

Medical Care Act

many federal-provincial conferences. One should have been held regarding this serious matter before the bill was tabled or before it was even written. But that was not the case. This is an example of the way the Liberal government imposes its will or whims on the people. This is the Prime Minister's way of consulting with the provinces. He does so through the medium of the press.

There is now a new axiom abroad in this country about which we will hear more. We will hear more and more of it in the future. "Trudeau times are tough times." These are times of unemployment, inflation poverty and discontent. Now we have the refusal of the government to honour its national health obligations. Liberalism, which was so free with the people's money in 1969 when federal medicare was brought in now withholds money from the people through the curtailing limits of Bill C-68. Government inefficiency and waste of the taxpayer's money in many other federal fields are the direct reason for the cut-backs contained in this bill. They are the direct reason for the embarrassing position in which the government finds itself today.

The government is bankrupt in respect of policy and purpose. It is severely financially embarrassed. Despite its precarious position the government has the nerve this year to ask the Canadian people for more than \$42 billion, yet it cannot honour its medicare commitment for public health care across our country. I have said before in this House that Liberalism is the greatest deception that has ever befallen Canada. The government certainly is running true to form at the present time in respect of its policies. The federal government is opting out; more than that, it is copping out. What a sham this makes of our federal-provincial relations in our main shared-cost project, medicare.

● (2020)

Some of my hon. colleagues have already documented the sorry story of how my own province of Ontario was bludgeoned into joining the federal government's medicare plan when it had a better one itself. We had Blue Cross and Physicians' Services. In spite of the fact that we had a better plan already in operation, if we had not joined the federal plan the taxpayers of Ontario would have had to pay a disproportionate share of the federal plan, as well as the full cost of our own plan. That is the main reason why Ontario joined. That is the main reason why other provinces which had made a start on their own medicare joined this plan. I wonder what the Prime Minister would have done if Ontario at that time had said it would not join the federal plan and that it would not pay any part of the cost of the plan.

What is the background of this matter? In 1969 Ontario had its own private program—and it worked well—PSI and Blue Cross. Ontario was forced into joining the federal plan, as Ontario residents were taxed by the federal government to help pay the national cost of health care. In 1969 \$225 million was the estimated cost to Ontario taxpayers. Ontario suggested it should be able to keep this money and its own plan. The federal government of the day rejected this; thus the federal plan led directly to the province building facilities in the high cost area, some of which now must be cut back because of the federal government welshing on its contract. Thus also the ceilings just imposed have affected Ontario's decision to cut back. In

1968 the federal government wanted to get all the provinces into the one scheme. Ontario hesitated, as it had a good plan of its own. The premier of the day was concerned that if Ontario entered, its costs would grow at too high a rate, and this has been the case.

Our Ontario premier of that time suspected that the federal government could not be trusted to honour this or any other agreement, and he was right. But our premier took the federal government's proposals, or veiled threats, on faith at the time, and we have kept up our end of the bargain. Now we learn that the government has imposed this ceiling on increases in federal participation in spite of the fact that, like everything else, the cost of medicare has been rising.

We have also learned, and again without prior consultation with the provinces, that the present medicare arrangement will run for only a few more years, and we will be back to square one. We in Ontario will be able to adjust to this new situation, I hope, but here again we cannot really be sure that the Prime Minister will not be back again in a year or two telling Ontario and the others that we have to get back into a federal medicare scheme. In fact, as we all know by now, where this government is concerned we cannot be sure of anything.

It has already been pointed out that the Province of Ontario has been getting the short end of the so-called 50-50 arrangement with the federal government. Now, with the ceilings which have been imposed and with the inflation which is rampant in our country, most of which can be laid at the doorstep of federal spending, we have been getting about 43 per cent of shared costs for medicare and about 40 per cent of the shared cost of the high cost item, hospital insurance.

The government of Ontario must have smelled something in the wind last year when Bill C-68 was first being kicked around. At that time the government was deluged with complaints from the medical profession that Bill C-68 would be a backward step in the concept of medicare, and here it is, like a knife between the provincial shoulder blades, and that applies to every province in Canada. Ontario has suffered doubly in the shared-cost deal with the federal government because of the fact that the government's lowest area of participation has been in such things as home care, nursing home care, preventive medicine and other areas where the province has been trying to cut down on the need for hospital admissions. Knowing that something was going to happen, namely, this federal Bill C-68, the province was forced to assess the real needs for hospital beds and balance these against the available beds.

In the early days of the present medicare scheme the government's largest share of costs was in the field of hospital construction and operation, and every town and hamlet in Ontario seemed anxious to have its own hospital. Many of those were needed, but there was a certain amount of over-building. This situation is being adjusted now, but according to the provincial opposition the province is yanking beds out from under the people who need them most. The plain fact is that there are now and will be adequate hospitals and hospital beds to meet the needs of our people. In the process of bringing hospital beds in line with actual need the province stands to save about \$50 million per year, and this has to be done, in view of the