

Government Orders

One of them is the fact that the industry tells me that they have 18,000 employees across Canada. I asked one of their spokesmen how many lived and worked in western Canada which has about 8 million people. The answer that I got was about 1,600 out of 18,000. Not a very nationalized industry in my view.

Maybe the member will have something to say about whether or not his friends in the industry are planning to increase employment. In my part of the country, the member knows that the chemistry department at the University of Alberta is one of the best known departments of the entire university. Why does it not hire people in Alberta and in other parts of western Canada or Atlantic Canada?

I hope he will also comment when he gets up on the fact that J. W. Gilman in a paper entitled "The Impact of Pharmaceutical Companies Sponsored Research and Basic Research of Canadian Universities" wrote in part: "Canadian medical schools have found that Bill C-22 has had a minimal impact on basic research and development in Canada".

The basic research is 26.5 per cent. Universities and hospitals research is about 23 per cent. I gather that this amounts to about \$14 million yearly now going into basic research. I also have a figure that the member will want to clarify, employment in the industry. We were told by people like the Minister for International Trade that the brand name drug producers would create 3,000 jobs by 1996. My understanding is that there has only been about 1,300 jobs created since Bill C-22.

Will the member please respond to the specific questions with respect without giving us the bafflegab he was giving us until he sat down?

Mr. Thorkelson: Mr. Speaker, those are good questions and I appreciate the member's concern about R and D investment in western Canada. Like him, I would like to see more R and D investment in western Canada.

As I mentioned there were two announcements at the University of Alberta, one by Bristol-Myers Squibb for basic research. That was to fund a chair in the department of pharmacy to increase the amount of basic research done which was one of the points of the hon. member for Edmonton Southeast.

The \$15 million by Glaxo is in co-operation with the University of Alberta hospitals and the medical school. The professor that is heading that up is from the medical school. It is also funded by the Alberta Heritage Savings Trust Fund Medical Foundation. There are four or five partners bringing in people from the department of medicine, bringing in people from the department of pharmacy, from the hospitals and from the industries. That is indeed beneficial.

There was also an announcement of a firm spending I believe \$30 million at UBC. Ayerst has announced it will spend \$123 million which will produce 1,000 jobs in Manitoba. Yes, we could do more in Western Canada. We are building on our base there which is very important. As time goes on we hope to increase the research done in Western Canada.

I am not going to get into the game of pounding on one part of the country at the expense of another which is what the hon. Liberal member spoke of earlier. He was accusing some of trying to divide the country by saying that this was a bill for Quebec. It is not. It is a bill for all of Canada. It is a good bill. It is a bill that builds on our base. It is a bill that tries to provide high quality research jobs across the country. I am pleased that in Alberta my riding is a part of it and it is a part for all Albertans. I am pleased that there are investments at the University of Manitoba in Winnipeg and at the University of British Columbia.

I would like to see greater investments in Atlantic Canada. I am hoping that the industry will take heed of the hon. member's remarks, my concerns and the concerns of the members on this side of the House and try to spread their investment more equally across the country.

Mr. Raymond Skelly (North Island—Powell River): Mr. Speaker, I would like to ask the member if he is aware that British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick and Nova Scotia have all taken action to counteract high drug costs set in motion by the Conservative Patent Act amendments. They have deinsured drugs and, in one case, 350 drugs have been deinsured. The drug eligibility continues to be reduced in those provinces because of increasing costs for the reason of this legislation. Deductibles are being increased on pharmaceuticals for seniors and others. User fees are being added directly to the pharmaceuti-