

**FIRST MINISTERS' MEETING**

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**RÉUNION DES PREMIERS MINISTRES**

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**VERBATIM TRANSCRIPT**

(Unrevised)

(Press conference)  
September 16, 2004

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**COMPTE RENDU TEXTUEL**

(non révisé)

(Conférence de presse)  
Le 16 septembre 2004

OTTAWA, Ontario  
September 13-16, 2004

OTTAWA (Ontario)  
Du 13 au 16 septembre 2004

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Ottawa, Ontario

--- Upon commencing on Thursday, September 16, 2004 at 0137

**THE MODERATOR:** I would ask everybody to take their seats so we could proceed with the media availability. Merci.

**RT. HON. PAUL MARTIN (PMO Canada):** If I could ask the Premiers to sit down. We are going to have the press conference. I forgot to call them. I forgot to call the press.

What are we doing?

**THE MODERATOR:** I would ask the Premiers and Territorial Leaders to take their seats for media availability.

**RT. HON. PAUL MARTIN (PMO Canada):** Could I ask the Premiers to come back. The press is here and if you don't come back to the table I think my career is over.

We will do the press conference now and then we are going to do a group photo after. A group hug, yes.

**THE MODERATOR:** I am just going to ask the journalists to limit themselves to one question.

Je vais vous demander de vous limiter à une question. On a dix minutes.

Emmanuelle Latraverse, TVA.

**Q.** Monsieur Martin, est-ce que vous pouvez nous expliquer pourquoi est-ce que, finalement, vous avez fait le choix de négocier ces questions d'argent derrière des portes closes, en privée toute la journée? Et pourquoi ces négociations-là n'ont pas eu lieu en public, tel qu'on l'avait promis aux Canadiens?

**TRÈS HON. PAUL MARTIN:** Bien, ce qu'on avait promis, c'est vraiment d'avoir nos discussions en public. Et lorsqu'on regarde les derniers jours, c'est clair que c'est exactement ce qu'on a eu.

Mais lorsqu'est venu le temps de parler vraiment, que ce soit du communiqué ou des questions d'argent, on avait tellement de discussions en même temps, dans tellement de pièces, ici, c'étaient des petits groupes qui regardaient le niveau de financement d'un segment ou qui regardaient le communiqué d'un autre. Ça aurait été impossible. Ça aurait pris une vingtaine de caméras de télévision, puis c'est des discussions qui étaient toujours interrompues, des conférences avec les officiers.

Honnêtement, négocier une entente comme celle-là, tellement compliquée, avec tellement de segments, ça aurait été impossible autour de la table, on ne l'aurait pas fait.

Alors ce n'est pas qu'on ne voulait pas, c'est que le genre de négociation ne se portait pas à cela.

**MODÉRATRICE :** M. Bédard, Radio Canada.

**Q.** Monsieur Martin, pourquoi avoir signé une entente spécifique particulière? Pourquoi avoir accordé un statut particulier au Québec?

**TRÈS HON. PAUL MARTIN:** Parce qu'on reconnaît la spécificité du Québec. On reconnaît que le Québec a des obligations qui sont tout à fait spécifiques, et c'est vraiment une évolution dans la façon de regarder la capacité avec des buts communs, des objectifs communs, mais qu'on a différentes façons d'y arriver.

Il faut dire qu'on reconnaît aussi les compétences des juridictions.

Jean, veux-tu...

**Q.** (Hors microphone...)

**TRÈS HON. PAUL MARTIN:** Non. Si vous me permettez.

**L'HON. JEAN CHAREST:** Bien, on avait, d'emblée, vous vous rappelez, manifesté la volonté que nous puissions faire reconnaître nos compétences. C'est un sujet qui a été débattu bien avant le début de la conférence sur la santé, puisque nous avons déjà abordé ce sujet lors de la réunion du Conseil de la fédération à Niagara, au moment où on avait soulevé la possibilité d'un programme national d'assurance-médicaments. Et pour placer ce contexte dans des choix, le Québec avait et a toujours son propre programme d'assurance-médicaments. Il y avait là un exemple vécu qui, je crois, venait soutenir la position que le Conseil de la fédération a défendue subséquentment. C'est-à-dire que cet exemple leur permettait de voir dans le concret pourquoi nous étions justifiés d'avoir une approche comme celle-là.

Je vous fais remarquer que l'entente signée aussi dans le communiqué principal que nous reconnaissons que cette asymétrie s'applique ailleurs aussi. Alors ce n'est pas une situation qui empêche d'autres de se faire reconnaître, mais qui permet au Québec, en tout cas, d'assumer et de faire valoir sa différence. C'est une chose qui nous tient beaucoup à cœur, parce qu'historiquement le Canada n'aurait pas existé n'eut été de la capacité du peuple québécois de faire reconnaître cette différence.

**Q.** Before this day began, you said that the northern Premiers were happy with the deal, and this was before all these

negotiations took place today. If you can explain to me what you were satisfied about with the initial deal.

**HON. JOSEPH L. HANDLEY (NT):** Let me say I was first of all satisfied with the discussions myself and the other two territorial Premiers had with the Prime Minister on Monday morning, and that set us on a course that was clearly leading to a clear recognition of northern issues, of Aboriginal issues.

I was pleased with the support I heard around the table from all the Premiers and felt very confident, although I suppose we had our times throughout the few days here, but I generally felt very confident and appreciated the support we were getting and was confident we were going to get a good deal, and I am pleased with the way everything turned out here.

**Q.** Mr. Martin, Canadians have seen health care agreements come and go in this country. What makes you confident that this 10-year, \$41 billion plan is going to fix health care for a generation?

**RT. HON. PAUL MARTIN (PMO Canada):** Well, first of all, I think that the degree of commitment by certainly at the federal government level but the degree of commitment at the provincial government level, this agreement was signed, every Premier, as well as the Prime Minister, has signed his name, put his name on the agreement, which was not the case the last time.

That does display the degree of commitment to what has been set out in the communiqué.

I also have to say that in the course of the discussions, and I think it was very evident yesterday, the degree of understanding of what has to be done and the degree of political conviction to see it through.

**Q.** A question for Mr. Williams. The first day you described what the Prime Minister put on the table as scraps. You showed up here this morning, you said he had offered crumbs. Can you make a meal out of what you have now? Is it enough to keep up with talk, national standards, benchmarks and accountability?

**HON. DANNY WILLIAMS (NL):** It's not a bad appetizer, I can say that much, and there is a bit of dessert in there as well.

I had to come from our situation in Newfoundland and Labrador. We have a very, very serious fiscal situation so we are really at the bottom of the heap here so funding is a huge issue for us.

The initial offer from my perspective on a standalone basis, if we just had health care funding, was simply not enough to make a difference in Newfoundland and Labrador.

Last night there was some movement on that offer, but it still wasn't enough on a stand-alone basis if there wasn't equalization money and other commitments. It was a full package I was looking at.

As a result of today's negotiations, the Prime Minister had increased his offer generously by 30 per cent on the health care funding money.

From the perspective of the Atlantic provinces and others who were looking for equalization entitlement, Manitoba, Saskatchewan, I hope I am not forgetting anyone else, and of course Quebec, but from our own perspective, Newfoundland and Labrador's perspective, we had a guarantee on a minimum as well from an equalization adjustment perspective, so that is additional funding for me.

As well, the Prime Minister very graciously gave us a commitment this evening that the Atlantic Accord would be resolved before the fiscal imbalance meeting on October 26th. That is the full meal deal for me.

Thanks very much.

**Q.** Premier Charest, what precedent do you think the Quebec clause in this agreement will have on future agreements between Quebec and the federal government?

**HON. JEAN CHAREST (QC):** Well, it will establish the common will of both the federal government and the Government of Quebec to operate within the framework of our constitutional arrangements; to be mindful of course those jurisdictions will be nothing new to those who have sat around this table.

It clearly says that this is part of what Canada is about. It is not a contradiction, but quite the contrary. It is something we should value, something that we should identify more clearly as part of our Canadian federalism. In that respect, rather than try to diminish it we celebrate it through this agreement. I have no doubt in my mind there will be plenty of other opportunities to celebrate that difference into the future as Canadians.

**Q.** I would like to ask the Premiers if this is really a fix for a decade, as the Prime Minister says, and whether you

won't be back here because you have your signature in the next decade asking Ottawa for more money.

**HON. DALTON MCGUINTY (Ont):** There is a likelihood that we will return at some time between now and the end of the decade in order to work some more with the federal government in connection with better health care for all Canadians.

I think the good news here is that this is a very significant agreement. It is unprecedented in terms of its ambition, in terms of its scope and in terms of its duration.

Is it going to eliminate all wait times throughout Canada? No, it is not and I don't think anybody here is prepared to pretend it would. But I think that it will most definitely enable all of us to make some real measurable progress. I think that is good news for Canadians.

**HON. GORDON CAMPBELL (BC):** Could I just say that what is critical about this agreement is it is long-term, it is stable, it is predictable, and that is an enormous benefit to us in providing health reforms across the system. It is clear that it is not an agreement based on unilateralism; it is an agreement based on a constructive federalism. It will provide us with sustainable funding that we can count on, and when we can count on it our patients can count on improvements across the country.

**HON. GARY DOER (MB):** Just another answer. Look at all that great work and the vision we have on pharmacare and pharmaceuticals and the planning and preparation. So we have a vision. We also have a dream.

The advantage of this document -- and it is the first time we have signed the document since I have been around in the take it or leave it days of the past, areas such as immunizations, which were a really good idea to have a national immunization program and we saw last week the evidence in the United States, \$100 million savings with immunizations for chicken pox. That program would expire under the old take it or leave it agreement in 2007. This is rolled into the base and we have escalators as well that allows us to continue to go forward.

Now, that doesn't mean we won't have other public health challenges into the future, but this provides, with the escalator and a lot of the money in the base being maintained in the base, a lot more of a sustainable, predictable and fair partnership with Ottawa.

**HON. GARY MAR (AB):** I would like to take the opportunity to respond to your question.

The current iteration of the Canadian health care system, it will not last 10 years. Provinces and territories will be back. There are many changes in technology, for example, in the delivery of health care that we cannot predict with certainty when they will happen or what they will cost. There are drugs today for people in this country that cost a quarter of a million dollars a year, not for the next year but for the rest of your life.

We will have to come to grips with some of the other things that, perhaps, the health care system needs to do in order to be sustainable. The reality is that health care costs grow not at the rate of normal inflation but they grow at the rate of 6, 7, 8, 9, 10 per cent a year at the same period of time government revenues are growing, 2, 3, 4 per cent a year.

So ultimately, even if the federal government is very generous, 6 per cent escalator applies to 25 per cent of Canadian health care costs, there is still 75 per cent of Canada's health care costs growing at a much faster rate than 6 per cent.

We will now proceed with the group photo. I would ask the Prime Minister and Premiers and Territorial Leaders to come to the front of the flags.

Je vous demanderais de nous rejoindre à l'avant. Merci.

--- Whereupon the press conference concluded at 0146 /

La conférence de presse s'est terminée à 0146