

human race as a whole by meeting the needs of both components and not singling out one over the other.

Today we recognize this as a weak area in our health care programs, a weakness in the sense that our main focus has been and still is more on one component than the other. I believe that applying the word special to this weak area in our system, in this case the programs for women, will lead to approximately half the Canadian population being seen as a special needs group, a special interest group or possibly even a minority group. Such a concept will be detrimental in successfully achieving equal status for and equal attention to the needs of both sexes, genders or components, and thus the entire human race. I repeat that we should use caution when using the word special so as not to single out one component or sex over the other.

● (1740)

My time for speaking is slipping away rather quickly it seems. In closing I would remind the government that the promotion of health and the prevention of disease must continue to be the major focus in our deliberations on our health care programs.

I also advise the government to employ a wellness approach versus an illness approach as we seek solutions to manage our health care resources more efficiently and effectively. In this time of fiscal restraint we face many challenges in our nation and an efficient health care program is but one, and a very important one, for the well-being of all Canadians.

**Mr. Brent St. Denis (Algoma):** Mr. Speaker, I believe this is the first speech of the hon. member and I would like to express my congratulations to her on her comments.

I listened to her speech very carefully. I want to ask her about what seems to me to be a lack of a recognition that much of the health research over the last decades in this country, and maybe the industrialized world, has been focused on men.

For example, I believe there is much more information on heart disease in the male than there is in the female. I do not think in our program we are talking about distinguishing between men and women in terms of the care they need when something is wrong when they are sick. I think we are focusing on the fact that there is not enough data and not enough history available on the special health needs of women.

I wonder if the hon. member would explain in more detail what she meant and whether she is prepared to recognize that there is very much lacking in our database and in our research with regard to the health needs of women.

### *Government Orders*

**Ms. Bridgman:** Mr. Speaker, I would like to thank the hon. member for his comments on my first speech. I would also like to say that possibly we are saying the same thing but using different words.

I agree with him that today and in the past the emphasis has been on men in health care. I personally can recall that the average height of a human being when I was studying was that of the average man and at that time he was considered to be 5 feet, 7 inches tall.

What I am saying is that the component of women and women's needs have not been addressed. It should be seen as a weakness in our overall assessment or how we are approaching health care. Instead of looking at this as being a special area it should be looked at as being part of the whole. At the present time we are much better with our approach toward the male body than we are to the female body.

My fear is that we may go through the next 100 years by putting women's health before men's. Let us get matters even and look at it as a whole. There are two sexes.

**Mr. Andy Scott (Fredericton—York—Sunbury):** Mr. Speaker, I too would like to commend the hon. member for Surrey North on her first speech. I will be very brief.

She mentioned consultation in regard to the national health forum. I would like to bring something to her attention and get her reaction. In my constituency of Fredericton—York—Sunbury we are holding a forum of our own on February 27 that will involve probably 100 residents of the riding. The Parliamentary Secretary to the Minister of Health and the minister of health in the province of New Brunswick have agreed to be there. In that way we intend to promote participation in this debate of all the people that can make it. It will be a televised discussion in the riding. My guess is that we will have between 100 and 200 people there. We are going to prepare for it with a lot of background information. Many of the stakeholders are participating, but also health care consumers and many people with alternative ideas on how health should be dealt with. I would welcome the member's comments on that.

● (1745)

Just before I sit down, the member mentioned her support for the five principles of the Canada Health Act. I welcome her support for our position against user fees being used in the provinces. I would also like her to comment on that.

**Ms. Bridgman:** Mr. Speaker, first I will comment on the health forum. It is not a new role that we are looking at in relation to gathering data on health problems or situations. In my address I said that there were already a great number of people out there who have seen the deficiency in the economic situation, have already been conducting studies on it and have