

Private Members' Business

about 80 members and the smaller groups in some of the smaller communities sometimes have ten members, sometimes less.

My point is yes, dignity; yes, compassion, but also hope. This measure would indicate to the seniors that kind of compassion that Canadians from all sides of this House have for them and for their well-being.

[Translation]

Mrs. Pauline Picard (Drummond, BQ): Mr. Speaker, I am pleased to rise today to support Bill C-282 proposed by my colleague from Burin—St-Georges.

The main purpose of Bill C-282 is to amend the Income Tax Act in order to exempt taxpayers aged 65 and over who qualify for the disability credit from the provision that only expenses exceeding the lesser of 3 per cent of net income or \$1,614 are included in the calculation of the allowable amount.

In other words, this amendment will allow handicapped people over 65 to deduct from their income the cost of drugs and other medical expenses. This amendment changes the definition of formula symbol "C" in subsection 118.2(1) of the Income Tax Act.

The main effect of this bill will be to alleviate the disproportionate burden that medical expenses represent for handicapped seniors.

• (1910)

We all know that our old people spend a larger proportion of their income on health care than other taxpayers.

Some parts of subsection 118.2(1) of the Income Tax Act in its present form give us food for thought. For instance, we know that the medical expense credit and the disability credit are designed to alleviate the tax burden of eligible people. Subsection 118.2(1) contradicts this principle by taxing eligible people for up to 3 per cent of their income spent on health care.

Subsection 118.2(1) clearly violates the tax principles currently recognized in the Income Tax Act, thus requiring handicapped people to spend more.

According to a report by the National Advisory Council on Aging, seniors are twice as likely as the Canadian population as a whole to suffer from various diseases and health problems such as arthritis, high blood pressure, heart problems and respiratory disorders. They are also the most affected by physical and mental disabilities.

Again, according to the National Advisory Council on Aging, 44 per cent of men and 47 per cent of women in that age group suffer from various health problems. Seniors should get all the attention they deserve.

When the last budget was tabled in February 1994, the Bloc Quebecois denounced the fact that the tax credits available to our seniors were cut by \$500 million. The Bloc Quebecois has always asked this government to restore equity. So the \$2.7

million that this bill will give back to handicapped seniors is very little compensation.

I might add that just as the federal government was cutting tax credits for seniors, we learned that the largest proportion of seniors living in poverty was found in Quebec.

Bill C-282 is aimed at restoring a tax loophole. True, Canada is facing a major financial crisis and must put its fiscal house in order. This is why it is appropriate, just a few weeks before the next budget is tabled, to mention once again that the Bloc Quebecois asked for a thorough review of the tax system, so as to eliminate the loopholes used by high income earners and major corporations.

The Bloc also proposed efficient measures to reduce the deficit and control government finances without targeting the poor. These proposals, ten of them, were listed in the Bloc Quebecois's minority report on the pre-budget consultations, which was tabled in December.

As the Official Opposition critic on health, it goes without saying that I look at poverty with the issue of health in mind. Poverty affects 4.2 million people in Quebec and in Canada. There are 1.2 million children who live in poverty. A large majority of single mothers, women who are single parents, and seniors live in poverty.

The link between poverty and health was clearly established in several studies. Low income people, such as seniors, are more frequently ill, use more medication and require greater medical attention. Poverty among the elderly has increased tremendously over the last several years.

According to a study conducted by Santé Québec, almost all of the 25 most common health problems in Quebec are more prevalent among low income people than among those who are better off.

To better control the general state of health of Quebecers and Canadians, and thereby control health costs, we must first work relentlessly to solve the issue of poverty. By refusing to acknowledge the link between poverty and health problems, the federal government compromises the efficiency of our health system, thereby jeopardizing the health of a large number of Quebecers and Canadians who live below the poverty level.

• (1915)

If we look past the numbers and the statistics, we see real people, people who are suffering, people who are sick and are hungry, people who are waiting for the government to assume its responsibilities and to propose long-term solutions.

In conclusion, I would like to say that it has been proven without a doubt that the health of Quebecers and Canadians is closely linked to the endemic poverty that has swept across the country during the last recessions. Since it is well-known that this state of poverty, which affects too large a segment of the population that we represent, has a big impact on the cost of the