

*Government Orders*

These new charges, because of the retroactivity and because of the three year increase in patent protection creates, no doubt about it, new charges that are paid by all Canadians who use drugs.

Neither my colleagues in Atlantic Canada nor I in western Canada, which represents 28 per cent of the population, have assurances that those R and D bucks would be spent there. There is tokenism by these big companies. We heard Judy Erola say: "We are going to give you a commitment. We want to find ways of investing in your universities."

I can assure you there have been no commitments solid enough for my satisfaction that anywhere near 20 per cent of these new dollars will be spent in western Canada. What about Atlantic Canada?

This is certainly something that I do not think we should be satisfied with and, as I indicated, I do not mind that a new factory would be established in Montreal or somewhere else. I have no problem with that, but please do not disgrace me as a westerner or my Atlantic colleagues by saying we do not have the ability to do some of this work. This is real hard money. The wallets of the large companies will be full. I am asking only that they spend a fair share should this legislation go through.

I see your indication, Mr. Speaker, that my time is up. Let me just talk about the lobbyists because the committee that I chair wants to look at that very aspect even on Bill C-91. What lobby took place? What was the pay-off really and to whom? Should the people of Canada not know this? I can assure the House it shall be a most interesting review starting in February and I hope we get participation from everyone in the House.

**Mr. McCreath:** On a point of order, Mr. Speaker. I know it was certainly not the intention of my hon. friend from Portage—Interlake to mislead the House, but clearly he forgot about the very major multibillion dollar announcement made last week with respect to medical research at Dalhousie University in Halifax.

**The Acting Speaker (Mr. DeBlois):** That is a question of debate.

**Ms. Lynn Hunter (Saanich—Gulf Islands):** Mr. Speaker, I am pleased to participate in this very important debate this afternoon.

This debate gives an image of the very differing views of the role of government in our society. It is obvious that the current government—the Progressive Conservative Party view of the role of government—is to get out of the way and let competition and the free market take control. What that means is that it does not feel that regulation or the best interests of the citizens of the country should be put first, but the multinational interests should be put first.

I also want to point out very early in my remarks that the motivation of this bill is not a Canadian motivation but it is an American inspired agenda; in fact, a Bush administration agenda. It is fuelled both by the North American free trade agreement and by comments made by President-elect Bill Clinton's campaign promise, to place limits on the prescription drug prices.

As can be understood, that made the multinational drug companies rather twitchy. They have decided that the way to ensure their profits will go up instead of down is to move their operations and make sure that their profits come from Canadian consumers rather than American consumers.

I would like to cite a very interesting article from *The New York Times* of November 16, 1992. This article says a great deal. It talks about the motivation of the bill and how we will be discussing this. It talks about how the Progressive Conservative government wants to repeal the drug patent legislation from 7 to 10 years and to bring Canadian patent protection in line with that of the United States and other industrialized countries.

It points out that Canada's success at delivering drugs at lower cost, as opposed to the United States, is an important feature of our medical system.

As you know, much of the focus of the recent presidential campaign in the United States was on the very inadequate, sorry state of the health care system. It is generous to call it a health care system in the United States. It is a non-system.