

*Adjournment Debate*

Chrétien, the Clinical Research Institute and the Canadian Association of Retired Persons. I could spend 10 minutes listing the groups and experts who believe this Bill will be beneficial.

The Hon. Member's second question dealt with the drug prices review board. The Hon. Member said that it will have very little power. I submit that under our present system, 93 per cent of drugs in Canada have absolutely no price restrictions. They can be priced at any amount. There is no way that we can regulate or control those prices. I would think the Hon. Member would welcome a system that will try to keep those prices down.

Dr. Eastman who headed the commission back in 1983 will head the board. He is optimistic that it will be effective in controlling prices. Rather than being such a pessimist, I would think the Hon. Member would say that he approves of the Bill, let us try it for four years so that we may control the prices of these 93 per cent of drugs which do not attract generic competitors. I would think he would welcome such a move.

**Mr. McCurdy:** Mr. Speaker, the Hon. Member, who in most circumstances is a very sensible man, has spoken about opposition Members drawing figures from the air. By his own admission, the figures about the amount of money to be invested in research on which this legislation is based come from the air. Those figures come from a promise.

Even that promise amounts to very little because, as has been pointed out, if one projects expenditures by the pharmaceutical industry between now and 1995 based on trend lines already established, they would be at about the level promised by those who are trying to gain support for this legislation. Many figures are drawn from the air, but they are not drawn from the air by members of the New Democratic Party or those who are in opposition to the legislation. They are drawn from the air by those who support it.

We have heard a great deal about research and development. I know that the Hon. Member, being a sensible man, a well informed man and a fair man, would have taken the time to investigate thoroughly what amount of money promised, within that limited context I described before, will really go to basic research. I do not mean clinical trials nor do I mean researching new packaging for pills, new colours or something that will make medications more palatable. I mean basic research, the kind of research that will lead to new discoveries about the mechanisms by which viruses affect cells. How much research will there be into nerve transmission mechanisms? How much fundamental research will be done in the way in which nucleic acids and proteins function and how those functions become disturbed? How much research will there be into the understanding of that disturbance, making it possible to design drugs on a well-informed, scientific basis? What guarantee is there that the promise will be kept that there will be great breakthroughs through investment by multinational corporations who have their centres elsewhere?

• (1550)

**Mr. White:** Mr. Speaker, the Hon. Member talked about figures coming out of the air. As far as the Government is concerned, the \$800 million figure has not come out of the air, it has been coming out of the air waves. These companies have made the commitment. If the Member would study the Bill he will see there is a four year review and teeth in the Bill to deal with those companies which have not met their commitments. As to the figures I used about the saving resulting from the drug prices review board, we used the same criteria and the same basket of drugs used by Dr. Eastman in his report and plugged in Bill C-22 as if it had been in effect from 1969 through 1983. We did not pull those figures from the air. It is using his criteria, his formula, and the figures are accurate.

As to research, clinical versus basic, I know from the industry that clinical research in pharmaceuticals is very important. Some very important discoveries have been made. Basic research is important but in the pharmaceutical and biotech industry, clinical research is very important. I cannot predict what the breakdown will be, but I can give three quick examples of what compulsory licensing has done to drive our scientists out of Canada.

I was speaking to a researcher at the St. Boniface Hospital in Winnipeg who told me about two researchers at the University of Manitoba who discovered two new compounds and packed their bags and left the country to develop them further because of our compulsory licensing laws. A scientist in Ontario developed a naturally occurring substance which lowered blood pressure. This was a major breakthrough. He packed up his bags and moved out of the country because of our compulsory licensing system. Those are the people we want to keep in Canada.

[*Translation*]

**The Acting Speaker (Mr. Paproski):** The questions and comments period has expired. Before recognizing the Hon. Member for St. John's East (Mr. Harris), I must tell the House what questions will be raised tonight at the time of adjournment.

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## PROCEEDINGS ON ADJOURNMENT MOTION

[*Translation*]

SUBJECT MATTER OF QUESTIONS TO BE DEBATED

**The Acting Speaker (Mr. Paproski):** It is my duty, pursuant to Standing Order 66, to inform the House that the questions to be raised tonight at the time of adjournment are as follows: The Hon. Member for Algoma (Mr. Foster)—Banks and Banking—Request for publication of report forwarded by Inspector General of Banks—Government position; the Hon. Member for Yukon (Ms. McLaughlin)—Air transport—Proposed transportation of plutonium through Canadian