

*S. O. 31*

own, but it would be a nightmare if we had to arrive at that kind of harmonization, no matter how long it took, with Mexico. Then we would really be at a disadvantage with both the United States and Mexico calling on us to reduce our view of what a just economy was like.

This is what is at stake in the free trade agreement. With respect to Mexico, it may already be there in the form of the Maquiladora corridor, a free trade corridor which exists between the United States and Mexico and which we still have no assurances is not a place where Mexican goods, manufactured at Mexican labour prices, are finding their way into the United States and into Canada as American goods. This is another element of the free trade agreement which we found very scary at the time and still do.

I see that we are nearing one o'clock. I wish to make one final remark. One of the other things that we said about the consequences of the free trade agreement would be that over time it would erode our health care system. It is no coincidence that in the last little while we have started to have various ministers of health, most notably from Quebec, but also others, saying that we are going to have to go to user fees. We are going to have to go to more of a user-pay kind of health care system.

I do not think that this is a coincidence. It is related not only to the free trade agreement, but to the fact that this government is forcing the hand of provincial governments with respect to health care by its continued unilateral reduction in the federal commitment to health care.

As the NDP health critic at the time of the debate on the Canada Health Act in April 1984, I said that through cut-backs in federal commitments we would eventually arrive at a time when provincial governments would, for fiscal reasons, begin to dismantle health care systems in their provinces and this is beginning to happen. Unless we have a renewed debate about the future of health care in this country and the future of medicare, then piece by piece, province by province, user-fee by user-fee, privatization by privatization, we are going to lose our health care system and it will all fit perfectly into the long-term plan by which the American multinational health and hospital companies can find their way into the Canadian market-place.

**The Acting Speaker (Mr. Paproski):** Before I call it one o'clock, the hon. member will have 10 minutes for questions and comments once we begin debate again. He has used up his 20 minutes in debate.

It being one o'clock, I do now leave the chair until two o'clock this day.

At 1 p.m. the House took recess.

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**AFTER RECESS**

The House resumed at 2 p.m.

**STATEMENTS PURSUANT TO S. O. 31**

[*English*]

**CFB SUMMERSIDE**

**Ms. Catherine Callbeck (Malpeque):** Mr. Speaker, CFB Summerside is scheduled to close in 1992. Next spring the anchor squadron, 413, will be moved to Greenwood, Nova Scotia. This squadron should remain in Summerside.

A retired major who has been actively involved with the fight to save the base supports this suggestion. He states that lives will be placed at greater risk if the squadron moves.

This is a good idea for a number of worth-while reasons. The financial benefits are there, the medical benefits are well known, and it is the best location.

In fact, an entire paper entitled the Hopping-Naylor report covers every beneficial aspect of maintaining the squadron at the base in Summerside.

I whole-heartedly support maintaining the 413 search and rescue at Summerside. I urge the federal government to offer its endorsement of this excellent suggestion immediately.

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**TOURISM**

**Mr. Ross Stevenson (Durham):** Mr. Speaker, this is National Tourism Week and an excellent occasion to advise the House of a spectacular new \$100 million resort which is in the planning stages for the town of Newcastle, Ontario, in my constituency of Durham.

Called Newcastle-on-the-Lake, this resort will be situated on 100 acres along the northern shore of Lake