are still too long. We have talked about it. The opposition, the former government, has talked about it, but these health care wait lists are still too long.

Canadians deserve better. That is why the government is working with the provinces and territories. That is why the government is working with all our health care partners to establish patient wait time guarantees, to establish a framework where individuals will understand that they can receive the help that they need.

Business of Supply

By doing this our health system will be more accountable to patients, not process. The health system will be more accountable to the health care consumers, the patients, not to the providers. Canada's new government is committed to a patient centred approach when we refer to the delivery of health care in Canada.

What exactly is a wait time guarantee? The wait time guarantee has two basic elements. First of all, there is a specified timeframe in which medically necessary health care services are delivered, a timeframe that says this is what can be expected. Canadians have paid in to it through their taxes and they will receive health care by such and such a time. Second, there is recourse. This says that alternative options for care are offered to patients if the system fails to deliver medically necessary health care services within the specified timeframe.

Obviously, different patients in different situations will have different needs. In all processes a certain degree of flexibility is needed. There should be a maximum acceptable wait time based on the anticipated clinical outcome.

We need to bear in mind also that wait times can occur at different points in the treatment process. This is not a wait time from the time the patient goes to the clinic or the doctor for the first diagnosis. This is different times in the process where waits or a logjam, so to speak, can occur.

The wait for an appointment with a specialist after referral from a family doctor may be one area where a wait time can begin. Another one is the wait between the specialist appointment and surgery. The patient has gone to the family doctor and has been referred to a specialist and there is a logjam to see the specialist. If the patient needs surgery, there may be a wait time to see a surgeon. The patient may have had one or two wait times already. Another is the wait for diagnostic imaging.

There are all those different places in the system that can frustrate and hinder Canadians as they seek medical attention. To the patient, undue delay at any of those steps is unquestionably stressful and maybe even more than that, it might be a detriment to their health.

For that reason, patient wait time guarantees must be based on three things. First of all, they must be based on certainty, they must be based on timely access and they must be based on recourse. Given that Canada has only recently taken on the challenge of seriously reducing wait times, many people may not be familiar with the terms as we use them. Let me define them for Canadians.

Certainty seems to be a fairly straightforward concept. It means that Canadians feel confident that they will get the care they need. They will get the care they need regardless of the diagnosis before them. Certainty means that they will get the care they need regardless of where they live.

●(1245)

We could spend a great deal of time talking about the frustrations of rural delivery of health care, where many of these individuals are required to travel two or three hours to the capital or to a large centre where they can find that type of service. Again, this all adds to the frustration of wait times.

Certainty means that they can feel confident they will get the care they need. Timely access means that Canadians feel confident they will get the care when they need it. It is important in health care not only that we assess the difficulty, diagnose the problem, but that they get the care when they need it.

Recourse means Canadians know that should their wait for care be at risk of running past medically acceptable wait times, the system will respond by evaluating the care needed and/or offering alternative options, such as transferring doctors or facilities.

At the present time, probably every member of Parliament has received letters or calls from individuals who are caught up in these wait times. They question what recourse they have. They question if they should be running here or running there and if somebody is watching out for them. Are their family doctors on their case file? Are they aware of the frustrations that individuals are going through? What recourse do they have?

There are two kinds of recourse. One is patient triggered recourse which we see when, for example, patients, who are forced to wait too long for services, file complaints with the tribunal. They file complaints because, in some cases, they fear what their diagnoses are and the amount of time they have had to wait. Others feel that this is not right, that we have a health care system in which we should have confidence. Therefore, they file complaints with the tribunal because they want the system fixed. This is patient triggered recourse. This recourse can be needlessly stressful for those individuals who are trying to fix something in the midst of trying to heal or to get relief from the disease, the pain or the needs that they have.

We also have system triggered recourse, and that is different. Under a program of automatic system triggered recourse, when a patient's wait time extends past the medically acceptable treatment timeframe for his or her condition, the system itself flags the case. At that point, the patient's condition could be re-evaluated and the patient offered alternate options, such as another doctor, another facility or another jurisdiction. This is the kind of patient centred approach Canadians want to see. It takes the frustration out of the hands of the individual, who is going through this difficult time, and it puts it on to a system.

Imagine a system in which, once a patient requires care and is put on a waiting list, different mechanisms are automatically initiated by the system and they become available as a patient's wait time increases.

First, patients are put on a centralized waiting list. Appointments with various health care professionals are clustered together. Electronic call backs are automatic. Patients have access to a patient navigator, a real live human being who is watching their case for them, perhaps a clinical nurse. This navigator lets them know where they are in the queue and advocates for them any adjustments to their position in the queue, based on their health status. They ensure that they are there for the patients as well as the system, which is very aware of their frustrations and their needs.

Business of Supply

The good news is that system not as far off as we may think. A number of provinces and territories have already begun to move this way. They are providing some of those forms of system triggered recourse, such as centralized wait lists and patient navigators in certain clinical areas.

My colleagues today have risen in the House and have spoken about how Canada's new government is investing in health care for Canadians.

● (1250)

Budget 2006 reaffirms the government's commitment to provide predictable and growing funding through the Canada health transfer to the provinces and the territories. The annual 6% escalator on the Canada health transfer means that the government will provide an additional \$1.1 billion to provinces and territories this year and \$1.2 billion on top of that next year, and that will continue to grow thereafter.

This funding is leading to reduction in wait times across the country. It is not going to completely solve the wait times. Money does not solve every problem, but there are some very positive examples in every region of the country where this government's efforts, in collaboration with provinces and territories, has made a real impact.

My colleagues have also spoken of the government's commitment to work with provinces and territories, to recognize the jurisdictions that those provinces have and to help establish patient wait time guarantees.

Some people wonder how we can move ahead with guarantees at this time. To that we answer, how can we not move ahead with guarantees? This was one of the priorities on which the government campaigned. This was one of the priorities that we will deliver.

We say to all governments across Canada that wait time guarantees are crucial. Wait time guarantees need to be part of every equation when provinces come to deliver health care. Wait time guarantees are the next logical step to providing patient centred care and they clearly build on the reforms and innovations already under way in all jurisdictions.

We are in a situation in Canada in which the legal context of providing timely health care has shifted. After last year's Supreme Court decision on Chaoulli, new legal challenges will undoubtedly emerge in the future. Already an Alberta resident is challenging provincial legislation that does not permit private insurance for publicly insured health services and alleges a denial of his charter rights. The point there is obvious. A guarantee, or wait list or access to a wait list is not access to health care.

If progress is not made on improving patient wait times, Canadians will see the courts as their only recourse. This will leave the courts to manage our health care system based on individual circumstances rather than on the health interests of the public at large.

It is clear to us that governments now have a chance to take effective and distinct action to mitigate this risk on their own terms. I believe governments, not the courts, should be setting health policy in the country. It is clear to us that governments have a chance now

to take effective and distinct action to mitigate this risk on the government's own terms, on Parliament's terms.

It is important to protect a strong public health care system. It is important to recognize patients at the centre of that system. By setting defined lines for guarantees and by offering recourse options to patients whose waits exceed these timelines, governments can provide certainty to patients in their access to the health care system. They can offer Canadian system supported options for timely care, ones that do not involve seeking legal counsel to turn to the courts for assistance. I strongly believe that declaring guarantees with recourse is the best way to move forward.

Canadians deserve to feel that they receive excellent health care and also certain that they will be provided with options for recourse when wait times become an unreasonable risk to their health.

We will continue to work with provinces and territories to reduce wait times for Canadian families and taxpayers through properly managed programs. The Minister of Health has invited health officials and experts from across the country to the sharing success conference this fall, where they will have the opportunity to share best practices and important learnings gleaned since 2004.

Within one year's time, our Minister of Health believes provinces and territories should be in a position to state their intention to establish a guarantee in critical areas such as cardiac care where progress has already been made. Then too, we expect to continue to make progress the following year as well.

● (1255)

By spring 2008, legislation requires the federal Parliament to review progress in implementing the 2004 health accord. We believe that by that date all jurisdictions should be making progress toward establishing wait time guarantees for other essential health care needs.

The opposition brought this motion forward because it is the group that has caused more frustration to health care over the years than anyone else. That is why it is a pleasure to stand in the House today and offer the opposition measures in which health care can be improved.

Mr. Paul Szabo (Mississauga South, Lib.): Mr. Speaker, the issue of wait times guarantee is interesting. On December 2, 2005, during the election campaign, the Prime Minister laid out the concept of the guarantee. He said that patients must receive treatment in medically acceptable maximum times for a publicly insured service that was not available in their own area and that they must be given the option to receive their treatment in another hospital or clinic even outside their home province. He also said that it would be based on the recommendations of a Senate committee, which was done by Senator Kirby, and it would be implemented immediately.

Business of Supply

I do not believe it has been implemented immediately. The health minister has basically said that the moneys necessary for a health wait times guarantee is included in the health accord, signed by the Liberal government and the provinces in 2004, the \$41 billion health accord to provide for wait time benchmarks. The Prime Minister said it would happen immediately. It has not happened.

How could the Conservatives make a promise in December 2005 that was in fact delivered in 2004?

● (1300)

Mr. Kevin Sorenson: Mr. Speaker, my colleague is wrong. Health care was either the top priority or the second priority during the election of all parties. First, most people were talking about the corruption of the former government, of the Liberal Party of Canada, because of the sponsorship scandal. However, health care is always an issue when it comes to elections.

The member is partly right when he said that we made it a priority and that we made certain clear commitments during the election that this was what we would do. The Conservative Party did make it health care a priority. After 13 years of neglect, the Conservative Party said that there were certain things we should come to expect in health care. One of them was timely delivery.

The Conservative Party also recognizes that there are jurisdictions and that delivery of health care is the responsibility of the province.

Mr. Paul Szabo: The Prime Minister said it would be delivered right away.

Mr. Kevin Sorenson: The hon. member across the way said that we would do it right away. Right away, we got together with the provinces. Right away, we sat down with all territories and provinces and said that the wait time guarantees was the first step in solving much of the problems with health care.

Provinces are buying into it. Jurisdictions are recognizing this all around the world. I read an article this morning from Sweden. The Swedish government took a look at how health care was delivered. It said that certain benchmarks had to be attained. The very first step it took was to say that if people could not get health delivery in a hospital, they could pick any hospital around the country to get it.

We immediately sat down with the provinces and the territories to talk about wait time guarantees. We also, almost immediately, consulted with the provinces and said that we wanted to begin pilot projects. The member for Yellowhead stressed that three things had happened. We sat down with the provinces, we made wait time guarantees a high priority and we have brought forward with pilot projects, which will be come forward very quickly.

Mr. Rob Merrifield (Yellowhead, CPC): Mr. Speaker, I appreciate the comments of my hon. colleague. He is a colleague of mine in Alberta who represents the wonderful riding of Crowfoot. I know that we both identify with some of the pressures and stresses of the delivering of health care in rural ridings.

When it comes to the patient care guarantee, it is not only something that doctors have endorsed, the Canadian Medical Association brought forward a recommendation on this a number of years ago and actually did some polling on it. We also have the support of the courts with the Chaoulli case which actually said that

individual Canadians must be able to access health care when they need it because the government made that commitment to the people of Canada and they pay for it.

However, more important, the people of Canada support the care guarantee that this government has brought forward. In recent polls that I have seen, 85% or more support a care guarantee.

When it comes to the care guarantee in rural Alberta and understanding the dynamics and the problems of it, my colleague, who is from rural Alberta, knows that we deal with this in a micromanagement way all the time because we must travel a considerable distance to access health care services.

I wonder if my hon. colleague could explain to the House a little more about how it works in Crowfoot and how it should work right across this country.

● (1305)

Mr. Kevin Sorenson: Mr. Speaker, it is not working as well as what I think it will in the next few years given that this government has put such a high priority on health care and that it seems to have much of the formula that is needed to deliver health care properly.

I see the wait times guarantees as a tremendous bonus for the people of rural Alberta and rural Canada because this tells them that regardless of whether they are a block from the University Hospital or a major city hospital, or two or three hours from a hospital, there is a wait time guarantee.

More to the point that the member has made as to what we can expect in the future, we can expect a lot more in the future because over the past 13 years we have fallen to such a low standard that we recognize that the waits have just become unacceptable.

It must have taken years for our once strong system to become as dilapidated as it clearly has. It has not taken decades. It has taken maybe 12 or 13 years. Millions or billions of dollars in taxpayer money must have been diverted from it. That is what most people think. Did the former government soak out billions of dollars from health care? No, not hundreds of billions, only \$24 billion or \$25 billion, which is why it is not at the level that it could be if it had proper commitment all down through those years.

Here we are today debating a motion penned by a Liberal from Ontario basically asking to strip it of its partisanship. The motion reads "That, in the opinion of the House, the Conservative government—" should "—reduce medical wait times and...provide the necessary funding and resources to achieve the goals of the First Ministers' accord on health care renewal".

That was not the opinion of the Liberal government when it was in power for 13 years. Now, all of a sudden, the Liberals found this idea for a supply day motion and decided to make it look like they believe in what they are talking about.

Business of Supply

Ms. Olivia Chow (Trinity—Spadina, NDP): Mr. Speaker, we know the federal wait times adviser said that there should be much greater use of the information technology, including electronic patient records. He also said that health administrators should use the latest techniques developed by industry to manage complex systems, including a branch of methods known as the queuing theory.

Other suggestions include a public awareness program to give people realistic expectations and to have a panel recommend additional wait time benchmarks beyond the five priority areas. There is also a recommendation that we pay attention to gender issues, that women often wait longer than men for care and that there are reasons to believe that aboriginal people may not be getting care as promptly as others.

I would like to know what kind of action is being taken to implement these recommendations, especially when it talks about children who need mental health services often having to wait the longest time with the most tragic results because of that. Could there be a description of what kind of—

The Acting Speaker (Mr. Andrew Scheer): The hon. member for Crowfoot will have about 45 seconds to respond.

Mr. Kevin Sorenson: Mr. Speaker, in all fairness, this is the first time I have heard that wait times are longer for one gender over another gender. Part of the Canada Health Act says that there is universality, accessibility and all those things. It does not differentiate between one gender and another or one ethnic group and another. We expect there to be a high level of acceptance for all Canadians.

This government's approach to health care has four main points. First, it needs to have a consumer focus, a patient focus, which is the primary reason that we set up a formula for health care.

Second, it has service levels in primary care. In primary care there is a certain level, wait lists, health care and information for citizens and patients. Those are important in how we deliver health care and this government is committed to making health care better for all Canadians.

• (1310)

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, I am eager to speak to this motion because the amount of wordsmithing that we are hearing from the government is incredible. Those members call themselves the new Government of Canada but there is nothing new about the government and nothing new about its policies.

The hon. member who just spoke talked about history and about the 13 years of Liberal government, et cetera. I want to talk about history. The last federal Conservative government left this country in a mess because of ideological Conservative policies. I will not even go into the deficit and the huge debt. I want to talk about the impact of the ideological policies of the last Conservative government on health care.

When we came in as a government in 1993, we found the health care system in a mess. One major reason for that was because the last Conservative government did an ideological thing that the present Conservative government is committed to. We have heard those members muse about it. The last Conservative government decided

to cut cash transfers for health care to the provinces and replace it with tax points. One does not have to be a rocket scientist to know that in order for the Canada Health Act to be implemented it depended completely on cash transfers to the provinces. When tax points were given to the provinces, the federal government's ability to implement the Canada Health Act was taken away. That started with a Conservative government.

When the former Liberal government came into power, over 10 years we replaced over \$75 billion in cash to the provinces in some form or another, including transfers to reinstate that base of health care that the last Conservative government had completely gutted and destroyed. Let us talk about history because I am thrilled with our history.

Now let us talk about wait times. Our government put in over \$75 billion in various forms of cash transfers to the provinces to help bring health care back up to scratch. We put in \$41.3 billion which contained \$5.5 billion specifically dedicated to wait times and the problems with wait times. We knew this was something all provinces had to work on together so the provincial ministers came up with a 10 year plan. That plan was tabled in 2004.

I want to tell the House of the progress on that file in that one year since the plan was reinstated. In 2004, when it was decided that provincial ministers would come up with a 10 year plan, the CIHR, Canadian Institutes of Health Research, arm funded eight projects with regard to this. In July 2005, we appointed a federal adviser, Dr. Brian Postl, to coordinate the 10 year plan. In November 2005, Health Council Canada brought in recommendations on how to create a national pan-Canadian framework. In December 2005, true to their word, the premiers came up with the benchmarks and there was a lot of movement on the wait times file by our government.

When the premiers came up with their benchmarks in December 2005, as promised, and all that money had been moving into the file for projects and things were moving nicely, an election came. We heard during the election a promise from the Conservatives that they would deal with wait time guarantees. This is the kind of doublespeak that the government excels in.

What does wait time guarantees mean? The words "wait times", "wait time guarantees", "wait time benchmarks" and "wait time lists" are being bandied about as if they are one concept but they are not. They are all specific and different concepts. Wait time benchmarks require clinical information and clinical guidelines in order to set them up. We know that one of the problems is the fact that the government has done nothing.

Business of Supply

What have the Conservatives done since they came into power with its big wait times guarantee promise, the promise that we hear everyone across the way crowing about? They make it sound as if it is a great deal that they are offering. What did the new government do in the budget? It repeated the Liberal government's \$5.5 billion promise, the money that we actually gave to the provinces. It repeated the same \$41.3 billion that we had put in our budget. It just repeated everything that we as a government put money into and then said that they had done it. They did not. This is a sleight of hand. This is wordsmithing being played.

• (1315)

Since then, what exactly has the Conservative government done? It has promised guarantees. Let us talk about guarantees. The guarantees the government has promised have legal implications. It means that if it does not deliver to the patient the ability to have access to surgical interventions, diagnostic equipment, health human resource professionals, and the things required to deliver health care that patients need when they need it and in a timely manner, there are legal implications.

What did the government say it would do? It said it would send people to another country if necessary. We know that in all likelihood the other country will be the country to the south, the United States. What a great idea. Canada is going to send its patients to another country that charges 5 to 10 times the amount for interventions and diagnosis than we do in this country. What a great piece of fiscal cleverness.

It is a costly thing to do instead of putting money into doing what the Liberals promised they would do, which was a guarantee that would be contained within Canada. That was in keeping with the work Liberals had done throughout 2004 with the provinces, which said that there needed to be a pan-Canadian database. We needed to know what other provinces were doing so we could shift Canadians across this country within Canada. Liberals were talking about how to deliver guarantees within a public health care system. The money that we put into wait times was within a public health care system and it was only for publicly delivered care.

The Liberal government was very clear in what it did. It had a very clear timeline and it showed progress. Now all we hear is talk. Liberals hear their own budget being repeated in the present government's budget, which is kind of cute, and now we hear talk about guarantees. Nothing has been done about guarantees.

What is interesting for people to note is that bringing down wait times is not just about giving money. Things need to be done about health human resources. There are not enough doctors, nurses, technicians and technologists to work in operating rooms, to see patients, to do the diagnoses that patients require, and to have access to diagnostic equipment. None of those things are possible without health human resources.

The Liberal government had a plan in 2004, which I am proud to say the then prime minister had asked me to set up. It was to work with the doctors, nurses and health care providers of this country and put money into increasing the amount of medical and health care personnel. That is a key part of wait times that we were working on as well. There were 14 departments in the federal government working on this.

I asked the Minister of Health, when the Conservatives were elected, if he would continue this plan and he did not even seem to know what I was talking about. He passed it on to his bureaucrats and they did not know what I was talking about. That plan has vanished. So much for health human resources, which is a key part of wait times.

If there is no equipment for X-rays and medical imaging, et cetera, how are people going to gain access? There is no new money. The government had an opportunity to put new money into its budget, and I reiterate new money, for equipment, the infrastructure for providing surgical interventions, and the required diagnostic equipment. Timely health care cannot be provided without those things, just like it cannot be provided without health human resources. The government has done nothing.

I would love to know what it means by the word "guarantees" when it is not putting the basic pieces in place that would bring down wait times. The wait times issue is very important and the concept of benchmarks is so important that the Canadian Institutes of Health Research, which has been doing the projects on a peer basis, on a scientific, clinical and objective basis, has been given no new money either by the government. The commitment we have is to talk.

Finally, there is talk by the government about what it is doing with the provinces. The government has been downloading to the provinces since it was elected. In 10 months it has handed the problem to the provinces. The Liberals were working with the provinces.

• (1320)

We were committed with \$5.5 billion to continue to help the provinces, as partners, with money that was necessary, with resources, with the things that were needed, to get the provinces to do this kind of work, to bring down their wait times. Nothing has been said about that. Downloading to the provinces is an ideology of the last Conservative government. It is an ideology of this Conservative government. Let us devolve everything to the provinces. Let us not talk about one Canada.

If we are going to talk about how we can move people across this country to get the kind of care that they need when they need it, we need to talk about a pan-Canadian strategy.

The federal government has to have a key role, not just a talking role, not just a lot of blather that we hear spoken in this House of Commons about what it intends to do, what it thinks it is doing, but something that has teeth in it like our government strategy.

We put real dollars into this strategy. We put real money. We were developing health human resources strategies with real new money in 14 departments. We were developing agreements with the provinces on projects. We had put money into the Canadian Institutes of Health Research.

Business of Supply

What is even more important is that in July 2004 the medical profession came onside. It knew that our government was committed to this issue. Seven specialty bodies that deal with diagnostic equipment and surgical intervention came together in August 2005, just about three months before this government called an election. The NDP helped to do this, so never mind about that party talking about how committed it is to health care. It knew that this was a government that was working on it with teeth, with money, and with real action. Yet, it decided that, no, this was not important enough, let us get an election because polling was everything that was important. So, when I listen to people in that party speak about how committed they are to anything, I just have to wonder whether they think that Canadians are really stupid. We are talking here about real work that needs to be done.

Where is this government if it is not prepared in its wait times guarantees to actually even listen to the report of the Wait Time Alliance? These seven medical professional bodies, that we talked about, made recommendations. What is this government going to do about those recommendations? Those recommendations talked about creating a steering committee on wait times strategies that would develop the plan.

The Wait Time Alliance asked this government to develop a pan-Canadian approach to collecting wait times data. Has this government done it? I do not know. Because without it, the guarantees are meaningless.

Has this government done anything about setting realistic targets to meet the benchmarks? Is it working with the clinical people who are the only ones, and the CIHR, to set those benchmarks? Is it doing it? No, it is not. Because it has done nothing to fund those bodies. Is it monitoring any progress toward reducing wait times? It is not. Because it has not even decided what it is going to do. It is just merely talk.

Has it established a targeted health research program in order to monitor, evaluate, and ensure that the times are being met and that we are not setting unrealistic times? None of that has been done.

Talk is cheap, especially when the Conservatives are using another government's budgetary money that was put in to deal with this issue. Talk is really cheap because they continue to reiterate what the last government has already done. They have used the last government's money which it had put in the budget. They have taken it on as if it is their budget. They have just repeated it all and they have repeated empty words. And this is my concern.

Everyone talks across the way about caring about patients. Let me say that I cared about patients for 23 years and I know that what a patient wants is a deliverable, a real result. We do not achieve real results if we do not put in the resources, if we do not put in all of the equipment that is necessary, and if we do not deal with the health human resources.

There are three million people in this country who do not have access to a primary care physician. When they are sick, they have no one to go to. There is no one there to fulfill the need for diagnostics because we do not have enough technicians. Yet, I have asked this government about what it was doing about health human resources. It does not even know what I am talking about. It is as if this is a

foreign concept. Yet, this government talks about wait times guarantees. What does it understand by that? I do not think it even understands the concept. It is just a set of words.

• (1325)

The government talks about benchmarks. I think it has ignored the Wait Time Alliance benchmarks, which were absolutely necessary to have that clinical input. It was put in and ignored.

There was money for infrastructure to have new MRIs, to have surgical procedures, and to have the equipment necessary, but it has never been done. The provinces need the assistance in terms of funding to be able to do that.

In fact, I listened to the Minister of Health speak very glowingly about what the provinces have been doing. Those provinces have been doing those things with part of the money that the Liberal government put in place, not only in terms of health human resources but also those pilot projects that needed money to do this. Then the government speaks about putting in a few million dollars here and a few million dollars there.

There is absolutely no real commitment. Canadians have listened to this wordsmithing and this talk upon talk. I want to hear from the government that if it is going to talk about doing this, what exactly does it mean to do? Will the government put its money where its mouth is? Do the Conservatives actually understand what is required of them? I have heard none of them speak to this.

I have just heard warm, fuzzy statements about "we care about patients," and "we have kept our promises". The government has kept no promises that I know of. Canadians know that their list of broken promises litters the Canadian countryside, especially with seniors and income trusts who no longer have any money, money they invested in good faith.

The government only uses a lot of words. I am here to say that we have heard history across the way. Everyone has talked about the 13 years of Liberal government. In those 13 years the Liberals put in real money. The previous government gave over \$75 billion of real money and real cash to the provinces to give them what they needed to do the things they needed to bring health care up to scratch. The Liberals actually did it.

We now see a repeat of what went on in the last Conservative government. I do not know how many times a Liberal government can come in and mop up the mess that is left by past Conservative governments. I do not know how many times the Liberals are going to have to come in and dig us out of a hole and then begin to reinstate money for health care, reinstate money for research and development, reinstate money for infrastructure, and reinstate all of the things that have been gutted by past Conservative governments. It is almost too frustrating for words.

Business of Supply

Yet, it is happening again. I have listened to it. I hear it. I watch what is going on. As a physician I wonder what this all means. I listen to this rhetoric and we know that the patients are not fooled. I meet with people regularly, past patients of mine, and groups in my riding to talk about health care. They are not fooled. They keep saying, "What is this all about? We have no new money. We do not hear of any new programs. We do not see anything new happening".

The provincial ministers of health are beginning to ask the same question. They say that the government has been in power for 10 months and nothing has happened but talk. There is only cheap talk.

In spite of what is being said across the way, patients are continuing to suffer. The government listens to no one. It is a tightly controlled ship. The decisions come from one place only. When doctors, nurses and health care professionals give advice to the government, it is ignored. Nothing has been done. Twelve months later none of the recommendations have been listened to. We have seen this. I am not making this up. We can all read the Wait Times Alliance report. Nothing has been done as far as the report is concerned.

The Canadian Institutes of Health Research are also deeply concerned. It is not able to keep its commitments because there is no new funding for it to do the things that it needs to do. There is a pittance of a few million dollars thrown into a hat. These are the people who are key if we are to get wait times down. They are key to setting the kind of clinical guidelines that benchmarks require, appropriate guidelines, not something that is pulled out of the air.

Let me give an example. We hear that actually one should wait 10 weeks, according to the benchmark set, for radiation for cancer therapy. The medical professionals and those people who understand this issue say that no, it is only supposed to be six weeks.

What are we hearing? We are hearing that there is no real clinical input into benchmarks being set. We need to talk about the fact that we want to deliver appropriate health care for people in a timely manner when they need it. That is what patients want. They want to know that when they are sick and their family is sick that they can go and see a health care provider who will diagnose what is wrong with them. They want to know that they can get the tests that they need done in an appropriate manner, quickly enough so that they can know what is wrong with them. They want to know that the interventions that they need are going to be there for them when they need it.

• (1330)

For 10 months the government has done nothing but talk. It has taken our money as the past government and thrown it back at everyone else and has put nothing new into the system, so let us get real here.

Mr. Ed Fast (Abbotsford, CPC): Mr. Speaker, I sense there is a credibility gap here. In fact, there is an odour wafting through the House and it is emanating from that member's desk. It is the odour of hypocrisy.

I remind the member that for 13 years it was her Liberal government that slashed over \$25 billion from transfers to the provinces, much of that in the area of health care. Under the regime

of her Liberal government, health care wait lists doubled. They were not reduced.

Despite all the blather we have heard from that member, would she please tell us how she can defend such an appalling Liberal record? How does she expect that kind of an appalling record to be remedied in the space of the 10 months in which this government has been in power?

Hon. Hedy Fry: Mr. Speaker, the word "credibility" coming from the Conservative government is very funny indeed.

Prior to my becoming a member of Parliament in 1993, I worked very closely with the Canadian Medical Association on this issue. One of the things that we kept protesting against was the last Conservative government's gutting of transfers to the provinces that would have kept health care afloat. It was years of the last Conservative government's gutting of the cash transfers that brought us to this point.

When the Liberal government came into power in 1993, first and foremost, we had to pay off the deficit of \$43 billion. We did not gut any health care. We had to pick up the slack. What the member does not obviously understand, and I accept that he probably does not have any understanding of the health care system, is that the result of the Conservatives' cutting and cutting and cutting of the health care transfers over the years led to an increase in wait times. We were left holding the bag that was left by the former Conservative government. We infused over \$75 billion of cash in one form or another to the provinces, the most recent being the \$41.3 billion that we put in. Prior to that we put in \$24 billion.

We were the government that set up the Romanow commission. We were prepared to put money in to solve this problem and to really put teeth into it.

Mr. Garry Breitkreuz: Mr. Speaker, on a point of order, if the hon. member makes a second speech, we will not have time for questions.

The Acting Speaker (Mr. Andrew Scheer): I thank the hon. member for Yorkton—Melville. I am capable of managing the time allowed for questions and comments, but seeing that the hon. member for Vancouver Centre is finished, I will recognize the hon. member for Mississauga South.

Mr. Paul Szabo (Mississauga South, Lib.): Mr. Speaker, I listened carefully to the hon. member for Vancouver Centre. The member, who has been here since 1993, was the parliamentary secretary to the minister of health and has been very active in the health file for a very long time. As such, she knows exactly what has happened in health care.

During the election campaign, the Conservative Party promised a health care wait times guarantee. On December 2, 2005, the current Prime Minister announced unequivocally that the Conservative plan would be implemented right away.

The health minister has been silent on the file. In fact, he actually said in a public statement that the moneys for the wait times guarantee were already in the 2004 health care accord, the \$41 billion.

Business of Supply

If the health minister is correct that the money for the wait times guarantee was in the 2004 health care accord and that the Conservatives would implement it right away, how is it that they could promise in the 2006 election that they would deliver something that had already been delivered?

• (1335)

Hon. Hedy Fry: Mr. Speaker, if the hon. member pardons my laughing, the question he posed shows the absolute sheer idiocy that has been going on across the way.

When we think about it, we have heard about guarantees. We cannot deliver on guarantees unless we put in place the necessary infrastructure to do so. There has been no new money from the government on the issue. It has taken the money that the Liberal government put in for wait times, developing of the programs, for dealing with pilot projects and for dealing with health human resources, all the money that was put in, the \$41.3 billion, as already has been reiterated, is in the budget.

When our government made a promise in the 2006 election about guarantees, we said we would have to put in new funding. We knew there would have to be new funding, not only for the guarantees, but for all of the pieces that lead up to making the guarantees possible. To say it was already in the 2004 budget means that the government does not even get it. The Conservatives do not even understand how to implement their promises.

Mr. Leon Benoit (Vegreville—Wainwright, CPC): Mr. Speaker, what we are seeing is a really bad case of revisionist history. The member is so desperate to absolve the former Liberal government of cutting \$25 billion in transfers to the provinces, she is so set on trying to do that in any fashion she can that she is trying to blame a government that came to office in 1984. She is trying to blame a government from more than 20 years ago for the problems in health care and for cuts in transfers when her government, the Liberal government, cut \$25 billion in transfers to the provinces, much of that for health.

Why could the member not just answer the question that was asked of her before and explain how her government cut \$25 billion in transfers to the provinces for health care?

Hon. Hedy Fry: Mr. Speaker, I do not think the member even understands what revisionist history is, because what we have been hearing from over there is revisionist history.

I do not know if the member understands. It was \$75 billion over 10 years that our government put into direct transfers to provinces to reinstate the health care that was gutted by the last Conservative government. This is not going back in time to find an excuse. It is actually understanding cause and effect. If one does not have an objective way of understanding cause and effect, then one does not understand anything.

The bottom line is that it was a Conservative government that left the health care mess that we had to clean up. We put money back into it by putting over \$75 billion in one shape or form into direct cash. That does not include any of the other things we did with provincial governments on projects et cetera to move the agenda forward. We had to put that money in because it had been taken out by the government prior to us. The government prior to us was responsible. Everyone knows that. I was not a member of Parliament

when we were doing that kind of research within the Canadian Medical Association to see that that was indeed true. I was speaking against it at the time as a physician, not as a politician.

Those are the facts. The member can deny it as much as he wants but the facts are there. It is written in budgets and it is written in the history of this House.

[*Translation*]

Ms. Nicole Demers (Laval, BQ): Mr. Speaker, first, I want to point out that I will be sharing my time with the hon. member for Trois-Rivières.

I am very pleased to rise today in this House as a proud representative and member of the Quebec nation. As such, I want to say that we will be voting in favour of the motion introduced by our colleague this morning.

We are convinced that as a nation, we also have the right to receive the money we need to serve our people. This money from the federal government belongs to us. We contribute by paying our taxes. Every week, benefits are deducted from our salaries. This money goes to the federal government, who should, according to plan, redistribute it to the provinces so that they can satisfy the needs of their constituents.

Susan Dusel, from the National Coordinating Group on Health Care Reform and Women, said:

When the health care system is cut back women get hit with a triple whammy. First, women tend to be the health care workers who are losing their jobs or are being run off their feet because of understaffing. Second, women and their children tend to be the heaviest users of the health care system. Finally, women have to pick up the slack when the state no longer funds health care services.

After all the promises by the Prime Minister and the Minister of Health that there would not be any more interference in provincial jurisdictions and that the provinces would receive the necessary funding to cover their needs, we do not understand why we have to debate and vote on an issue like this today. This should have been sorted out a long time ago.

Unfortunately, it seems that since the Conservative Party came into power, it has forgotten what it always said when it was in opposition. It often complained about the Liberal government's intrusions in provincial jurisdictions. Now, the Conservatives are doing the same without thinking twice about it. It seems like second nature, as though this comes with being in power. With power comes the right to interfere in provincial jurisdictions just to use up all the estimates. The federal government prefers to spend that money on things that our provincial governments, the government of the Quebec nation in particular, would not spend money on.

I find this a shame. The government already has a hard time respecting its own obligations, in its own jurisdictions, and it continues to interfere in provincial jurisdictions. It is unfortunate.

Business of Supply

The government should actually invest money to meet the needs of its own clientele, like the first nations, the Innu, the veterans and the soldiers who are still active. Recently, a number of veterans complained about not having access to health care, drugs and medical equipment. They are right. This situation is wrong. The government strongly urges them to take part in the war effort in Afghanistan, but it is a lot slower taking care of them when they come back from war and they are suffering from post-traumatic stress or some other disability. If the government took care of its clientele and invested the money they are entitled to and if it gave the provinces the money owing to them, I am convinced that today we would not be thinking about parallel health care systems outside the public health care system.

In Vancouver, they have opened the first private clinic with a private operating room. Numerous studies, notably in England and New Zealand, have proved that in the private sector wait times are not shorter but on the contrary longer, and that it is the well off who take advantage of these private clinics.

• (1340)

We must not have any illusions about our physicians, nurses, surgeons and specialists continuing to work in the public sector if they have the opportunity to go and work in the private sector, where they can earn a lot more money.

I think that our governments must be able to pay these doctors properly, equitably and fairly. To do so, we have to have all the money owing to us. For Quebec, this amounts to \$3.9 billion.

I hope that this government will have the boldness and the courage to settle the fiscal imbalance, which it has claimed it wants to do since last December. I hope it will be bold enough to let us work on helping those who are ill in Quebec, on helping our seniors and our young people who need services and support, not only for the major illnesses such as cancer but also the somewhat less serious illnesses, which are nevertheless very bothersome for our older clientele.

I hope that it will not be enough for this government just to talk about settling the fiscal imbalance, but that it will give us the means of being an accomplished and fully-fledged nation that takes care of its citizens with all the means coming to it.

• (1345)

Ms. Paule Brunelle (Trois-Rivières, BQ): Mr. Speaker, I am happy to rise today on the question of health care. We know that it is a major concern of Quebeckers, given the aging of the population.

What have certainly struck me since my arrival here in 2004 as the member for the riding of Trois-Rivières are all the financial problems that arise, regardless of whether it is agencies dealing with the status of women, or culture or the francophone communities. This debate is no exception.

The Bloc Québécois obviously recognizes that health care funding is inadequate. We feel that most of the health under-funding problem has to do with the fiscal imbalance, which deprives Quebec and the provinces of the revenues they need to meet their responsibilities. As I said, these responsibilities have increased because of the aging of the population and all the problems that are arising in health care.

The Bloc Québécois feels, therefore, that correcting the fiscal imbalance will enable Quebec to improve its services to people in its areas of jurisdiction and ensure, insofar as health care is concerned, that it has the equipment needed to provide highly advanced treatment. This treatment is always getting more and more expensive.

Last December 19, the Prime Minister of Canada solemnly promised Quebeckers that he would resolve the fiscal imbalance in the next federal budget. He knew very well what that meant. Now he has an obligation to deliver. If he does not carry out his promise in full, he will be the one who was pulling the wool over the eyes of Quebeckers.

Emergencies must be dealt with first and the financial pressures we are experiencing reduced. The transfers for post-secondary education, health and social programs must be increased and equalization enhanced. As the hon. member for Laval so clearly explained, health, education and social problems are all interconnected. We also know that finances are the sinews of war if we want to be able to provide adequate services.

We translate these needed transfers to Quebec and the provinces into a request for an additional \$3.9 billion a year just for Quebec and \$11.9 billion for all the provinces. In this regard, we are adopting the proposals in the Séguin report. In addition to improved equalization, after the transfer payments for health, education and social programs have been increased, they should all be replaced by transferring the entire GST field to the provinces as well as part of the federal government's personal income tax base up to the amounts requested.

Finally, we must put an end to the federal spending power. As was recommended in the Séguin report, the Bloc Québécois demands an unconditional right to opt out with full financial compensation.

We continually have the same problem with many of the bills that come before us in the House of Commons. We face the difficulty that with its huge spending power, the federal government has so changed the Canadian constitution that it is hardly recognizable any more. We also look forward to seeing the fiscal imbalance resolved.

When Budget 2006 was introduced, the Minister of Finance promised to take a number of steps to correct it. Then, in September, he declared that the economic and financial update would include guidelines and a report on the progress of negotiations to correct the fiscal imbalance. Now, we see nothing but hollow words on the horizon; there is nothing concrete to correct the fiscal imbalance. Nevertheless, we can assure this government that we will continue to demand what belongs to us: a fair share of the taxes we pay to the Government of Canada. This is not a gift or a favour; it is only fair.

I would like to briefly discuss the September 2004 health care agreement. This agreement between the Prime Minister of Canada and the premiers of the provinces includes an annex called the Quebec clause. It is important that this clause allow Quebec to be exempt, and retain the right to opt out and full financial control.

Business of Supply

In terms of the subject of this motion, a plan to reduce wait times, we know that Quebec has its own plan based on goals, standards and criteria established by relevant Quebec authorities to manage human resources in health care, as well as reforms to family care, community care and home care. All of these strategic decisions are best made by the government closest to the population.

● (1350)

We know that this approach, as well as showing respect for current practices, is also much more effective and means that time, energy and money will not be wasted.

Thus, getting back to this agreement, we were told that nothing should be interpreted as an encroachment on Quebec's jurisdictions. This health care agreement should be interpreted based on full respect of Quebec's jurisdictions. Clearly, for us to be able to meet all our health care objectives, Quebec must have sufficient, stable and predictable financial resources that are not tied to political factors or future elections.

It is important that the provinces have full decision-making authority regarding the measures to be established. I will give the House an example to illustrate my point. When I was working on the justice subcommittee on solicitation, I had the opportunity to travel across Canada and to appreciate how the problems vary and how the solutions differ. The problems facing prostitutes are very different, depending on whether they are in Montreal, Toronto or Vancouver. Thus, within Canada, the problems vary greatly and it is important to address them differently.

In closing, we could say that Quebec is tied up in the straightjacket of the fiscal imbalance, that it must make do with alternative solutions and exercise considerable imagination in order to provide services to Quebecers.

In our opinion, any encroachment is unacceptable. The recent Canadian partnership against cancer is a perfect case in point. It is a flagrant example of encroachment, to be added to the existing long list.

[English]

Mr. Paul Szabo (Mississauga South, Lib.): Mr. Speaker, I would like to make a comment. Then I have a question for the member.

I wish to remind the member that the motion deals with a wait times guarantee. The concept of a guarantee says that patients must be able to receive treatment in a medically acceptable maximum time for a publicly insured service. If it is not available in their own area, they must be given the option to receive treatment in another hospital or clinic or even outside their home province.

It appears that this would require non-medical expenses such as, for instance, the transportation and housing of the patients and their families and other ancillary costs. In addition, if it is out of the country, there may be some extraordinary costs. There does not seem to be any new money in the budget, nor is it promised by the government.

During the campaign, the leader of the Conservative Party said at his December 2, 2005 press conference that "the Conservative plan will be implemented right away".

Since the minister of health says that the money for a wait time guarantee is in the \$41 billion of the 2004 health accord and since the provincial ministers say that the health accord included nothing to do with wait time guarantees, I wonder if the member could advise the House of whether she is aware of any patient in the province of Quebec who has been given a guarantee and transferred to another facility, either within the province or outside the province.

● (1355)

[Translation]

Ms. Paule Brunelle: Mr. Speaker, the problem of wait times also exists in Quebec; that is certain. In the context of fighting cancer, we have had to send patients to receive treatment outside Quebec, for instance, to the United States. The Bloc Québécois is saying that whether it is a matter of wait times or a matter of providing care, it is up to the provinces to make decisions and to get full financial compensation, to receive the necessary funds in order to find their own solution. We will certainly be in favour of the Liberal Party motion because we believe that we need this money. We hope the allocation of this money will respect provincial jurisdictions.

[English]

Ms. Ruby Dhalla (Brampton—Springdale, Lib.): Mr. Speaker, I thank my hon. colleague who spoke about the support for the motion, the important issue of the reduction of wait times to many Canadians across the country.

The Canadian Medical Association has researched and reported that over 38% of Canadian households receive unreasonable wait times to access a specialist and 20% of individuals report unreasonable access to advanced diagnostic procedures.

Without the commitment from the Conservative Party to move forward on its wait times guarantee to provide the provinces with additional funding, resources and infrastructure, could the member perhaps comment on how this has impacted many people living in her home province of Quebec?

[Translation]

Ms. Paule Brunelle: Mr. Speaker, I do not know how this has affected people in Quebec, but I do know that the waiting lists in Quebec are quite long, particularly for surgeries for older persons such as hip surgery or knee replacement surgery and so forth. We know that wait times are quite long and that with the population aging, providing health care is now very expensive.

When we say that the expenses are in Quebec and the money is in Ottawa, we are mostly referring to health care.

*Statements by Members**[English]*

Mr. Steven Fletcher (Parliamentary Secretary to the Minister of Health, CPC): Mr. Speaker, I realize the hon. member objects to national programs and initiatives such as our strategy to fight pandemics. That is known, even though most people agree that pandemics do not respect boundaries. I think the same logic goes to why the Bloc objects to the national cancer strategy, an autism strategy and other things that will benefit all Canadians, including Quebecers.

Would the member agree that under the previous Liberal government, wait times doubled and \$25 billion was cut from health care? Would she agree that the reason the Supreme Court said what it did in the Chaoulli decision was because of the lack of leadership and poor management of federal dollars by the previous government?

[Translation]

Ms. Paule Brunelle: Mr. Speaker, I thank my colleague for his question. Certainly, I will agree with the motion today, to reduce wait times for medical treatments and to provide the necessary funds to achieve the objectives of the accord on health care.

For us, whether the government is Liberal or Conservative, it always has the same tendency to insert itself into our fields of jurisdiction and intervene where it has no role. It is always interesting to intervene in health care because we know how much that affects the population, to what degree it is intimately linked to people's physical security and just how closely people follow government decisions in this field.

For our part, we say that the best way to settle this matter—the least costly and most effective solution—is to provide provincial governments with the amounts of money they need. That would enable us to reduce wait times and provide proper treatment.

● (1400)

Hon. Robert Thibault (West Nova, Lib.): Mr. Speaker, during the federal election, the member must have heard, as I did, the promises of the Conservative government. They said that once they took over, if the waiting lists and wait times were still in existence, Canadian patients could look for solutions elsewhere, even internationally, and the bills would be paid by the federal government.

I do not know if we have missed some information, but in my riding, we still do not have access to those services. We still have waiting lists and we have not been invited by the federal government to find those solutions or treatments either in Canada or abroad.

Does she, like me, find that this government is somewhat hypocritical or has she heard that these services exist in other regions of Canada?

Ms. Paule Brunelle: Mr. Speaker, I am not aware that these services exist. In my opinion, whether it is provided by the Liberals or the Conservatives, the quality of service given to the Canadian public is the same, and it is very mediocre.

*[English]***AUDITOR GENERAL**

The Speaker: Order, please. I have the honour to lay upon the table the report of the Auditor General of Canada for 2006.

[Translation]

Pursuant to Standing Order 108 (3) (g), this document is deemed to have been permanently referred to the Standing Committee on Public Accounts.

STATEMENTS BY MEMBERS*[English]***GOVERNMENT POLICIES**

Mrs. Nina Grewal (Fleetwood—Port Kells, CPC): Mr. Speaker, last year the callers to my office were wondering when the Liberals were going to address important issues.

We fought to protect our children from sexual predators by raising the age of consent. The new Conservative government has introduced legislation doing just that.

We promised to combat crime. The new government has introduced legislation to keep communities safer.

We promised to lower taxes. The Conservative government has already reduced the GST, and expect even more tax savings in the next budget.

For 13 years, the Liberals promised day care for children, but never delivered. Our new government provided parents of young children with \$1,200 a year to help with the choice of day care.

We promised to address corruption, rife in the previous government. The accountability legislation of this new government is already passed.

Both governments made promises, but only our new government kept them. I am proud to belong to the new Conservative Party, a party that actually keeps the promises it makes.

* * *

LUCILLE BROADBENT

Hon. Jim Peterson (Willowdale, Lib.): Mr. Speaker, it is my sad but great privilege to rise in the House today to pay tribute, on behalf of my party, to Lucille Broadbent.

We who serve in this place understand the great sacrifices paid by our families in the name of that service. Few made that sacrifice more profoundly or more gracefully than the wife of Ed Broadbent. We who sit in the House of Commons are able to do so because of the people who stand behind us, who support us with their wisdom, their help, their patience and their love.

Those of us, who were so privileged to work with Ed Broadbent in the House and who saw his outstanding leadership here and on the national stage and the global stage, know that Lucille was always with him in every way.

Statements by Members

The memory of Lucille Broadbent remains with us. We remember her and honour her for all that she was and for all that she gave.

* * *

[*Translation*]

MUNICIPALITY OF SAINTE-FLAVIE

Mr. Jean-Yves Roy (Haute-Gaspésie—La Mitis—Matane—Matapédia, BQ): Mr. Speaker, the municipality of Sainte-Flavie has taken on an outstanding tourism initiative known as the Route des arts. Every year it attracts tourists from North America, Asia and Europe. As a result the village has completely changed. The residences have been done over, the streets spruced up and a number of specialty boutiques opened. Hotels, motels and restaurants have gained a remarkable reputation.

This summer, the Quebec ministry of transportation completely rebuilt the boardwalk along the river and made improvements to Route 132. This boardwalk has become a gathering point for tourists and the local residents. The only government infrastructure in poor shape belongs to none other than the federal government. Now barricaded, the dock poses a danger to anyone who dares walk on it.

This government boasts about wanting to move forward on regional development and is not even responsible enough to properly maintain its own infrastructure.

* * *

• (1405)

BOBBY GIROUARD AND ALBERT STORM

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, as the member for Acadie—Bathurst, I rise in the House to mark the deaths of two Canadian soldiers in Afghanistan, Chief Warrant Officer Bobby Girouard, 46, originally from Bathurst, New Brunswick, and Corporal Albert Storm, both with the battle group, First Battalion of the Royal Canadian Regiment, based in Petawawa, Ontario. They were killed yesterday by a suicide bomber while travelling in their armoured car.

These deaths are a reminder of the daily danger faced by the military at work both in Canada and abroad.

On behalf of the NDP caucus and myself, I offer my sincere condolences to the families of Chief Warrant Officer Bobby Girouard and Corporal Albert Storm, to their friends and the military community.

* * *

[*English*]

THE ENVIRONMENT

Mr. Rob Merrifield (Yellowhead, CPC): Mr. Speaker, I was recently in Hinton, Alberta for the groundbreaking ceremony of its new eco-industrial park made possible through \$5.5 million in federal funding. It is the first of its kind in Canada. Its eco-industrial zoning and development guidelines will reduce greenhouse gas emissions, the same as removing 3,800 cars from our roads.

The layout of the park will also reduce pollution and waste as it is designed to optimize the waste of one business as an input for

another. Already other communities across Canada have been expressing an interest in replicating Hinton's success.

Our government recently announced Canada's new clean air act. For the first time in our country, Canada's government is taking realistic action to reduce air pollution and greenhouse gases to protect the health of Canadians and the environment. Decisions to regulate the auto sector and to support smaller initiatives like Hinton's eco-industrial park are examples of why my grandchildren will be able to inherit a strong, free and clean Canada.

* * *

PIERRE GEMAYEL

Hon. Irwin Cotler (Mount Royal, Lib.): Mr. Speaker, I returned recently from Beirut where, together with the member for Calgary Southwest, we represented the government at the funeral of the assassinated Lebanese minister, Pierre Gemayel. It was a most moving event where Christian, Muslim and Druze leaders came together in an extraordinary expression of solidarity, not only for a grieving Gemayel family but in solidarity with the bereaved Lebanese people, and which continued with a mass demonstration of 800,000 Lebanese in Beirut's Martyrs Square.

It is important for Canada, therefore, to support: a democratic, plural and independent Lebanon free from foreign interference or domination; the implementation of UN Security Council Resolution 1701; establishment of an international criminal tribunal to bring the murderers to justice; and economic assistance for the reconstruction of Lebanon.

This would be our most important legacy for Pierre Gemayel, Rafik Hariri, the Cedar Revolution and the Lebanese people.

* * *

CANADA MAP OFFICE

Mr. Pierre Lemieux (Glengarry—Prescott—Russell, CPC): Mr. Speaker, recently, Canadians' right of access to paper topographic maps was protected by the Minister of Natural Resources because the former government was caught napping on mapping.

Canada has a distinguished history in map making and is a world leader in geomatics. Our country is currently world renowned for its innovative geospatial technology, grounded in what is probably the country's most historical profession, land exploration.

As soon as the minister was made aware of the former government's decision to close the Canada Map Office, he sprung into action and saved the program. In doing so, not only has our minister ensured continued access to maps, but he has increased awareness of the importance of maps to rural and remote communities, sovereignty, infrastructure, tourism, education, national defence and many more areas.

Maps are important. They are not only an integral part of our heritage but also of our current and future economy.

Statements by Members

This House applauds and thanks the minister and Canada's new government for keeping Canada on the map.

* * *

[*Translation*]

LES QUÉBÉCOIS

Mrs. Vivian Barbot (Papineau, BQ): Mr. Speaker, November 27, 2006 will forever be a historic day for Quebecers. For the first time, the people of Quebec were recognized as a nation. The motion adopted by the House of Commons was accepted by an overwhelming majority of members.

This recognition, which we had long been calling for, acknowledges the fact that Quebecers form a nation.

What distinguishes the Bloc Québécois as a political option in this House is that we see Quebec's future differently. It will be up to Quebecers to determine their future.

The step that we have taken will inspire and guide the Bloc Québécois in its mission, which is still to defend Quebec's national interests and promote its sovereignty.

* * *

• (1410)

[*English*]

PANCREATIC CANCER

Ms. Helena Guergis (Simcoe—Grey, CPC): Mr. Speaker, in June 2004, a constituent from my riding of Simcoe—Grey, Dick Aldridge, sadly passed away from pancreatic cancer. His wife, Betty Aldridge, formed the Dick Aldridge Pancreatic Charity.

I stood in the House in June of this year, two years after his passing, to bring attention to this tragic disease and in an effort to designate November, as it is in the United States, a federally recognized awareness month for the disease.

Pancreatic cancer is the fifth most common cause of cancer death, killing more people than breast cancer. As such, it is critical that the disease have a higher profile than it does right now.

By designating a month to an awareness campaign, the victims of this disease will be properly remembered and further awareness on this issue will only increase fundraising efforts in a desperate search for a cure.

I call upon the leaders of all parties to unanimously support my call for November to officially be recognized as pancreatic cancer awareness month.

Through awareness, we will work toward a cure.

* * *

[*Translation*]

BEAUBOIS COLLEGE

Mr. Bernard Patry (Pierrefonds—Dollard, Lib.): Mr. Speaker, it gives me great pride to pay tribute to an international youth solidarity initiative by Collège Beaubois, an elementary and secondary school in my riding of Pierrefonds—Dollard.

In March 2005, 16 students from the college took part in a cooperation project in Senegal, and the college is preparing to repeat the experience in March 2007. This initiative has a number of benefits, such as making young people more aware of the reality in a developing country and enabling them to achieve tangible results such as providing learning assistance for Senegalese youth and establishing lasting connections with Senegalese schools. It also provides an opportunity to raise funds for projects initiated by our youth.

The young people at Collège Beaubois deserve to be commended by this House for their sense of solidarity and for what they are doing in Senegal, which is enabling participants to be ambassadors of our country's values and ideals and helping them become responsible citizens committed to improving the lives of those around them.

We need to encourage them to keep up the good work and express our gratitude to them for what they have accomplished.

* * *

THE CONSERVATIVE GOVERNMENT

Mr. Guy Lauzon (Stormont—Dundas—South Glengarry, CPC): Mr. Speaker, one year ago today, the Liberal government, paralyzed by the burden of years of corruption, finally lost the confidence of the House and was forced to let Canadians be the judge.

Canadians demanded a responsible government that treats taxpayers' money with respect. A government that seeks criminal justice instead of avoiding it. A government that takes national unity to the next level by respecting Quebecers instead of trying to buy their votes with stolen money.

One year ago today, the House enabled Canadians to take their country back. May we always remember November 28 as the end of a sad era in Canada's political history. May we never travel down that path again.

* * *

[*English*]

ABORIGINAL AFFAIRS

Ms. Olivia Chow (Trinity—Spadina, NDP): Mr. Speaker, last week the Assembly of First Nations held a powwow in my riding of Trinity—Spadina. Its focus was on the tragedy of child poverty.

One in six children in Canada lives in poverty. For aboriginal children, especially off reserve, it is even more heartbreaking. It is 40%, close to half. Not only do they go to bed hungry but a third of aboriginal children do not even have safe drinking water. This is a national disgrace.

Every beat of the drum at the powwow was a call to action for the House. Enough talk, enough platitudes, enough reports and enough commissions. It is time for action; action to support parents, action to share resources and settle land claims fairly, action to remove funding caps so there is more money for the communities and action to make poverty history.

Oral Questions

That is our responsibility in the House. We have the power to do it. Let us hear the drumbeat and take action.

* * *

LONDON NORTH CENTRE

Hon. Sue Barnes (London West, Lib.): Mr. Speaker, I bring good news from London North Centre.

Last night the people of that riding chose once again to be represented in Parliament by a member of the Liberal Party of Canada. I encourage all members to welcome to the House Glen Pearson, a name of unquestionable Liberal pedigree. The Pearson era of politics is once again returning to Ottawa and I, for one, cannot wait.

I might also take a moment to congratulate the new leader of the Green Party of Canada, Elizabeth May, who finished second yesterday. For my friends in the Conservative Party and New Democratic Party, I offer my congratulations for hard fought campaigns. It is unfortunate for them that the people of London North Centre happen to agree with us over here, people who believe that Canada cannot have too many Pearsons and Parliament cannot have too many Liberals.

* * *

● (1415)

[Translation]

RAYMOND GRAVEL

Mr. Roger Gaudet (Montcalm, BQ): Mr. Speaker, on behalf of my Bloc Québécois colleagues, it is with great pleasure that I welcome Raymond Gravel, the new member for Repentigny. He succeeds Benoît Sauvageau, who died tragically on August 28.

To those Conservative members who question the legitimacy of the Bloc Québécois, I say that legitimacy in politics belongs to the voters. Today, it is clear that 66.3% of them put their faith in the Bloc Québécois.

He is joining our parliamentary team to defend Quebecers' interests. He will be more than capable of doing so and of facing all the challenges before him.

We wish him the warmest of welcomes and offer him our full support in carrying out the mandate the people of Repentigny have given him.

Today, the Bloc Québécois has one more member, and the Conservatives, one fewer.

* * *

[English]

LEADER AND DEPUTY LEADER OF THE OFFICIAL OPPOSITION

Hon. Ralph Goodale (Wascana, Lib.): Mr. Speaker, today may be the final day upon which the leader of the official opposition, the hon. member for Toronto Centre, will lead off question period. Similarly, our deputy leader, the hon. member for Westmount—Ville-Marie, may be fulfilling this week her final round of duties in that capacity.

What the future holds is dependent upon this weekend's convention. As we know on all sides of the House, politics is a tough business. We all function in a challenging, unforgiving and unrelenting environment. The battles are difficult and sometimes there are wounds.

However, what is most important are the principles for which we stand and the character of the people engaged. On these two counts, principles and character, the current deputy leader and leader of the official opposition have earned the deep admiration and respect of all their peers.

Today, with much affection, we thank them for their enormous service over the past 10 months.

* * *

GOVERNMENT POLICIES

Mr. Joe Preston (Elgin—Middlesex—London, CPC): Mr. Speaker, today marks the anniversary of a historic moment here in the House. One year ago today, in an unprecedented vote of non-confidence, Canadians marked the end of a tired, directionless, scandal-plagued Liberal government and the beginning of a bright new future for this country.

The Conservative Party not only said that it would be accountable but as a government we have acted accordingly. More important, we have treated Canadians' hard-earned tax dollars with a respect that simply was not held by the Liberal government.

While the previous government's culture of entitlement awarded Liberal cronies with taxpayers' hard-earned money, we have lowered taxes for all Canadians, given parents money for day care, invested in our health care system and given more resources to fight crime.

Canadians know that they have a government that has strong leadership, that is a focused and efficient and a government that is committed to delivering.

ORAL QUESTIONS

[English]

HOUSE OF COMMONS

Hon. Bill Graham (Leader of the Opposition, Lib.): Mr. Speaker, perhaps you will forgive me if I take an extra second at the beginning of my question to thank all members of the House for their kindness. It does show that in this House we are all elected to do the best for our constituents and the best for our country. Ultimately our character and our respect for one another must transcend our partisan wishes or we will never survive this.

Some hon. members: Hear, hear!

Some hon. members: Time, time.

● (1420)

The Speaker: I think we will start the clock now. The hon. Leader of the Opposition.

*Oral Questions***FIREARMS REGISTRY**

Hon. Bill Graham (Leader of the Opposition, Lib.): We learn quickly, Mr. Speaker, that the term “affection” is a relative matter.

In Ottawa today we have both the De Sousa family, who lost their daughter Anastasia in the Dawson College shooting, and Hayder Kadhim, who still carries in his head and neck the gunshots he received at that terrible event. It is a terrible memory for us all, but one that gives Canadians hope for our future. Graciously they have come forward to share their pain, their stories and their determination to maintain the gun registry as vital to securing the safety of our communities and our schools.

Why is the government rejecting the facts about gun violence? Why is the Prime Minister continuing with his ruinous policy of trying to dismantle the gun registry?

Hon. Lawrence Cannon (Minister of Transport, Infrastructure and Communities, CPC): Mr. Speaker, you will also allow us a couple of seconds to congratulate the interim Leader of the Opposition for his fine work. He has done it with the dignity that generally accompanies that task. We congratulate him for his fine work and that of the member for Westmount—Ville-Marie.

Canada's new government of course is making gun control more effective. We are looking at measures and ways to prevent firearms from falling into the wrong hands of individuals, such as, of course, strengthening licensing systems and enhancing background checks.

My colleague, the minister responsible for the file, also has had the opportunity of meeting with the families on this issue and of course we are working with the department and the families to find a proper resolution.

Hon. Bill Graham (Leader of the Opposition, Lib.): Mr. Speaker, it may be just exactly that fact, the newness of this new government, that the people of London rejected last night in their byelection as not representing what they want to see in terms of our values. That is not where we want to go. We do not want a government that prefers its own ideology over the facts. The government prefers the wishes of a gun lobby over the well-being of Canadians.

Police use the gun registry 5,000 times a day. The courts use the gun registry. Dawson College victims want the gun registry maintained and Canadians support them. Why is the minority government flying in the face of the will of Canadians? Why will the government not reverse its morally reprehensible decision to scrap our gun registry?

Hon. Lawrence Cannon (Minister of Transport, Infrastructure and Communities, CPC): The fact of the matter, Mr. Speaker, is that the long gun registry set up by the previous government has been ineffective. It has been costly and it has nothing to do with making gun control more effective. I would like to remind my hon. colleague of a statement made by the member for Outremont, who stated in March 2003, “The gun registry, it's a disaster, it's a living, breathing scandal, it has cost \$1.2 billion”.

An hon. member: Who said that?

Hon. Lawrence Cannon: Our colleague, the member for Outremont.

We are looking at ways to correct this.

[*Translation*]

Hon. Bill Graham (Leader of the Opposition, Lib.): Mr. Speaker, facing that, we have the courage of the De Sousa family and of Hayder Kadhim, who are here with us today, and who, despite their grief and their injuries, have come to Ottawa to talk about this important issue. The Prime Minister, on the other hand, has not even deigned to reply to their letter.

As the Dawson College victims have said, it is morally reprehensible for this government to choose to listen to the NRA rather than to the victims of violence here in our country.

Can the Prime Minister show some courage too, and abandon his ideology and listen to the victims who are suffering here in Canada?

Hon. Lawrence Cannon (Minister of Transport, Infrastructure and Communities, CPC): Mr. Speaker, in fact, in the interests of more effective gun control, the government is continuing to hold consultations with the provinces and territories. We have consulted with about 500 stakeholders. A firearms advisory committee composed of people with expertise continues to help with and support the work of the minister. We are working on this issue.

Hon. Marlene Jennings (Notre-Dame-de-Grâce—Lachine, Lib.): Mr. Speaker, after hearing nothing from the Prime Minister for several months, Hayder Kadhim decided to go on the road, and he has come to Ottawa today to meet with the Prime Minister.

Hayder first sent the Prime Minister a letter by mail: no reply.

He sent it by electronic mail: still no reply.

He sent his letter through the Minister of Public Safety: again no reply.

Has the Prime Minister no heart? Why are the victims of this tragedy still waiting for a reply from the Prime Minister?

● (1425)

Hon. Stockwell Day (Minister of Public Safety, CPC): Mr. Speaker, I want to recognize the family members of Anastasia De Sousa, who was killed, and her mother who is here to day, and also Hayder Kadhim. Yesterday, I saw a letter from the Prime Minister. I do not know whether Mr. Kadhim has received it yet, but the Prime Minister said that he was instructing me to meet with the victims. I have done that, and I am going to continue to work with the victims.

Hon. Marlene Jennings (Notre-Dame-de-Grâce—Lachine, Lib.): Mr. Speaker, the victims want to meet with the Prime Minister. The Minister of Justice is asking the police to sit on a committee to appoint judges, but his colleague the Minister of Public Safety refuses to have police to advise him on the firearms registry.

Hayder Kadhim and the family of Anastasia De Sousa are here in Ottawa today to get the Prime Minister to change his mind and reverse his decision to abolish the firearms registry and to get him to strengthen firearms control. The Prime Minister must change his mind and stop—

Oral Questions

The Speaker: The hon. Minister of Public Safety.

[English]

Hon. Stockwell Day (Minister of Public Safety, CPC): Mr. Speaker, we have heard from a number of police officers. We are going to continue to meet with them. The former police chief in Toronto said that he does not support the long gun registry and says that it should be scrapped. Also, Loren Schinkel, president of the Winnipeg Police Association said that the Winnipeg Police Association has never supported the long gun registry. Bernie Eisworth, executive officer of the Saskatchewan Federation of Police Officers, does not support the long gun registry.

I will just close by quoting the member for Ottawa South, who also said that he is not supportive—

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

* * *

[Translation]

QUEBECKERS

Mr. Gilles Duceppe (Laurier—Sainte-Marie, BQ): Mr. Speaker, last night, the House of Commons voted in favour of a motion recognizing the Quebec nation, a nation that, according to a general consensus at the National Assembly, which the Bloc Québécois subscribes to, includes all Quebecers regardless of where they are from. However, while Premier Charest has just said that the Quebec nation is inclusive, the Prime Minister's Quebec lieutenant made comments that are contradictory to say the least, comments that require some clarification.

Is the government's position that the Quebec nation is made up of all Quebecers, without exception?

Hon. Lawrence Cannon (Minister of Transport, Infrastructure and Communities, CPC): Mr. Speaker, last night, Quebecers said yes. They said yes to Canada, and Canadians said yes to Quebecers.

An editorial in this morning's *Globe and Mail* read, "Canada woke up this morning still one nation, undivided". What is important in all this is that Canada remain united and that Quebecers, regardless of which side—

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

Mr. Gilles Duceppe (Laurier—Sainte-Marie, BQ): Mr. Speaker, I see that the minister did not answer my question.

[English]

To make sure there is no misinterpretation possible, I will also ask this question in English. They understand better that way.

Jean Charest, premier of Quebec, said that "when we are talking about the Quebecers as a nation, every citizen, regardless of their origins, is included in that definition". Does the Prime Minister have the same definition of the Quebecers' nation as his counterpart from Quebec, Jean Charest?

Hon. Lawrence Cannon (Minister of Transport, Infrastructure and Communities, CPC): Mr. Speaker, my hon. colleague has decided to put forward this, of course, and probably he went to see André Boisclair to see whether or not he was able to speak in English in this House. The question is fundamentally that the people

of Quebec can name themselves how they want, whether it is Québécois or Quebecker. This, of course, is not government policy. The important thing is that we have to recognize that they form a nation within Canada and now—

• (1430)

The Speaker: The hon. member for Trois-Rivières.

[Translation]

Ms. Paule Brunelle (Trois-Rivières, BQ): Mr. Speaker, yesterday, a government minister resigned his post saying that the nationalism evoked by the Prime Minister in his motion was an ethnic nationalism.

After all the vague statements made yesterday and today, I am again asking the government to confirm that its former minister was wrong and that its vision of the Quebec nation is not defined on the basis of ethnicity, but on the basis of inclusion for all men and women of all origins living in Quebec.

Hon. Lawrence Cannon (Minister of Transport, Infrastructure and Communities, CPC): Mr. Speaker, it is a matter of a definition that includes all Quebecers living in Quebec. In that sense, yesterday we recognized what Quebecers historically have said in a number of referendums, namely that they opted for a united Canada.

Ms. Paule Brunelle (Trois-Rivières, BQ): Mr. Speaker, on October 27, when talking about the Quebec nation, the Prime Minister said, "I recognize that the National Assembly has taken that position. That is its own business".

I am again asking the government whether it can confirm today that the Quebec nation officially recognized in yesterday's motion is indeed the nation as defined by Quebec's National Assembly and that all citizens of Quebec are part of it?

Hon. Lawrence Cannon (Minister of Transport, Infrastructure and Communities, CPC): Mr. Speaker, I understand the Bloc Québécois' urgency to want to ensure that everything is approved by Quebec's National Assembly. However, this sovereign assembly, the House of Commons of Canada, decided last night that yes, Quebecers are part of a nation. We recognize that fact, but within Canada, within a united Canada.

* * *

HEALTH

Hon. Jack Layton (Toronto—Danforth, NDP): Mr. Speaker, we have a new reason to thank the Auditor General. Her latest report could save lives.

Indeed, because of cuts made by the Liberal government for many years, Health Canada did not have sufficient resources to test all medication correctly. Even those who managed the program cannot say who is supposed to test what. This is a ticking time bomb.

When will the government take action to correct and resolve this situation?

Oral Questions

Hon. Tony Clement (Minister of Health and Minister for the Federal Economic Development Initiative for Northern Ontario, CPC): Mr. Speaker, I can say that this issue affects Health Canada and all Canadians. Of course, we must work very hard to protect the health of all Canadians.

[*English*]

I would say to the hon. member that this is an ongoing exercise. We think that when it comes to health and safety, that has to come first. That is certainly our mission here on this side of the House.

Hon. Jack Layton (Toronto—Danforth, NDP): Mr. Speaker, I think Canadians wish it were true. What we have seen is billions of dollars of corporate tax cuts instead of investment in the very kinds of programs that could be saving lives. There is a 32% reduction in Health Canada's resources. These are the very people that check on medications to see if they are dangerous. They are the ones who made sure Vioxx was taken off the shelves.

Why does the government come up with billions of dollars for corporate tax cuts but it cannot come up with any money to make sure that the drugs that Canadians use day in and day out are safe for their families? It is a result of the politics of the government.

Hon. Tony Clement (Minister of Health and Minister for the Federal Economic Development Initiative for Northern Ontario, CPC): Mr. Speaker, the hon. member should check his facts. Indeed, when it comes to ensuring the health and safety of Canadians, that is the prime and full responsibility of Health Canada. It will continue to be so. I think if the hon. member does his addition properly, he will find that Health Canada is indeed fulfilling its mission and will continue to do so in the future.

* * *

• (1435)

FIREARMS REGISTRY

Hon. Belinda Stronach (Newmarket—Aurora, Lib.): Mr. Speaker, on Saturday the member for Yorkton—Melville shared the stage with the president of the National Rifle Association at an event in Toronto.

Today, victims of the Dawson College shootings are on Parliament Hill pleading for the government to stop listening to the U.S. gun lobby and to start respecting the victims of gun violence. Unfortunately, they are not getting the same access to the Conservative government as is the president of the NRA.

Will the minister finally admit, if not to the Dawson survivors and their families, then to the front line police officers who use the registry over 6,500 times a day, that his attempts to shut it down are misguided?

Hon. Stockwell Day (Minister of Public Safety, CPC): Mr. Speaker, I do not think I have to remind the member opposite that she voted against the long gun registry.

With the proposals that we have, anybody wanting a firearm still has to be registered. They will still be on that police check.

As far as the National Rifle Association is concerned, the keynote speaker to the Liberal convention, Mr. Howard Dean, has a 100%

endorsement from the National Rifle Association. I would call that a screaming endorsement for the Liberals' keynote speaker.

Hon. Belinda Stronach (Newmarket—Aurora, Lib.): Mr. Speaker, I am a member of Parliament from the GTA. We have all seen the increased gun violence, especially since last Christmas. I am listening to my constituents. Look where I stand. My position is clear. Old quotes are not good enough for these families.

One cannot claim to be tough on crime and then publicly share the stage with the president of the largest gun lobby in the world. Talk about insensitivity; the door prize at this event was a rifle and a scope.

Why is the government sending conflicting messages to Canadians about gun control?

Hon. Stockwell Day (Minister of Public Safety, CPC): Mr. Speaker, our message has always been clear. The member opposite has changed her vote and her position on this on more than one occasion.

We have already addressed the fact that the Liberals' keynote speaker is someone who has a 100% endorsement from the NRA.

The tragedy is that already this year on the streets of Toronto 236 people have been shot and 25 of them have been killed. Former and present chiefs of police in Toronto are saying it is not the long gun registry. They are saying to go after illegal guns, to go after criminals. That is what we are doing.

[*Translation*]

Ms. Raymonde Folco (Laval—Les Îles, Lib.): Mr. Speaker, the attitude of the Conservative government and of the NDP towards the victims of the Dawson College tragedy is disturbing. Two victims, Hayder Kadhim and the family of Anastasia De Sousa, have asked repeatedly to meet with the Prime Minister and the leader of the NDP but have received no reply.

They are in Ottawa today and have but a simple request, that the gun registry be maintained.

Why does this Conservative government refuse to listen to people who do not share its point of view?

[*English*]

Hon. Stockwell Day (Minister of Public Safety, CPC): Mr. Speaker, I met with the victims a number of weeks ago and with other people at Dawson College. I travelled there to meet with them and to spend some time with them.

They had more than one request. The member opposite should know they presented some other suggestions which, if we can implement them, we will see gun crime reduced.

The hon. member may want to listen to the member for Ottawa South, the brother of Premier McGuinty. He said:

It's important for all of us to remember that no long gun registry, no weapon registry can stop unfortunate acts like the one that happened in Montreal.

He said he wanted that on record, so it is on record.

*Oral Questions**[Translation]*

Ms. Raymonde Folco (Laval—Les Îles, Lib.): Mr. Speaker, what I see is that despite the suggestions of the De Sousa family and of the young victim from Concordia University, the minister has not suggested anything that would improve the situation. This government totally ignores the requests of the majority of Quebecers and Canadians.

If the Conservative government were truly listening, it would agree to listen to Dawson College, the police associations, the suicide prevention centres and the families of the École polytechnique victims that are asking that the gun registry be kept.

Rather than making decisions based on reasons—

The Speaker: The hon. Minister of Public Safety.

[English]

Hon. Stockwell Day (Minister of Public Safety, CPC): Mr. Speaker, I have already quoted a number of police authorities that agree the problem is not the long gun registry, that it is the illegal weapons and we have to go after that.

I would also quote Shelley Marshall, board member of the Manitoba Organization of Victim Advocates. She said:

[The Prime Minister] has promised to put more money into front-line police officers, compensation for victims and better border checks for illegal handguns. That's where we think the money should go.

That is what the victims are saying too.

• (1440)

[Translation]

Mr. Serge Ménard (Marc-Aurèle-Fortin, BQ): Mr. Speaker, today, the victims of the shootings at Dawson College are here to again pledge their full support for maintaining the gun registry. The National Assembly is also unanimously calling on the government to maintain the registry. True, the registry was difficult to set up, but it is in place now and it is useful to police.

Why is the Minister of Public Safety determined to abolish it?

Hon. Stockwell Day (Minister of Public Safety, CPC): Mr. Speaker, we want to stress that we are going to maintain a system that will list all the people who want to own restricted, banned and unregistered guns. Every day, police officers who want to do so can check whether the people in a house or somewhere else own guns. We are going to maintain such a system.

Mr. Serge Ménard (Marc-Aurèle-Fortin, BQ): Mr. Speaker, clearly, this is not enough. The consensus in Quebec in favour of the gun registry is growing every day, yet the minister is refusing to continue updating the registry.

Does the minister not understand that a registry that is not kept up to date is not very useful to police and that, in the short term, it will no longer be of any use at all because it will be too incomplete?

Hon. Stockwell Day (Minister of Public Safety, CPC): Mr. Speaker, police officers are unanimous that we need legislation to prevent crime and stop criminals, yet the Bloc continues to vote against the dangerous offender bill. Why?

TREASURY BOARD

Mr. Jean-Yves Laforest (Saint-Maurice—Champlain, BQ): Mr. Speaker, the Auditor General has told us that the Treasury Board, whose minister is responsible for the Access to Information Act, has refused to give her access to some strategic documents necessary to her investigation, going against a practice established since 1985.

How can the President of the Treasury Board, the sponsor of Bill C-2, the Federal Accountability Act, brag about being transparent and claim to allow broad access to the government's books and, at the same time, demonstrate such pettiness towards the Auditor General by challenging a practice that goes back to 1985?

Hon. John Baird (President of the Treasury Board, CPC): Mr. Speaker, I am very comfortable receiving the Auditor General's report and I thank her for her work. What the Bloc MP says is true. The previous government, the Liberal government, refused access to information needed by the Auditor General to do her job. I am happy to say to my colleague from Quebec that the new government has signed a new agreement so that the Auditor General can get the information she needs to do her job in my department, the Treasury Board.

Mr. Jean-Yves Laforest (Saint-Maurice—Champlain, BQ): Mr. Speaker, what was hidden remains hidden.

It was further to a motion by the Bloc Québécois at the Standing Committee on Public Accounts that the Auditor General began her investigation into the contract granted arbitrarily to Royal LePage. The Prime Minister's director of communications, Sandra Buckler, is supposed to have done some lobbying for this same company when Royal LePage contacted some members of the Standing Committee on Public Accounts so that this motion would not be adopted.

Whose interests is the government trying to defend? Those of the taxpayers or those of the Prime Minister's Director of Communications?

Hon. Lawrence Cannon (Minister of Transport, Infrastructure and Communities, CPC): Mr. Speaker, the Bloc is wrong to make defamatory allegations about Ms. Buckler. There is no evidence to support this. It is common knowledge that Royal LePage was one of Ms. Buckler's clients before she began to work for the government. Furthermore the work she did for Royal LePage was done after the company had got the contract for the Canadian forces and RCMP relocation program.

Oral Questions

• (1445)
[English]

THE ECONOMY

Hon. John McKay (Scarborough—Guildwood, Lib.): Mr. Speaker, the commitments made by the government in its economic understatement are both misleading and dangerous. Just as the Conservative Party misled Canadians about income trusts, now it has promised to eliminate the so-called net debt. In order to do so, it put the grab on Canadians' hard-earned CPP and QPP funds and applied them against the national debt. These funds are not the government's funds. These funds are owned by the people of Canada, not the Government of Canada.

Will the Conservative government keep its hands off Canadian pension funds?

Hon. Jim Flaherty (Minister of Finance, CPC): Mr. Speaker, as I explained to the House yesterday and to my friend opposite, the net debt is the balance of the liabilities with the resources of the country, and we are going to accomplish that by 2021.

This is an important national goal for Canada, for all of Canada's governments, to fight back against the accumulation of debt that has happened in the past generation in Canada. Within half a generation, within 15 years, we as Canadians can eliminate our net national debt, and we are going to do it.

Hon. John McKay (Scarborough—Guildwood, Lib.): Mr. Speaker, that is more fiscal fairy dust from the Tinkerbell of the neo-cons.

This is not complicated. This is a federal debt. All he is going to pay down is \$3 billion a year. It will take 160 years before the federal debt is eliminated. By 2021, the year he brags about, we will still have \$430 billion worth of debt. The process jeopardizes Canadians' pension moneys. The government has no business making commitments with other people's money.

Will the government admit to Canadians that in 2021 the government will still owe \$430 billion?

Hon. Jim Flaherty (Minister of Finance, CPC): Mr. Speaker, according to the international gold standard of net debt, by the year 2021 the net debt of the governments of Canada will have been eliminated.

I am not surprised to hear that sort of thing when I see that the former minister of finance of the party opposite is supporting a fellow named Rae, who increased the public debt in the province of Ontario 113% when he was the premier of Ontario, to the point where the people of Ontario were paying \$1 million an hour in interest when he left office.

* * *

[Translation]

THE ENVIRONMENT

Mr. Pablo Rodriguez (Honoré-Mercier, Lib.): Mr. Speaker, the Minister of the Environment is hiding out so she does not have to explain why she abandoned the Kyoto protocol. On November 7, she was to appear before the Senate environment committee, but she did not. The media are looking for her. She is hiding.

Today, she was supposed to appear before the House of Commons Standing Committee on the Environment and Sustainable Development, but once again, she failed to show up.

What did she have to do this morning that was so urgent she could not appear before the Committee on the Environment and Sustainable Development? Perhaps her alarm clock failed to go off once again?

[English]

Hon. Rona Ambrose (Minister of the Environment, CPC): Mr. Speaker, I look forward to appearing in front of committee. I asked to be invited to committee. Unfortunately, I was not able to make it today, but I look forward to being there. Of course, I miss working with my opposition critics because we do have such a productive relationship.

As soon as we have set a new date, I look forward to being there and sharing with them all of the information that I have accumulated to explain to the member why we could not meet our Kyoto target.

[Translation]

Mr. Pablo Rodriguez (Honoré-Mercier, Lib.): Mr. Speaker, we know that Canada has dropped Kyoto. We know that we have lost respect on the world stage. We know that the Conservatives have cut programs like the one-tonne challenge and EnerGuide. We know that they have cancelled programs for wind energy and renewable energy production. We know all that.

Nothing surprises us anymore. Given that we already know all that, and that nothing surprises us anymore, will the Prime Minister let her appear before the Standing Committee on the Environment and Sustainable Development if we promise to be nice to her?

[English]

Hon. Rona Ambrose (Minister of the Environment, CPC): Mr. Speaker, I look forward to coming to the environment committee and discussing how both top Liberal leadership candidates actually also state that they believe we cannot meet our Kyoto target, which is why I would ask the member opposite why he is putting forward a private member's bill to force the government to meet a Kyoto target when the leadership candidate he is supporting has clearly said those targets are unattainable. I do look forward to coming to committee and asking him why the Liberal leadership candidate he is supporting refused to come to committee.

* * *

• (1450)

FEDERAL ACCOUNTABILITY ACT

Mr. Merv Tweed (Brandon—Souris, CPC): Mr. Speaker, exactly one year ago this House voted non-confidence, condemning Liberal corruption and Liberal scandal.

Oral Questions

In response to Liberal corruption, Canada's new government brought forward the toughest anti-corruption law in Canadian history, the federal accountability act.

The only obstacle left is the Liberal Senate, which has blocked the accountability act from becoming law for almost six months.

Would the President of the Treasury Board tell this House what he thinks of Liberal Party tactics to prevent the accountability act from becoming law.

Hon. John Baird (President of the Treasury Board, CPC): Mr. Speaker, the democratically elected House of Commons has voted for the federal accountability act six times. Not one single member has stood to ask to go on record opposed to the bill.

What started as sober second thought led to partisan foot-dragging, and now has led to anti-democratic obstructionism. I think the Liberal Senate should take the comments from my colleague and friend, the Liberal member for York South—Weston, who said:

It would be folly...to prevent the bill from moving along. I'm hopeful that the Senate will use their sober second thought and allow the bill to go through.

Mr. Pat Martin (Winnipeg Centre, NDP): Mr. Speaker, nobody should be able to buy an election in this country or a politician for that matter, but big money is still buying influence in Canadian politics through the loophole that allows these huge so-called loans to Liberal leadership candidates. If people can borrow millions from their corporate buddies, they can buy the election, and who knows if that loan will ever get paid back. That is not democracy. That is who you know politics.

Why will the government not step up and plug this last remaining loophole, so that nobody can buy an election in this country ever again?

Hon. John Baird (President of the Treasury Board, CPC): Mr. Speaker, I share my colleague's strong concerns. I think they are tremendously well-founded. Bob Rae not only overgoverned, overregulated and overtaxed Ontario for five years but he has now brought that same process to his campaign. In fact, while he has raised \$1 million, he is in hock up to \$845,000. Long after the balloons fall and long after the convention is finished, who will pay back that money?

Mr. Pat Martin (Winnipeg Centre, NDP): Mr. Speaker, the problem is that kind of bluster from the President of the Treasury Board is not going to clean up the Liberal leadership loans.

If the minister were serious about getting big money out of politics, he would have supported the amendments to Bill C-2 that the NDP put in to try to stop the corruption. Instead, he introduced his own new loopholes to try and backfill the reading of convention fees.

Would the minister agree that these huge Liberal leadership loans are just big money buying influence in Canadian politics, an abuse of the system? Will he promise to take steps to eliminate them, so they will not be around the next time we have a leadership race?

Hon. John Baird (President of the Treasury Board, CPC): Mr. Speaker, I want to tell the member for Winnipeg Centre very clearly that I share his strong concern. I think it is absolutely outrageous that Bob Rae continues his streak of waste and wild spending, going into debt by almost \$1 million, and clearly trying to evade the important

financial contribution limits. I share that concern, but we cannot clean up every Liberal scandal overnight. We are working hard and we will get the job done.

* * *

CANADIAN WHEAT BOARD

Hon. Wayne Easter (Malpeque, Lib.): Mr. Speaker, on December 5 the CEO of the Canadian Wheat Board will be appearing before the Standing Committee on Agriculture and Agri-Food. We know the government does not want the substantive facts as to the consequences of the minister's proposals made public and has imposed a gag order on the board. However, witnesses before a committee need to be able to answer in a forthright and honest way without fear of persecution.

Will the minister assure the House that he will not undertake to persecute board representatives for their presentations and responses to questions at committee?

• (1455)

Hon. Chuck Strahl (Minister of Agriculture and Agri-Food and Minister for the Canadian Wheat Board, CPC): Mr. Speaker, we are trying to get more marketing choice for farmers. We want to put more money in their pockets. We want them to take advantage of their own expertise and marketing expertise, and let them make that choice. We are moving ahead with a plebiscite on that.

I have asked that the Wheat Board not spend farmers' money lobbying on this effort. Individual board members can speak out of course, but the board itself should not be spending farmers' money. Right now it should be selling grain for farmers and maximizing the return for farmers. It should leave the politics to the member for Malpeque.

Hon. Wayne Easter (Malpeque, Lib.): Mr. Speaker, how far will the government go? It is subverting information in its attempt to destroy the Wheat Board. From gag orders, disenfranchising voters, and stacked task forces, the minister's propaganda campaign and now the minister's directive has removed from its website the board's response to the minister's discredited task force.

Will the minister table this letter in the House? Will the minister allow a full and open discussion by board members on his misdirected policies and stop violating the freedom of speech of board members?

Oral Questions

Hon. Chuck Strahl (Minister of Agriculture and Agri-Food and Minister for the Canadian Wheat Board, CPC): Mr. Speaker, I will repeat again that every single board member of the Canadian Wheat Board can, will and probably is busy right now promoting their personal point of view. That is as it should be and I have no problem with that. We are getting tired of the Canadian Wheat Board wasting farmers' money on political action. It has a job to do and it is called selling farmers' wheat, and it should get at it.

* * *

NATURAL RESOURCES

Hon. Roy Cullen (Ettobicoke North, Lib.): Mr. Speaker, the project review process for major new investments in Canada's natural resources sector, especially in the mining and electricity industries, is unpredictable, inefficient and expensive. Major new projects are often subject to overlapping and duplicate reviews by the provinces, the territories and the federal government. Even though the Minister of Natural Resources has promised to streamline these processes, nothing has happened.

Will the minister tell the House and all Canadians what action he has taken to protect these jobs, this investment and to fix this problem? Why has there not been any action by the minister and the government after nine months on the job?

[Translation]

Mr. Christian Paradis (Parliamentary Secretary to the Minister of Natural Resources, CPC): Mr. Speaker, with regard to the streamlining promised by the minister, certain programs have indeed been maintained.

The opposition is now asking us to act in haste. The Minister of Natural Resources is streamlining things in a manner that is efficient and logical, and that is what will be delivered.

[English]

Hon. Roy Cullen (Ettobicoke North, Lib.): Mr. Speaker, yes, we are asking for action, but the minister promises a lot and delivers nothing. Talk and promises are not going to do anything for Canadians who are losing their jobs because of the government's inaction. The mining and electricity industries are crying out for support from the government.

All they are getting is cheap talk: on the issues of geological mapping, zilch; on the issues of critical labour shortages, zip; and on the issues of project review, zero. The minister talks, talks, talks, but has failed on every important issue.

Could the minister tell us when we can expect some action on these matters? When will he start to do his job?

[Translation]

Mr. Christian Paradis (Parliamentary Secretary to the Minister of Natural Resources, CPC): Mr. Speaker, when it comes to spouting rhetoric, we do not need to take any lessons from the party across the floor. That party was in power for 13 years without getting anything done, with catastrophic results. We must now clean up its mess. We are now taking action to come up with effective measures.

TRANSFER PAYMENTS

Mr. Pierre Paquette (Joliette, BQ): Mr. Speaker, in their analysis of the economic statement, economists with the Desjardins Group wrote that as long as the fiscal imbalance issue remains unresolved, it will always be easier for the federal government to pay down its debt, using its larger tax room.

Is the Minister of Finance aware that, by refusing to make use of that tax room to correct the fiscal imbalance, he is forcing Quebec and most of the provinces, just as the Conference Board predicted, to go further into debt in order to fulfill their responsibilities, particularly in health care and education?

[English]

Hon. Jim Flaherty (Minister of Finance, CPC): Mr. Speaker, in fact, 8 out of 10 provinces are in surplus. The total surplus of the provinces in the past year is larger than the surplus was for the Government of Canada at \$13.2 billion. That is a surplus that we used to pay down the public debt.

Having said that, we know that we are on track with respect to the issues of equalization and fiscal balance. We are on track to address them in the coming year in budget 2007. It was an important part of the plan that we set forth in budget 2006.

● (1500)

[Translation]

Mr. Pierre Paquette (Joliette, BQ): Mr. Speaker, the minister knows very well that if we take Alberta out of the equation, we are left with a completely different view of the provinces.

Is the Minister of Finance aware that, if he wants to eliminate the net debt of all public administrations, as he indicated in his economic update, the first thing he should do is correct the fiscal imbalance, to allow Quebec and the provinces to fulfill all their responsibilities without going further into debt?

[English]

Hon. Jim Flaherty (Minister of Finance, CPC): Mr. Speaker, the member is quite right that it is important that the fiscal balance be addressed. Part of the way to do that is to make sure, as we set out in "Advantage Canada", that we address the issues of stable long term funding, predictable funding for post-secondary education, and stable long term funding for infrastructure, which is vitally important. Nancy Hughes Anthony of the Canadian Chamber of Commerce said that the "Advantage Canada" plan is a great road map. It has all the elements of the things we need to do and we intend to do them.

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CANADIAN HERITAGE

Mr. Lloyd St. Amand (Brant, Lib.): Mr. Speaker, the daily newspaper in my riding, *The Expositor*, commented on the funding cuts to Canada's museums and said that if MPs did not give a hoot for our history, how could they appreciate who we are? The government seems to care only about the price of programs with no regard for their value. Canada's rich history is displayed in museums from coast to coast and the recently announced 50% funding cuts will sever this generation's link to our past.

Oral Questions

Does the Minister of Canadian Heritage not understand the value of these museums and if she does, will she then immediately restore full funding to them?

Hon. Bev Oda (Minister of Canadian Heritage and Status of Women, CPC): Mr. Speaker, we support and value museums. In fact, I had the pleasure of celebrating the 45th anniversary of the Clarington Museum just this past weekend. I know that museums depend on the support of the community and its volunteers. We have committed to look at our support. We have committed to review the museums policy and we will do so.

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ABORIGINAL AFFAIRS

Mr. Gerald Keddy (South Shore—St. Margaret's, CPC): Mr. Speaker, I have the pleasure of sharing with the House today that on November 24 in Halifax a Nova Scotia partnership employment agreement was signed. Once again, Canada's new government is moving forward and getting things done quickly and efficiently to improve the lives of aboriginals in Atlantic Canada.

Could the Minister of Indian Affairs and Northern Development give us more information on the impact of this agreement?

Hon. Jim Prentice (Minister of Indian Affairs and Northern Development and Federal Interlocutor for Métis and Non-Status Indians, CPC): Mr. Speaker, I want to thank the hon. member for his hard work on this file and other files that relate to Nova Scotia. The government is proud to announce that an agreement has been reached. An aboriginal workforce participation agreement was signed while I was in Halifax last week. It was with the Nova Scotia Nurses' Union and with the Nova Scotia Trucking Human Resource Sector Council.

Agreements of this type will allow young aboriginal people to have meaningful employment in the workplace. It will allow the development of training plans, promote current and future aboriginal employment. We are proud that this new government is getting things done for aboriginal Canadians.

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FOREIGN AFFAIRS

Mr. Wayne Marston (Hamilton East—Stoney Creek, NDP): Mr. Speaker, Huseyincan Celil is a Canadian. The Chinese government is holding him against our country's will and it has violated international law. It does not get more serious than this. The Parliamentary Secretary to the Prime Minister has suggested a high level diplomatic delegation be sent to China to secure his release. The Celil family has requested one.

When will the government send a diplomatic mission to China to ensure consular access and when will the Prime Minister appoint a special envoy to stand up for this Canadian?

Mr. Deepak Obhrai (Parliamentary Secretary to the Minister of Foreign Affairs, CPC): Mr. Speaker, we are highly concerned with this case. The Prime Minister, when he was at the ASEAN meeting in Vietnam, met with the president of China and expressed his concern.

We have been expressing all these concerns at all of our meetings with the Chinese including our foreign affairs minister when he

talked to the minister of foreign affairs for China. We are keeping a watch and we are talking constantly to ensure that this Canadian citizen's rights are maintained.

Mr. Wayne Marston (Hamilton East—Stoney Creek, NDP): Mr. Speaker, that is not good enough. The efforts of the Parliamentary Secretary to the Prime Minister on human rights in China will be for nothing if this Canadian is murdered in China. Huseyincan Celil will never come home to his wife and children if the government does not do more than talk about human rights when it is politically expedient.

When will the Parliamentary Secretary to the Prime Minister talk to the Prime Minister about Mr. Celil? Will he commit to making this a personal fight for him? Will he stand with me and the NDP, and fight for his release and return to Canada?

● (1505)

Mr. Deepak Obhrai (Parliamentary Secretary to the Minister of Foreign Affairs, CPC): Mr. Speaker, as I said, the Prime Minister has taken this issue very seriously and he has talked to the president of China. He continues to do that. We continue to do that wherever we meet, including the foreign affairs minister. We are highly concerned. We have received assurances that this will not happen and that Mr. Celil's human rights are being looked after. We will continue giving attention to this file.

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AIRPORT SECURITY

Mr. Ken Boshcoff (Thunder Bay—Rainy River, Lib.): Mr. Speaker, the Canadian Air Transport Security Authority has informed the Thunder Bay airport that it will not be paying the full costs of its screening system. CATSA will only pay \$70,000 of the required \$250,000 because it does not have enough funding from the government to pay its own expenses. This requires the airport to increase fees by 24%. The minister currently has \$375 million in a fund for air security.

When will the Minister of Finance provide CATSA with the money needed to pay for air security at Canada's airports?

Hon. Lawrence Cannon (Minister of Transport, Infrastructure and Communities, CPC): Mr. Speaker, I am pleased that the hon. member raised this issue. It enables us to once again indicate how we have invested following budget 2006 and how we have invested in air security. We have given CATSA the tools required to move forward and ensure that the passengers who embark on our Canadian air carriers and the others, of course, do it in a safe and secure manner. However, I will look into the specifics of what the hon. member is talking about in his home riding.

HEALTH

Mr. Ron Cannan (Kelowna—Lake Country, CPC): Mr. Speaker, more than two million Canadians have diabetes and specifically aboriginal people have a higher risk of developing type 2 diabetes. Today the Minister of Health took action on this issue and announced that Canada's new government is establishing a wait times guarantee for diabetes care for first nations on reserves.

Could the minister please share with the House some of the details of this initiative?

Hon. Tony Clement (Minister of Health and Minister for the Federal Economic Development Initiative for Northern Ontario, CPC): Mr. Speaker, I was pleased to announce earlier today yet another initiative to establish a patient wait times guarantee for first nations on reserves with regard to diabetes.

Over the next two years, as a pilot project, adults who test positive for diabetes will have an appointment within two months for an assessment and diabetes education with a primary health care provider. If they test positive for early diabetes, they will get prevention education support programs within three months. People who test negative will be retested within a year.

Once again we are acting when it comes to the patient wait times guarantee in an area of federal jurisdiction. We are leading the way for Canada.

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INCOME TRUSTS

Hon. Garth Turner (Halton, Ind.): Mr. Speaker, the Minister of Finance has made it clear he will not be budging on income trusts. However, I also know he is a man who values fairness and he is a man who is aware of the money that investors have lost.

Would the minister agree to allow income trust investors a one time writeoff on their 2006 taxes of capital losses as a result of his decision?

Hon. Jim Flaherty (Minister of Finance, CPC): Mr. Speaker, I am having, and have had, a series of meetings, last night, this morning and later this afternoon, with representatives of income trust groups to discuss their concerns.

The suggestion by the member of a one time writeoff is not going to happen. I appreciate the suggestion. We are having discussions with respect to implementation issues which are important to achieve the goal of fairness in taxation. Whether one has a corporate entity or a trust entity, they would be treated the same for tax purposes.

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PRIVILEGE

STANDING COMMITTEE ON AGRICULTURE AND AGRI-FOOD

Hon. Wayne Easter (Malpeque, Lib.): Mr. Speaker, the Minister of Agriculture and Agri-Food and Minister for the Canadian Wheat Board refused to guarantee freedom of Canadian Wheat Board witnesses to testify before a committee.

Intimidating witnesses, who are to appear before a parliamentary committee, is a very serious matter, especially when it is from the minister who is responsible for the act they operate under. Such

Privilege

intimidation prevents the committee itself from fulfilling its mandate. We want witnesses to be honest and forthright and to tell us all the information.

The minister's answer could be seen to be a clear contempt of the House, committed openly on the floor of the House of Commons within hearing of all members.

I hope the minister would clarify the matter and guarantee Canadian Wheat Board witnesses that they are free to express themselves in an open and non-intimidating fashion against any fear of prosecution.

If you find a prima facie breach of privilege, Mr. Speaker, I am prepared to make the appropriate motion.

• (1510)

Hon. Chuck Strahl (Minister of Agriculture and Agri-Food and Minister for the Canadian Wheat Board, CPC): Mr. Speaker, the member for Malpeque is making it up as he goes along.

Clearly, in response to a question during question period, I was asked whether directors at the Canadian Wheat Board were allowed to speak their mind. I said, and I will repeat it again, of course they were. Whether they are in committee, or talking to the folks back home or at a town hall meeting, they can do as they please. Every Canadian has the right to do that. I have said that all along.

What I also have said is the Canadian Wheat Board itself should not be spending farmers' money promoting a political cause. It should get at the business of selling Canadian wheat and barley on behalf of farmers.

That is hardly a gag order. That is hardly a restriction to come here to Parliament. They can speak out as they will, but they need to do it on their own dime.

Hon. Ralph Goodale (Wascana, Lib.): Mr. Speaker, it is important for the minister to make absolutely clear that the president and the chief executive officer of the Canadian Wheat Board, acting in that capacity, may appear before the parliamentary committee and answer, in a fulsome and forthright manner, all questions. It is not an issue with respect to directors only, but that particular director who acts in the unique capacity of president and chief executive officer.

I think it would be very helpful to that official, and to all members of the House and farmers across western Canada, to know the chief executive officer is fully free to respond to all questions in whatever manner he deems appropriate.

Hon. Chuck Strahl: Mr. Speaker, maybe the members opposite know something that they have not shared with others, but to be clear on this, my understanding is that the chief executive officer is not even on the list of witnesses to come before the committee. If he is on the list, then fine. He can speak out. Anyone can speak out.

Business of Supply

This is simply political gamesmanship in a trough slopping manner over there. They should learn that every person on the Wheat Board can speak out as they wish. I have said it from coast to coast and I will say it again here today just so we are clear. Any person can speak out, whether they are an executive, a director or an employee. They can go ahead and speak their mind as they should.

What we do not want is the Canadian Wheat Board spending farmers' money to promote a political position.

They can speak out, and I look forward to what they have to say. I am always ready to talk with them and I have many times. I will continue to do so.

The Speaker: The Chair will look at the matter. I am not sure there is a question of privilege here, but I will certainly look into it further. It is hard to imagine that there could be a breach of the privileges of the House if the person in question is not on the list of potential witnesses. As I have said, I will look into it.

GOVERNMENT ORDERS

[English]

BUSINESS OF SUPPLY

OPPOSITION MOTION—HEALTH CARE

The House resumed consideration of the motion.

Hon. Judy Sgro (York West, Lib.): Mr. Speaker, I am very pleased to have the opportunity to participate in this important debate.

Today we have the following motion before us:

That, in the opinion of the House, the Conservative government has broken its promise to reduce medical wait times and to provide the necessary funding and resources to achieve the goals of the First Ministers' Accord on Health Care Renewal.

If members will remember, during the election the Conservative Party made wait times reduction one of its five key priorities. It promised to implement a patient wait times guarantee to provide timely access to care for patients within clinically acceptable wait times and to enable them to be treated in another jurisdiction or by another provider.

It sounds like a grand promise, yet its federal budget provided no additional funding for wait times reduction nor any explanation of how its wait times guarantee would be implemented. What happened to the Conservatives' priority of wait times? It clearly has vanished into thin air. It is a very serious Conservative failure and one that Canadians clearly do not forget.

The Conservatives have abandoned their promise to implement a national wait times guarantee. It remains, like so many issues with this government, in rhetoric only, not in reality. The Conservatives promised to meet with provincial and territorial health ministers this fall, but no meeting has yet to take place. When it comes to reducing wait times in Canada, they have offered nothing but vague statements and piecemeal projects.

In sharp contrast, the Liberals made wait times and other aspects of our cherished health care system a real priority.

For example, our fall 2004 Speech from the Throne reflected our government's strong commitment to health care, the one social policy that Canadians consistently identified as their number one priority. This is certainly true in my riding of York West. I conducted a survey earlier on in the year, and consistently my constituents chose health care as the issue that was most important to them, just as it was a priority for the Liberal government then.

That Speech from the Throne, first and foremost, outlined our efforts to implement our 10 year health care plan. Working with the provinces and the territories, this plan would have enhanced publicly delivered health care in Canada for years to come, ensuring that health care would be accessible to all Canadians, regardless of where they lived or their ability to pay.

Our strategy included \$41 billion to go to the provinces, starting with \$3 billion each year for the first two years. As well, \$500 million in Canada health transfer payments for the fiscal year 2005-06 would have led to enhanced home care services and catastrophic drug coverage, clearly something that is very badly needed in our country. This would have brought the total cash transfers for health to the provinces and to the territories from \$16.5 billion in 2005-06 to about \$24 billion in 2009-10.

My government had also committed to provide \$4.5 billion over the next six years, beginning in 2004-05, for the wait times reduction fund. A further \$500 million for the purchase of medical equipment and \$700 million over five years would have gone to improve the health of our first nations, Métis and Inuit peoples.

The provinces and the territories had agreed to produce information on outcomes so Canadians could be assured that their money was being spent where it should be, securing for them, their families and their communities the best access to the best possible health care.

However, as important as this plan was, our 2004 throne speech went further than that. We pledged to take action to help keep more Canadians out of the health care system by exploring new ways to encourage healthy living through enhanced sports activities at both the community and the competitive levels. We reaffirmed our government's desire to proceed with new health protection legislation and welcomed the development of the pan-Canadian public health network, which would help coordinate a response to public health emergencies.

● (1515)

In September 2004, the Liberal government was proud to sign the 10 year plan to strengthen health care with Canada's first ministers, which set a deadline of December 31, 2005 for benchmarks to be established. With the provinces and the territories we set out wait time benchmarks for five priority areas: cancer treatment, cardiac care, sight restoration, joint replacements and diagnostic imaging. These were important areas.

We continued to recognize the need to invest in reducing wait times. In our 2005 budget, the Liberal government allocated \$5 billion over 10 years under the wait times reduction fund to assist the provinces and the territories in reducing wait times.

There is more. During the 2006 election, the Liberal government promised that it would implement a Canada health care guarantee in order to ensure that Canadians had timely access to care. Aspects of this guarantee included the following: a \$75 million health care guarantee fund that would assist patients and a family member with travel and accommodation costs to a public facility in another province for quicker access to necessary medical procedures; \$300 million for regional centres of specialized care in university teaching hospitals; and, \$50 million for the Canada health infoway to accelerate wait list management technologies, such as registries, booking systems and electronic health records.

The Liberal Party of Canada remains committed to a strengthened and renewed public health care system. We believe that through reduced wait times we can ensure that our system of health care remains sustainable for future generations. We had pledged the \$41.3 billion to restore confidence in our universal public health care system, including the \$5 billion to establish a wait times reduction fund.

Until the NDP forced the election last November, we had made significant achievements in honouring this commitment.

During the 2006 election campaign, the Conservatives promised to implement a wait times guarantee but failed to outline how much money it would cost or how it would be implemented. We are still waiting to hear when those things will happen and how they will happen.

Does the minority Conservative government plan to download these new costs on to the provinces and the territories without any additional financial resources to do so? Probably.

The Conservatives also indicated that they would be willing to send patients to another country if they could not access necessary medical services in their home province. In all likelihood, the other country would be the United States, a country where approximately 40% of the population does not have any access to health care.

The Liberals believe that we need the necessary reforms to keep our health care system sustainable and accessible to all Canadians so they can receive the treatment they require in a timely fashion. I do not believe the solution is to out source the challenge in our health care system to other countries.

The Conservatives dumped wait times from their priority list very early on in their interim government's mandate. Sadly, wait times are only one of many areas in which the minority Conservative government has failed Canadians.

Other examples that I might add today include the following. Despite posting a \$13 billion surplus, the government axed \$17.7 million to improve Canada's literacy skills, something that is extremely important to all of us when we are working to ensure that all Canadians have a chance to succeed and to fulfil their dreams. It also cut \$5 million from the Status of Women Canada. As if that was not bad enough, the bad government also removed the word

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“equality” from the department's mandate, not recognizing that women still only earn 71¢ to every \$1 that a man earns. That is not equal.

● (1520)

The minority Conservative government also forfeited Canada's independent voice on global affairs in favour of aligning itself with the current U.S. administration.

It also turned its back on Kyoto and scrapped Canada's climate change programs, leaving Canada in an environmental limbo as temperatures soar to record levels and areas in the west, such as British Columbia, get snow and cold that they have not had for many years.

It rushed into signing a flawed agreement on softwood lumber with the United States, ignoring the voices of industry representatives.

It also raised income taxes for the lowest income Canadians and did not even tell them, just simply tried to slide it by.

It backtracked on international scholarships.

It cancelled the precious child care agreements that were signed with all 10 provinces, which was a major new social program for Canada, and left thousands of families out of the new child care allowances because it never publicized how to apply.

● (1525)

Mr. Dave Batters: Mr. Speaker, I am very reluctant to rise on a point of order, and I rarely do, but the member is far afield from the topic and the motion that has been advanced by the opposition today. Today we are discussing the importance of health care wait times. I am questioning the relevance of much of this speech taking up the time of the House.

The Acting Speaker (Mr. Andrew Scheer): I think the hon. member is talking about a comprehensive aspect about health care. However, I do hope she comes back to the main motion and addresses the motion that is actually before the House.

Hon. Judy Sgro: Mr. Speaker, if the member had been sitting in his seat for most of my speech he would know that I have covered many of the areas that we are talking about today.

However, as if all of that was not bad enough, the Prime Minister broke his promise not to touch income trusts.

Canadians have learned quickly that they cannot trust the minority Conservative government.

Canadians have said repeatedly that health care is their priority and they believe it is the government's job to make it work. The Liberal government heard that message and was acting on it. I will continue to work to ensure that the commitments set out in the 10 year plan are honoured. I will accept nothing less nor will anyone on this side of the House.

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On behalf of all Canadians and in the interest of protecting our public system of health care, we must all work together. A vote against this motion is a vote against strengthening public health care and providing timely care for Canadians.

I hope all members in this House will vote for the motion this evening so that we move in a non-partisan way to ensure that Canadians have access to the best health care system possible.

Mr. Paul Szabo (Mississauga South, Lib.): Mr. Speaker, the motion has to do with not only benchmarks for wait times but also a wait times guarantee. It appears that there was no money in the last budget to support this initiative. The concept of a wait times guarantee means that if people cannot get the service in their own hospitals, that they would be able to go to another hospital. It may be out of province or it may even be out of country. It would also involve transporting family or support persons to be with them, so that there would clearly be money required. The Prime Minister made an undertaking that this would be implemented immediately.

I wonder if the member would care to comment on whether one of the five throne speech commitments, which was to deliver on this health care guarantee, is not possible without additional funding to support the ancillary expenses that would necessarily be part of a wait times guarantee.

Hon. Judy Sgro: Mr. Speaker, we have heard for several years about the trials and the difficulties in our health care system. Our wait times guarantee was an effort to help eliminate the kinds of difficulty and suffering that people have while waiting for several months for an MRI or months longer for cancer treatment and so on. Our effort was to ensure we worked with the provinces and other stakeholders to provide the access that was very important.

It was very disappointing to see no mention of that in the budget. It seems to have been one of the commitments that we all get criticized for, which is that in the heat of an election campaign we make all kinds of commitments and then we come back to reality.

Here we are, 11 months later, and no work is being done on guaranteeing Canadians that they will get access to the health care they need. It is a serious problem here in Canada and we need to be working, as often as possible, together as members of Parliament to meet one of our first obligations, which is to provide adequate health care to all Canadians.

• (1530)

Mr. Dave Batters (Palliser, CPC): Mr. Speaker, it seems passing strange that the member and a number of members opposite today have talked about a lack of progress on the health care wait times guarantee even though Canada's new government has been in power for 10 months. That is simply not the case. The minister is moving with due diligence. We are moving toward those goals.

I want to ask the member about the impact in 1995 of the \$25 billion cut in transfer payments to the provinces, much of that affecting health care. The previous government often bragged about its financial record but it did so on the backs of students and patients.

I wonder if she would agree with me that much of the wait time problem that we currently have in this country from coast to coast is actually the result of the \$25 billion in cuts by the previous Liberal government.

Hon. Judy Sgro: Mr. Speaker, I will take the member back to 1993 when the Liberals were elected. Rather than inheriting a \$13 billion surplus, as the current government did, we inherited a \$42 billion debt that we had to deal with. All Canadians had to make major sacrifices, whether it was about issues of health care or students. All Canadians had to join together with us to deal with that huge debt, otherwise Canada was at a point of bankruptcy. Some real difficult decisions were made and all Canadians made sacrifices.

Our country is now in an excellent time as a result of the steady work that was done in the years when the Liberals were in power. With the \$13 billion surplus that the present government inherited, why has it not followed through on its commitment of a wait times guarantee? We all recognize how important that is. The work was done and we had agreements with the provinces and other stakeholders to move forward on it. The Conservative government has done absolutely nothing on this issue since it came into power. It did not have to redesign anything because it was already there and done. It just had to move on with it.

I know it is important to those members as well but we are getting impatient. It has been 11 months. I know this has a Liberal stamp on it and people on that side of the House do not like that, but let us get on with meeting the needs of Canadians and helping them with the whole issue of a wait times guarantee.

Mr. Dennis Bevington (Western Arctic, NDP): Mr. Speaker, I have a little trouble with the member's chronology of the events of the last 13 years. Those years work out to about 150 or 155 months that the Liberals were in power and had opportunities to do quite a bit. They are certainly coming down very hard on the NDP for shortening that 155 months by 2 months by saying that we were responsible for the health care problems in this country because of it. My hon. colleague should really look at this in a rational fashion when she talks about responsibility for the health of Canadians.

Yes, we did go through tough times and the very tough decisions that were taken by her government did affect a lot of Canadians. However, what we did not see from that government was a plan that would have really reduced wait times, which was a strong, preventive health program within the government that could have examined every facet of what we do in Canada, whether it is housing, air pollution or nutrition, all the things that make up a healthy lifestyle. We did not see that from the Liberals in the days when they cut programs and preferred to sit on large surpluses.

Where was my hon. colleague in health prevention through those 13 years that led up to the two months that she is blaming the New Democratic Party for?

• (1535)

Hon. Judy Sgro: Mr. Speaker, it was only in the last five years that the Liberal government was able to pay down the debt and to start reinvesting in all of the programs that needed to be supported.

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The member has to remember that everything the government does has to be done in cooperation with the provinces. The provinces are the delivery agents. Trying to make significant changes and move in a positive way takes time, as with the child care agreements that the Liberals had worked on to finally be able to roll out one of the most important social programs for Canada. It takes time to get agreements with the provinces when trying to move forward, for example, the wait times guarantee. Those things do not happen overnight. There have to be prolonged negotiations.

One of the things we have to recognize is the pressure because of the demographics. Canada has an aging population that is putting additional pressure on the health care system. We need to find new ways of dealing with many issues.

Frankly, had the Liberals had the opportunity to stay in government, the wait time guarantees would have helped an enormous amount of people, as would have the child care system in trying to get more people into the workplace and providing choices for men, women and families of today.

Mr. Charlie Angus (Timmins—James Bay, NDP): Mr. Speaker, one area the government had complete responsibility over and did nothing was first nations health. I saw it in my own communities. I saw people year after year being fed nothing but promises that meant nothing. Health Canada has failed people on the James Bay coast abysmally.

The Liberal government failed. It sat on massive surpluses and did nothing to help the people of Kashechewan, Attawapiskat or any other community where we see horrific levels of health services, child mortality and other problems because when the Liberal Party was in power it did nothing.

Why did it have to wait for agreements to be signed with first nations that were—

The Acting Speaker (Mr. Andrew Scheer): The hon. member for York West.

Hon. Judy Sgro: Mr. Speaker, the Kelowna accord would have been in place today and there would have been millions of dollars going into the very communities that we care an awful lot about. Unfortunately, as a result of the NDP getting in bed with the Conservatives, the Liberal government was defeated. Those poor people are going to have to wait a long time before they get access to good quality care.

Mr. Patrick Brown (Barrie, CPC): Mr. Speaker, I am sharing my time with the member for Louis-Hébert.

I am pleased to have the opportunity to speak about wait times in Canada, which continue to be of concern to Canadian citizens and providers and are a key priority for the government.

I take health care very seriously. I am actively involved in my local hospital, the Royal Victoria Hospital. I sit on the physician recruitment committee. Our entire community is actively working toward our hospital expansion in 2008.

To give a bit of context about why health care is so important for my community, Barrie, Ontario is currently short 27 doctors. We have 30,000 individuals without a family physician. Our city council put forward \$52.5 million toward our expansion in 2005. My

community is doing everything it can to make health care the best it can be.

That is why I am so pleased that we are finally getting leadership in Ottawa on this very important file. We have a Minister of Health who actually understands the pressures of the health care system.

Just two weeks ago our Minister of Health visited the emergency department at RVH and talked directly to nurses, doctors and patients. The head of our nurses union, Tracey Taylor, remarked that it was great to see a health minister actually talk to the real providers of health care, the regular patients, the regular nurses who work hard every day.

Let us examine at the forefront how we got to this point. Why have wait times become such an issue for Canadians? It did not happen overnight and it is important to assess the root causes. During the Liberals' tenure in power, wait times to see a specialist rose from 9.3 weeks to 17.7 weeks. Between 1994 and 1999, the Liberal Party of Canada cut health care by \$25 billion. The Canadian health care system could not sustain the assault imposed by the Liberal Party. Faith in Ottawa to support health care dwindled to an all time low.

Canadians need to have confidence that the public health care system will be there for them when they need it. Canadians expect a health care system that is responsive, fair, transparent and accountable. That is why over the past several months our Minister of Health has had discussions with the health ministers from every province and territory to obtain their views on the opportunities and challenges they see in reducing patient wait times.

Already some provinces have tackled complex issues and are achieving improved results. They are making progress on reducing wait times and moving toward being ready for patient wait times guarantees, which we see as the natural next step.

At the forefront of this progress is Quebec, which has proposed its own guarantees with recourse mechanisms for selected services, the first province to do so. Quebec is proposing a guarantee of access for three procedures: hip and knee replacements and cataract surgery. The province will offer recourse to patients in a stepped fashion with different access to service mechanisms kicking in at different times.

Manitoba and Quebec have also indicated they are providing a form of guarantee for some cardiac services and cancer treatment, which are improving access. For example, Quebec's service corridor model allows cancer patients waiting for more than eight weeks the option to be transferred between radiation oncology centres. Meanwhile, Manitoba's wait times for cancer radiation therapy are down to under one week from over six weeks in 1999.

Improvements in wait time reductions and management are evident elsewhere in the country too. In Atlantic Canada, provinces are collaborating on health infrastructure Atlantic. This involves capturing medical imagery through broadband networks, giving doctors quick access to test results which lowers costs and improves services.

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In my province of Ontario we are also experiencing significant progress. Since launching the Ontario wait times strategy in November 2004, wait times for procedures have been reduced by 19.6% for cataract surgeries, 17.9% for hip replacements, 11.8% for knee replacements, 25% for angioplasty, 23% for MRI exams, and 13.6% for CT scans.

What does this mean for my local hospital? I am there regularly and I asked what this means for the Royal Victoria Hospital in Barrie. What does the new government's commitment mean on a local level? In 2006-07 it means \$3.14 million has been directed, and this funding has had a dramatic impact for patients at my local hospital. It would allow the RVH to perform 606 additional cancer, cataract and joint replacement surgeries this year compared to 472 last year.

• (1540)

It means an additional 1,880 MRI hours. The hospital has been able to increase MRI operation to 24 hour coverage on weekdays and extended hours on weekends. As a result, RVH went from having the dubious distinction of the longest wait times in the province for MRI scans a year ago at an astounding 54 weeks, to 7 weeks today, a very impressive improvement.

Look at Alberta's success too. Alberta's hip and knee replacement pilot project has demonstrated a success in reducing wait times from 47 weeks to 4.7 weeks by streamlining the patient journey, increasing capacity and reorganizing resources.

In British Columbia the median wait time for cataract surgery fell from 9.7 weeks in 2005 to 7.4 weeks. B.C. has also reported significant wait time reductions between 2005 and 2006 for joint replacements. It attributes this decline as evidence that its innovative wait time strategy announced in February 2006 is helping reduce backlogs while building long term capacity in the health care system.

These examples, and there are many more, clearly show that when we work with focus and determination, when we have a common goal, and most important, when governments work together, we can deliver for Canadians the kind of health care system they deserve.

Last summer our Minister of Health met with health ministers from Denmark, Sweden, Mexico and France to see how other nations have been able to reduce wait times.

For example Sweden introduced its national maximum waiting time guarantee in 2005. Its plan includes patients to be treated elsewhere if the waits become excessive.

Denmark's extended choice of hospitals initiative was launched in 2002. If its health system is unable to provide treatment within two months, patients have the option of being treated in a private facility or another country.

The U.K. has a choice at six months policy. This means that patients who wait more than six months for elective surgery will be offered the choice of moving to another provider for fast treatment. The U.K. program is a good example of a system triggered recourse. The patient is not required to complain at six months; the choice is offered automatically.

These international examples show the kinds of guarantees that are possible for governments to offer their citizens. Sweden, Denmark and the United Kingdom did not deliver patient wait time guarantees overnight. It was a process founded on improving the management of their health systems and the use of taxpayers' dollars more efficiently and more effectively to provide their citizens with better health care outcomes.

The message from international experience is quite simple. The effectiveness of a nation's health care system depends on two things: its medicine and its management. To provide the very best, countries must do equally well.

Canada is a world leader in many scientific medically based endeavours. Our scientists and our scientific community are among the most valued in the world, often in terms of scientific citations being at the forefront of their disciplines. This is something we need to be very proud of as a country. Recent successes in the provincial management of wait times indicate that we are making progress on the management of our system. This includes the financial management of our system.

Let us address the money issue head on. There is a lot of new money going into the health care system: \$41 billion in new dollars to the provinces and territories over 10 years with a 6% increase a year for inflation, \$5.5 billion specifically for wait times reduction. Canadians want and demand to know that this money is being managed effectively. They want, as our government has promised, greater transparency in terms of what their tax dollars are delivering and they want greater accountability results.

Establishing a patient wait times guarantee is a process, not an event, building upon existing provincial and territorial reforms, comprehensive wait times initiatives while representing different provincial priorities as it relates to their respective health care systems.

Today I have provided just a few examples of the success stories achieved by the provinces and territories and health care system administrators who clearly are making progress on reducing wait times through better management and innovation. These are examples that also demonstrate the solid building blocks in place to move forward on a patient wait times guarantee.

We look forward to continuing to work with the provinces and territories to deliver outcomes Canadians want, and certainly ones they deserve in their health care system.

• (1545)

Mr. Paul Szabo (Mississauga South, Lib.): Mr. Speaker, the Conservative platform promise for a health care wait times guarantee during the last election was made to provide some assurance to Canadians that should the benchmark guarantees, which were set out back in 2004, not be met, patients would be transferred to other hospitals outside their own province or outside Canada to deal with that.

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Clearly, it involves some additional cash to support this work outside of the established program funding for the health care system in the provinces. The budget presented by the government did not provide any additional funding for the wait times guarantee.

Could the member explain to the House and Canadians how a promise, which requires money, can be delivered when no additional money has been forthcoming?

Mr. Patrick Brown: Mr. Speaker, it is always amusing to hear a Liberal member talk about funding for health care when it was the Liberal Party that cut health care by \$25 billion between 1994 and 1999.

The new Government of Canada has made it very clear that the \$41 billion for health care is a fundamental investment that it is willing to stand behind and support. It is making a tangible difference. I raised examples that patient wait time reductions were working across the country, from coast to coast. I know the Minister of Health is doing everything he can to work with his provincial and territorial counterparts to ensure that the government's goals for patient wait times guarantee can be realized.

I will read the statistics of the hospital in Barrie in the last year, which I find most impressive, and the government has only been in power for about a year. If we break down what funding in the budget means for local hospitals, for my local hospital it is \$3.14 million for 2006-07. That funding has allowed the hospital to perform 606 additional cancer, cataract and joint replacement surgeries and an additional 1,880 MRI hours.

The investment that the Minister of Finance and the Minister of Health have put into health care is making a tangible difference in communities. It is in stark contrast to the days in the 1990s when hospitals and provincial health ministers were continually scared and in trepidation of the cuts the Liberals may inflict on health care systems.

We can ignore the \$25 billion, but the growth in wait times was a direct cause of the cuts inflicted by the former finance minister at the time. It is unfortunate that it happened, but this government is doing everything we can to ensure that the health care system has the funding it deserves, and we are seeing that happen today.

• (1550)

Mr. Charlie Angus (Timmins—James Bay, NDP): Mr. Speaker, my question for my hon. colleague concerns wait times. If one were to talk to Canadians about what they value about Canada, it is the universality of our health care system. People identify that as one of the fundamental values of what it means to be Canadian.

One of the issues with wait times right now is the fact that we have seen more and more privatization. It began under the Paul Martin government and it is continuing now. A private emergency room is actually being opened. It is undermining everything that has been done in developing a universal access system.

How does my hon. colleague feel about moving toward private operations, health care services and health care delivery on the front lines? Would his government be willing to stand with New Democrats to stop that and ensure that the health care wait times we have gone after will be delivered under a universally guaranteed system?

The Acting Speaker (Mr. Andrew Scheer): I remind the hon. member for Timmins—James Bay to refer to other members by their ridings or titles.

The hon. member for Barrie.

Mr. Patrick Brown: Mr. Speaker, there is a lot of support in the House, myself included, for our universal health care system. Many Canadians take tremendous pride in that.

If we have seen a slippage toward private health, and that has been under the Premier of Ontario, Dalton McGuinty. He decided to remove eye and chiropractic care from the services available to many Ontarians. I was very concerned about that. It was an unfortunate process that the Liberal Premier of Ontario undertook.

I know this government is very committed to health care in Canada to ensure that all Canadians get the best possible health care.

[*Translation*]

Mr. Luc Harvey (Louis-Hébert, CPC): Mr. Speaker, today I find it ironic to talk about wait times in health care because what we are doing, in fact, is taking stock of the 13 years the Liberals were in power. Once again, it is somewhat like the environment file where they said they were working on it, but in the end there was no result and nothing happened. We are in a situation where the result is 35% worse than they had hoped it would be when they signed the Kyoto protocol.

Today we have before us a motion from the Liberals to force us into action on a promise we made during the election campaign. We made promises that we have kept. Nonetheless, I would also like to point out that it is not enough to spend money and to make promises; we also have to respect the jurisdictions.

We all know full well that health is a provincial jurisdiction. We are working together with all the provinces in order to achieve a positive result and to improve wait times.

The Liberals did not manage to do anything in 13 years. Today, when we have been in power for less than a year, we have received a motion asking us, somewhat maliciously, to play bad politics with an issue on which our Minister of Health is already working very hard in order to resolve the problem and meet with provincial representatives.

We also have research. This research suggests that we currently have more effective treatments, but we also have an aging population. It is not enough to inject funding in order to try to reduce wait times. We also need to have healthy management, something the Liberals still have not managed to prove.

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I would like to talk about a document that is before me. The Canadian Institutes of Health Research and the provinces and territories want to use federal research funding to accelerate data collection in order to establish benchmarks, as far as wait times are concerned, to provide Canadians with acceptable waiting periods for major operations.

What does that mean? Before we say that we have to reduce wait times, we need to know what is acceptable and feasible. We know that there is a time lag between the moment we receive a diagnosis and the treatment of a disease such as cancer. Sometimes, it is a physiological disease such as a joint problem. Before a joint is replaced, other treatments may be provided to delay the operation or simply alleviate the joint problem.

Recently, the federal government announced \$348,000 in funding for health research projects, including research into wait times.

I am pleased to say that last week the Prime Minister also announced \$260 million in funding to expand the Canadian strategy for cancer control. Among other initiatives, the strategy will support and facilitate cancer research in Canada.

The hard truth is that the automation of health care administration lags nearly 20 years behind other sectors. To correct that, we are using Canada Health Infoway funds to reduce wait times by implementing electronic patient records, centralized databases and telehealth services.

There is also improved cooperation among the federal, provincial and territorial governments.

• (1555)

The federal government recognizes that federal-provincial-territorial cooperation is essential in order to reduce wait times and establish wait time guarantees for patients. Over the summer, the Minister of Health held talks with his provincial and territorial counterparts in order to hear their views on the existing possibilities and challenges for patient wait time reductions.

Our government hopes to continue working with the provinces and the territories in order to achieve the results desired, and most definitely deserved, by Canadians.

Improved training of human resources in the health field and their retention are essential to wait time reductions and improved access to health care. Canada's new government is investing in human resources in the health field in order to improve collaboration among various health care professionals, contribute to the recruitment of highly qualified health care providers, and retain health care professionals who have a great deal of knowledge and experience.

One example is our program to increase recruitment among health care professionals with foreign credentials who are prepared to work in Canada. This program will enable an additional 1,000 physicians, 800 nurses and 500 health professionals to join our health system within five years.

This is an important component. We cannot pull health care specialists out of thin air. We are talking about five years from now because we cannot entrust the lives of Canadians to unqualified individuals for the sole purpose of shortening wait times. We must

assess the risks and consequences and the capabilities of the individuals who will help shorten these wait times.

This will all be carried out responsibly. This entails implementing measures for assessment and supervision, to ensure that the programs work effectively and efficiently, something the Liberals were not used to doing.

Benchmarks are the first component of wait time guarantees for patients. They represent the appropriate wait times for medical procedures based on clinical data.

In 2005, Canada announced its first set of 10 benchmarks based on solid evidence for acceptable wait times for the following procedures: bypass surgery, cancer screening and radiation treatment, hip and knee replacements and cataract surgery.

These benchmarks enable us to measure wait times to determine which parts of our health care system we need to focus on and which ones need improvement.

Recently, the author of an Ontario Medical Association study conducted last June stated that some wait times were getting shorter but others were not. In response to that, we can say that for the first time, we have benchmarks that enable us to measure certain elements. We are measuring progress in the system, so now we know what we have to focus on. This is a first.

When the first ministers met in October 2005, all governments confirmed that, as more data become available for the five priority sectors, additional benchmarks would be set in the health care continuum. We are committed to working with the Canadian Institutes of Health Research across the country.

In conclusion, reducing wait times is a process, not a one-time event. We may not have attained perfection in one day, but that does not mean we are not making progress. We have to start somewhere, and that means breaking new ground.

• (1600)

Mr. Raynald Blais (Gaspésie—Îles-de-la-Madeleine, BQ): Since we must start somewhere, I would like the hon. member to start by respecting our areas of jurisdiction. Starting somewhere would give Quebec the means to deal with the various challenges facing the health care sector.

To start somewhere would mean to start by recognizing that health care is a matter of provincial jurisdiction, as the hon. member did at the beginning of his speech. But the member then went on to discuss a number of possible encroachments on this jurisdiction.

When a member begins his speech with a certain logic, he must follow through, otherwise, the rest of the argument does not hold water.

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Mr. Luc Harvey: Mr. Speaker, I am pleased that my hon. colleague from the Bloc Québécois was listening because, on several occasions, we mentioned and I talked about consultations and meetings with the various health ministers in Canada, including the Quebec health minister.

I also talked about a benchmark, specifically, is the situation getting worse or is it getting better? This work has never been done. To ensure that the promise, which was to reduce wait times, is measurable and quantifiable, Canada needs a benchmark. This is somewhat similar to the Kyoto protocol referring to the year 1990. We therefore have a figure to refer to for wait times.

Mr. Raynald Blais: Should my colleague from the Conservative Party not be saying, rather, that the real field of reference for the health care file is Quebec and its health and social services department?

• (1605)

Mr. Luc Harvey: I never said anything to the contrary. There is no problem. I agree with my colleague.

Mr. Daniel Petit (Charlesbourg—Haute-Saint-Charles, CPC): Today's motion mentions that the Conservative government has broken its promise to reduce medical wait times. Since my colleague from the Bloc Québécois said this is a provincial jurisdiction, I imagine the Bloc members will vote with the Conservative Party today.

We might also wonder whether a strike by medical specialists in Quebec would not show that, no matter what the federal government does, it will not be able to do anything about wait times, since everything depends on the medical professionals in Quebec who are on strike.

I would like my colleague to say a few words about the possibility of reducing wait times. I realize that the Bloc Québécois has just informed us that it will vote with us.

Mr. Luc Harvey: First of all, to determine whether or not wait times have improved, a benchmark is needed. That is the first thing we had to work on. You must also be able to quantify results. Are wait times decreasing or increasing? Are we making any progress?

When I worked in Africa, I liked the expression that said that change did not mean there was progress. I do not know if the Bloc Québécois is after progress or just change. Nevertheless, our objective is to determine if we are making progress. If we are, we need a benchmark to assess if we have made a change or if we are truly making progress.

The objective is to quantify the progress made. I do not think that quantifying the amount of progress infringes on a provincial jurisdiction. I would like to point out, and I will repeat for the benefit of my Bloc Québécois colleague, that the federal government—my government—has just announced \$348 million in funding for health research, including that on wait times. In addition, another \$260 million has been invested in the fight against cancer. This funding is not strictly for Quebec, or Ontario, or Canada, but is for all the provinces in Canada, in order to make progress in this matter.

Mr. Jean-Claude D'Amours (Madawaska—Restigouche, Lib.): Mr. Speaker, thank you for giving me a few minutes to debate a very important motion that is before this House today. I

have the honour of being the health critic for the Liberal Party of Canada. The motion before us today has a direct bearing on the work I do as a parliamentarian for the people in my riding, Madawaska—Restigouche.

Today, we are debating a very important motion, introduced by my colleague, the hon. member for Brampton—Springdale. I would like to read the motion so that everyone can understand its importance to all Canadians. The motion reads as follows:

That, in the opinion of the House, the Conservative government has broken its promise to reduce medical wait times and to provide the necessary funding and resources to achieve the goals of the First Ministers' Accord on Health Care Renewal.

This motion says it all. It expresses exactly how the Conservative government has fallen short of the mark, exactly what promise it has broken. It made that promise to Canadians during the last federal election campaign and, today, it has broken that promise.

If we listen more closely to the parliamentarians on the government side, we will certainly notice something: it is always someone else's fault if the government fails to act. The government's inaction is always someone else's fault. This is real cause for concern. People have started to react, for example yesterday in the riding of London North Centre. We saw very clearly how the people of Canada are reacting to the inaction of the Conservative government.

Health care numbers among the treasures that we have acquired here in Canada over the years, and that is certainly not thanks to the Conservative government. It has not contributed anything. The current government is clearly trying to dissociate itself from former Conservative governments. I know, though, that this Conservative government is the most extremist that we have seen in this country for decades, maybe even centuries.

In 1957, we instituted health insurance in Canada. It was certainly not a government like the current one that did that. It was a Liberal government which believed in the supreme importance of giving Canadians what they needed to be treated within a reasonable amount of time.

Let us look further at the history of health insurance in Canada. As I just said, it was first established in 1957. The Parliament of the time passed the Hospital Insurance and Diagnostic Services Act. Therefore, it is not just since yesterday that we have been talking about health care and trying to improve the lives of Canadians. The current government, though, just made promises that it still has not kept.

The 1957 act provided for free short-term hospital care and radiological and laboratory diagnostic services. The word "free" is the key word here. However, there is more to it. Being free does not mean that the services should take an eternity. They are free because Canadians decided to pay for a health care system that would provide treatment, whether for their children, themselves, their parents, their families, or their brothers and sisters. It was Canadian citizens who decided to provide these services. We must also take the development of the system into account. The major step taken in 1957 was a revolution in health care.

Business of Supply

However, there was more. In 1966, the Medical Care Act was passed. It provided for free medical services. That too was incredible, and it is good to see that it was a Liberal government that worked for this.

Thus, I know the future will be rosy for the citizens of this country in a short while, when the Liberal Party is able to resume power in Ottawa and bring back the things that are important to Canadians, including health care.

• (1610)

I would remind the House of the \$41.2 billion that the Liberal government—my government, during my first term—handed over in 2004, in the context of the health care accord. The \$41.2 billion project was important to ensuring that all the provinces and territories would have the money they needed to provide health care services.

This does not mean passing the buck to the provinces—as the government did in this case—and telling them to do as they are told, without providing the funds they need to do so.

Let us recall what happened in 2004. In September, a few months after my first election, the Liberal government signed a health care accord with the provinces and territories. That accord is better known as the 10 year plan to strengthen health care. Strengthen has many meanings. It means creating a solid foundation and ensuring the future of health care for Canadians. The 10 year plan also set a deadline of December 31, 2005 for establishing a benchmark for medical interventions.

Even though the Conservative Party decided to defeat the government in November 2005, we are proud that the priorities that were supposed to be set by December 31 were set on December 12, 2005. Those priorities are cancer treatment, cardiac treatment, sight restoration, joint replacement and diagnostic imaging.

The first item I mentioned was cancer treatment. Today, cancer affects many citizens. Is there anyone in this House who has not had a family member diagnosed with cancer? Is there anyone in this House who does not know someone, a friend or relative, who has had to endure cancer treatments? This is a common reality that I have experienced several times over. It is certainly not easy, and it is even more difficult to endure when there are long wait times for diagnosis and care.

I remember one personal experience when a friend's doctor said that treatment was one thing but that morale was far more important. When it takes months and months to get the diagnosis and the necessary services, of course morale will suffer.

If we want to help patients keep their morale up, we have to guarantee reasonable wait times for services. Reasonable wait time does not mean six months or a year. Reasonable wait time is soon after diagnosis.

We are spending a lot of time talking about emergency wait times today because in some places in Canada, not far from here or from my riding, even right in my riding sometimes, emergency room wait times are almost unacceptable, if not completely unacceptable.

Sometimes it seems to me that we are playing with Canadians' quality of life. But the reality is even worse: we are playing with their health.

I repeat what I said earlier: Canadians have paid for a health care system with the taxes they pay every year. They paid for it today, yesterday, 10 years ago, even 20 years ago. And Canadians will keep on paying, because they believe that Canada must have proper health care. But is it acceptable to wait eight hours in an emergency room—and that is a real example—before finding out what is wrong? No, it is not. It is not acceptable, because in eight hours, something very bad could happen. Wait times must not be so long that people get sicker or die because they are not diagnosed or do not receive the necessary treatment. In an emergency, wait times must be reasonable.

• (1615)

Here is the best way to handle things. When I was a city councillor and when I was serving my first and second terms as a federal MP, I always believed that it was best to promise things that you think you can deliver. If you do not think you can do something as an MP or a politician, do not promise to do it.

It is always easier to promise something. We can promise the earth, but that is not what Canadians want. They want us to promise them things that we think we can achieve.

If the current government could make good on its promise to provide Canadians with better health care, why has it not done so? Canadians certainly will not have more confidence in this government if it does not keep the promise it made during the last federal election. It is already evident that the public has lost confidence in this Conservative minority government.

Health is one thing, and medical wait times are another. We also have to look at other important related issues if we want to improve people's quality of life and ensure that people who are sick can live decently while they are ill.

Last week, we had the last period of debate on Bill C-278 introduced by my Liberal colleague from Sydney—Victoria. We will soon vote on this. It is a private member's bill on employment insurance, which calls for the benefits period to be increased from 15 weeks to 50. What a nice gesture and what a nice thought from a Liberal member. I am extremely proud, first, to be a Liberal and, also, that it was my colleague who introduced this private member's bill.

What disappoints me a little, a lot even, are the unfavourable comments about this bill by the government members. How can they be against an insurance that offers acceptable and decent income to those who need it the most? It is not easy to be sick, but not having money to get over the illness is certainly even more difficult.

Business of Supply

There is another aspect that people often forget. Let us think back to September 25. I know that some members of the government do not want us to talk about it. Many of them, if not the entire government, want us to stop talking about it in the hope that Canadians have forgotten about the major cuts announced on September 25. I will not list them because I would not have enough time today during this period to mention them all. However, I will spend some time on one aspect, which, in my opinion, has a direct link to health care. I am talking about literacy.

The government made \$18 million in cuts to literacy. This is unacceptable because these cuts affect the least fortunate. Let us look at a concrete example—such an easy example—of an older person. We know there are large number of illiterate people in this country. We may not like it, but such is the reality. And remember that the President of the Treasury Board said that illiterate adults are a lost cause. On the contrary, adults who have difficulty reading and writing need more help.

Let us take the real example of an individual who goes to the hospital or the doctor and needs medication. The patient will have to purchase the medicine at a pharmacy and read the instructions on the package. That has an effect on wait times. Do you think that a person who cannot read very well will want to go to a hospital knowing that they will have to go and get the medication and read the instructions, but cannot do it? Maybe they will only understand some of the instructions. What will happen? Perhaps this person will not use the medication properly or take it at the wrong time, which may have more serious consequences than the illness itself.

• (1620)

We are examining the aspect of wait times, but the whole issue of literacy is also crucial. I am convinced that my Conservative colleagues opposite do not agree with me on this. However, it is a reality that the functionally illiterate have to live with every day. Even though they receive care, when they get their medication they cannot read the proper dosage, when to take the medication and what are the contraindications. All that information is there for a reason, a very specific reason: to ensure that the individual can progress and heal. Imagine if that person is unable to properly read the information. Imagine if that person is already ill. How can they look after themselves properly if they are unable to read the information provided with the medication?

These are direct links, links that we must respect and understand. We must show compassion for the most disadvantaged in our society, even if the current government has a great deal of difficulty with this.

On the subject of wait times, according to the Canadian Medical Association, 38% of Canadians say that they have already experienced unacceptable delays while waiting to see a specialist. Here I am referring only to seeing a specialist. I spoke earlier about the emergency situation. The fault does not lie with the personnel, the nurses or doctors. They do everything they can to provide proper services, but what is lacking is sufficient funding.

We are told that 38% of Canadians have already encountered problems and wait times that are too long, when they need to see a specialist. Now, imagine how long one has to wait in emergency rooms to see a doctor. I gave an example earlier of an eight-hour

wait. We have already seen wait times of 12 hours, and on the news they have talked of waiting 24 hours. That is not something unusual. Those are things that we see and hear of regularly.

If we want to eliminate “regularly” and “usual” from this situation, we must be able to provide funding—and also keep our promises—to provide the tools that will ensure that Canadians have access to health care services within a reasonable period of time.

We have heard that 20% of Canadians say that they have had to wait for access to advanced diagnosis. Behind that statement lies a factor that I referred to previously, namely cancer. More than 20% of Canadians say that they have had to wait for access to advanced diagnosis. What are we waiting for? What are we waiting for to provide Canadians with these services?

I certainly hope that what this government is waiting for will not be an even longer wait, because Canadians need these services. In addition to cancer, we also hear about heart problems. Across the country we are seeing an increase in obesity. I understand that heart problems are not related only to obesity but that it is one of the causal factors.

Why does the government not want to act immediately in a concrete way to provide Canadians with the services that they are paying for and that they deserve?

There is worse still when we examine the situation. Wait time guarantees are one thing, but there are other factors. If someone can not be looked after in one location, he or she can look for care in another hospital. That could be a proper solution. In this House, the government has also made comments that Canadians could also seek treatment in other countries. One of the things that concern me today, now, in 2006, is a situation that could develop, where Canadians are told that we are not going to provide services here in Canada—because we do not want to invest the necessary sums of money—but that we are going to send them elsewhere for treatment.

• (1625)

When they say “elsewhere”, I hope they do not mean in the United States. I hope this government is not going in that direction.

Business of Supply

[English]

Mr. Gary Schellenberger (Perth—Wellington, CPC): Mr. Speaker, I have listened to quite a few speeches here today, but I must relay to members an experience of mine in the last three weeks or so. A busload of people came down to visit me. Unfortunately, on the second day they were here, the day they were to come to the House of Commons to see how the House operates and to sit in the gallery, one of the ladies, just before getting on the bus that morning, had a problem. She could not get up. As she got up, she was dizzy and her arms did not feel right. The ambulance was called to the hotel. It arrived very quickly and took her to the hospital. She was looked at as soon as she got to the hospital that particular day and was diagnosed. She was looked after very well.

Unfortunately, she had a problem with an artery in her neck and was not able to take the bus home the next day. She stayed in the hospital for five days. The doctors wanted to operate on her here in Ottawa. Coming from London and not knowing how long she was going to be in the hospital, she requested that she be allowed to go back to London.

By the time she got back to London, within two days the hospital here had already arranged for two specialists to see her in London and had already at that time booked both an operating room in London and someone to do that procedure. She fell outside that 38% who have a problem, but what happens most times in emergency rooms is that people are seen according to how serious their particular problem is.

How do you address someone being looked after that quickly?

•(1630)

The Acting Speaker (Mr. Andrew Scheer): I would remind the hon. member for Perth—Wellington to address his comments through the Chair.

The hon. member for Madawaska—Restigouche.

[Translation]

Mr. Jean-Claude D'Amours: Mr. Speaker, I will certainly address my comments through the Chair to ensure that I respect the decorum of the House.

If one looks closely at the situation, it is easy to pinpoint specific elements. I am pleased that the person my colleague mentioned received services within a given period of time. I am happy for him because that is enough for him.

Nevertheless, we have to pay attention to another reality: the emergency room problems arising from the fact that we cannot provide the necessary funds. We are telling the provinces to resolve the wait times issue, but we are not giving them any more money to do it. Problems related to emergency rooms are the major concern.

When people go to an emergency room, a triage system decides whether they get priority. The fact that we have to use such a system means that we do not have enough health care professionals. If there were enough health care professionals, we would not have to do that.

Through you, Mr. Speaker, I would like to remind the members what can happen with a system like this. Sometimes, there are deviations from the standard. Sometimes, a diagnosis is made, but

sometimes patients have to wait a little longer than they should. That can result in serious negative consequences for individuals.

If we want to improve health care services and ensure that Canadian citizens can pay for their health care system, the will has to be there on the part of the government. If it is not, as is currently the case, health care services will not improve despite the fact that Canadian citizens keep paying their taxes.

Mr. Guy André (Berthier—Maskinongé, BQ): Mr. Speaker, I am pleased to respond to the comments made by my hon. colleague, whom I know very well and with whom I worked recently in committee. I do not necessarily share his point of view on the question of health care and I must ask myself some important questions.

He gave a brief overview of the development of health care in Canada in recent years. However, he overlooked one thing, which is that the Liberals slashed health transfers to Quebec and the provinces in 1994-95.

The health care sector is under enormous pressure. Why are there waiting lists? We have an aging population, which means more surgery, more care, more cancer. Cancer is one of the most serious diseases of the century, along with cardiovascular disease. These diseases require surgery and, unfortunately, there are waiting lists.

The health care system in Quebec is comprehensive. Our public health agency has research programs for cancer, cardiovascular disease, and all sorts of health problems. The health and social services department manages regional agencies, CLSCs, hospitals, and CHSLDs. This is where health care is provided.

The Liberal government denied that there was a fiscal imbalance for several years. Basically, what Quebec needs to ensure health care is money, a work force, resources and doctors. Quebec would then be in a position to provide proper health care to Quebecers. However, the Liberal government denied the existence of a fiscal imbalance.

Is there any other way, apart from a federal transfer to Quebec, to give more resources to a comprehensive health care system? What other way is there? There is no other way, and the Liberal government chose to do nothing for years.

I would like to hear what my hon. colleague has to say on this matter, which is of great concern to me.

•(1635)

Mr. Jean-Claude D'Amours: Mr. Speaker, I wish to thank my colleague for his most interesting question. We shared some time together on another committee, and it was certainly enriching.

My colleague went directly to the question of fiscal imbalance. It is a bit ironic to talk about fiscal imbalance. I was actually talking earlier about the improved health care that the Conservative government promised Canadian citizens during the last election. It promised to improve wait times and provide better health care services to the Canadian population. There is a big difference between said and done.

Business of Supply

My colleague has opened the door for me. Regarding the fiscal imbalance, it is the same thing. I think that happened on December 19, 2005. I will always remember because it was the day of my birthday. When I heard that, I was very eager to see this party that promised to resolve the fiscal imbalance within what it called a reasonable length of time get down to work in the early months following the election of the government.

I would remind my hon. colleague that now we are in the month of December 2006. A year will soon have passed, the health ministers' meetings have taken place and the finance ministers' meetings have been held. And in the end, as my colleague put it so well, has the fiscal imbalance been resolved? No. But that is what was promised.

If I come back to wait times and health care, the minority Conservative government is telling the provinces to solve the problem. It is not providing any money, but they have to solve the problem. Basically, it is like the promises and amounts to saying, "Do as we say, not as we do". It is exactly the same thing. The government tells the provinces to do what it promised to do, but without giving them any money to do it.

This was a lack of accountability and a lack of transparency on the part of this government during the election campaign last December and January.

My hon. colleague will understand that, when he talks about health care, wait times, the provinces' financial problems and the fiscal imbalance, he can also look at his colleagues opposite who, with their decisions, have definitely not resolved the situation. Nor will they.

[*English*]

Ms. Jean Crowder (Nanaimo—Cowichan, NDP): Mr. Speaker, I will be sharing my time with the member for Western Arctic. We will be supporting the motion but, and there is always a but is there not?

We have a history where the Liberals were 13 years in power, where they had a great deal of opportunity to deal with the very serious issue that is facing many Canadians. I am going to focus my time today on first nations, Métis and Inuit. We know that wait times for services and access to services is a very serious issue in communities from coast to coast to coast.

Just taking information from Health Canada's own website, it talks about the status of aboriginal health in Canada and about higher rates of chronic diseases such as diabetes. Type 2 diabetes affects first nations people three to five times more than the general Canadian population. There are higher rates of infectious diseases such as tuberculosis. Tuberculosis rates in first nations communities living on reserves continues to be 8 to 10 times higher than the Canadian average. There is a gap in life expectancy for aboriginal men and women compared to the non-aboriginal population and higher rates of suicide. This is from the government's own website.

When we talk about health care, what is critical is something called the social determinants of health. We cannot talk about wait times in the absence of all of the other factors that contribute to what could be considered a healthy community. In the document called the "Blueprint on Aboriginal Health: A 10-Year Transformative

Plan" from November 24-25, 2005, it talks about the determinants of health which directly relate to wait times.

It talks about determinants such as housing, education, food security, violence against aboriginal women, children and elders, and environment including clean water and environmental contaminants.

When we talk about the social determinants of health and wait times, there seems to be a link missing. The Assembly of First Nations currently has a campaign called "Make Poverty History: The First Nations Plan for Creating Opportunity". It reminds Parliament and Canadians who are paying attention of the problem.

The campaign 2000 report that was just released on Friday re-emphasizes the desperate poverty in many first nations communities. However, in the document that the Assembly of First Nations put forward regarding first nations poverty, it talks about the fact that one in four first nations children live in poverty compared to one in six Canadian children. Of course, we do not have Canadian children and aboriginal children who are poor without having families that are poor.

The document talks about the fact that first nations homes are about four times more likely to require major repairs compared to Canadians overall, that nearly 1 in 30 live in homes without hot running water. Many have no cold running water or flushing toilets and some 5,486 houses on reserves are without sewage services. About one in three first nations people consider their main drinking water supply unsafe to drink.

The United Nations human development index would rank first nations communities 68th out of 174 nations. More than half of first nations people are not employed. Life expectancy of first nations men is 7.4 years less and 5.2 years less for first nations women than Canadian men and women respectively. I could go on. The numbers are grim.

When we talk about what that looks like in terms of people's lives, we are talking about first nations, Métis and Inuit children who go hungry. We are talking about first nations, Métis and Inuit children who do not have a house to live in that is fit for humans to live in.

This summer I had an opportunity to go to Kashechewan and while I was there one of the grandmothers invited me into her home. The house was spotless except for the bedroom where her grandchildren were supposed to sleep. The bedroom had mould growing up over one side of the wall and across the ceiling. We asked the grandmother where her grandchildren slept when they came to visit because they could not sleep in the bedroom. She said they all get together and sleep in the living room.

I would challenge any member of the House to say that they would have their grandchildren sleeping in a house like that. None of us would accept that and yet we are asking first nations, Métis and Inuit families to have their children exposed to those kinds of contaminants.

Business of Supply

•(1640)

If we want to talk about wait times, what are the wait times to ensure that first nations, Métis and Inuit children and families have adequate housing? Where are those wait times? We are not talking about those.

When we are talking about the blueprint on aboriginal health, there are some clear directions that were laid out in 2005 and we are still waiting. If the government wants to talk about wait times, we are still waiting for action on any number of these items.

There was a recommendation for improved delivery and access to health services to meet the needs of all aboriginal people through better integration and adaptation of health systems. This talks about building on and improving initiatives to foster public health, developing models and funding approaches to improve services, and supporting culturally and linguistically appropriate care. That one is absolutely essential.

In many of these communities we have Cree men, women and children. We have Hul'qumi'num men, women and children, and yet they cannot get service in their own language. We can imagine what kind of miscommunication happens there. We cannot get culturally appropriate services.

In many communities we are asking communities to have elders leave their community when they need extended care or long term care. Some of these elders are going into nursing homes where they cannot understand the care providers. Where is the wait time guarantee there for culturally and linguistically appropriate services?

The document goes on to talk about other national directions, measures that will ensure that aboriginal people benefit fully from improvements to the Canadian health system. There are things such as telehealth, infrastructure development, implementation of health human resource strategies, and exploring the current needs of those who may not have access to non-insured health programs. The third point is a forward looking agenda of prevention and health promotion and other upstream investments.

This comes back to what I was talking about in terms of housing, education, clean water and employment opportunities. We need to put wait times guarantees in place for these kinds of initiatives.

This document goes on to talk about laying out a framework in terms of developing an ongoing collaborative working relationship, clarifying roles and responsibilities, and measuring progress and learning as we go. Substantial amounts of consultation and work have been done and yet people still wait.

Recently, I had the opportunity to visit some of the communities in my own riding. I was on Kuper Island where the Penelakut people live. The chief and council met with me and I thanked them for their time. They were telling me the fact that their water source was below a decommissioned dump. A couple of children in that community have rheumatic fever. The physicians were saying that was directly related to the living conditions on reserve.

The Penelakut people struggle with the fact that they live on an island. They were relocated to a small island against their will. They have limited access to health care. It is a struggle for them. If there is an emergency on the island, they are serviced by ferry that does not

run certain hours of the day. They have challenges if there is an accident when the ferry service is not running. They are understaffed in terms of the health care professionals that are available to them.

There are a number of other communities in my riding that face similar challenges. The T'Sou-ke First Nation reserve has had trouble with the septic systems failing. It has sewage seeping up in the front yards where the children could be playing.

The Snuneymuxw people and the Chemainus people live in mouldy housing with overcrowding and insufficient access to transportation. I live in a rural-urban area, but many of these communities have no access to transportation. When elders or families with children want to access a hospital or other primary care providers, if they do not have a vehicle, there is no public transportation. How do they get timely access?

I will wrap-up by talking about diabetes. There was a first nations diabetes report card which outlined a number of recommendations, part of which are already in place regarding prevention and treatment guidelines. We already know what they look like. They should be implemented immediately in first nations communities.

•(1645)

Mr. Charlie Angus (Timmins—James Bay, NDP): Mr. Speaker, I was very impressed with my hon. colleague's discussion. She raised the issue of mould, the mould that we have seen in the community of Kashechewan, but it is very clear that mould is endemic in first nations homes across Canada.

I was in the community of Barriere Lake, where I worked for many years. We would plead for Health Canada officials to come in. We would document the mould conditions. We had documents which indicated that seniors who had died in the community because of respiratory health problems had been living in homes that had been identified by Health Canada as posing a risk to their health. Nothing was done. The elders died.

We saw that in Barriere Lake. We have seen it in the mould in Kashechewan. We saw it in the children's school in Attawapiskat that was condemned, when no efforts were made by the former government to deal with the crisis in that community.

I have a question for the hon. member in terms of the issue of being honest about the obligation of government to protect human health. We had a situation in Attawapiskat in which the community had to shut down its own school, a school that was under the overall jurisdiction of the federal government. The former Indian affairs minister did nothing to address that. Year after year nothing was done to address the fact that children were being sent to school on the site of one of the largest fuel spills ever recorded in Canada. There were records of people getting sick. Nothing was done then and still nothing has been done as far as we can tell.

Business of Supply

Why does the hon. member think a government that sat on massive surpluses in budgets year after year never bothered to get off its royal duff to actually help first nations health when people's lives were being directly impacted and the government knew it?

• (1650)

Ms. Jean Crowder: Mr. Speaker, the member has had a first-hand view of what it looks like in many of these communities. He raises a very good point.

The mouldy housing, the lack of safe drinking water and all of the other conditions that are facing first nations, Métis and Inuit across this country from coast to coast to coast did not happen in the last nine months. The Conservatives did not birth this problem. This problem has been in the making not only under the last 13 years of Liberal government but for decades before that.

I know that the Cowichan tribes, in a letter to the health minister on August 30, 2006, talked about the fact that they have mouldy housing. Their reserve has about 4,000 people. They have serious overcrowding and stress on families. The housing situation there has been an ongoing problem for a number of years, yet we still have a continuing failure to meet communities' needs in terms of adequate, safe and affordable housing.

Again we are talking about wait times here. When are we going to commit? When are we going to build a timeframe that says to first nations, Métis and Inuit peoples that they are going to have x number of housing units built over x amount of time, units that are going to meet their needs as the population continues to grow in many of these communities?

Mr. Dennis Bevington (Western Arctic, NDP): Mr. Speaker, I appreciate the opportunity to speak on this very important subject.

During the election, the Conservatives indicated that they had five priorities. They wanted to pass an accountability act, which has not happened yet. They proposed to cut the GST, which has resulted in a one cent decrease in the cost of a cup of coffee. They wanted to get tough on crime and have passed quite a number of bills, and I suppose they do deserve some credit for that. They were going to help parents with the cost of raising their children, which has resulted in the infamous \$100 child care scheme.

Also, they were going to work with the provinces to establish a patient wait time guarantee, which seems to have been forgotten. It has just vanished. There has been no work done with the provinces and the territories on improving health care and that is what we are talking about here, because the increasing wait times are only a symptom of the real problems that underlie our health care system. Coming from a northern region, I think I can speak to these very well.

The disease we are seeing here is the lack of political will along with governments that cannot get their priorities straight. Right now in the Northwest Territories we are seven doctors short of what we need. We need a family doctor in Fort Simpson, two general practitioners in Fort Smith, a GP in Hay River, and a radiologist, an anesthetist and a psychiatrist in Yellowknife.

For many of my constituents, the nearest emergency room is several hours away by airplane. People have died while flying for medical help, and in the not too distant past. Many northerners who

could still be alive today are dead not because of a lack of dedication by medical professionals, but because of a lack of political will and attention to the long term requirements of our health system.

The health care situation in the north, not just in the territories but in the north that stretches right across Canada and encompasses all the areas of the northern provinces, is something that Canadians should be ashamed of. The level of health care endured by ordinary Canadians who live in the north is a black spot on this nation.

I ask members to listen to these statistics. Nunavut's life expectancy is 10.5 years less than that of the whole country. Infant deaths are over three times the national average. This black spot was made bigger by the Liberal governments of the 1990s. Starting with the massive cuts in the mid-1990s, all in the name of fighting the national debt, the Liberals provided just enough resources to northern health care to meet the minimum needs.

In the Northwest Territories, aboriginal health care is provided by the territorial government, which is then reimbursed by the federal government. However, the federal government, starting with the Liberals, has not repaid the territories for the cost of delivering this service. It is done only on a predetermined fee basis. Using a hypothetical example, a procedure may cost \$1,000 while the federal government will reimburse only \$800. This has resulted in a lack of funds for the entire system.

Since 2002, the Government of the Northwest Territories has added over \$59 million and 183 new front line health care staff. Only \$9.7 million of the increase has come about as a result of federal increases for health care. These figures were determined in June 2006.

Today's figure for federal support is really much lower, thanks to the elimination of the aboriginal anti-smoking program, which went the way of equality for women, volunteerism, the tourism industry and all those other cuts we saw earlier this year. We were making progress on reducing the rate of smoking. It went from 45% down to 35% in my territory. This was an enormous improvement. In Nunavut, for instance, the rate of lung cancer is four times the national average. To take away this program was utterly ridiculous. It was not in the best interests of Canadians, nor was it good fiscal management.

• (1655)

The government promised average Canadians that it would take action on health care, but we have seen no action, just like we have seen no action on the environment. Where we have seen action, though, is on supporting the needs of large defence contractors. Not one of the Conservative priorities was increased military spending. The government can find any reason to spend more money on the military, but few reasons to spend money on ordinary Canadians.

Business of Supply

One of the government's favourite topics is Arctic sovereignty. Northerners cannot have adequate health care, but we can have multi-billion dollar icebreakers. Assuming a total cost of \$2 billion for these new ships, on what could this money be better spent? It could hire 21,000 nurses or 4,000 doctors, build five hospitals, or fully fund 10 medical schools the size of the University of Toronto. It may not be clear to people, but if we do not have people living in the Arctic, and providing decent health care does go a long way to ensuring that people live there, then we will have little claim for it as a territory.

Working Canadians should not have been surprised when the health care priority went over to the Department of National Defence. With the government and its Liberal supporters voting to continue the mission in Afghanistan for at least two more expensive years, this trend will continue.

What action should the government take on health care so that it will live up to its promise to average Canadians? For a start, it could implement the recommendations in the "Final Report of the Federal Advisor on Wait Times". The government could coordinate and fund a Canadian health human resources action plan that would support post-secondary education, continuing education and workplace retention.

The government could bring in a national pharmacare program. It could save Canadians money. It could deliver better pharmaceutical care to all Canadians. It would be of enormous benefit to our society.

These are things that average Canadians want. When Canadians say they want action on health care, they want real action on health care, not just words and empty promises.

While it was the Liberals who created the crisis in health care, this government is continuing to do everything it can to destroy a system that is part of the Canadian identity. For northerners and for all those who live in remote communities, there is no alternative to a fully funded public health care system. Can we trust either of these two parties that have held the reins of power over the years when our health care system has been in denial? I do not think so.

Canadians need a party like the New Democratic Party to fight hard for proper, well funded, progressive health care, health care that promotes and funds preventative health, health care that over the long term would actually solve our endemic problem of wait times in our precious system. From sea to sea to sea, all Canadians have a huge stake in a health approach that really works.

We support this motion today, but this is hardly an answer in itself. We need to look at the whole system. We need to ensure that the whole system has the funds, the support of Canadians and the direction that will lead to Canadians' health in the future.

Ms. Jean Crowder (Nanaimo—Cowichan, NDP): Mr. Speaker, today in the House we heard the Minister of Health announce a wait times diabetes strategy for first nations communities. I referenced this earlier, but I note specifically that the first nations diabetes report card states, "The CDA 2003 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada are widely recognized" by provinces and territories "as the standard for diabetes prevention and management in Canada".

Clearly we already have management and prevention practices in place. I wonder if the member could comment on why we would look at wait times in up to 10 communities on a two year pilot project when we know that many people will have contracted diabetes in that timeframe and we already have mechanisms in place to deal with it. Could the member comment on that?

● (1700)

Mr. Dennis Bevington: Mr. Speaker, one does not want to impugn the direction the government is taking on a serious issue like this, but as the member pointed out, there are opportunities here to do much more than that. The position outlined by the Minister of Health is, once again, pretty thin soup to aboriginal communities across the country, whose issues surrounding health are so large, whose requirements are so large, and whose need is "right now".

It suggests to me that the government is floundering, that it cannot make up its mind. The Minister of Health cannot get into the Prime Minister's office quickly enough to find out what his next step is going to be. I think we really need to see the government take proper action, real and decisive action. We can feel the disappointment of Canadians who are waiting on these pilot projects when the Canadian medical system understands the issues and knows the solutions. It is really disappointing.

Mr. Paul Szabo (Mississauga South, Lib.): Mr. Speaker, on December 2, 2005, during the election campaign, the issue of wait times guarantee was raised. It was one of the five priorities of the Conservative Party. I will quote the leader of the Conservative Party, who stated:

I am pleased to announce that one of the first acts of a new Conservative government will be to sit down with the provinces to develop a Patient Wait Times Guarantee...We will bring all governments back to the table, not to bicker about more money, but to set wait time targets across the country, and figure out a plan to begin meeting them. That process will begin immediately after the election, and conclude in 2006.

There was a promise by the government to introduce a wait times guarantee. There was no money in the budget to support that promise. It seems to me that this is yet another broken promise to add to income trusts and other items. Can we really trust the government on its promises?

Mr. Dennis Bevington: Mr. Speaker, the government has not shown any ability to communicate even among its own members. Within its own cabinet, there does not seem to be a lot of communication. The thought that the government would move ahead to establish the kinds of relationships it needs with the provinces with its internal failures of communication does not seem to follow.

Business of Supply

When it started out, there was good hope that it could pull this together and create a momentum within the provinces, which has to happen. However, without efforts being put in, without a sense that the government wants to communicate and work cooperatively with the provinces, we are not going to end up in 2006 with a wait times guarantee in place.

• (1705)

Mr. Dave Van Kesteren (Chatham-Kent—Essex, CPC): Mr. Speaker, at the outset, our government is committed to publicly funded health care and to working with the provinces and territories to provide Canadians in every region with timely access to quality health care services.

Contrary to the assertion of my Liberal colleague, the new government has not broken its promise, a promise repeated in budget 2006 to reduce medical wait times and to provide the necessary funding and resources to achieve the goals of the first ministers' accord on health care renewal.

The Government of Canada demonstrated its commitment, as did all provincial and territorial leaders, at the September 2004 first ministers meeting. They agreed on an action plan, based on a number of principles, including those found in the Canada Health Act, and access to health services based on need, not ability to pay.

The 10 year plan also set out continued accountability and provision of information to make progress transparent to citizens as a core principle of the action plan. All first ministers signed the plan, a key signal of their commitment to this historical agreement. All first ministers indicated their support for the reporting provisions contained in the 10 year plan.

These reporting provisions will provide Canadians with meaningful measures of progress in all areas of health care renewal.

As the Prime Minister emphasized, the focus is now squarely on delivering our commitment to reduce wait times. This government, together with the provinces and territories, gave the people of Canada our word and now we must deliver. The urgency of this has been underlined by the Supreme Court's Chaouilli decision.

This commitment is backed by \$41 billion in support of the 10 year plan to strengthen health care. That is \$41 billion in sustained, growing health care funding to help ensure that provinces and territories have the resources they need to provide Canadians with timely access to essential quality health care across the country.

In budget 2006 our new government committed to this increase in transfers to provinces and territories.

To further strengthen accountability and ensure an enduring commitment to renewal by future governments, a parliamentary review will take place in 2008 and 2011 of the progress made in implementing the 10 year plan. These funds build on the significant reinvestments in health, beginning with \$21.1 billion supporting the September 2000 first ministers' agreement on health renewal and by \$36.8 billion supporting the 2005 accord on health care renewal.

I will take a moment to outline how the \$41 billion in increased transfers is being directed to strengthen publicly funded health care and support provinces and territories in their ability to ensure that all

Canadians continue to have access to health services based on need, not ability to pay.

First, the bulk of this funding is being provided to increase the Canada health transfer. It includes: an additional \$3 billion in the Canada health transfer in 2004-05 and 2005-06, closing the so-called short term Romanow gap; a new, higher base for the Canada health transfer of \$19 billion, which includes \$500 million for home care and catastrophic drug coverage; and an automatic escalator of 6% applied to the new Canada health transfer base of \$19 billion effective in 2006-07, which is an unprecedented move to ensure predictable and growing health funding.

As hon. members know, the Canada health transfer provides provinces and territories with the flexibility to design and to deliver their own health programs, while at the same time respecting the important national objectives included in the Canada Health Act: public administration, comprehensiveness, universality, portability and accessibility.

By strengthening the Canada health transfer with a \$19 billion base and applying a 6% annual escalator, we have more than satisfied the recommendations of the Romanow Report on the Future of Health Care in Canada. The annual 6% escalator was agreed upon as an appropriate number to track growth in health expenditures over the medium term.

• (1710)

The most recent report released by the Canadian Institute for Health Information on provincial and territorial health expenditures confirms that federal support is growing at the right and appropriate pace.

The second investment strengthening health care is through a \$5.5 billion wait times reduction transfer over 10 years to reduce wait times and improve access for Canadians to quality health care. The first five years of this transfer have been provided through the \$4.25 billion wait times reduction fund. Operating principles are in place for the wait times reduction fund to guide the use of the fund and to allow for clear communication between governments and their citizens. These priorities include clearing backlogs, training and hiring more health professionals, building capacity for regional centres of excellence, expanding appropriate ambulatory and community care programs and expanding tools to manage wait times.

Besides the wait times reduction fund, beginning in 2009-10, \$250 million will be provided through an annual transfer to provinces and territories, primarily to support health and human resources.

As a result of these \$41 billion in investments, total federal cash transfers in support of health are scheduled to rise to \$30.5 billion in 2013-14. This represents a significant and continuing federal investment in the Canadian health care system.

Business of Supply

The health council, created following the 2003 accord, will serve as an objective observer of the health care renewal process. First ministers of jurisdictions participating in the health council agree that the health council's mandate be expanded to include preparing an annual report on the health status of Canadians and health outcomes, and report on progress of elements set out in the plan. The council will ensure that Canadians know how governments are doing in terms of implementing the 2003 and 2004 agreements.

However, this is not all that we have been doing.

These recent actions are only a part of the federal health care funding story. These cash transfers to provinces and territories are in addition to the support of Government of Canada transfers through tax transfers. In 2006-07 alone, the tax transfer component of the CHT will total \$12.4 billion, an amount that will continue to grow in line with provincial and territorial economies.

In addition, in budget 2006 last May, we also committed to doing our part to implement the Canadian strategy for cancer control. We will invest \$260 million over 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 also provided \$1 billion over the next five years to improve Canada's ability to respond effectively to pandemics and other public health emergencies.

All of this is money providing Canadians in every region with the publicly funded health care system they need and rely on. A publicly funded health care system is vital to Canadians and the government has taken numerous concrete steps to support it, in collaboration with provinces and territories.

We will continue to work with our provincial and territorial counterparts, stakeholders and the Canadian public to ensure that we have a health care system that provides timely access to the quality care Canadians need, when they need it and, furthermore, that Canadians are informed of the progress we are making.

I urge all hon. members to consider my remarks today when debating this motion.

Mr. Paul Szabo (Mississauga South, Lib.): Mr. Speaker, I thank the member for outlining, in great detail, all of the provisions in the 2003 and 2004 health accords that were put in place by the Liberal government in the last Parliament.

What I did not hear from the hon. member is any commentary whatsoever as to what the new government has done in regard to a health care wait times guarantee. In fact, the Prime Minister, during the election campaign, told Canadians that this matter would be the first item dealt with by his government and that it would be completed by the end of 2006. That was in the press release and that was said at the press conference held by the Prime Minister on that date.

The health minister of today has said that the moneys necessary to support and achieve a fail-safe system for Canadians who cannot get the health care they need within the clinically acceptable wait times period, will require money. There is no money in the only budget provided to the House by the government.

The health minister said that the money for this was buried in the \$41 billion 10 year plan of the 2004 accord. The premiers and health ministers of the provinces say that guaranteed wait times were not part of the accord. It appears that there is a misunderstanding between the government and the premiers of the provinces with regard to where the money will come from.

I thank the member for outlining the excellent work done by the Liberal government in the last Parliament but he should use this time now to explain why the Conservatives broke their promise to have a health care wait times guarantee in place before the end of 2006.

● (1715)

Mr. Dave Van Kesteren: Mr. Speaker, I would remind the member opposite that our first promise was not to health care. Our first promise was to accountability. We would encourage the member opposite and his party to speed that process through the Senate and to speed it through here as well.

Health care is a top priority of this government and we have demonstrated that. We demonstrated that today with the new announcements for the first nations. I am pleased to report, as all will be pleased to hear, that this government will be working in conjunction with our natives and with the minister in charge of that portfolio to aid in the work on diabetes and the terrible plague that has come upon our people on the reserves. That is just another example of how this government has moved forward.

We have acknowledged what the Liberals have done but we have added to that and we are doing much more.

If the hon. member would just have a look at what we have done and the things that we have accomplished he would see that we are moving forward and we are doing a whole lot more than we promised.

Mr. Rick Norlock (Northumberland—Quinte West, CPC): Mr. Speaker, the hon. member for Chatham-Kent—Essex mentioned that there was an escalator clause put in the health budget. I wonder if he could expand on that clause and on some of the amounts that were mentioned by him.

The member mentioned a few big dollar amounts and I think Canadians need to know exactly how much money we are talking about. We are not talking about tens of thousands of dollars. We are talking about millions, hundreds of millions and, indeed, billions of dollars that this new government intends to spend in the health care system to improve not only the lot of all Canadians but the times they have to wait, times that under the previous government doubled.

As the hon. member for Chatham-Kent—Essex mentioned, the health minister today notified the House of the historic agreement to reduce wait times for those first nations people who need testing for diabetes. He previously announced the prenatal program that my hon. colleague mentioned just a few minutes ago.

I wonder if the hon. member would just mention what the 6% escalator clause means and give some of the other figures that he was so graciously able to provide the House.

Business of Supply

•(1720)

Mr. Dave Van Kesteren: Mr. Speaker, the member is right. As I stated before, the cash transfers to provinces and territories are in addition to the support that the Government of Canada provides through tax transfers. In 2007 alone the tax transfer component will total \$12.4 billion, an amount that will continue to grow in line with provincial and territorial economies.

We will also provide \$1 billion over the next five years to improve Canada's ability to respond effectively to pandemics. We all know that is a looming situation that could strike at any time. This government recognized that and set aside the funds to work for those things.

This money will provide Canadians in every region with a publicly funded health care system they need and rely on.

Mr. Paul Szabo (Mississauga South, Lib.): Mr. Speaker, the motion before the House today reads as follows:

That, in the opinion of the House, the Conservative government has broken its promise to reduce medical wait times and to provide the necessary funding and resources to achieve the goals of the First Ministers' accord on health care renewal.

I want to start by dealing with the term "accountability". It is a term that has seized this place since the beginning of Parliament. I participated as a panellist at a conference here in Ottawa on the subject matter and found it had many definitions. One of the definitions for a starting point is what is included in Webster's dictionary. It basically says that accountability is where one explains and/or justifies one's actions or decisions. Therefore, when people are accountable, that is what they have done.

In addition to that, there is a degree of accountability. People could be accountable if they explain or justify their action or decision but have they given us all of the facts? Have they given us everything we should know and been totally forthright in the information?

In the financial industry, when someone issues a prospectus for the sale of securities there is a criteria that must be applied with regard to the disclosure, and that criteria is that everything in the document must be true, full and plain. I want members to remember the criteria of full accountability is explaining and justifying one's actions and decisions in a manner that is true, full and plain. I think we will find out that the government has not been accountable.

The Conservatives did in fact abandon their promise to implement a national wait times guarantee. It was one of their priorities. In the 2004 health accord that was negotiated by the previous Liberal government, \$41 billion had been set aside, based on negotiations with the provinces, to establish the benchmarks that we would be pursuing in terms of providing some targets for the health care industry to shoot for.

Those negotiations led to a \$41 billion 10 year funding agreement to ensure funding was in place to not only establish these benchmarks but also to allow the health care industry to meet them. That is different than a wait times guarantee. A wait times guarantee is: what happens if the benchmark is not met? Is it the patient who has to suffer? I had a daughter who had cancer. She had to wait 16 weeks to get her radiation treatment. The clinical criteria for that type of treatment for a cancer patient is 10 weeks. I know, very

personally, what it means to Canadians when they cannot get the medically necessary services and treatment for their illnesses when they need it.

The Conservatives promised to meet with the provincial premiers and health ministers this fall but no meeting took place. The federal wait times adviser delivered his final recommendations to the Conservative government six months ago and yet there has been no action on these recommendations.

The Conservatives recently announced an on reserve pilot project for pregnant aboriginal women under the guise of a wait times reduction plan. This was a pilot program, something that they could do quick and dirty to say that they had started and that they were doing something. Providing medically necessary services to pregnant women on aboriginal reserves on a pilot basis seems to be a no-brainer. This is not something that is discretionary. It is medically necessary and it is not optional. However, the government seems to think that Canadians can somehow be convinced or fooled into believing the government is doing something. Parliamentarians are not fooled by this.

•(1725)

The fact is the Prime Minister during the election campaign made a statement, and I am going to read it into the record yet again. On December 2, 2005, he said:

I am pleased to announce that one of the first acts of a new Conservative government will be to sit down with the provinces to develop a Patient Wait Times Guarantee....We will bring all governments back to the table, not to bicker about more money but to set wait time targets across the country and figure out a plan to begin meeting them. That process will begin immediately after the election, and conclude in 2006.

Promise made, promise broken, no question about it. The government promised Canadians during the election campaign a number of little goodies. If elected, it was going to give some tax breaks. It was going to give \$100. It was going to give some textbook tax credit. It was going to give a transit pass tax credit. There is no integrated plan. There is no integrated economic plan. There is no social plan, never mind whether it is integrated. There is no social plan.

The Conservatives tried to buy an election and they did. Canadians went for what they felt were promises they could rely on, and what happened? It did not really happen, and in fact what is happening now is we are finding out that we cannot trust the Conservative government. We cannot trust the Conservatives to keep their promises.

Remember the income trusts. The Conservatives promised in the last Parliament and throughout the last election campaign that they would not tax income trusts. What did they do? They turned around and all of a sudden announced that they were going to tax income trusts. That was a broken promise. It was the mother of all flip-flops in terms of the severity of the free fall of the marketplace that cost \$35 billion in lost wealth. Many of those people were seniors who relied on those investments for their retirement, which they worked hard for and which they deserve.

Business of Supply

The Minister of Health said publicly that the money for the guaranteed wait times, this fail-safe, this insurance policy for Canadians to get the services they need if they are not delivered within the clinically advised wait time period, was in the \$41 billion 2004 health accord. Each of the provincial health care ministers and the premiers said, "Excuse me, Mr. Federal Health Minister, there was nothing in that accord that had anything to do with a wait time guarantee". The accords had to do with benchmark establishment.

Somehow the Conservative government thinks that it can play with words, dippy-doodle around, confuse everyone and make them believe that somehow it is doing something. Health care, I believe, is still the number one priority for Canadians, and there was no money in the Conservative budget for health care.

Now the Conservatives are saying that the wait times guarantee was provided for in the 2004 health accord. If the health minister is correct in his assumption that the moneys were in the 2004 health accord, how could the Conservatives during the last election promise to do something that had already been delivered? It makes no sense. Yet it was one of their top five priorities. It cannot be the case. Maybe the health minister has misled Canadians and misled this House. That is very serious because all of a sudden, Canadians have yet another example of where they cannot trust the Conservative government.

• (1730)

The recent economic update is another example. The Conservatives said that they are going to reduce the net debt by 2021, how wonderful. Have a look at the numbers. One of the things we find when dealing with net debt is that the amount of debt, which is the federal debt and the debts of all the provinces, is offset with the value of the Canada pension plan and the Quebec pension plan.

The actuarial valuation of those two pension plans today is about \$110 billion. By 2021 it is going to rise to \$427 billion simply because of the investments and the number of baby boomers that have been paying their premiums by 2021 to make sure that it is all going to be there. The appreciation within CPP and QPP is going to be \$317 billion.

The government is going to get the net debt down by taking credit for the appreciation in the Canada pension plan and the Quebec pension plan. This is nonsense. It is smoke and mirrors. This is deception at its worst.

Canadians do not understand what net debt is. What they should understand is that the government will be doing absolutely nothing to achieve that goal, other than to say, "Whatever the appreciation in the Quebec and the Canada pension plans is we are taking credit for it and, look, we have reduced it". That is nonsense. It is silly and irresponsible. We cannot trust the Conservative government. It is irresponsible.

During the debate today I heard some members say, "Look at what you did, \$25 billion in cuts to the transfers to the provinces," as though this were something that the Liberals just did. The fact is the Liberals were elected in 1993, after nine years of the Mulroney government. I should add that there was not one balanced budget during the nine years of Conservative rule. In fact, for the year ended March 31, 1994, only a couple of months after the Liberals took

office and Parliament started to meet, the deficit for that fiscal year was \$42 billion. In one year \$42 billion more was going out than was coming in. It was totally fiscally irresponsible, total mismanagement.

Mark my words, we are heading down the same road again. The government is dismantling everything the former Liberal government put in place. We can see in the fiscal update that the projected surplus is going down.

Canadians will understand that when there is a \$42 billion deficit in one year there are two ways to deal with a loss situation. If a business is losing \$42 billion a year, it is going to lose \$42 billion the next year unless something changes. The government can do two things. It can increase revenue, which means increasing taxes to Canadians, or it can reduce expenses.

The former Liberal government did not increase taxes. What it had to do was to shave back and cut back government through a program review. It was hurtful for Canadians. We understood that. It was tough on every aspect of Canadian life. At the time, the observers of Canada's situation said we were like a third world country. Our debt to GDP ratio was off the charts. The vast majority of tax dollars was going to pay interest on debt. That was the reality. The debt was already up to \$500 billion and it was adding another \$42 billion in 1994, another \$20 billion in 1995 and another \$15 billion in 1996.

It took three years to get the fiscal house in order, to get the first balanced budget. We had a small surplus in 1997. Not only did the Liberal government balance the budget each and every year since that time, but it ran good surpluses and it paid down enough debt. Where is the debt today? When the Liberals took office with a \$42 billion deficit for the year, the national debt just before that statement came out was about \$500 billion.

• (1735)

Today after all of the years of running those surpluses, we are at \$480 billion, about \$20 billion less than back in 1993. The reason is that when faced with a tremendous annual deficit of \$42 billion, the debt is ratcheted up. The debt continued to go up because \$42 billion could not be cut out of the country's spending in one year. It could not be done; it was impossible. It had to be done in stages.

It was fiscally responsible to get our house in order. What has happened? The transfers to the provinces for health care, social services and post-secondary education are at the highest levels they have ever been. There is no point in resting on one's laurels. We still have to do better. Even the Liberals in the last election had a program to build on the 2004 health accord.

Business of Supply

In the election campaign there was \$75 million to establish the health care guarantee fund, which would assist patients and a family member with travel and accommodation costs to a public facility in another province for quicker access to necessary medical procedures. There was another \$300 million for regional centres of specialized care in university teaching hospitals. A further \$50 million was promised for the Canada Health Infoway to accelerate wait list management technologies, such as registries, book systems and electronic health records.

There was no question about it. The \$41 billion over 10 years was meant to establish, maintain and provide the necessary funding to the provinces to meet benchmarks. We knew there would be cases where the benchmarks would not be met for medically necessary services within a reasonable period of time. The Liberals established additional funding of \$425 million to what was being provided on an annual basis by the 2004 health accord.

I raise that because the Conservatives' budget was supposed to be reflective of what is necessary to implement the five priorities in the throne speech, one of which was the wait times guarantee. There was no money in the budget to support a wait times guarantee. The Liberals at least had put \$425 million toward that objective to make sure that wait times were not only coming down to the clinically acceptable criteria but they knew there had to be a fail-safe, a backup and insurance. That is why the money was there.

The Conservatives have not done that. Why? Is this a hollow promise? I think so. It is a promise broken. It is not going to happen. No pilot project for pregnant women on aboriginal reserves is going to take the place of a wait times guarantee promised by the government. So many promises have been broken so far that I do not know how Canadians can trust the Conservative government. They cannot trust it for anything.

As a matter of fact, I do not think there is a minister in the first two rows that is totally in the loop in his or her own portfolio because the Prime Minister is making all the decisions. He is going to make mistakes, and he has made mistakes, because he is trying to run the show himself. I just do not see how that works.

An item came up earlier in the day which has to do with fetal alcohol spectrum disorder. I raise it because when we talk about a wait times guarantee and benchmarks, there is one thing that we have been waiting for since before I came here in 1992 when the subcommittee of the Standing Committee on Health recommended that we have a strategy on FASD. We are still waiting. I ask the government to deal with the serious problem of fetal alcohol spectrum disorder.

• (1740)

Mr. Ken Epp (Edmonton—Sherwood Park, CPC): Mr. Speaker, not many times do we like people stealing from us, but the one time I really appreciated it was after the 1993 election when the Liberals stole our idea of balancing the budget.

We had a plan called zero in three, which was a response to the fact that since 1972 the Liberals had racked up a huge debt and with the annual interest payments, that debt had grown to almost \$500 billion. In nine years the then Progressive Conservative Party did not address the Liberal deficit and the growing debt. That was one of the reasons the Reform Party came to be.

Lo and behold, in three years the Liberals balanced the budget just like we had proposed. It has always been a Liberal debt. The member over there is crowing about the fact that they put the fiscal house in order. They are the ones who put it into disorder in the first place. Thankfully we came along and they, to their credit, listened to us. I remember the minister of finance of the day asked our critic to keep the pressure on because he had a lot of pressure to spend over there. I want to correct that part of the record.

This is more a comment than a question and the member can respond if he wants. I am sure he will with some sort of other garbage that will make no sense.

Mr. Paul Szabo: Mr. Speaker, I think the member's comment speaks for itself.

I have some serious concern and I think Canadians will have some concern very soon about the fact that we are dismantling the social safety net and social programming in Canada. With the Conservatives, the solution to every problem is a tax cut. They want to get out of providing services. If they do not provide the services, then they do not have to spend money on them. They can give tax cuts. Everything the Conservative government has talked about so far in its mandate is about what it can give away.

We must look at this carefully. One of the things we will find is that virtually every time a tax cut of some sort comes up, the only people who will really benefit will be the upper middle and high income earners in Canada. The people who suffer the most under the Conservative ideology are low and modest income Canadians.

The Conservative Party better wake up and understand that in our society there are people who are unable to care for themselves. That is a responsibility of a responsible government. I do not see it over there and it concerns me a great deal.

[*Translation*]

Mr. Steven Blaney (Lévis—Bellechasse, CPC): Mr. Speaker, I listened with interest to the convoluted history lessons given by my hon. colleague opposite. Of course, we are talking about health today and about playing catch-up because the past 13 years were very hard, especially on the provinces. Health is an area of provincial jurisdiction that the previous government deprived of federal subsidies. Yet the previous government had inherited measures from a responsible finance minister in the person of Michael Wilson, who, as hon. members will recall, brought free trade and the GST to Canada. Of course, the party opposite was opposed to these two measures. However, they restored Canada to a sound financial position like the one it enjoys today.

Business of Supply

Unfortunately, instead of managing this money wisely and investing it in social programs as our new government is doing, the members opposite made draconian cuts in social programs, especially education and health, at the expense of the provinces and, in my riding, at the expense of the people at the hospital in Armagh. This hospital was closed because of the drastic cuts to the health sector. It was truly unacceptable. It was time Canadians woke up and did what they did in January, when they told the members of the former government, "Sit on the opposition benches for a while to take time out and gain a new perspective".

I have a hard time understanding how someone who claims to champion social measures can be opposed to our government's recent announcement of a pilot project concerning wait times guarantees for prenatal care, as part of health services for first nations. We want to test the delivery of prenatal care using wait times guarantees as a benchmark. When wait times guarantees are not honoured, first nations women will be given access to other types of care. This is a tangible measure.

Does my colleague opposite agree with this measure? Does he agree that aboriginal women should have top-quality prenatal care and that, if they are not able to receive such care in their own community, they should be able to go elsewhere to receive care?

• (1745)

[*English*]

Mr. Paul Szabo: Mr. Speaker, I can recall a statement often made by former Prime Minister Jean Chrétien in our caucus when he talked about some of the things that maybe the member had said to him. It was about approach and the way it was approached in terms of the words and the twisting. He said it was a mirage, an effort to gloss it over, to make it look like something it was not.

Providing prenatal and obstetrical services to any woman having a baby, I do not care whether she is aboriginal or otherwise, is not an option, it is medically necessary. What has not happened, and what will not happen, is the wait times guarantee as it relates to cancer treatment, cardiac care, sight restoration, joint replacement and diagnostic imaging.

Those are the five areas that the Prime Minister promised on December 2, to start immediately after the election and to be completed in 2006. It will not happen. As a matter of fact, we will be, mark my words, in an election before we see any movement on this stuff and we will have yet another platform from the Conservatives to see how many people they can get to vote for them.

We can look at their initiatives. For instance, how about cutting literacy and women's programs. There are so many things that have happened. The people who have been harmed the most are the people least likely to vote Conservative.

Ms. Ruby Dhalla (Brampton—Springdale, Lib.): Mr. Speaker, I commend the member for Mississauga South not only for his work on the health care file, but on the issue of fetal alcohol syndrome as well. Having sat on the health committee last year, I know the member put forward a bill to ensure we addressed some of the issues and come up with proactive solutions. My heartiest congratulations to the member for his continued interest and commitment to the health care file.

I want to touch upon an issue that the member highlighted during his speech, and that is the issue of wait times reduction. He also touched on some of the cuts that have been made. I will bring it back to the realm of health care and some of the cuts.

One of the cuts was to the secretariat on palliative and end of life care, which has seen substantial budget reductions in 2006-07. In 2006 it was funded at \$1.7 million. We have seen substantial cuts to some of the most vulnerable in our society and to seniors.

Could the member please comment on how these cuts will impact these individuals who need the government at one of the most important times in their lives?

• (1750)

Mr. Paul Szabo: Mr. Speaker, I thank the hon. member for her cogent comments. She is vice-chair of the health committee and is doing an extremely good job on behalf of Canadians.

When we talk about seniors and seniors' care and palliative care, things that will become more and more prevalent in our society simply because of our aging population, the demands are there. Yet how can we have cuts in areas where we clearly will have to backfill and come up with new programs?

It is just yet another example of there being a lack of social conscience and vision on behalf of the Conservative government. It will pay for it.

Mr. Rick Norlock (Northumberland—Quinte West, CPC): Mr. Speaker, over the past several months our health minister has had discussions with health ministers from every province and territory to obtain their views on the opportunities and challenges they see in reducing wait times. Already some provinces have tackled complex issues and they are achieving improved results and making progress toward being ready for a guarantee, which is the next logical step in our health care step.

Ontario reports reducing wait times in eight of nine services it tracks, and that is since 2005. Over the last three years Ontario has decreased wait times for angiography by 25 days and for MRI scans by 29 days. In the last year cataract surgery wait times in Ontario have decreased by 61 days.

Quebec is leading the way in guaranteeing timely access and recourse in two priority areas. Further its service corridor model allows cancer patients' waiting times for more than eight weeks to be transferred between the radiation oncology centres.

Manitoba and Quebec have indicated that they are providing de facto guarantees to some cardiac services and cancer treatments.

Manitoba's wait time for cancer radiotherapy is down one week from over six weeks in 1999.

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Alberta's hip and knee replacement pilot project has shown success in reducing wait times from 47 weeks to 4.7 weeks. That is a tenfold decrease.

In British Columbia the median wait time for cataract surgery fell from 9.7 weeks in 2005 to 7.4 weeks in 2006.

These examples, and there are many more, clearly show that when we work with focus and determination, when we have a common goal and, most important, when governments work together, we can deliver to Canadians the kind of health care they deserve.

Last summer our Minister of Health met with health ministers from Denmark, Sweden, Mexico and France to see how other nations had been able to reduce wait times. For example, Sweden introduced its national maximum wait times guarantee in 2005. Its plan includes patients to be treated elsewhere if waits become excessive.

Denmark's extended choice of hospitals initiative was launched in 2002. If its health care system is unable to provide treatment within two months, patients have the option of being treated in a private facility or another country.

The United Kingdom has a choice at six months policy, which means patients who wait more than six months for elective surgery will be offered the choice of moving to another provider for faster treatment. The U.K. program is a good example of system triggered recourse. The patient is not required to file a complaint at six months. The choice is automatically offered.

These international examples show the kinds of guarantees that are possible for governments to offer their citizens. Sweden, Denmark and the United Kingdom did not deliver patient wait times guarantee overnight. It was a process founded on improving the management of their health care systems to use tax dollars more efficiently and effectively to provide their citizens with better health outcomes.

The message from international experience is simple. The effectiveness of a nation's health care system depends on two things, its medicine and its management. To provide the very best, countries must do both equally well.

Canada is a world leader in many scientific medical based endeavours. Our scientists and our scientific community are among the most valued in the world, often in terms of scientific citations being at the forefront of their disciplines.

• (1755)

This is something, as a country, we need to be proud of. Recent successes in the provincial management of wait times are indicators that we are making progress on the management of our system and this includes the financial management of that system.

Let us address the money issue head on. There is a lot of new money going into our health system: \$41 billion dollars in new money to the provinces and territories over the next 10 years, with a 6% increase for inflationary purposes each and every year.

Canadians want, and demand, to know that this money is being managed effectively. They want, as our government has promised,

greater transparency in terms of what their tax dollars are delivering and they want greater accountability for those results.

As members saw in September, when our government announced the results of its expenditure review, we expect taxpayer dollars to be carefully spent and programmed to be properly managed.

Ms. Ruby Dhalla (Brampton—Springdale, Lib.): Mr. Speaker, we are here today discussing an important motion. When I spoke earlier on this morning, I had mentioned the fact that the motion being brought forward to the House today was an issue that was important to all Canadians. We should all put aside our partisanship and ensure that we work together in collaboration and in cooperation with all of our stakeholders, with all provincial and territorial governments, to ensure that we actually achieve solutions to reduce wait times in this country.

We know that the Conservative government, during the last election campaign, promised a wait times guarantee whereby patients who could not receive treatment in their home province would be able to go to another province or, as they stated, even a private clinic. In terms of payment, not only for the patients themselves but also for their family members to accompany them, the funding would be provided by the Conservative government.

Could the member opposite please comment on whether the Conservatives see the federal government carrying this responsibility for a wait times guarantee? Or do they see the primary responsibility for a wait times guarantee and the reduction of wait times as a provincial responsibility? If it is the latter, will the Conservative government give any new or additional funding to help the provinces achieve the goals to reduce wait times?

The Acting Speaker (Mr. Royal Galipeau): The hon. member for Northumberland—Quinte West will want to know that there is less than a minute to respond.

Mr. Rick Norlock: Mr. Speaker, I would like the hon. member to know that the wait times guarantee is a collaborative effort. We know that the federal government and the provinces form a partnership in the management of our health care system. We are committed to working with the provinces toward that goal.

What is more important is we are not just looking at Canada, we are looking at the rest of the world. As I mentioned in my speech, we are also looking at other countries that have recognized the need for patient wait times guarantee benchmarks for the delivery of those health services.

I am happy and proud that the health minister is going to use that information plus the results of some experiences in Canada, in particular, as I mentioned in my speech, Alberta's hip and knee replacement pilot project that resulted in a reduction from 47 weeks to 4.7 weeks.

These are the kinds of results that Canadians are looking for and these are the kinds of results that they are going to see delivered by the government in cooperation with the provinces.

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• (1800)

[*Translation*]

The Acting Speaker (Mr. Royal Galipeau): It being 6 p.m., pursuant to order made earlier today, it is my duty to interrupt the proceedings and put forthwith every question necessary to dispose of the business of supply.

[*English*]

The question is on the motion. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

Some hon. members: No.

The Acting Speaker (Mr. Royal Galipeau): All those in favour of the motion will please say yea.

Some hon. members: Yea.

The Acting Speaker (Mr. Royal Galipeau): All those opposed will please say nay.

Some hon. members: Nay.

The Acting Speaker (Mr. Galipeau): In my opinion the nays have it.

And five or more members having risen:

The Acting Speaker (Mr. Royal Galipeau): The recorded division stands deferred until later this day at 8 p.m., pursuant to special order made earlier today.

* * *

MAIN ESTIMATES, 2006-07

CONCURRENCE IN VOTE 10—DEPARTMENT OF NATURAL RESOURCES

Hon. John Baird (President of the Treasury Board, CPC) moved:

Motion No. 1

That Vote 10, in the amount of \$256,094,000, under NATURAL RESOURCES — Department — Grants and Contributions, in the Main Estimates for the fiscal year ending March 31, 2007 be concurred in.

Hon. Gary Lunn (Minister of Natural Resources, CPC): Mr. Speaker, it is my pleasure to rise to speak to this motion. Obviously, I am speaking in favour of the motion ensuring the funding for the Department of Natural Resources.

I understand there are some members of the opposition opposing this motion, the net effect of which would be to cut \$64 million from Natural Resources Canada. I just do not think that is the responsible thing to do, considering a number of the very good things that are happening there, which I want to get to in a minute.

We all know that the Prime Minister has recently spoken about Canada emerging as an energy superpower. This is something that the Department of Natural Resources is directly responsible for. We are one of the leaders in oil and gas exploration. We are the largest supplier of uranium around the world. We have renewable energies emerging from wind to solar to tidal.

There are some very exciting things happening in the fields of energy right here in Canada, not to mention that over 900,000 Canadians work directly in resource industries in Canada, from forestry to mining. Trying to take \$64 million from this department would have a direct impact on a lot of these programs which support these people.

I should mention that natural resources in our country contribute to \$93.4 billion in the balance of trade, and that benefits every single region of this country. Why the opposition parties would want to try to remove this money from the government, and obviously they have their own reasons, really does not make sense.

After 13 years of the previous Liberal government in office, we have seen money being wasted within the government. We witnessed programs like the sponsorship program where the Liberals took, not government money but taxpayers' money, envelopes of cash and distributed it among their party faithful. They funnelled taxpayers' funds through ad agencies and then back to the Liberal Party.

We are making some changes within the Government of Canada across every single department to ensure there is accountability and to ensure that money that is being spent is delivering for Canadians. We are making those changes as we move forward.

I appreciate that there will be times where we do not catch things. We did inherit a culture that had gone right across government. We are working very hard to make these changes. In the first five months in office, our government passed the federal accountability act in the House of Commons to bring accountability into legislation. We put into law the amount of donations that people can make to political parties, and to ensure that the Auditor General, when she is following files, can follow the money trail right to the end so that she can have access to the various agencies.

What did the opposition parties do? What did the old Liberal Party do with this? The legislation was sent to the Senate. The Liberal senators completely rewrote the legislation to their own interests. They dragged it out for months and months, only for us to receive it back in this House in the last few weeks. We were able to turn that legislation around in a few days and send it back to the Senate.

The Canadian people are demanding accountability for every dollar that is spent here in Ottawa. That is something that we have pledged to do and that we are following up on.

• (1805)

This new government has had a number of other successes in this House. We have lowered taxes for every single Canadian. We were able to cut the GST to 6%. That impacted every single Canadian. We were able to introduce the universal child care benefit of \$1,200—

The Acting Speaker (Mr. Royal Galipeau): The hon. member for Etobicoke North is rising on a point of order.

Hon. Roy Cullen: Mr. Speaker, I do not know how broad a debate the Speaker will allow on this motion, but I thought we were speaking specifically, unless I am under some misapprehension, to a specific motion by the member for Winnipeg Centre. The minister is talking about tax cuts and the sponsorship program and other things. I do not know what their relevance is.

Business of Supply

The Acting Speaker (Mr. Royal Galipeau): I thank the hon. member for his advice. If necessary, I will rule, but at this moment I am satisfied that the minister is doing his job.

Hon. Gary Lunn: Mr. Speaker, I would say to my hon. colleague and my friend from the other side that voting against the motion of the President of the Treasury Board to fund the estimates for Natural Resources Canada would be tantamount to cutting \$64 million out of the budget of Natural Resources Canada.

That is why accountability is relevant. We are talking about cutting \$64 million, which would have a direct impact on the delivery of the support that we have for the mining industry, the forest industry, oil and gas, and renewable energy. At Natural Resources Canada, we are working on a number of initiatives that will help reduce greenhouse gases and reduce pollution. These are areas that we are working on in our department. That is why it is so important to have accountability.

We have seen programs from the old Liberal government. What was the result of those programs? The Liberal record on the environment was a national embarrassment. Under the old Liberal government, greenhouse gases rose 35% plus when they were supposed to be going down. Greenhouse gases rose each and every day, week and year that the Liberals were in office.

The Liberal programs did not deliver any results. Never once did the Liberals bring in any kind of legislation or programs to deal with the toxins and pollutants that are going into the atmosphere and having a direct impact on the air we breathe. These are priorities for the Conservative government. These are priorities for Natural Resources Canada. We are working on initiatives that will have benefits for every single Canadian.

It is important that we talk about accountability. It is important that we learn from the terrible mistakes made by the previous government. I must note that the Liberals hold up their heads now. The Liberals talk about the environment and how they are the great caretakers of the environment, yet after 13 years in office their record was abysmal. The numbers speak for themselves. The Liberals know this. We can go to any of the environmental organizations and ask them about the Liberal record.

The programs that we are delivering at Natural Resources Canada are directly related to the environment. Let me tell members how they are directly related. Eighty-five per cent of greenhouse gas emissions is directly linked to electricity or energy and how we use it. They come from the oil and gas sector, from the transportation sector and from the production of electricity, whether it be coal-fired plants or not, and we at Natural Resources Canada are delivering programs to help make an impact on these.

Natural Resources Canada is developing initiatives that will directly reduce these pollutants and emissions. Reducing the budget of Natural Resources Canada by \$64 million would have a direct impact. In fact, I can name some of these areas that would be directly impacted. They are very important.

Natural Resources Canada has made a contribution under this money of almost \$1.7 million to the Saskatchewan Power Corporation and the Maritime Electric Company. This is a program to develop green power electricity generation. These two areas have

the most difficult time. This is one initiative that the government is sponsoring out of this year's budget. Opposing the estimates means that we would lose this program. Why would the Liberals be against the environment? That is the direct result.

Let me talk about one other area that not approving the estimates of Natural Resources Canada would have a direct impact on. It is the largest source of untapped energy in this country. It is larger than the oil sands. It is larger than renewable energies.

• (1810)

The largest source of energy we have yet to tap into is the energy we waste. Energy efficiency is very important to this government. We are working on initiatives right now that will benefit every single Canadian across this country.

My colleagues in the NDP apparently do not support energy efficiency. They would like to cut this funding. That is something the Conservatives do not believe in. We believe that it is important to fund these initiatives to help the Canadian people and that is what we are going to do.

We have taken a bold new approach to the environment. As I said earlier, the record of the members opposite was abysmal. Greenhouse gases skyrocketed to 35% under the Liberals' watch. They never reduced any pollutants. Smog days continued to increase right across this country. Now they pretend to be the great caretakers. In 13 years in office, they did nothing.

Our government's approach is different. We are doing things that will bring absolutely meaningful results to Canadians. We have introduced Canada's clean air act. Again, Natural Resources Canada is developing initiatives to support this act. This is the first time in Canadian history that any government has undertaken to regulate both greenhouse gases and pollutants for every single sector, from the mining sector to the oil and gas sector, the forestry sector and the auto sector. No government in the past has had the courage to do this.

This government is prepared to do it. This is something that we are working on. We are developing initiatives to do that. Unfortunately, this motion is about the funding to Natural Resources Canada. Not supporting this motion would have a direct result on these initiatives. There will be a direct result if we do not support the motion to ensure that this funding goes through.

I support our Minister of the Environment on her initiatives and on what she is doing. These are programs that would have a direct impact if we were not able to deliver—

• (1815)

The Acting Speaker (Mr. Royal Galipeau): The hon. member for Etobicoke North is rising on a point of order.

Hon. Roy Cullen: Mr. Speaker, I presume the members who speak after the minister will have the same broad latitude, but I am concerned that the minister is confused. I think we are talking about a reduction of \$250,000 in his estimates, while he is speaking about huge cuts to his departmental estimates

. Perhaps the minister is confused or has not read the motion. That is the only reason why I raise this point.

Business of Supply

The Acting Speaker (Mr. Royal Galipeau): The hon. member is on the roster to speak a little later and might want to address this question then. In the meantime, we will wait for the end of the minister's speech. The minister has six minutes and 15 seconds remaining.

Hon. Gary Lunn: Mr. Speaker, I will clarify for the hon. member. The motion is for \$256 million. This is for one-quarter of NRC's \$256 million budget for grants and contributions. I appreciate that one of the members is specifically talking about \$250,000.

This motion by the President of the Treasury Board is to approve the estimates for funding one-third of the grants and contributions for Natural Resources Canada. If the motion is not supported, the amount will be \$64 million. The member may want to check his facts and ensure he has his numbers right. I appreciate that he wants to focus on one small part but by not supporting this motion he is voting against energy efficiency, renewable energy, wind energy, tidal power and science and technology projects that would clean up coal powered projects. By not supporting this motion the member would be voting against CO₂ sequestration.

These are initiatives that will have the greatest impact on reducing greenhouse gases. These are initiatives that will have the greatest impact on reducing the pollutants that we put in the atmosphere. That is why we on this side of the House feel so passionate about these very important initiatives. They are initiatives that we will continue to support.

As I said earlier, my hon. colleague, the Minister of the Environment, introduced a bold new approach to force Canadian industries, the polluters, to meet tough regulations. These regulations will be achievable. They are realistic but they are tough. We will enforce them, unlike the previous government that has a record that speaks for itself.

I appreciate the one issue that the member is talking about. Yes, a few members in the House would like to cut \$250,000 in funding to the Chrysotile Institute. We spend that money to promote the safe use of chrysotile. Our government supports this institute and we will continue to do so because we believe it is in this country's interests. We have led on this file and we will continue to do so.

There is far more at stake by voting against this motion. By voting against this motion, the member would be voting against every initiative that we will be working on this year for the environment. I challenge the member to read the motion and ask himself how he could vote against these initiatives. He does not get to pick and choose as to which piece we fund. He would be voting against the funding for initiatives that are good for the environment.

I would challenge the member to be careful in what he says. This motion is not about one \$250,000 program. This motion is about the most important work that we are doing at Natural Resources Canada to reduce greenhouse gases and pollutants. We will continue to do that. This is an area in which our government is committed

There are three fundamental ways in which we can have the greatest impact on the environment. We know that the energy we use is largely responsible for greenhouse gases and pollutants. The first way to have an impact on the environment is energy efficiency. As I said, the largest untapped source of energy is the energy we waste.

The second most important part is the use of technology. We must invest in technology like we never have before. We can use technology to remove 80% to 90% of the pollutants from coal-fired electricity generation. That technology is available today and we need to continue to advance that technology.

We can also use CO₂ sequestration to remove the greenhouse gases that have an impact on climate change. We can take those CO₂ gases that we sequester and put them back in the ground.

• (1820)

Those are the types of programs that we are funding and supporting. We are forming partnerships with provincial governments and with industry. We are working with the universities and the research institutes across the country. We are all working on this challenge together and we are delivering results. We are having a very positive impact. We will continue to promote that.

I want to make it crystal clear to all members of the House that if they vote against this motion they will be voting against renewable energy, energy efficiency and investing in science and technology to help us develop technologies to reduce greenhouse gases and pollutants. This is something that is very important to the government and we will continue to support it.

Mr. Scott Simms (Bonavista—Gander—Grand Falls—Windsor, Lib.): Mr. Speaker, I have three questions and I would like the minister to write them down and deal with each one.

My first question concerns the sequestering of carbon dioxide for the sake of cleaning up the environment. There are a lot of questions about that scientifically and I would like the minister to explain exactly how this will work, how it is technically feasible to do so and where he plans to invest in this in the particular oil sands. I do not think they are particularly happy given the income trust situation of late.

The second question has to do with the wind power production incentive, or the WPPI program. A company near my riding of Bonavista has told us that it is ready to invest a substantial amount of money. It is good for the environment and it good for the economy as well. What is the status of this program? We need to know where we stand right now because the company has told us, unequivocally, that if it does not get the subsidy that was there before then the whole project will fail.

The third question concerns the EnerGuide program, the resurrection of a program that works. In the last Parliament, the member from St. John's East complained in the House that the program was not being sped up. He liked the program. As a matter of fact, when we were in government he was complaining that the program was not doing what it should be doing because it was a great program.

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It is now time for the minister to stand up and say whether the member was wrong. Why did the minister cut the EnerGuide program? Why is it that he does not believe in providing subsidies to low income households to heat their homes and, at the same time, improve on the environment. Why would he rather get advice from his friends, which, I would suggest, he is now getting? I would like for him to stand on his own.

Hon. Gary Lunn: Mr. Speaker, I did actually write the three questions down and I am happy to respond to all three.

On CO₂ sequestration, he is wondering if the technology is feasible and if the technology exists. I can inform the member that we are doing it right now. Federal tax dollars are supporting a demonstration project in Weyburn, Saskatchewan. The industry is partnering with the federal government to capture CO₂ gases and then pump them back down in the ground. A number of companies right now are looking at projects and specifically the oil sands that the member talked about. I do not want to start picking one company over the other. We are encouraging all of them and we want to be there to support them. The technology exists today and it is happening today but we need to push it even further ahead.

What benefit? Obviously the member is aware that we want to reduce the amount of CO₂ going into the atmosphere because it has a direct impact on climate change.

The member asked about the wind. If he actually believes in the wind program, the old one that he talked about, the WPPI program, was fully subscribed. I would recommend that the member support this motion if he believes in renewable energy, in wind energy, in tidal energy, in solar energy and in biomass, because he might not like what he is voting against.

The government is committed to renewable energy and I would encourage him to support that.

The member talked about the old EnerGuide program. I have made it very clear in this House on a number of occasions that this program of 50¢ on every \$1 was used in either doing audits or administration. We would like to see a far greater amount of taxpayer dollars going into initiatives that actually have a greater impact on the environment, which are the types of programs that this government is working on.

• (1825)

Mr. Dennis Bevington (Western Arctic, NDP): Mr. Speaker, I wish to ask the hon. minister a question in reference to his prologue where he talked about the Prime Minister's statements about Canada being an energy superpower.

Does he also take into account the fact that in his natural resources energy outlook, the situation with natural gas in Canada is so critical that by 2015 we may have to abrogate the proportionality clause in NAFTA in order to keep our own homes and businesses heated in the winter?

When the minister talks about a superpower, he is probably talking about the oil sands where we see development that basically has one of the lowest energy returns for investments in the whole world in terms of a source of fossil fuels. When we are talking about an energy superpower, we are talking about a country where things are not going exactly right.

We saw the Prime Minister over in Russia in July trying to set up a deal with Vladimir Putin for liquefied natural gas to export into Canada. That does not sound like a superpower. It sounds like we have a country with serious conditions in our energy industries that may not be apparent right now but, by the minister's own natural resources outlook, are coming very quickly for Canada.

I would love to support the minister's budget but I want to know that his budget will be directed in a fashion that can return to Canadians an assurance that they will have a future in the kinds of energies that we are producing. What is this superpower that we are talking about?

Hon. Gary Lunn: Mr. Speaker, we are one of the world's leading energy suppliers, whether it be in oil and gas, in uranium, in hydro or in developing technology for renewable energy.

It is interesting that the member for Western Arctic does not support some of these programs. We are working on programs specifically designed for very remote communities that do not have to burn diesel. We need to look at alternative systems on both solar and wind programs where they would support specific programs, to support the very communities in his constituency that he is speaking against.

We have a vast country with some very remote areas. We are developing systems that can help these people like they have never been helped before. I am quite amazed that the member, who comes from an area such as this, would actually vote against this and not support these types of initiatives.

Canada is an independent country. We have amazingly vast resources but we want to develop them in a sustainable way that will benefit Canadians. We want to ensure that we continue to promote our natural resources, develop our energy as clean energy and yet continue to be a world leader, and that is exactly what we are doing. I would encourage the member to support the motion and not vote against renewable energy, such as wind, and the things that are helping our environment.

Mr. Mark Warawa (Parliamentary Secretary to the Minister of the Environment, CPC): Mr. Speaker, I thank the minister for his hard work and contributions to the clean air act. As the House knows, it is Environment Canada and the environment minister who creates the policy but it is the Minister of Natural Resources who actually implements the programs.

The previous government made \$6 billion worth of announcements and spent \$1.6 billion. There was a huge gap between what was announced and what was actually spent. The minister shared with us that by spending that \$1.6 billion, the Liberals ended up with emission rates going through the roof. They did absolutely nothing.

The minister has been here for a long time and I was wondering if he knows why the Liberals do absolutely nothing but make a lot of bluster. Has he ever seen them actually do anything? Why would they want to cut environmental programs?

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•(1830)

Hon. Gary Lunn: Mr. Speaker, I will only say that Canadians want us to look forward. They do not want to talk about the past. They want to know what we will do. We are delivering initiatives that will have direct meaning.

We started with our clean air act to regulate every sector. We are developing initiatives to support renewable energy, to help energy efficiency, to support science and technology and to clean up some of our dirty energy. The last government's record speaks for itself. Under its watch, greenhouse gas emissions skyrocketed to 35%. That will not happen under this administration.

Mr. Dave Batters (Palliser, CPC): Mr. Speaker, my question for the minister about a very important project under study in my riding of Palliser, the poly-generation plant at Belle Plaine. It will a \$3 billion project if it gets off the ground. I know the minister is intimately involved in this process. It will be the biggest project in the province's history.

the government has been asked to study the feasibility of this new science. What will happen to that study if the members opposite are successful in removing \$64 million out of the minister's budget?

Hon. Gary Lunn: Mr. Speaker, if the hon. members vote against this kind of funding for our department, none of these types of projects can be funded. They would be voting against the cleanest forms of renewable energy, and I would advise them against that. It is good for the environment to support it.

Mr. Pat Martin (Winnipeg Centre, NDP): Mr. Speaker, I am glad to have this opportunity to speak to the motion. I put forward a notice of motion that the NDP intended to oppose this budget line in the main estimates process for the simple reason that, within the context of this pile of money the minister was talking about, is the budget for the Chrysotile Institute. It used to be known as the Asbestos Institute. I for one will not vote for anything that puts money into the asbestos industry in this country.

I call the money the government keeps shovelling to the asbestos industry corporate welfare for corporate serial killers. I worked in the asbestos mines as a young man. I feel strongly that they were lying to us about the health hazard of asbestos then, just as they are lying about it to this day.

The fact is, asbestos kills. It is the greatest industrial killer the world has ever known. Even though the industry tries to change the name and have everyone believe that the asbestos mined in Quebec is somehow less hazardous or more benign, so to speak, it is not. Chrysotile asbestos causes asbestosis, mesothelioma and all the terrible health hazards that we know asbestos causes.

The fact is most Canadians believe we have banned asbestos. The mine that I worked in closed due to natural market forces. Nobody in the developed world was buying this killer any more. Most of the world is banning asbestos in all of its forms. The entire European Union has banned asbestos in all its forms, as well as Japan, Australia, South Africa. Most developed nations have come to their senses and banned asbestos.

I hang my head in shame to say that Canada is still one of the world's largest producers and exporters of asbestos in the world. It varies from second to third from year to year, but I believe it is

currently the second largest in the world. The Canadian government is acting like globe-trotting propagandists in supporting the asbestos industry and helping to dump it into unsuspecting underdeveloped nations where there is little or no health and safety legislation.

To me it is morally and ethically reprehensible that the Government of Canada is spending money in the budget of the Minister of Natural Resources to promote the asbestos industry abroad, in both hard and soft money. Even though the budget line seems relatively small on the direct money the government is giving to the asbestos industry, the soft money is enormous because it sends teams of lawyers all over the world to stop other countries from banning asbestos. It in fact uses our foreign embassies as places to hold trade shows to promote asbestos in underdeveloped and third world countries.

My colleague, the member for Timmins—James Bay, calls the asbestos industry the tobacco industry's evil twin and there is good reason for that. Both of these industries have made a fortune selling a product that they know full well kills people. Both have taken part in a wholesale fraud based on phony science, misrepresentation and have promoted their product in this way.

I am sorry the minister is not present to hear this, but part of the problem is there is a rat in the woodpile in the minister's office. His assistant deputy minister, Mr. Gary Nash, is the founder and first CEO of the Asbestos Institute. He is an asbestos apologist. He is a corporate stooge for the asbestos industry. He has weaseled his way into the minister's office and writes the papers which brief the minister on asbestos.

I am here to say that there is no safe level of asbestos exposure. I do not care if it is mined in Quebec. Quebec asbestos kills just like all other asbestos kills. It is just that Quebecers have been subjected to misinformation to the point where they somehow believe their own propaganda. This is the real shame.

The clinic in Thetford Mines served all five of the active mines. In the 1970s it was found to not be telling victims of asbestos when it would diagnose miners with asbestosis or mesothelioma. Because there is no treatment and it is a death sentence, it would not tell miners so they would keep working. When the clinic was challenged on this, it said that it was out of kindness, that it did not want to alarm the family. It was better to let the guy keep working until he dropped than alarm his family that he was sick.

•(1835)

The horror of asbestosis and mesothelioma is the latency period is cruelly long and the effects are devastating.

I have an article from the *Toronto Star* on the amount of money that has been shovelled into the asbestos industry. It says, "A \$30 million campaign aims to take the curse off asbestos". It is cursed because the rest of the world woke up.

Business of Supply

The rest of the world knows that asbestos is the biggest industrial killer the world has ever known and has ever seen. Yet the government and all previous Canadian governments have been so enamoured with this evil material, which never should have been taken out of the ground to begin with, and they have pushed it, promoted it and dumped it into the third world. They have spent my tax dollars to promote asbestos, to promote death.

We are exporting human misery on a massive scale, with every shipment of asbestos that leaves the country, at 220,000 tonnes per year. One microscopic asbestos fibre can cause mesothelioma. We cannot even get our minds around how much we are dumping this into third world countries.

I know the great asbestos strikes in Quebec were called the first shot in the silent revolution. I know the emotional attachment that nationalists in Quebec assign to asbestos, but it is irrational.

I urge Canadians to finally wake up and see asbestos for what it is. It is a killer. The minister and the rat in the woodpile, as I call him, his ADM, the founder and first president of the Asbestos Institute, is now working in the employ of the minister, advising him about the wonderful benefits of this miracle product—

Hon. Roy Cullen: Mr. Speaker, I rise on a point of order. I wonder if I could get a ruling from the Speaker as to whether the reference the member for Winnipeg Centre has made about the assistant deputy minister of the Department of Natural Resources, Mr. Gary Nash, is unparliamentary.

• (1840)

The Acting Speaker (Mr. Royal Galipeau): I thank the hon. member for Etobicoke North. I know he is champing at the bit to participate in this debate. He is next on the roster and he will have all the chance he needs to make his comments at that time.

Right now, the hon. member for Winnipeg Centre has the floor and we will continue.

Mr. Pat Martin: Mr. Speaker, I trust that will not be counted against the time of my speech.

If I am using strong words of language, it is because I am personally ashamed and frustrated at my government and what it is doing with this industry. As I said, we send teams of Canadian lawyers at great taxpayers' expense to Rotterdam, Geneva, all around the world. Wherever people are working to have asbestos banned, we send these expensive teams of lawyers to resist it.

When France announced it wanted to ban asbestos in 1999, the Government of Canada went to the WTO and intervened. It claimed it was an unfair trade limitation. Where would we sell our asbestos if France banned it? Fortunately for the French people France won and Canada lost at the WTO and banned asbestos in all its forms, including the chrysotile asbestos mined at Thetford Mines in Quebec.

There is no safe level of this killer product. This is what motivated me today to move this motion in the natural resources mines and minerals category of the main estimates. I want my country to stop promoting the asbestos industry. I want my country to be able to hold its head high when it goes to international forums. I want my country to join the global campaign to ban asbestos in all its forms.

We are so stupid about asbestos in this country. We have contaminated our own Parliament Buildings to the point where they are not really fit for human habitation. My office in West Block is so riddled with asbestos that we really should not be in there. Asbestos was sprayed on virtually every commercial and institutional building in the country in the 1960s and 1970s. In our zeal to be boosters of asbestos, we contaminated schools, hospitals, public government buildings and our own Parliament Buildings.

We were spraying it on to steel beams for fireproofing not realizing that it crumbles 15 or 20 years later. It becomes friable and it comes down on our suspended acoustic ceiling. When we change a light bulb now, we get a face full of asbestos fibres. These fibres are so small and dangerous. It takes eight hours for an asbestos fibre to drop from the ceiling to the floor. That is how tiny they are. They are invisible. We cannot see them but they can and will kill us.

The province of Quebec has the highest rate of mesothelioma among women in the world. The province of Quebec has the fourth highest rate of mesothelioma among men in the world. This is from a 2005 report of Quebec's national institute of public health. So do not tell me that Quebec asbestos is somehow benign because it seems to kill Quebecers just as readily as it kills people in Thailand, India and the other places where this killer material is sent.

I worked in the asbestos mines. We worked in clouds of the stuff. Not everybody gets sick. Fortunately, God willing, I will not get sick from asbestosis, but the latency period of 25 to 30 years means that everybody in this room could be affected from their exposure just because of their tenure in these buildings.

I will never support an estimates process, a budget or a bill that contains money, corporate welfare for corporate serial killers. I will not buy it. I will not be a part of it. I refuse to vote for it. All of the laudable things that our Minister of Natural Resources talked about are spoiled by the fact that he continues to subsidize, promote and spend taxpayers' money on this evil industry.

I have read a great deal about the history because I feel personally affected by this. It was McGill University that first started raising questions about whether or not asbestos is bad for people. Why? The Metropolitan Life Insurance Company paid for and created a new laboratory at McGill University to study asbestos. Guess what? The Metropolitan Life Insurance Company was having trouble underwriting asbestos workers because they were dropping like flies, so it needed somebody to put the big question mark there. The same way the tobacco industry did. Any issue has a scientist somewhere it can buy to tell people what they want to hear.

Business of Supply

The latest report being pushed by the associate deputy minister to the minister is a report that cost \$1 million. The Chrysotile Institute paid \$1 million for a report to raise the question saying that chrysotile maybe should not be viewed in the same way that other categories of asbestos are viewed. The rest of the world does not agree.

● (1845)

I gave a speech this year at the Mount Sinai School of Medicine in New York City, among the world's leading authorities in asbestos related disease and I asked everyone that I could whether it was true that chrysotile kills. Every one of them, from Dr. Selikoff's own assistants down the line said, "Yes, chrysotile asbestos kills in the same way that crocidolite and tremolite and the other asbestos categories kill". There is no safe level of asbestos. I will not tolerate voting in favour of any particular budget line that includes asbestos.

The public and members of the House of Commons should be made aware that we have such blinders on when it comes to this mineral that we even opposed having it listed as a hazardous material at the Rotterdam convention. The Rotterdam convention is the United Nations gathering that lists hazardous chemicals for export, et cetera. It does not try to ban these chemicals. It says that if this product is to be sold and exported, the purchaser has to have prior informed consent.

Canada objected to asbestos being put on that list of hazardous materials. Again, for the third time in a row, we sent teams of Department of Justice lawyers to Rotterdam to oppose even warning the people to whom we sell this stuff that it might be harmful. Imagine, how selfish is the face of greed that we are seeing here. What kind of a business would be so irresponsible as to refuse to put a material that is a known carcinogen and the greatest industrial killer the world has ever known, on a list of hazardous materials so that the people it sells it to have a fighting chance to take some precautions so they will not inhale asbestos fibres?

When I was working in the asbestos mine, my foreman had already had one lung removed and he went back to work. He came to us from Thetford Mines. Ours was a new asbestos mine in Yukon. We needed experienced asbestos miners to show us how to open up this new mine. Frenchie was his nickname, nothing derogatory, but when he came to us he only had one lung. He had already had a lung removed from having worked in the asbestos mines before.

I will simply say that many of us in the NDP will never support corporate welfare for corporate serial killers. The asbestos industry is a corporate serial killer. I am sick of Canadian government officials acting as globe-trotting propagandists, as merchants of death, these guys that are exporting human misery by the tonne. I will not tolerate it. This country should ban asbestos altogether in all of its forms.

At the very least, in a letter I sent to the Minister of Natural Resources, we should never sell it to any country that has not signed the ILO protocols on the safe handling of asbestos. None of the customers Canada sells our product to have ever ratified ILO convention No. 162. This is the irresponsible nature of the industry here.

The final point I will make is there are safe alternatives to using asbestos. Most of the asbestos we sell is used in cement asbestos

mixtures to make asbestos pipe and asbestos roofing tile. There is a cellulose wood fibre, Douglas fir, the waste material that rots on the forest floor throughout B.C., which is the perfect binding agent for cement asbestos products. In fact, there is a Weyerhaeuser mill in Kamloops, B.C. that is on the verge of closing. Weyerhaeuser Canada told me that that mill would create 400 jobs if it could only sell its wood alternative cellulose product for a cement binding agent in these products.

We do not have to peddle this killer product mined in Quebec. We could sell this neutral, benign, safe product, an environmentally correct product from the Weyerhaeuser mill in Kamloops. We could satisfy the world's needs for concrete products without exposing unsuspecting third world workers to the misery that is death by asbestosis.

● (1850)

Having said that, I do not want to drag this out any further. I have already said that I think it is morally and ethically reprehensible to be dumping this product into underdeveloped nations. We should do what the rest of the developed world is doing and ban asbestos in all its forms. Let us follow the progressive nations and not be a part of this terrible asbestos mafia any longer.

The Acting Speaker (Mr. Royal Galipeau): Before I call questions and comments, I just want to refer to the point of order that was raised by the member for Etobicoke North. I have asked for the blues and if necessary, I will come back to the House on this issue.

On questions and comments, the hon. President of the Treasury Board.

Hon. John Baird (President of the Treasury Board, CPC): Mr. Speaker, I want to say at the outset that I appreciated the intervention, as I always do, of the member for Winnipeg Centre. I also appreciated the opportunity to learn more about the health effects of asbestos. I appreciate and admire the passion and commitment he brings to this issue and so many other issues.

I have a lot of constituents who work in this building and others in the capital where there is asbestos. I share his concern about the health effects, particularly as it relates to not just my colleagues but those who serve the public in this building and others. I appreciated learning more.

He does remind me of a fellow by the name Peter Kormos who is the New Democratic Party house leader in the Ontario legislature. I used to sit beside Kormos in the Ontario legislature, from which I resigned a year ago tomorrow. They would have to keep us apart because he was the NDP house leader and I was the Conservative house leader and we would get into trouble and get tossed out occasionally.

I want to talk about the motions on the notice paper. The member for Winnipeg Centre has two concerns. One motion deals with \$256 million under natural resources but there is another motion that the member for Winnipeg Centre has put forward and I am afraid we might not have time to debate it.

Business of Supply

I am very interested and open to even considering supporting him on the \$38,206,000 cut to the Senate. I wonder whether he could go into that a little bit tonight.

Mr. Pat Martin: Mr. Speaker, I, too, hope we get around to the second motion we put forward today which I will speak to very briefly and explain. I perhaps am one of the only members of the New Democratic Party who does not believe we should abolish the Senate, or at least I did not until the last couple of months. I have had many arguments with my colleagues about our long-standing policy within the New Democratic Party that the unelected, undemocratic Senate should be scrapped and abolished. Until my frustrating experience with Bill C-2, the federal accountability act, I was a defender of the Senate to some degree.

I have now put forward this notice of opposition to the Senate. I think we should scrap the whole kit and caboodle after my experience, frankly. I have come around four-square with my colleagues of the New Democratic Party. It is a waste of money, a waste of resources. It is an obstacle and a barrier to democracy. I am furious with that other house, the other chamber.

I put forward a motion that does not scrap the Senate completely because the building itself is beautiful. My motion says that we should eliminate all the salaries, all the office budgets, all of the expenses and certainly the travel budgets of every senator. We might still have a Senate—we would not need a constitutional change for this—the senators just would not be able to do any harm any more because they would not have a budget to screw up what we do.

[*Translation*]

The Acting Speaker (Mr. Royal Galipeau): The hon. member for Richmond—Arthabaska.

Mr. André Bellavance (Richmond—Arthabaska, BQ): Mr. Speaker, Richmond—Arthabaska, as you said so well, is a riding where people will find the Jeffrey Mine in Asbestos. Recently, the people of Asbestos had to turn their attention to a short-lived debate: some people wanted to change the name of the municipality of Asbestos because of everything that has happened internationally, including the bad reputation asbestos has had for many years.

We have just been subjected to an exercise in pure demagogy by the hon. member for Winnipeg Centre, who, yet again, is being the anti-asbestos champion par excellence. I did not think we could find in Quebec or even in Canada—he comes from Winnipeg, of course—someone who would run down the product of asbestos as much as the hon. member for Winnipeg Centre just did.

I am insulted on behalf of the entire population of Asbestos. It is a proud community that has decided to keep its name on the grounds that the product it now produces is called chrysotile.

Since the hon. member for Winnipeg Centre said he worked in an asbestos mine, he must know very well that the products that were extracted in the 1950s and the 1960s were amphiboles. Houses that were insulated with asbestos, with the friable products, contain fibres that stay in the human body for a long time, according to studies on biopersistence, and do cause asbestosis, cancer, etc.—in short, health problems. Today the product in question is called chrysotile. It is like cement. This product does not crumble and it is totally safe. It has to be used safely.

I would like the hon. member to tell me whether he knows the difference between the two products because what is being made today, in Asbestos and in Thetford Mines, is no longer an amphibole; it is chrysotile. It is not the same thing and the people of Quebec defend this product.

I would like to hear the hon. member say a few words about this.

● (1855)

[*English*]

Mr. Pat Martin: Mr. Speaker, my colleague's question gives me the opportunity to explain to him how terribly wrong he is. The asbestos that was mined at Thetford Mines, Jeffrey Mine and all those mines, frankly, was chrysotile, then and now. The Yukon asbestos mine that I worked in was chrysotile. The asbestos mine that closed in Newfoundland recently was chrysotile. It has always been chrysotile in Canada. We do not mine any other type of asbestos.

There are five types of asbestos. Chrysotile is right in the middle of the range, but it is a type of asbestos. It is misleading and it is part of the spin that the industry is trying to put on it to isolate and separate chrysotile and say that this asbestos is benign and all these other types of asbestos will kill us.

It is the same asbestos. It is the same fibre. We put it in the fluffing machines. We make it into materials. We mix it with cement as a binding agent. All those uses are the same, so whoever got to my colleague has been giving him misinformation and trying to convince the world that there is something okay about Quebec asbestos. There is nothing okay about Quebec asbestos. It kills just like any other asbestos kills.

[*Translation*]

Mr. Christian Paradis (Parliamentary Secretary to the Minister of Natural Resources, CPC): Mr. Speaker, following the example of my colleague for Richmond—Arthabaska, the points raised by my colleague for Winnipeg Centre lead me to ask this question. Has my colleague for Winnipeg-Centre taken into account the fact that there exists scientific proof dating back to the 1980s? I am referring to the Ontario Royal Commission. They were not medical specialists financed by the industry, as my colleague would lead us to believe, but independent institutions.

Then he is talking about replacement fibres without knowing whether or not they are regulated. We do not know the risks they pose or their impact on human beings.

Does my colleague take this troubling information into account when he makes a speech such as the one he has given tonight?

[*English*]

Mr. Pat Martin: Mr. Speaker, misinformation and faulty and tainted research have been the biggest part of the problem in the struggle to have asbestos banned. The studies my colleague talks about were paid for by the industry, the institute. When we look at the rest of the world, we see that it is only a couple of Canadian scientists who say that chrysotile is benign. I know the studies the member is talking about. These are well known and well documented and they have been exposed as being false and wrong.

Business of Supply

The best one to look at has been done by the institute of national health in the province of Quebec. In June 2005, finally, the lie was exposed by scientists who are not bought and paid for by the industry, scientists who are genuine and sincere. They make the argument that chrysotile asbestos kills, that it is a known carcinogen and no one should be exposed to a single fibre. The only safe threshold limit of asbestos to humans is zero, and no industry can guarantee that it will not expose people to it.

• (1900)

[*Translation*]

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, I know that asbestos, or his view of asbestos, is a key issue for my colleague from Winnipeg Centre. But whether we like it or not, there are various types of asbestos.

Chrysotile is part of the asbestos industry. We should examine how it has been used and how we use it today. This evening, we must decide if we are going to cut \$250,000 in funding to the Asbestos Institute. This institute includes representatives of the Canadian producers of chrysotile asbestos, unions and the Governments of Canada and of Quebec.

I know that my colleague has roots in the labour movement. I can say that those heading up this committee include individuals such as Gerard Docquier, who was the national director of the steelworkers in Canada, and Clément Godbout, the former director of the steelworkers in Quebec. We can have different opinions in the House of Commons and remain respectful. The money that was used, the mission—

The Acting Speaker (Mr. Royal Galipeau): The hon. member for Acadie—Bathurst should know that Question Period is over. However, I will allow him a moment to finish his remarks so that the member for Winnipeg Centre may respond. However, he will have to condense all his arguments.

Mr. Yvon Godin: Mr. Speaker, I will be brief.

The asbestos institute is dedicated to promoting the safe use of chrysotile asbestos in Canada and around the world. That is the institute's mandate.

[*English*]

The Acting Speaker (Mr. Royal Galipeau): The hon. member for Winnipeg Centre should be aware that the clock has run out, but he will have a short moment to respond.

Mr. Pat Martin: Mr. Speaker, I will summarize. I believe that Canada should get out of the asbestos industry. It is the greatest industrial killer the world has ever known.

When I was a trade union representative, I would not let the employees I represented anywhere near that material. When I worked in the asbestos mine, we kicked out our union and brought in a new union because the old union would not admit that asbestos was a killer. There is union representation and there is union representation, and I believe the first obligation is to look after the best interests of the employee, not the employer. Whatever working representative is trying to defend the asbestos industry is looking after the best interests of the employer, not the men and women who deserve to be saved from exposure to asbestos.

Hon. Roy Cullen (Etobicoke North, Lib.): Mr. Speaker, this has been a fairly wide-reaching debate about the estimates of the Treasury Board, the Senate, and the complete estimates of the Department of Natural Resources, so it really has not focused much on the emotion of the member for Winnipeg Centre.

First let me say that the member for Winnipeg Centre made a very disparaging remark about Mr. Gary Nash. I know Mr. Nash personally. He is a very well respected leader within the mining industry in Canada. I know that the Speaker is going to be looking at the blues and I would hope that the member for Winnipeg Centre will retract those remarks.

However, what I find most disappointing is that when the Minister of Natural Resources came in to debate this motion, he tried to indicate that what we were debating was the full estimates of the Department of Natural Resources of \$256 million and some. He knows that is not what we are debating here today.

I think the line that he took was somewhat disingenuous, because he did not want to debate the question around chrysotile asbestos. That is what the motion from the member for Winnipeg Centre calls for: a reduction in vote 10 in the amount of \$250,000. That \$250,000 is a far cry from \$250 million. Some members seem to be mixing up the zeros, but that is what the member is really talking about.

The reason I said the line the minister took was disingenuous is that we know he did not want to debate the topic of chrysotile asbestos. It is a very sensitive issue.

[*Translation*]

I believe this is a very serious and important issue. The minister should have said that chrysotile asbestos is neither prohibited nor strictly regulated in Canada. It is used under controlled conditions.

He should have said that domestic regulations are applied to strictly control chrysotile exposure and to ensure safe handling of the product. This approach based on controlled use guarantees the safe use of chrysotile in Canada.

He should also have said that Canada provides importing countries with information about the safe use of chrysotile and supports the work of the Asbestos Institute, which promotes the use of asbestos around the world.

• (1905)

[*English*]

This is a serious question that has been posed by the member for Winnipeg Centre. He obviously has some personal experience working in an asbestos mine. It is a very serious and important question, but the minister did not want to deal with it. He wanted to deal with the full body of his estimates.

There I must say that the minister was again very disappointing. If he had read the order paper he would have seen that what we were debating was the chrysotile asbestos motion, not the full estimates of the department. If he had read it, he would have seen that the \$256 million under Natural Resources “in the Main Estimates for the fiscal year ending March 31, 2007 be concurred in”. That amount is not in question. It is the motion of the \$250,000 that is in question. The minister knows full well that this is what is at issue here.

Business of Supply

I had an experience the other day with the minister. He came to the Standing Committee on Natural Resources to do his estimates. He talked about the future of carbon capture and sequestration. He talked about all the work that was going to be done with energy efficiency in the industrial sector.

I was sitting there with the plans and priorities book that was prepared by the department. I looked at those two particular line items, industrial energy efficiency and CO₂ carbon capture and sequestration, and lo and behold, to my complete surprise and shock, those items were being cut from his plans and priorities. My only feeling, which I expressed to the minister at the time, was that perhaps he missed that meeting when the departmental officials put together the book and sought his approval. Presumably and hopefully they sought his approval, but the other point is that maybe he does not really know what his department is doing. This certainly was an indication of that.

In terms of the debate this evening, I am sure his departmental officials tried to brief him, but maybe he had other engagements. Maybe he had other commitments and he could not be briefed on what we are actually debating here in the House today.

The minister talks about being an energy superpower. We have heard this from the Prime Minister. Does it not have a nice ring to it? As a proud Canadian, I would like us to be an energy superpower. But, and this is the big but, it has to be sustainably driven and it has to be environmentally responsible. What do we hear from the minister on those points? We do not hear one iota. We do not hear a peep.

He talks about how we are going capture all the carbon and sequester all the carbon in the oil sands of Alberta. Is that not a nice thing to say? It sort of rolls off the tongue. It is actually what we should be doing, but we went to the budget and his plans and priorities and he has been cutting those programs.

He talked about how we are going to recycle all the water. Is that not a nice notion? That is what we should be doing, but what is he doing about it? Nothing. He is doing absolutely nothing. Our committee has been hearing witness upon witness and they all say no, we do not have the power and we are heading into a very difficult situation but no one is really providing any guidance.

Where is the federal government? Where is the Minister of Natural Resources in providing leadership on this file? Why could the Minister of Natural Resources of Canada not call the ministers in Alberta? Why could he not call the oil and gas industry together with the stakeholder groups, the aboriginal peoples, the energy industry and the town of Fort McMurray and sit down and say, "Look, we have a problem here in Fort McMurray with the oil sands. We should really put things on hold until we have these technologies in place where we can recycle the water so that we are not draining the Athabasca River basin".

The minister talks about how we are recycling 90% of the water. That is not the case. Ninety per cent of the water might be going into tailings ponds, but the tailings ponds have to settle, and while the oil sands are being grown, with production supposed to quadruple by 2015, the new starters, the new entrants, will have to create their own tailings ponds. Besides that, there are some difficulties in the settling

out of the tailings ponds so that this money can be recycled back into the river.

● (1910)

It just makes sense. If we were to pick up a newspaper or talk to anybody out there, they would tell us that the Athabasca River basin is being sadly and terribly depleted. We do not have to be rocket scientists in this Parliament. I do not think the Prime Minister would ask his minister to be a rocket scientist. He would just ask him to use a bit of common sense, show a bit of leadership, and bring the parties together. The bitumen will be there forever.

I was just up there with some colleagues from the House. If one travels around to see it, it is quite an astounding engineering and management feat and I take my hat off to those people. We should be proud of it, except that moving forward, we should have the maturity and common sense to say that we have to sit down and talk about further expansion because there are some severe issues at stake. I did not even mention the infrastructure and the social problems that are occurring in Fort McMurray, which I am sure the minister knows all about.

We should try to appeal to the oil and gas industry. What about the cost pressures that they are facing? Maybe it would make sense to sort of cool this down a bit while we get our act together. Maybe the federal government could help with the acceleration, the development, and the deployment of these CO₂ carbon capture and sequestration technologies and the water recycling technologies. What about the use of our natural gas?

Here is the Minister of Natural Resources, from whom I have not heard a peep. Maybe he has written an article in the *Energy Times* or something, but I have not seen anything that talks about whether the way we are using natural gas in Fort McMurray is the best use of our natural gas resources in Canada. Everybody seems to know that it is a very inefficient use of our natural gas. We have very volatile natural gas markets. We know that people all across Canada are having to pay excessive prices for natural gas and there is a very volatile market.

There have been discussions up in Fort McMurray, perhaps none in the halls of the Department of Natural Resources or the minister's office, about maybe replacing natural gas with nuclear plants. Where is the minister on that? I have not heard a thing.

Hon. Gary Lunn: Read the papers

Hon. Roy Cullen: Yes, perhaps he has written an article somewhere. I would like to see him sit down with the stakeholders, with the members of the House of Commons and lay out a plan.

There is another point. The Minister of Natural Resources said that he would announce an energy strategy, energy framework, call it what he will, that would lay out the federal position. At least we could have a dialogue within Canada about the energy challenges and the energy opportunities that we are facing in the future.

He told us at committee that this would be available in the fall. He would have done it sooner, but he wanted a quality product. I am sure the minister would know, maybe not by walking around here in Ottawa, but in Victoria, where he comes from, in Saanich, that fall is probably over and we are still waiting for this energy strategy.

Business of Supply

At the same time, the minister talks about the need to conserve energy and to become more energy efficient, and I am with him 100% on that. We all understand that there are so many ways that we could become more energy efficient. At the same time as he says that, he scraps programs that are working like the EnerGuide retrofit program for houses, which was producing energy efficiencies of about 30% per home.

He also puts on hold, freezes, cuts, whatever, and the language he uses sometimes is totally vague, but the wind power production incentive program is a program that was helping many producers to put in wind power. Wind power, while not a panacea, has some great potential, especially in provinces like Quebec. My colleagues down the way will understand that very well. Wind power fits very well with hydro-electric power because it is able to work off the peaks and valleys of the production. What does that minister do? He says no to wind power production incentive programs and that he will revisit that. He has been revisiting these programs for 9 or 10 months and we are still waiting.

I could go on and on and I will go on and on. I had an opportunity in my previous life to visit Thetford Mines. I had a client there, actually, a company that had automotive interests, metallurgy and also an engineering capability. It is a quaint little town. I think that while we cannot justify the production and sale of asbestos, if it is hazardous to health, we also need to think very carefully about the people whose lives and livelihood depend on it.

● (1915)

We should be very careful when we say that something is carcinogenic. There are a lot of things, unfortunately, in our society that are carcinogenic. While car fumes have been improved, they are surely carcinogenic. We are taking a lot of measures to reduce the incidence of smoking and secondhand smoke but that too is carcinogenic. Do we ban smoking? Do we ban Bavarian sausages. They are probably carcinogenic as well. I am not trying to trivialize this because I know the member for Winnipeg Centre feels very deeply about it, but we need to be very careful in this particular area.

The member for Winnipeg Centre wants to cut the \$250,000 that go to the Chrysotile Institute. There are \$250,000 annually that come from the province of Quebec and \$250,000 come from the industry. That money is used for research and ensuring that the industry communicates very clearly to countries and the domestic market what some of the risks are of chrysotile asbestos.

There are risks, there is no denying that, but I would contend that with the proper application and controlled environment, chrysotile asbestos can be and is being used in a safe way. Does that mean that we sell it abroad without any sort of information? Of course not. That is why cutting the \$250,000 would be a mistake. It would be a very big mistake.

Coming back to the minister, how did he defend forestry communities on softwood lumber? We know the position of the Minister of International Trade. He got his instructions from the Prime Minister when he returned from Cancun. The deal was that the government was going to work something out on the passport issue, which, by the way, we are still waiting for, and negotiate a deal on softwood lumber.

Why would Canada negotiate on softwood lumber when it has been winning every single appeal through the NAFTA and all the objective panels? If we have to cave in on softwood lumber, what are we going to do later with steel or any other product? We have set a horrible precedent with this bill. That is why the minister should have spoken to the motion before the House.

How did the Minister of Natural Resources defend forestry communities in Canada because this has huge consequences? The reality is that the Minister of Natural Resources, who I think was probably like the Minister of Intergovernmental Affairs and out of the loop on this one, should have been asserting the interests of forestry communities across Canada saying that he could not tell them in good conscience that the government was going to pull the rug out from under them and give them no financial support if they did not agree to the softwood lumber deal. That is essentially what happened. The government put a gun to their heads and said that if they did not sign off on the softwood lumber agreement, it would not be supporting them any more.

The reality is that the Liberal government supported the forestry industry through thick and thin on all the countervailing duty actions. The industry in real terms cannot fight that big U.S. machine without the support of the federal government.

What were the forest products companies supposed to do? They had a gun to their heads. They said they believed they had a case to fight it through the NAFTA and won every single independent panel, but the Conservative government was saying it was going to pull the rug out from underneath them and they were on their own if they did not sign off on this deal.

The other thing is that the softwood lumber deal calls for the companies to drop their lawsuits and then sign on to this agreement, but the other hook is that the U.S. producers in two or three years time can argue in front of the U.S. administration that they do not like the deal any longer and can renege on the deal. In the meantime, the forest products companies have signed off on their rights with their lawsuits.

● (1920)

I would have liked to have seen the Minister of Natural Resources stand up for forestry communities. I would have liked to have seen the Minister of Natural Resources come out with a package that we, as a Liberal government, had committed to, a \$1.5 billion package. In today's terms it would probably be more. It would have helped them with bridge financing. It would have helped the industry with the labour adjustment. It would have helped the industry in terms of innovation and would have helped the industry in converting energy.

Energy is a big problem for the forest industries. We would have helped them convert their biomass into electricity to feed their mills and maybe even feed the grid, and deal with this very significant problem.

We have seen pulp mills and saw mills across Canada close with regularity. Where has the Minister of Minister of Natural Resources been? I have not seen him defending forestry communities and it seems to me that this is his job.

Business of Supply

We have seen the mining industry and the forest industry tell the government, tell people like myself, tell other colleagues in this House, that they are facing huge labour shortages. We are not talking about a few people here and there. We are talking about thousands of labour shortages in these industries. I suppose young people are deciding to go into other careers; I am not exactly sure. I know that one part of it is an aging workforce, coupled with maybe some lesser interest by young people to go into the forestry and mining industries.

We need a plan. What does the Minister of Natural Resources do? He goes to China and tries to sell uranium. I am not sure what he is doing, but he is not here. He is not defending the interests of forestry communities and he is not defending natural resource communities across Canada, maybe 400 communities across Canada whose livelihood depends on the natural resource economy.

We tend to think of our economy as high tech. Actually, a lot of the high tech is in the natural resource economy. This minister should stay on subject. When he comes into the House, he should deal with the issue on the floor, however uncomfortable that is, and he should deal with the issues facing Canadians in the natural resource sector.

Mr. Mark Warawa (Parliamentary Secretary to the Minister of the Environment, CPC): Mr. Speaker, the member stood up on a number of points of order asking the Minister of Natural Resources to stay on topic. We just heard the hon. member across the way speak on everything except about his dog. I do not know if he even has a dog. So, I am going to ask him a question about what he was talking about.

He talked a lot about the environment which is very important to me. For 13 years he was an active part of the Liberal government. In fact, he even spoke out against his government's position on Kyoto. He said that the Liberals would never meet the target. For 13 years they had an opportunity to do something on the environment and they did absolutely nothing. They wasted \$1.6 billion. The emissions have climbed 35%. In the report that was just released on where we are going to go on Kyoto, it is 47%. That is where their target would have taken us.

I am going to ask the hon. member to stand and maybe he can report to this House why the Liberal government was such a dismal failure on the environmental file? Maybe he would honestly tell this House why the Liberals did such a poor job and why they are trying to obstruct this government with our clean air act? He did not support that either, so he needs to answer these questions in the House.

• (1925)

Hon. Roy Cullen: Mr. Speaker, I worked with the member for Langley on the public safety committee. He always struck me as a reasonable person, but he seems to have strayed from that roost, sadly.

I thought it was quite important for our prime minister to sign on to Kyoto because Kyoto was in serious trouble. My issue was that if we sign on to Kyoto, let us set goals that are realistic and achievable. Let us put in the economic instruments, the market signals, and the economic incentives so that we can reach the goal. That is the only flag that I had put up.

I thought the goals were stretched targets. Obviously, they were. It is one thing to sign a protocol; it is another thing to honour it. I think that we could have done a better job, frankly. That is my own personal view. I think it is probably shared by many on this side. However, to bring about these changes in behaviour takes a lot of time, and we were starting to make some progress in the latter part of our mandate. Could we have made more progress? Probably.

However, right now, you folks on the other side have formed the government. You have to take responsibility now. Frankly, I was very embarrassed by your minister when she was in Nairobi and started to make a partisan attack in front of an audience that did not—

The Acting Speaker (Mr. Andrew Scheer): I remind the hon. member that we do not address members directly in debate. We address our comments through the Chair.

Questions and comments, the hon. member for Western Arctic.

Mr. Dennis Bevington (Western Arctic, NDP): Mr. Speaker, I welcome the opportunity to question my colleague who I sit with on the natural resources committee. The minister had his chance to speak. I asked him a question in relation to some of his issues. He came back at me, claiming that I was somehow standing in the way of progress on renewable clean energy for northern communities, something with which I have put 10 years of my life into and been very successful. I particularly want the minister to understand that he is disparaging someone who works in that field and, from the ground up, has put renewable energy into northern communities.

My question for my hon. colleague is on carbon sequestration. The report of the Commissioner of the Environment and Sustainable Development showed that the carbon sequestration program delivered by Natural Resources Canada was a resounding failure. The program was supposed to initiate 3.5 megatons of carbon reductions and it came up with .03 megatons. The expenditures of \$25 million were directed toward five projects and industry only picked up on one of them, the project in Weyburn. The industry knows that this technique is far from developed and its estimates puts it at \$100 a tonne to sequester CO₂ from any fossil fuel development. This is what has been reported in the natural resources committee.

What does my hon. colleague think of a minister who does not come to the committee and does not get the information about these very important subjects that form the basis of where we will go with energy in the future?

Hon. Roy Cullen: Mr. Speaker, I and the member for Western Arctic work together on the natural resources committee. He has a lot of experience and knowledge around energy and energy challenges. I would not take too seriously what the minister said about his not supporting the main estimates of natural resources. As my colleague knows, that was not what was under debate. The debate was about \$250,000 reduction in vote 10.

We know from experience that the minister does not read his notes. He does not read the order paper. I think he was just confused. Most people in the House would acknowledge the good work of the member for Western Arctic.

Business of Supply

In terms of carbon capture and sequestration, we need a new model moving forward. We need the federal government to take some leadership on this issue. It needs to pull the various stakeholders together, the province of Alberta, the oil and gas industry, the aboriginal peoples, the municipal politicians from Fort McMurray and the people who have been interested in the water dilemma we face there. The government needs to sit these people at a table and tell them we cannot realistically proceed with further development of the oil sands unless we have a plan to deal with carbon capture, water recycling, the highest and best use of natural gas, the social and infrastructure problems at Fort McMurray and a host of other things. They have to sit down and work out a plan.

I submit that the \$50 oil will be with us for some time to come. The bitumen will always be there. Why can we not work as intelligent, responsible, mature human beings instead of being concerned about walking on eggshells, that this would be seen as anti-Alberta or anti-the west?

I lived in western Canada for 12 years. I know what it is like living there. I have the greatest respect for what has been done so far in Fort McMurray, but we need to be responsible parliamentarians and responsible Canadians. We need a plan that will put money in the right hands, maybe the industry and the scientists, to accelerate the development and the deployment of these technologies, which are so urgently needed in that area.

• (1930)

Hon. Larry Bagnell (Yukon, Lib.): Mr. Speaker, I suggest that my hon. colleague is being too modest in his evaluation of our plan.

When we came into government, we were acclaimed by the environmental groups as having the greenest government in history. The economy was booming, one of the greatest increases in the economy in history. Of course there were more greenhouse gases, but even in that environment, we cut hundreds of thousands of tonnes of greenhouse gases for which he has to take credit. We set up the EnerGuide program, which the new government has cancelled. Thousands of households took advantage of that program. We had the one tonne challenge, which once again cut thousands of greenhouse gases.

Our wind energy support has expired. We had initiatives for solar energy, ethanol, BIOCAP, biodiesel, the huge projects for the provinces and territories, such as joining hydro, the projects in getting small countries off diesel, BioCapture, all these things. We had one of the greenest plans in the world, including the with large final emitters and the auto industry.

It is a record of which we should be proud. He should take more credit for that.

Hon. Roy Cullen: Mr. Speaker, I will take whatever credit is coming my way, but the member for Yukon is right when he points out a number of the very important initiatives our government put into play, which the new government has put on ice.

Coming from the private sector, my focus is on results. The bottom line question for me is this. Notwithstanding those good initiatives, and some of them were starting to take hold and bear some fruit, and there is a lag and a lead time, ultimately we ended up

not doing as much about reducing greenhouse gases as I would have liked.

However, as I said in my remarks, in the last two or three years of our mandate, we were starting to see some of those initiatives take hold. I now challenge the Conservatives to act like mature individuals and take us to the next phase.

[Translation]

Mr. André Bellavance (Richmond—Arthabaska, BQ): Mr. Speaker, personally I was very interested in this evening's debate, especially when I read the motion by the member for Winnipeg Centre, who is the anti-asbestos knight par excellence in this House. Unfortunately he is a master of demagoguery when he talks about asbestos. I can understand that this file raises a lot of emotion, particularly since the member himself says he has worked in an asbestos mine.

I have the great privilege of having in my riding the municipality of Asbestos, where the largest opencast mine in the world is located, namely the Jeffrey mine.

I still know many employees who work in this asbestos mine personally. It is true that people were affected by illness during the 1950s and 1960s.

It is the same as with a lot of products; people work with them and there are not any safety standards because people are not very familiar with the product and its eventual effects on their health. Asbestos is not the only product to have unfortunately led to health problems and deaths.

For example, when I was a student, I spent the summer working for painting companies. You will tell me that we are not going to ban paint. No, of course, except that, because I was a young student and I wanted to show my bosses that I was game for anything, I did not always put on a mask and I did not always protect myself adequately. I sanded furniture and we painted it, and then I walked around. It must be past suppertime, so I can talk about it. At night, when I blew my nose, there was sometimes stuff in my handkerchief the colour of the furniture we had painted during the day. I do not think that this was very good for my health. I think that, when workers are properly protected, as has been the case for many years, they are safe. Furniture-painting companies were not banned.

We have to beware of demagoguery, especially when we are addressing the public in this House.

I will be told that many politicians who have sat in this House have engaged in demagoguery, but I wish to speak out against the comments made tonight by the member for Winnipeg Centre, comments he will no doubt continue to make.

Let us return to the budget of the Department of Natural Resources. The motion tabled by the member of the NDP aims very simply to cut funding to the Chrysotile Institute. This is a credible agency that has demonstrated courage and determination since 1984 in the face of often hostile criticism coming mainly from Europe and South America, where they produce substitute fibres. It must be said that all this lobbying, this entire anti-asbestos campaign, originates in countries that manufacture substitute products. They want to sell those products, cellulose or other products of the petrochemical industry at the expense of chrysotile. That is what is going on now and has been for years. We have to recognize that and it needs to be said. When I say that they are practising demagoguery, it is because they hide these facts.

The push comes not just from these countries, but also on the domestic level, as can be seen in the incessant destructive efforts of the member for Winnipeg Centre, who tries to throw people into panic every time there is mention of asbestos.

Despite everything, thanks to the efforts of the Chrysotile Institute as well as those of the PROChrysotile movement, the communities of Asbestos and Thetford Mines have been able to survive. That is very important. The PROChrysotile movement brings together the communities of Asbestos and Thetford Mines in Quebec—where the asbestos mines are located—the mayors, federal and provincial elected members and especially the workers in those mines. In spite of that, some 37 countries have banned the use of asbestos in all its forms. That means that two-thirds of the countries in the world are now using chrysotile fibre.

The NDP wants to cut off funding to an agency whose president, Clément Godbout—who is well known in Quebec—has spent his life defending the rights of workers. He has dedicated his life to the interests of workers because in an earlier period he was the leader of the most powerful labour union in Quebec, the FTQ. Clément Godbout is not just anyone. He would never have agreed to defend a product that kills workers.

Yes, asbestos has killed, and we will hear all kinds of figures, studies that talk about 100,000 deaths from cancer caused by asbestos. I personally know people who have worked in the Jeffrey mine, because I am their member of Parliament. Yes, members of their family have regrettably been made sick because of the work that they have done with asbestos.

• (1935)

We are not talking about the same product. As I said previously during questions and comments, at that time there were amphiboles that are now prohibited. That was the product that unfortunately got into the lungs and stayed there. Biopersistence studies show that those products were not soluble and that the fibres remained within the human body. As a result, over a period of years, even decades, that could unfortunately develop into cancer. Today, that is no longer the case because that product has been prohibited for 20 years. The new product is chrysotile. It is bound within cement. I have seen the chrysotile pipes that are used for water mains. These products are far superior to other products available on the market. For example, steel will eventually rust. In my opinion, that is not very good for one's health. Chrysotile in cement will remain intact for years and years,

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for hundreds of years. The product is not volatile. It does not shed fibres and it does not cause any human health problems.

Is it possible that Clément Godbout would wish any harm to come to the workers at mines in the Asbestos area and in Thetford Mines? Is it possible that he would condone the use of a product that is harmful to the health of workers and users? The answer is obvious. Furthermore, I would like the hon. member for Winnipeg Centre or his caucus to invite Mr. Godbout to talk about chrysotile. He is passionate about the subject, knows the file very well, and can explain in detail the ins and outs of the issue.

I repeat, the hon. member for Winnipeg Centre and his party are engaging in demagoguery, pure and simple, and deliberately confusing the public by not making the distinction between the asbestos of the 1950s and 1960s, and chrysotile. I do not mean to insult anyone, but either they are ignorant, or they are being dishonest by confusing the two products. It is one or the other.

I know the hon. member for Winnipeg Centre and I do not believe he is ignorant. In my opinion, he is acting deliberately and in bad faith, because he supports the “ban asbestos” movement, which is using to its advantage the thousands of deaths caused by asbestos. We do not deny this. However, a new discussion is needed today because we are no longer talking about the same product. There is nothing to hide here, and I would not deserve to be a member of this House if I were to rise here today to defend a product that kills people. Even people working in the mines, whose parents developed cancer and died, now support chrysotile. We must therefore not confuse the public.

I am sure the 1,500 workers from the Jeffrey asbestos mine and the LAB Chrysotile mining company in Thetford Mines would also be very happy to meet with the NDP members to explain to them the difference between amphiboles and chrysotile.

I will provide some more information about amphiboles. As I was just saying in layman's terms, amphiboles find their way into the lungs and, because they are not soluble, can cause asbestosis and cancer. Exposure to amphiboles is very dangerous. That is why this product has not been on the market for 20 years. There are people who have been affected but not by the product we have today, which is currently produced by mines in the Asbestos area and in Thetford Mines. This product is known as chrysotile and looks like cement. It is encased and solid as a rock.

Biopersistence studies show that chrysotile is safer than replacement fibres from countries that wish to ban chrysotile, such as France and Chile, which produce ceramic cellulose and fibres. These are replacement products for chrysotile and they remain in the human body longer. Thus, they are more dangerous than chrysotile.

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However, during a certain period, public opinion in Europe was galvanized. We can certainly all remember the home insulation trend. Unfortunately, there are still houses with asbestos insulation on some Indian reserves. The insulation used at the time was flaky and so it was possible to aspirate it. That product is dangerous, and must be banned and no longer used. It is no longer produced. Nevertheless, people still think of asbestos as volatile particles that float through the air. Today, even NASA buys chrysotile for its space shuttles because of its resistance to the high temperatures in the atmosphere and the stratosphere.

● (1940)

I am no astronaut, but if NASA uses such a product then it must be reliable.

I also must point out that there is no serious study showing that chrysotile, used safely, represented any health risk at all. The only people who claim to have studies showing the contrary are the industries I was talking about earlier, the petrochemical industries that manufacture chrysotile substitutes. I mentioned cellulose products and ceramic fibres.

By not making the distinction between amphiboles and chrysotile, I would say that the NDP is misleading the public. And that is the problem. People have had it with this demagoguery, this state of panic created by the hon. member for Winnipeg Centre. I say the NDP, but if an hon. member of the NDP stood up to defend chrysotile, I would be most happy, but unfortunately I have not heard from any of them.

This is like telling someone to stop drinking cognac, an alcohol, because it is dangerous to drink ethanol, another alcohol. What we are talking about tonight is the exact same thing. Of course one has to drink cognac in moderation and be careful to drink prudently, just as one must use chrysotile safely. That is what is recommended by the Chrysotile Institute, an agency that uses this small sum of \$250,000 from the federal government to do research on the safe use of chrysotile. It also defends the product and its workers from their detractors.

The Chrysotile Institute does not deserve to have this \$250,000 cut, as the hon. member for Winnipeg Centre would like. It deserves to be encouraged by the federal government. In my opinion, its budget should be increased. Earlier it was said that the Government of Quebec invested money, as does the industry and the federal government. This allows the Chrysotile Institute to survive. However, this budget needs to be increased.

For instance, the Chrysotile Institute recently held a very interesting international conference in Montreal on developments in scientific research. It would have been worthwhile for an NDP member to attend. The event attracted people from around the world. Doctors of all kinds, highly educated people, explained the latest findings on chrysotile. Needless to say, it was revealed that scientific studies show that, as I have been saying, chrysotile poses no threat to human health when used safely.

Moreover, the motion is erroneous. I just want to mention that as well. I do not know whether that means it is out of order. The \$250,000 that comes from the federal government does not come from Natural Resources Canada alone. Half comes from the

Economic Development Agency of Canada. The Department of Natural Resources contributes \$125,000, and the Economic Development Agency of Canada contributes another \$125,000. I do not know whether the member noted this difference.

I invite the government to support the Chrysotile Institute instead of making cuts to it. We should listen to the recommendations adopted unanimously—I repeat, unanimously—by the subcommittee of the Standing Committee on Foreign Affairs and International Development. The former member for Mégantic—L'Érable always rose in this House to defend chrysotile, as the Bloc Québécois has always done and will continue to do. It had called for these recommendations that Canada establish a national policy on the use of chrysotile. I myself introduced these recommendations in this House. There are only three, and I will read them:

That the Government of Canada adopt a national policy on chrysotile that will provide information about and promote this product as well its safe use.

The second recommendation reads as follows:

That the Government of Canada undertake a comparative study of the hazards of replacement fibres for chrysotile.

The third recommendation reads as follows:

That the Government of Canada:

- a) carry out a national and international public awareness campaign promoting the safe use of chrysotile;
- b) promote the use of chrysotile in its own infrastructure.

There has always been a contradiction here, even though people from all parties voted unanimously for these recommendations. The Bloc Québécois had pointed out that, in calls for tender, for example, Public Works and Canada Post always stipulated that contractors must not use chrysotile or asbestos. There were always very strict standards in that regard.

● (1945)

On the other hand, the members of the government said they defended chrysotile. There were even members who come from mining regions, for example, Mr. Binet, a former member for Frontenac—Mégantic. But in the end the government was talking out of both sides of its mouth at once.

Besides, we are still waiting for some tangible results from this government in power that boasts it can do everything. Luckily the Bloc Québécois is there to do the work. If we had not done that, nothing would have moved as far as chrysotile is concerned. What we are awaiting now is action. After saying that we were in agreement, we are awaiting something tangible from the government, namely the implementation of these recommendations.

Now there is a member for Mégantic—L'Érable who is on the government side. We are also waiting for him to take some action and lend us a hand in moving this file forward.

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For a long time now pressure has been exerted so that chrysotile is not included in the list of hazardous products in the Rotterdam Convention. The leader of the Bloc Québécois, my leader, has even accompanied ambassadors from various countries during the worst of the crisis affecting this industry on tours of our mines. So we have been defending this file for a long time. At present one member is suggesting quite simply that we cut funding to an institute that is doing an honest job and that obviously takes into account the safety of its workers. I outlined the pedigree of its president, Clément Godbout, awhile ago. This is proof that these people are obviously not there to promote the use of a hazardous product.

I would also like to point out that, for a party that says it is leftist and defends the workers, it is doing a poor job of defending this file. It is pretty ironic. The NDP member who asked that these funds be cut is doing a poor job of defending the workers.

Here is an example of what the steelworkers union, always prompt to defend workers' health and safety, thinks of chrysotile. This is from a letter signed by René Bellemare, who is in charge of health and safety with the steelworkers union. His job consists of defending and protecting the health of workers who belong to his union:

—I want to tell you where we stand regarding chrysotile asbestos and its by-products. We have long been advocating the safe use of chrysotile asbestos. We base our claim on many reasons such as:

...Prohibiting amphibole-asbestos;

Prohibiting friable asbestos material—notoriously dangerous to human health;

Demanding that chrysotile asbestos not be substituted with products having unknown health effects;

Developing an action plan in managing buildings, which, in the past, were fire-proofed with sprayed-on asbestos, rather than systematically and immediately removing asbestos-containing materials.

Scientific research conducted by recognized specialists and international organizations acknowledge the safe use of chrysotile asbestos;

Several chrysotile asbestos products (i.e. chrysotile-cement, fire retardant material, brake linings, friction disks, etc.), can be manufactured and used safely;

Those are the examples he gives. He goes on to say:

As mentioned above, through the battles fought by the labour movement, for the most part in Quebec, we have been able to ensure safe working conditions in our mines and in our mills.

...Anti-asbestos groups have emerged throughout the world and we maintain that, in order to fully understand this issue, we all have the moral obligation to keep an open mind and weigh the many impacts that this will have on workers, their families and on future generations.

He closes by saying:

We firmly believe that we must fight for the safe and controlled use of chrysotile asbestos and all other fibres in this country and throughout the world. Banning chrysotile asbestos completely is in no way a desirable answer.

René Bellemare is in charge of health and safety with the United Steelworkers of America, and that is what he had to say about chrysotile asbestos.

Every time people attack my community, Asbestos, its mine, the people of Quebec who work at Thetford Mines and LAB chrysotile, every time that happens, people can count on the Bloc Québécois and on me because I will rise. I would never dare to represent the riding of Richmond—Arthabaska—to represent its citizens and to run in the elections knowing that the entire community is under attack—if I did not rise in this House to defend it.

● (1950)

Mr. Christian Paradis (Parliamentary Secretary to the Minister of Natural Resources, CPC): Mr. Speaker, I listened attentively to my colleague's speech. I paid close attention. Obviously, I agree with him on certain aspects. We must put things in perspective. The Conservative government made some effort beginning in 1984 and in subsequent years. The minister at the time was Marcel Masse. He was from my riding, formerly the riding of Frontenac. He was the one who created the Asbestos Institute so that Canadians and the countries that purchase chrysotile could benefit from research on how to use the product safely. Furthermore, that scientific research still forms the foundation of today's discussions. Earlier, I mentioned the Ontario Royal Commission on Asbestos, but there have been many additional studies since that time. It is one of the most researched products and, when used safely, it is fine.

However, what saddens me, is that my colleague is playing partisan politics here today by saying that he is now exerting pressure. He said himself that, in this file, we can only wait.

I have a question for my colleague. Can he bring the debate beyond partisan politics and say that he is prepared to cooperate on this file, given that the Canadian government bases itself on scientific fact? That is what is important. Just as he himself said we must not tolerate grandstanding, what we need to encourage is a scientific debate. That is the only way to work in the best interests of Canadians in this file.

● (1955)

Mr. André Bellavance: Mr. Speaker, what we have just heard is partisan politics. It was not at all my intention to denigrate what was done previously. I recognize the work that was done by Marcel Masse. I worked as a journalist in the Bois-Francs—Érable region. I know the Thetford Mines area well because the radio station that I worked for was located in Thetford-Mines. I do not denigrate what has been done in the past.

All that I was saying was that the predecessor of my honourable colleague for Mégantic—L'Érable, Marc Boulianne, had done extraordinary work. Indeed, in committee we had succeeded in moving forward this matter that had been stagnant for years. Obviously, we were looking for ways to move this issue ahead. Moreover, by presenting a unanimous report, it can be said that the Bloc Québécois did good work. There was no embarrassment. Personally, I admit that members of the other parties voted with us.

I also recognize that the member for Mégantic—L'Érable can provide support for this issue within his government. The member crows about being in power. With his Quebec colleagues he stands up nearly every day during the time for statements by members to say that the Bloc Québécois can not do anything. It is not true that we can do nothing. The voters, democratically, have just elected a Bloc Québécois member in Repentigny. The Bloc Québécois has represented that riding since 1993.

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So, I believe that good work is being done. I want to state, with no hint of partisan politics, that good work can be done on both sides of the House. I offer my hand to the member for Mégantic—L'Érable, not to give him a slap in the face as he has just tried to do with me. I ask him to work with us so that we can advance this issue. I do not believe that the communities in either of our ridings want to hear petty partisan squabbles such as we have just heard. I think also that the 1,500 workers there expect that we will defend their interests and work for them and with them, all together. I would hope that members of all parties will work together to advance this issue.

[English]

Mr. Pat Martin (Winnipeg Centre, NDP): Mr. Speaker, time will not permit me to correct a great deal of the misinformation that my colleague has shared with us today, but let me start at least with one point. There are over 40 countries that have banned all forms of asbestos, not 9 as my colleague stated. That includes the entire European Union, including France, Australia, Japan and many other developed nations that have banned all forms of asbestos.

When my colleague said that the type of asbestos they are mining is different, he was being misleading as well. This is chrysotile. Chrysotile is often found with a grey slurry of tremolite asbestos. In the mine that I worked in, the green fibrous chrysotile often had the tremolite asbestos with it. It is found in similar veins. This is perhaps where my colleague is getting mixed up. Perhaps the vein they are in is different. The tremolite asbestos is seen as the most deadly of asbestos and is different from chrysotile definitely.

The home insulation product he was talking about is the brand name Zonolite. It has nothing to do with Quebec. It has nothing to do with Canada. It is mined in Libby, Montana in the United States. It has nothing to do with Canadian asbestos, so he is being misleading. It is loaded with tremolite.

Zonolite is in fact tremolite asbestos. It is in many hundreds of thousands of homes in Canada. It is a health hazard. It has nothing to do with Quebec and nothing to do with Thetford Mines.

I too have been to conferences, but the conferences I have been to were not put on by the industry and were not put on by the Chrysotile Institute. They were put on by the scientists around the world who are trying to put an end to this global tragedy, the misery that is the asbestos industry in Bangkok, New York City, et cetera. I do attend these conferences. I get the truth. My colleague—

The Acting Speaker (Mr. Andrew Scheer): The hon. member for Richmond—Arthabaska, one minute for a response.

[Translation]

Mr. André Bellavance: Mr. Speaker, I do not think I will spend my minute trying to convince the hon. member for Winnipeg Centre, who has always run down asbestos. As one of my colleagues just said, he is narrow-minded when it comes to this matter—this matter in particular. However, there are limits to demagogy. I also said that in my speech.

I did not talk about nine countries that banned asbestos, but 37 countries. The hon. member for Winnipeg Centre talked about 40 countries. We can verify whether there are three more. This means that two thirds of the countries worldwide use chrysotile. In my opinion, all these people and all these countries do not live on Mars,

but on planet Earth. There are 37 countries that banned it—let us say 40 countries to make the hon. member happy—but two thirds of the entire world happily uses chrysotile.

As far as figures are concerned, the 137 member countries of the International Labour Organization unanimously passed Convention 162. Convention 162—and the hon. member must be familiar with this—recommends the strict regulation of chrysotile and limits its recommendation for a prohibition to the use of amphiboles.

* * *

● (2000)

BUSINESS OF SUPPLY

OPPOSITION MOTION—HEALTH CARE

The House resumed consideration of the motion.

The Acting Speaker (Mr. Andrew Scheer): It being 8:00 p.m., pursuant to order made earlier today, it is my duty to interrupt the proceedings and put forthwith every question necessary to dispose of the business of supply. Call in the members.

● (2020)

[English]

And the bells having rung:

The Speaker: The first question is on the opposition motion in the name of the hon. member for Brampton—Springdale relating to the business of supply.

● (2030)

[Translation]

(The House divided on the motion, which was agreed to on the following division:)

(Division No. 75)

YEAS

Members

Alghabra	André
Angus	Asselin
Atamanenko	Bachand
Bagnell	Bains
Barbot	Beaumier
Bélanger	Bell (Vancouver Island North)
Bell (North Vancouver)	Bellavance
Bennett	Bevington
Bigras	Black
Blaikie	Blais
Bonin	Bonsant
Boshcoff	Bouchard
Bourgeois	Brown (Oakville)
Brunelle	Byrne
Cardin	Carrier
Charlton	Chow
Christopherson	Comartin
Comuzzi	Cotler
Crête	Crowder
Cullen (Skeena—Bulkley Valley)	Cullen (Etobicoke North)
Cuzner	D'Amours
Davies	DeBellefeuille
Demers	Deschamps
Dewar	Dhaliwal
Dhalla	Dosanji
Duceppe	Easter
Eyking	Faillie
Folco	Freeman
Fry	Gagnon
Gaudet	Gauthier
Godfrey	Godin

Goodale
Guay
Holland
Jennings
Kadis
Karygiannis
Kotto
Laframboise
Lavallée
Lee
Lessard
Lussier
Malhi
Maloney
Martin (Winnipeg Centre)
Masse
Matthews
McDonough
McGuire
McTeague
Ménard (Marc-Aurèle-Fortin)
Mourani
Nadeau
Neville
Pacetti
Patry
Peterson
Plamondon
Ratansi
Regan
Roy
Scarpaleggia
Sgro
Silva
Simms
St-Hilaire
St. Denis
Stoffer
Szabo
Thibault (Rimouski-Neigette—Témiscouata—Les Basques)
Thibault (West Nova)
Tonks
Vincent
Wasylcia-Leis
Wrzesnewskyj — 149

Graham
Guimond
Hubbard
Julian
Karetak-Lindell
Khan
Laforest
Lapierre
Layton
Lemay
Lévesque
MacAulay
Malo
Marston
Martin (Sault Ste. Marie)
Mathysen
McCallum
McGuinty
McKay (Scarborough—Guildwood)
Ménard (Hochelaga)
Minna
Murphy (Charlottetown)
Nash
Ouellet
Paquette
Perron
Picard
Priddy
Redman
Rota
Savage
Scott
Siksay
Simard
St-Cyr
St. Amand
Steckle
Stronach
Telegdi
Valley
Wappel
Wilfert

NAYS

Members

Abbott
Albrecht
Allison
Anders
Baird
Benoit
Bezan
Blaney
Breitkreuz
Brown (Barrie)
Calkins
Cannon (Pontiac)
Casey
Chong
Cummins
Day
Devolin
Dykstra
Epp
Finley
Flaherty
Galipeau
Goldring
Gourde
Guergis
Harris
Hawn
Hiebert
Hinton
Jean
Keddy (South Shore—St. Margaret's)
Komarnicki
Lake
Lemieux

Ablonczy
Allen
Ambrose
Anderson
Batters
Bernier
Blackburn
Boucher
Brown (Leeds—Grenville)
Bruinooge
Cannan (Kelowna—Lake Country)
Carrie
Casson
Clement
Davidson
Del Mastro
Doyle
Emerson
Fast
Fitzpatrick
Fletcher
Gallant
Goodyear
Grewal
Hanger
Harvey
Hearn
Hill
Jaffer
Kamp (Pitt Meadows—Maple Ridge—Mission)
Kenney (Calgary Southeast)
Kramp (Prince Edward—Hastings)
Lauzon
Lukiwski

Business of Supply

Lunn
MacKenzie
Mark
Menzies
Miller
Moore (Port Moody—Westwood—Port Coquitlam)
Moore (Fundy Royal)
Nicholson
Obhrai
Pallister
Petit
Prentice
Rajotte
Richardson
Scheer
Shiple
Smith
Sorenson
Storseth
Sweet
Thompson (Wild Rose)
Toews
Turner
Van Kesteren
Vellacott
Wallace
Warkentin
Williams
Lunney
Manning
Mayes
Merrifield
Mills
Norlock
Oda
Paradis
Poiilievre
Preston
Reid
Ritz
Schellenberger
Skelton
Solberg
Stanton
Strahl
Thompson (New Brunswick Southwest)
Tilson
Trost
Tweed
Van Loan
Verner
Warawa
Watson
Yelich — 122

PAIRED

Members

Lalonde
MacKay (Central Nova)
Loubier
O'Connor — 4

The Speaker: I declare the motion carried.

* * *

[English]

MAIN ESTIMATES, 2006-2007

CONCURRENCE IN VOTE 10—NATURAL RESOURCES

The House resumed consideration of Motion No. 1.

The Speaker: The question is on Motion No. 1. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

Some hon. members: No.

The Speaker: All those in favour of the motion will please say yea.

Some hon. members: Yea.

The Speaker: All those opposed will please say nay.

Some hon. members: Nay.

The Speaker: In my opinion the yeas have it.

And five or more members having risen:

● (2040)

[Translation]

(The House divided on the motion, which was agreed to on the following division:)

*Business of Supply**(Division No. 76)*

YEAS

Members

Abbott
Albrecht
Allen
Ambrose
Anderson
Angus
Bachand
Bains
Barbot
Beaumier
Bell (North Vancouver)
Bennett
Bernier
Bigras
Blackburn
Blais
Bonin
Boshcoff
Boucher
Breitkreuz
Brown (Leeds—Grenville)
Bruinooge
Byrne
Cannan (Kelowna—Lake Country)
Cardin
Carrier
Casson
Chong
Christopherson
Comuzzi
Crête
Cullen (Skeena—Bulkley Valley)
Cummins
D'Amours
Day
Del Mastro
Deschamps
Dhaliwal
Dosanjh
Duceppe
Easter
Epp
Faille
Finley
Flaherty
Folco
Fry
Galipeau
Gaudet
Godfrey
Goldring
Goodyear
Graham
Guay
Guimond
Harris
Hawn
Hiebert
Hinton
Hubbard
Jean
Kadis
Karetak-Lindell
Keddy (South Shore—St. Margaret's)
Khan
Kotto
Laforest
Lake
Lauzon
Layton
Lemay
Lessard
Lukiwski
Lunney
MacAulay
Malhi
Maloney
Mark

Ablonczyn
Alghabra
Allison
Anders
André
Asselin
Bagnell
Baird
Batters
Bélanger
Bellavance
Benoit
Bezan
Black
Blaikie
Blaney
Bonsant
Bouchard
Bourgeois
Brown (Oakville)
Brown (Barrie)
Brunelle
Calkins
Cannon (Pontiac)
Carrie
Casey
Charlton
Chow
Clement
Cotler
Crowder
Cullen (Etobicoke North)
Cuzner
Davidson
DeBellefeuille
Demers
Devolin
Dhalla
Doyle
Dykstra
Emerson
Eyking
Fast
Fitzpatrick
Fletcher
Freeman
Gagnon
Gallant
Gauthier
Godin
Goodale
Gourde
Grewal
Guergis
Hanger
Harvey
Hearn
Hill
Holland
Jaffler
Jennings
Kamp (Pitt Meadows—Maple Ridge—Mission)
Karygiannis
Kenney (Calgary Southeast)
Komarnicki
Kramp (Prince Edward—Hastings)
Laframboise
Lapierre
Lavallée
Lee
Lemieux
Lévesque
Lunn
Lussier
MacKenzie
Malo
Manning
Martin (Sault Ste. Marie)

Masse
Mayes
McDonough
McGuire
McTeague
Ménard (Marc-Aurèle-Fortin)
Merrifield
Mills
Moore (Port Moody—Westwood—Port Coquitlam)
Moore (Fundy Royal)
Mourani
Nadeau
Nicholson
Obhrai
Ouellet
Pallister
Paradis
Perron
Petit
Plamondon
Prentice
Rajotte
Redman
Reid
Ritz
Roy
Scarpaleggia
Schellenberger
Sgro
Siksay
Simard
Skelton
Solberg
St-Cyr
St. Amand
Stanton
Storseth
Stronach
Szabo
Thibault (Rimouski-Neigette—Témiscouata—Les Basques)
Thibault (West Nova)
Thompson (New Brunswick Southwest)
Tilson
Tonks
Turner
Valley
Van Loan
Verner
Wallace
Warawa
Wasylycia-Leis
Wilfert
Wrzesnewskyj

Matthews
McCallum
McGuinity
McKay (Scarborough—Guildwood)
Ménard (Hochelaga)
Menzies
Miller
Minna
Murphy (Charlottetown)
Neville
Norlock
Oda
Paçetti
Paquette
Patry
Peterson
Picard
Poilievre
Preston
Ratansi
Regan
Richardson
Rota
Savage
Scheer
Scott
Shipley
Silva
Simms
Smith
Sorenson
St-Hilaire
St. Denis
Steckle
Strahl
Sweet
Telegdi
Thompson (Wild Rose)
Toews
Trost
Tweed
Van Kesteren
Vellacott
Vincent
Wappel
Warkentin
Watson
Williams
Yelich — 258

NAYS

Members

Bell (Vancouver Island North)
Comartin
Dewar
Marston
Nash

Bevington
Davies
Julian
Martin (Winnipeg Centre)
Stoffer — 10

PAIRED

Members

Lalonde
MacKay (Central Nova)

Loubier
O'Connor — 4

The Speaker: I declare the motion carried.

[English]

CONCURRENCE IN VOTE NO. 1—PARLIAMENT

Hon. John Baird (President of the Treasury Board, CPC)
moved:

Motion No. 2

Business of Supply

That Vote 1, in the amount of \$53,905,150, under PARLIAMENT — The Senate — Programs Expenditures, in the Main Estimates for the fiscal year ending March 31, 2007 be concurred in.

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

Some hon. members: Agreed.

Some hon. members: No.

The Speaker: All those in favour of the motion will please say yea.

Some hon. members: Yea.

The Speaker: All those opposed will please say nay.

Some hon. members: Nay.

The Speaker: In my opinion the yeas have it.

And five or more members having risen:

• (2050)

[*Translation*]

(The House divided on the motion, which was agreed to on the following division:)

(*Division No. 77*)

YEAS

Members

Abbott	Ablonczy
Albrecht	Alghabra
Allen	Allison
Ambrose	Anders
Anderson	Atamanenko
Bagnell	Bains
Baird	Batters
Beaumier	Bélangier
Bell (North Vancouver)	Bennett
Benoit	Bernier
Bezan	Black
Blackburn	Blaney
Bonin	Boshcoff
Boucher	Breitkreuz
Brown (Oakville)	Brown (Leeds—Grenville)
Brown (Barrie)	Bruinooge
Byrne	Calkins
Cannan (Kelowna—Lake Country)	Cannon (Pontiac)
Carrie	Casey
Casson	Charlton
Chong	Christopherson
Clement	Comuzzi
Cotler	Crowder
Cullen (Etobicoke North)	Cummins
Cuzner	D'Amours
Davidson	Day
Del Mastro	Devolin
Dhaliwal	Dhalla
Dosanjh	Doyle
Dykstra	Easter
Emerson	Epp
Eyking	Fast
Finley	Fitzpatrick
Flaherty	Fletcher
Folco	Fry
Galipeau	Gallant
Godfrey	Godin
Goldring	Goodale
Goodyear	Gourde
Graham	Grewal
Guergis	Hanger
Harris	Harvey
Hawn	Hearn
Hiebert	Hill
Hinton	Holland

Hubbard	Jaffer
Jean	Jennings
Kadis	Kamp (Pitt Meadows—Maple Ridge—Mission)
Karetak-Lindell	Karygiannis
Keddy (South Shore—St. Margaret's)	Kenney (Calgary Southeast)
Khan	Komarnicki
Kramp (Prince Edward—Hastings)	Lake
Lapierre	Lauzon
Lee	Lemieux
Lukiwski	Lunn
Lunney	MacAulay
MacKenzie	Malhi
Maloney	Manning
Mark	Martin (Sault Ste. Marie)
Matthews	Mayes
McCallum	McGuinty
McGuire	McKay (Scarborough—Guildwood)
McTeague	Menzies
Merrifield	Miller
Mills	Minna
Moore (Port Moody—Westwood—Port Coquitlam)	
Moore (Fundy Royal)	
Murphy (Charlottetown)	Neville
Nicholson	Norlock
Obhrai	Oda
Pacetti	Pallister
Paradis	Patry
Peterson	Petit
Poillievre	Prentice
Preston	Priddy
Rajotte	Ratansi
Redman	Regan
Reid	Richardson
Ritz	Rota
Savage	Scarpaleggia
Scheer	Schellenberger
Scott	Sgro
Shipley	Siksay
Silva	Simard
Simms	Skelton
Smith	Solberg
Sorenson	St. Amand
St. Denis	Stanton
Steckle	Storseth
Strahl	Stronach
Sweet	Szabo
Telegdi	Thibault (West Nova)
Thompson (New Brunswick Southwest)	Thompson (Wild Rose)
Tilson	Toews
Tonks	Trost
Turner	Tweed
Valley	Van Kesteren
Van Loan	Vellacott
Verner	Wallace
Wappel	Warawa
Warkentin	Watson
Wilfert	Williams
Wrzesnewskyj	Yelich — 204

NAYS

Members

Angus
Bachand
Bell (Vancouver Island North)
Bevington
Blaikie
Bonsant
Bourgeois
Cardin
Chow
Crête
Davies
Demers
Dewar
Faillie
Gagnon
Gauthier
Guimond
Kotto
Laframboise
Layton
Lessard

Business of Supply

Lévesque	Lussier
Malo	Marston
Martin (Winnipeg Centre)	Masse
Mathysse	McDonough
Ménard (Hochelaga)	Ménard (Marc-Aurèle-Fortin)
Mourani	Nadeau
Nash	Ouellet
Paquette	Perron
Picard	Plamondon
Roy	St-Cyr
St-Hilaire	Stoffer
Thibault (Rimouski-Neigette—Témiscouata—Les Basques)	
Vincent	
Wasylycia-Leis— 67	

PAIRED

Members

Lalonde	Loubier
MacKay (Central Nova)	O'Connor— 4

The Speaker: I declare the motion carried.

[*English*]

Hon. John Baird (President of the Treasury Board, CPC) moved:

That the Main Estimates for the fiscal year ending March 31, 2007, except any Vote disposed of earlier today and less the amounts voted in Interim Supply be concurred in.

[*Translation*]

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

Some hon. members: Agreed.

Some hon. members: On division.

The Speaker: I declare the motion carried.

(Motion agreed to)

[*English*]

Hon. John Baird (President of the Treasury Board, CPC) moved that Bill C-38, An Act for granting to Her Majesty certain sums of money for the federal public administration for the financial year ending March 31, 2007 be read the first time.

(Motion deemed adopted and bill read the first time)

Hon. John Baird moved that the bill be read the second time and referred to committee of the whole.

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

Some hon. members: Agreed.

Some hon. members: On division.

The Speaker: I declare the motion carried.

● (2055)

[*Translation*]

Accordingly, this bill is referred to a committee of the whole.

I do now leave the chair for the House to go into committee of the whole.

(Motion agreed to, bill read the second time and the House went into committee thereon, Mr. Blaikie in the chair)

The Chair: The House will now resolve itself into committee of the whole to study Bill C-38.

[*English*]

Hon. Karen Redman (Kitchener Centre, Lib.): (On Clause 2)

Mr. Chair, I would like to ask the President of the Treasury Board if this bill is in its usual format.

Hon. John Baird (President of the Treasury Board, CPC): Mr. Speaker, yes, the form of this bill is essentially the same that passed in previous supply periods. However, the supporting schedules have been modified to provide greater clarity and transparency by reflecting the portion of funding that was provided through supply to date which is of course the Governor General's special warrants and interim supply.

And while I have the floor, could I get the unelected Liberal Senate to pass the federal accountability act?

The Chair: Shall clause 2 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Clause 2 agreed to)

The Chair: Shall clause 3 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Clause 3 agreed to)

The Chair: Shall clause 4 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Clause 4 agreed to)

The Chair: Shall clause 5 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Clause 5 agreed to)

[*Translation*]

The Chair: Shall Clause 6 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Clause 6 agreed to)

The Chair: Shall Clause 7 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Clause 7 agreed to)

The Chair: Shall Schedule 1 carry?

Some hon. members: Agreed.

Some hon. members: On division.

Business of Supply

(Schedule 1 agreed to)

[*English*]

The Chair: Shall Schedule 2 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Schedule 2 carried)

The Chair: Shall Clause 1 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Clause 1 agreed to)

The Chair: Shall the preamble carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Preamble agreed to)

The Chair: Shall the title carry?

Some hon. members: Agreed.

Some hon. members: On division

(Title agreed to)

The Chair: Shall the bill carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Bill agreed to)

The Chair: Shall I rise and report the bill?

Some hon. members: Agreed.

(Bill reported)

Hon. John Baird moved that the bill be concurred in.

[*Translation*]

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

Some hon. members: Agreed.

Some hon. members: On division.

The Speaker: I declare the motion carried.

(Motion agreed to)

[*English*]

The Speaker: When shall the bill be read a third time? By leave now?

Some hon. members: Agreed.

Hon. John Baird moved that the bill be read a third time and passed.

[*Translation*]

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

Some hon. members: Agreed.

Some hon. members: On division.

The Speaker: I declare the motion carried.

(Motion agreed to, bill read the third time and passed)

* * *

[*English*]

SUPPLEMENTARY ESTIMATES (A), 2006-07

Hon. John Baird (President of the Treasury Board, CPC) moved:

That the Supplementary Estimates (A) for the fiscal year ending March 31, 2007 be concurred in.

[*Translation*]

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

Some hon. members: Agreed.

Some hon. members: On division.

The Speaker: I declare the motion carried.

(Motion agreed to)

● (2100)

[*English*]

Hon. John Baird (President of the Treasury Board, CPC) moved that Bill C-39, An Act for granting to Her Majesty certain sums of money for the federal public administration for the financial year ending March 31, 2007 be read the first time.

(Motion deemed adopted and bill read the first time)

[*Translation*]

Hon. John Baird moved that Bill C-39 be now read the second time and referred to committee of the whole.

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

Some hon. members: Agreed.

Some hon. members: On division.

The Speaker: I declare the motion carried. Consequently, the bill is referred to committee of the whole.

I do now leave the chair for the House to go into committee of the whole.

The Chair: (Motion agreed to, Bill read the second time and the House went into committee of the whole thereon, Mr. Bill Blaikie in the chair)

Order. House in committee of the whole on Bill C-39.

Hon. Karen Redman (Kitchener Centre, Lib.): Clause 2

Mr. Chair, I would like to ask the President of the Treasury Board whether the bill is presented in its usual form.

[*English*]

Hon. John Baird (President of the Treasury Board, CPC): Yes, Mr. Chair.

The Chair: Shall Clause 2 carry?

Some hon. members: Agreed.

Private Members' Business

Some hon. members: On division.
(Clause 2 agreed to)

The Chair: Shall Clause 3 carry?

Some hon. members: Agreed.

Some hon. members: On division.
(Clause 3 agreed to)

The Chair: Shall Clause 4 carry?

Some hon. members: Agreed.

Some hon. members: On division.
(Clause 4 agreed to)

The Chair: Shall Clause 5 carry?

Some hon. members: Agreed.

Some hon. members: On division.
(Clause 5 agreed to)

[*Translation*]

The Chair: Shall clause 6 carry?

Some hon. members: Agreed.

Some hon. members: On division.
(Clause 6 agreed to)

The Chair: Shall clause 7 carry?

Some hon. members: Agreed.

Some hon. members: On division.
(Clause 7 agreed to)

The Chair: Shall Schedule 1 carry?

Some hon. members: Agreed.

Some hon. members: On division.
(Schedule 1 agreed to)

The Chair: Shall Schedule 2 carry?

Some hon. members: Agreed.

Some hon. members: On division.
(Schedule 2 agreed to)

[*English*]

The Chair: Shall Clause 1 carry?

Some hon. members: Agreed.

Some hon. members: On division.
(Clause 1 agreed to)

The Chair: Shall the preamble carry?

Some hon. members: Agreed.

Some hon. members: On division.
(Preamble agreed to)

The Chair: Shall the title carry?

Some hon. members: Agreed.

Some hon. members: On division.
(Title agreed to)

The Chair: Shall the bill carry?

Some hon. members: Agreed.

Some hon. members: On division.
(Bill agreed to)

The Chair: Shall I rise and report the bill?

Some hon. members: Agreed.
(Bill reported)

Hon. John Baird moved that the bill be concurred in at report stage.

[*Translation*]

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

Some hon. members: Agreed.

Some hon. members: On division.

The Speaker: I declare the motion carried.
(Motion agreed to)

[*English*]

When shall the bill be read a third time? By leave now?

Some hon. members: Agreed.

Hon. John Baird moved that the bill be read the third time and passed.

[*Translation*]

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

Some hon. members: Agreed.

Some hon. members: On division.

(Motion agreed to, bill read the third time and passed)

PRIVATE MEMBERS' BUSINESS

[*Translation*]

CANADA MORTGAGE AND HOUSING CORPORATION ACT

The House resumed from November 8 consideration of the motion that Bill C-285, An Act to amend the Canada Mortgage and Housing Corporation Act (profits distributed to provinces) be read the second time and referred to a committee.

The Speaker: Pursuant to order made on Tuesday, November 21, the House will now proceed to the taking of the deferred recorded division on the motion at second reading stage of Bill C-285, under private members' business.

The question is on the motion.

• (2110)

(The House divided on the motion, which was negated on the following division:)

(Division No. 78)

YEAS

Members

André	Angus
Asselin	Atamanenko
Bachand	Barbot
Bell (Vancouver Island North)	Bellavance
Bevington	Bigras
Black	Blaikie
Blais	Bonsant
Bouchard	Bourgeois
Brunelle	Cardin
Carrier	Charlton
Chow	Christopherson
Comartin	Crête
Crowder	Cullen (Skeena—Bulkley Valley)
Davies	DeBellefeuille
Demers	Deschamps
Dewar	Duceppe
Faille	Freeman
Gagnon	Gaudet
Gauthier	Godin
Guay	Guimond
Julian	Kotto
Laforest	Laframboise
Lavallée	Layton
Lemay	Lessard
Lévesque	Lussier
Malo	Marston
Martin (Winnipeg Centre)	Martin (Sault Ste. Marie)
Masse	Mathysen
McDonough	Ménard (Hochelaga)
Ménard (Marc-Aurèle-Fortin)	Mourani
Nadeau	Nash
Ouellet	Paquette
Perron	Picard
Plamondon	Priddy
Roy	Siksay
St-Cyr	St-Hilaire
Stoffer	Thibault (Rimouski-Neigette—Témiscouata—Les
Basques)	
Vincent	Wasylycia-Leis— 76

NAYS

Members

Abbott	Ablonczy
Albrecht	Alghabra
Allen	Allison
Ambrose	Anders
Anderson	Bagnell
Bains	Baird
Batters	Beaumier
Bélangier	Bell (North Vancouver)
Bennett	Benoit
Bernier	Bezan
Blackburn	Blaney
Bonin	Boshcoff
Boucher	Breitkreuz
Brown (Oakville)	Brown (Leeds—Grenville)
Brown (Barrie)	Bruinooge
Byrne	Calkins
Cannan (Kelowna—Lake Country)	Cannon (Pontiac)
Carrie	Casey
Casson	Chong
Clement	Comuzzi
Cotler	Cullen (Etobicoke North)
Cummins	Cuzner
D'Amours	Davidson
Day	Del Mastro
Devolin	Dhaliwal
Dhalla	Dosanjh
Doyle	Dykstra
Easter	Emerson

Private Members' Business

Epp	Eyking
Fast	Finley
Fitzpatrick	Flaherty
Fletcher	Fry
Galipeau	Gallant
Godfrey	Goldring
Goodale	Goodyear
Gourde	Graham
Grewal	Guergis
Hanger	Harris
Harvey	Hawn
Hearn	Hiebert
Hill	Hinton
Holland	Hubbard
Jaffer	Jean
Jennings	Kadis
Kamp (Pitt Meadows—Maple Ridge—Mission)	Karetak-Lindell
Karygiannis	Keddy (South Shore—St. Margaret's)
Kenney (Calgary Southeast)	Khan
Komarnicki	Kramp (Prince Edward—Hastings)
Lake	Lapierre
Lauson	Lee
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The Speaker: I declare the motion lost.

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(The House adjourned at 9:14 p.m.)

It being 9:15 p.m., the House stands adjourned until tomorrow at 2 p.m. pursuant to Standing Order 24(1).

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