

Order Paper Questions

3. Who were the principal shareholders of Reed Tool Company of Houston and what control, if any, will they retain in the company?

4. Who are the principal shareholders of Baker Oil Tools Inc. and what are their holdings in the company?

5. Does Baker Oil Tools Inc. or Reed Tool Company control and/or partially own, directly or indirectly, any other businesses in Canada and, if so, in each case, what are the holdings by per cent of control and value?

6. What will be the effect of the takeover on (a) the level and nature of economic activity in Canada (b) resource processing in Canada (c) utilization of parts, components, materials and services produced in Canada (d) exports from Canada (e) productivity, industrial efficiency, technological development, product innovation and product variety in Canada (f) competition within any industry or industries in Canada (g) employment within Reed Tool Company of Edmonton and within the industry?

7. (a) How many persons did Reed Tool Company of Edmonton employ before the takeover (b) how many are presently employed?

8. (a) What are the unions, if any, who represented the employees (b) did they approve or disapprove of the takeover (c) was their opinion sought?

9. What is the degree and significance of participation by Canadians in the business enterprise or new business and in any industry or industries in Canada of which the business enterprise or new business forms or will form?

10. How is the takeover (a) compatible (b) incompatible with national industrial and economic policies, taking into consideration industrial and economic policy objectives of any province likely to be affected by the takeover?

11. What is the significant benefit to Canada of the takeover?

Mr. Marcel Roy (Parliamentary Secretary to Minister of Industry, Trade and Commerce): See reply to question 3,954.

CANADIAN RED CROSS—BLOOD DONORS CLINICS IN CANADA
Question No. 4,113—**Mr. Matte:**

1. Did the Canadian Red Cross hold Blood Donor Clinics in Canada in 1974-75 and, if so, on how many occasions?

2. How many blood bottles have been collected from the various blood groups?

3. Has the Canadian Red Cross exported blood to foreign countries and, if so (a) in what quantities (b) to which countries (c) at what price?

Hon. Mitchell Sharp (President of the Privy Council): The subject matter of the question does not fall within the administrative responsibility of the government of Canada.

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[Translation]

QUESTION PASSED AS ORDER FOR RETURN

Mr. J.-J. Blais (Parliamentary Secretary to President of the Privy Council): Mr. Speaker, if question No. 4,074 could be made an order for return, this document could be tabled immediately.

[Text]

GOVERNMENT GRANTS IN CONSTITUENCY OF ROBERVAL

Question No. 4,074—**Mr. Gauthier (Roberval):**

Has the Department of Manpower and Immigration granted any funds in the Constituency of Roberval under the (a) Local Initiatives (b) Opportunities for Youth (c) LEAP programmes and, if so, in each

[Mr. Nystrom.]

case, what was the (i) amount granted (ii) nature of the project (iii) municipality involved since the beginning of the grants up to and including 1975?

Return tabled.

[English]

Mr. Blais: Mr. Speaker, I ask that the remaining questions be allowed to stand.

GOVERNMENT ORDERS

[English]

MEDICAL CARE ACT

AMENDMENT TO LIMIT ANNUAL INCREASE IN PER CAPITA COST OF INSURED SERVICES UNDER MEDICAL CARE PLANS

The House resumed, from Friday, February 27, consideration of the motion of Mr. Lalonde that Bill C-68, to amend the Medical Care Act, be read the second time and referred to the Standing Committee on Health, Welfare and Social Affairs.

Mr. Bob. Kaplan (Parliamentary Secretary to Minister of National Health and Welfare): Mr. Speaker, I had taken the floor at the conclusion of the business of the House last Thursday and I want to review briefly the points I made at that time. I have listened to all the arguments in the entire debate which have been put forward by members of the opposition. I insist again, on behalf of the government, that you can have restraint in the growth of health care services of Canada without impairing the system. Indeed, if there is not restraint in the further growth of the health care system, that lack of restraint will lead to impairment of the system. It is important to ensure, now that the health care program has had since 1967 to develop, that it is not permitted to grow in future at a rate far exceeding the growth of the national product of Canada.

● (1510)

In the early years of the program, from the time it was introduced in 1967, we wanted it to grow rapidly. Its growth was a measure of the fact that millions of Canadians before had not been receiving adequate health care. Those Canadians were participating in the socialized health system being provided for the people of Canada. But tremendous increases in the program cannot be permitted to continue year after year, and it is certainly no act of bad faith on the part of the government of Canada, after the program has been allowed to mature, as it has been, to assert a ceiling on the future rate of increase of that program.

The Conservative party here in the House has been embarrassed by the recognition of these facts by other levels of government. For example, William Davis, Premier of Ontario, has had to recognize the reality that no program, not even one as important as health care, can be allowed to grow at an indefinite rate. He said to the Conservative convention held recently: