

Federal-Provincial fiscal arrangements

come here to specialize, very often go back to their native countries and after a number of years, those men and women are appointed to leading positions, and this creates bonds of friendship and technological relations, which often are reflected in increased trade relations. And these statistics that have been very seriously compiled by the International Student and International Stature group which submitted its brief, although the statistics that were provided to us indicate that foreign students in Canada, even on a strictly economic level, bring significant net benefits for the services provided by our colleges and universities.

Actually, we are provided with figures that are very telling, because the marginal costs incurred on account of foreign students in our Canadian universities total \$160 million, while tuition fees required from them account for \$100 million, which leaves a net benefit of some \$60 million, not including economic benefits derived from the fact that many hundreds, a few thousand students must find lodging, rent apartments, buy food and clothes, pay for their transportation and so on and so forth, and it has been determined that the economic spinoffs from foreign students in Canada would total \$284 million in 1986, and there is tremendous concern that the higher tuition fees that would almost inevitably result from Bill C-96 if implemented will cause a significant decrease in the number of foreign students, because of the negative impact that this can have not only on our universities, but but also on the whole economy both in the short and in the long run.

Mr. Speaker, I could mention also the concerns and proposals expressed by the Canadian Nurses Association. This group appeared before our Legislative Committee to underline the negative effects Bill C-96 will have on the quality of health care in this country. It reported for instance that because of the savings which had to be made since the 1981-82 economic crisis, hospital staff had to be cut, and it is now difficult for a reduced staff to provide Canadians with the top quality health care which they have a right to expect. It reminded the committee that health care costs cannot be tied only to inflation, because statistics indicate, as was confirmed by the Canadian Nurses Association, that the Canadian population is aging.

It reported for instance that in year 2030, people over 65 years of age will represent 20 per cent of the population; it emphasized that although life expectancy is improving, people who reach a more advanced age are more frequently ill, need increased health care, which affects health care costs. Quite often this increase in the number of patients—still according to the Canadian Nurses Association—should be taken into account when considering the increase in health care costs. The same thing applies both to hospital insurance and to medicare, something the Canadian Nurses Association made abundantly clear when dealing with the potential negative effects of Bill C-96.

Mr. Speaker, not only professional groups appeared before our Committee. There was also the province of Manitoba. That province submitted a major brief; two of its Ministers

gave evidence and, in each case, what was emphasized was the negative impact of this Bill C-96 which is not, but not at all along the lines indicated in the propaganda booklet published last May by the Department of Finance to try and convince the Canadian people that Bill C-96 would have no significant impact either on health care or the quality of post-secondary education. If I may, Mr. Speaker, I should like to quote from the brief submitted by the province of Manitoba. I quote:

• (1620)

[English]

It states that the Government of Manitoba believes that passage of this Bill will lead Canada in the wrong direction. First, it suggests that Canadians should devote a declining share of our economy to health and higher education services at a time when all forecasts show that needs are clearly increasing and evidence suggests that our country can afford to maintain and improve our services.

Second, it represents a significant and unilateral withdrawal of federal responsibility at a time when the federal presence is still needed and its role has been reaffirmed as recently as 1984, with all-Party support for passage of the Canada Health Act.

Finally, Bill C-96 passes federal burdens on to provinces at a time when provincial fiscal circumstances are particularly strained and federal fiscal circumstances are expected to show marked improvement.

[Translation]

Mr. Speaker, it is obvious from that analysis that not only the professional groups but also the Provinces have clearly indicated that if Bill C-96 is passed, it will merely mean a transfer of the burden to the Provinces, the Bill suggesting that Canadians should give less than at present to health services. Besides, the passing of Bill C-96 would be inconsistent with the unanimous acceptance by all parties in this House of the health legislation in 1984.

Mr. Speaker, the New Brunswick legislature has unanimously passed a resolution introduced by Mr. McKenna—

Mr. Fontaine: Is there a physician in the House?

[Editor's note: *And a Member having taken ill.*]

[English]

Mr. Speaker: Would someone please call the nurse quickly. Will the Hon. Member for Victoria (Mr. McKinnon) take the Chair for one moment, please.

The Acting Speaker (Mr. McKinnon): Resuming debate.

[Translation]

Mr. Garneau: Mr. Speaker, what has just happened, apparently one of the Government Members is not feeling well and this is why the proceedings have been interrupted for a few seconds but a physician seems to be in attendance. We may now carry on.