

*Supply*

## FOREIGN DOMESTIC WORKERS PROGRAM

**Mr. Dan Heap (Trinity—Spadina):** I also have another petition from residents of West Lorne, Ottawa, Chatham, Quebec City, Val Thérèse, Nepean, Thornhill, North Bay, Belleville and from Grand Falls, Newfoundland. These petitioners are concerned for the status of foreign domestic workers under the government's program.

They call on Parliament to urge the minister of immigration to give foreign domestic workers the option not to live in the homes of their employers outside working hours, that work experience should take precedence over any formal training, that domestic work be recognized as an occupation needed in Canada, and that the necessary points be awarded toward permanent resident status.

\* \* \*

[Translation]

## QUESTIONS ON THE ORDER PAPER

**Mr. Albert Cooper (Parliamentary Secretary to Minister of State and Leader of the Government in the House of Commons):** Madam Speaker, I ask that all questions be allowed to stand.

**Madam Deputy Speaker:** Shall the questions stand?

**Some hon. members:** Agreed.

## GOVERNMENT ORDERS

[English]

## SUPPLY

## ALLOTTED DAY, S. O. 81—HEALTH CARE

**Mr. Jim Karpoff (Surrey North)** moved:

That this House express its concern at the threat to Canada's health care system expressed by the stated intention of the Liberal premiers of the provinces of Quebec, New Brunswick and Newfoundland to forgo universality and embrace user and deterrent fees for health services.

**Mr. Riis:** Madam Speaker, on a point of order, in a process which is often used now on opposition days, I want to announce to you that the first speaking time for the New Democratic Party will be shared between the

members for Surrey North and for Saskatoon—Clark's Crossing.

They will each have a 10-minute presentation followed by a five-minute question and comment period.

**Mr. Karpoff:** Madam Speaker, I rise to lead off the debate on this motion.

Canada has a reputation world-wide for one of the best health care systems, not only because of the quality of health care, but also the fact that it covers all of our citizens regardless of their financial means.

However, Canada's health care system is under a tremendous amount of pressure and is in grave difficulty because it is being attacked from a number of sources.

First of all, we do have a serious problem in the very quick escalation of costs. Health care costs are rising because of a number of factors.

New technologies particularly built into institutions are very, very expensive. Many of these new technologies have not been proven, but we still embrace them because we want to make sure that we keep up with the latest in technology.

There has been far too heavy an emphasis on acute care hospitals simply because of the way our health care system was developed. We are beginning to realize that providing more hospital beds and putting more people in hospitals is not the way to improve health.

Drug prices are escalating dramatically. The highest and most rapid increase in all our health care in the last number of years has been through an increase in drug prices. This has continued and has been made more difficult because of the government's stand with Bill C-22 and the extending of patents to multinational drug companies. It has increased our drug costs 30 per cent.

It is not accidental that the person who is the spokesperson for the multinational drug companies is Judy Erola, the former Liberal consumer affairs minister. There is the person who was responsible for protecting consumers in this country, and now she is the person who is the front for the multinational drug companies. It is like the shepherd becoming the front for the wolves.

We have pressures because of increased costs around physicians services. There is a growing recognition in this country that we have trained too many doctors and that the doctors are poorly distributed.