

Patent Act

drug prices between July, 1985, and April, 1987, compared to only a 2.7 per cent increase in the Consumer Price Index during that time. Therefore, it is evident that the enormous amount of money generated by the multinationals through this kind of monopoly does not go primarily to R and D funding. There is no question that the revenue gains of some \$4.2 billion, which is a considerable difference, goes to profits for the same multinational corporations as those that operate here in Canada.

There has been some question about the quality of generic drugs versus brand name drugs. There has been evidence to substantiate the fact that the active ingredients are the same as those in brand name drugs. The only difference is in the fillers, the shape and the colours.

I want to refer to Health and Welfare Canada and the Auditor General's report which stated that one of the big concerns is that Health and Welfare Canada is not looking carefully enough at the processing of drugs, and is not requiring enough evaluation by drug companies themselves.

Why should we change something that is working? The present system allows new drugs into the market but also allows no name drugs to be available at a reasonable price to consumers, hospitals and other medical plans. The drug patent legislation worked well since it was introduced in 1969. Canada has gone from having some of the highest cost drugs to the lowest cost drugs. This difference in cost and revenues has contributed a great deal to allowing us to develop and pay for one of the best, if not the best, medicare systems in the world.

I agree with my colleagues on this side of the House who ask the Government to withdraw this Bill. Let us think of the people of Canada rather than free trade deals under the table and pharmaceutical companies that want huge profits.

Mr. McCurdy: Mr. Speaker, was my colleague in the House yesterday when the Member from the Official Opposition talked about how inconsistent New Democrats have been on the issue of Bill C-22? When one looks around the Chamber now, one wonders if a comparison can be made between the New Democrats and the Liberals with respect to their commitment on this Bill, as manifest at this moment.

Mr. Siddon: There were only two of you 10 minutes ago.

Mr. McCurdy: Perhaps my colleague saw *Canada AM* on CTV this morning where there was another example of Liberal consistency.

The Hon. Member is aware of the active response to this Bill on the part of the two Opposition Parties as well as the general population. Would she care to comment on the consistency of the Official Opposition with respect to this legislation? I think we could have a very interesting discourse on that topic and I am anxious to hear what she says. I am sure my colleague, the Member for Spadina (Mr. Heap) would be interested as well. There is one other person here who might be interested in this

kind of self examination, and perhaps you, Mr. Speaker, might be interested in hearing an examination of Liberal consistency on the issue of Bill C-22.

Ms. Mitchell: Mr. Speaker, I thank my colleague for his question. I was in committee yesterday afternoon and unfortunately was not privileged to hear all of the comments made by the Liberal Member. I will certainly read *Hansard* carefully.

It was most interesting to watch *Canada AM* this morning, on which there was a Liberal panel of two persons, each one taking opposite positions. One Member of the panel was the former Minister of Consumer and Corporate Affairs under the Trudeau administration, who was also the Minister for the Status of Women at that time. At that time, she was supposedly speaking on behalf of consumers. This morning, she was not speaking for consumers, but for the multinational pharmaceutical companies which are anti-consumer, if anything.

The other member of the panel, the critic in the present Liberal caucus, disagreed with everything this former Liberal Minister was saying. I might say that he spoke quite eloquently and I certainly agree with his position against the Bill.

Furthermore, the position of the Liberal Senators does not seem to be in co-operation with the Liberal caucus in the House, and certainly not with the Leader of the Liberal Party, who takes no responsibility for the shenanigans that are quite questionable from a traditional and parliamentary point of view.

I am sure the Hon. Member sitting to my right today will have many positive things to say. I know that he would not agree with the former Minister of Consumer and Corporate Affairs because he is very much committed to consumers, particularly to the voters in his own riding. I hope I have answered the Hon. Member sufficiently.

Mr. Orlikow: Mr. Speaker, a number of provinces, including my Province of Manitoba and the Hon. Member's Province of British Columbia, if I understand correctly, have developed pharma-care plans as part of their package for delivering high quality health care. A substantial part, if not all of the cost of prescription drugs is paid for by those plans which are funded through the tax system.

The Manitoba Government made representations to the parliamentary committee and pointed out that this Bill would have a very detrimental effect on its program. The Province of Manitoba has a substantial deficit in its funding. Therefore, it would either have to pay for this through the tax system or through an increase in the deterrent fees that Manitobans pay before they collect part of the cost from that pharma-care program. I wonder if the Hon. Member could explain to me how the system works in her Province of British Columbia?

• (1710)

Ms. Mitchell: Mr. Speaker, I think that is a most important point. As I mentioned several times in my remarks, we do have a pharma-care program in British Columbia and I am very