

on motions Nos. 31 and 32, so as to recognize that these provisions provide for different judicial systems for applicants.

**Mr. Speaker:** Order, please. As always, the Chair has only suggested that the motions be grouped for the purpose of debate or voting. In this respect, motions are always better understood, I am sure, by the members who move or support them.

If the members prefer to group this motion with others for the purpose of discussion and to vote on each motion separately, I would find this acceptable. We should therefore change the arrangements so that we may debate together motions Nos. 29, 30, 31 and 32, but vote on each one separately. Is it agreed?

**Some hon. Members:** Agreed.

[*English*]

**Mr. Speaker:** Is the parliamentary secretary rising on the point of order?

**Mr. Goodale:** No, Mr. Speaker, on a separate point of order having to do with the business of the House later today, particularly during the hour which would have been set aside for private members' business. There have been the usual discussions among representatives of the parties this morning and I think there is a disposition in the House to use the hour between four and five o'clock this afternoon for continuing the discussion of Bill C-24, rather than devoting it to an item of private members' business.

**Mr. Speaker:** Is that agreed?

**Mr. Paproski:** That is so, Mr. Speaker.

**Mr. Knowles (Winnipeg North Centre):** Agreed.

**Mr. Speaker:** Agreed, and so ordered.

[*Translation*]

**Hon. Marc Lalonde (Minister of National Health and Welfare):** Before the House proceeded to vote last night, I was making a few comments on the motion put forward by the committee as well as the amendment of the Minister of Manpower and Immigration (Mr. Cullen) concerning the medical reports required from potential immigrants to Canada. Before concluding these comments, Mr. Speaker, I wish to draw the attention of the House to some corrections that were made to the speech I delivered yesterday, as reported on page 7899 and 7900 of *Hansard*.

[*English*]

In the answer last night, I am reported as having said:

However, I believe there are serious grounds for concluding that the new wording proposed by the hon. member is incapable of achieving the control which was intended, and, further, that it will not be virtually impossible for my department to continue to operate an immigration health service in support of Canada's immigration program.

Obviously, that should read "that it will be virtually impossible"; the "not" should not be there. Secondly, at page 7900 there is a statement which reads as follows:

### *Immigration*

It is estimated that for approximately every 2,000 immigrants there might be as many as 50,000 cases where it would be appropriate to have a consultation with a medical specialist.

The figure is not "2,000", but "200,000". That makes the statement clear.

[*Translation*]

As far as motion No. 13 is concerned, I indicated last night that the proposal made in committee would not achieve the purposes suggested by the hon. member for Provencher (Mr. Epp). It would result in considerable administrative problems. In addition, it would be extremely difficult and even impossible in some countries to follow the procedures suggested by the hon. member for Provencher; second, it would involve considerable additional costs for those who wish to come to Canada; and, third, it would also entail considerable costs for the federal program administration, as a result of possible litigation and disputes of all kinds brought before the courts.

The Minister of Manpower and Immigration has therefore moved an amendment recognizing the concern expressed by the committee members over the fact that one medical officer could for all practical purposes decide upon the eligibility of an applicant. To meet this concern of the committee, the Minister of Manpower and Immigration has moved an amendment, motion No. 13, which would ensure that the decision concerning the medical condition of a potential immigrant could always be confirmed or challenged by another medical officer. This solution would assure the applicant that his case would be reviewed by someone with the authority and ability required at no cost to him. Therefore, no additional burden would be borne by the Canadian taxpayer in terms of considerable legal costs.

I commend strongly to the House the proposal put forward by the Minister of Manpower and Immigration which, in my view, meets the concerns expressed by the committee and which will still ensure adequate services to those who wish to come to Canada, without saddling them with useless costs which might amount each year to several million dollars, as I said last night.

Those are the few remarks I wanted to make about Motion No. 13. I would not want to take unduly the time of the House in that respect but I would like to raise another point made yesterday in the debate by the hon. member for Provencher. He said that the Department of National Health and Welfare was creating unnecessary difficulties in cases of children up for adoption by Canadian citizens. I want to give the lie direct to the assertion by the hon. member for Provencher. Every year we admit a very large number of children for adoption. My department has no objection about that procedure—on the contrary. In practice, if there were some administrative difficulties in those adoption cases they are perhaps more related to provincial governments which have the administrative responsibility for adoption programs in Canada.

However, I should say that in the past year we received outstanding cooperation from the provinces in the area of international adoption. That matter was debated on two occasions during federal-provincial conferences of welfare ministers