

*Government Orders*

able to afford health services while the underprivileged will tend to delay or forgo medical treatment.

• (1820)

We believe in the basic principles of universality, integrality, accessibility, transferability and public management of the health system. What we are criticizing is the fact that these basic principles are being threatened, in every province including Quebec, by the inability of the federal government to honour its commitments.

If you decrease or freeze the federal transfer payments, you jeopardize our health system, which is the one component of our social programs we most rely on. In Quebec, according to the established programs financing legislation, 45 per cent of health cost was to be picked by Ottawa. However, faced with the economic crisis of the early 1980s and the disastrous state of our public finances, the federal government decided to unilaterally opt out, so that by 1992-93 the federal transfer share of health expenditures had dropped by 33 per cent.

This opting out process, often described by the Quebec government as unacceptable, unfair and incoherent, was not followed by a reduction in terms of federal intervention, since Ottawa is maintaining national standards and undertaking parallel programs, hence causing overlap problems. The end results, as I said earlier, are steady pressure for users' fees or other forms of billing, the delisting of some services, a service tax on drugs, drastic cuts in hospital budgets and outrageous waiting lists in many specialties.

Thus, the very foundation of our health insurance plan, that is free, universal and accessible care, is in jeopardy. That brings me back to my starting point: it is always those most in need who are the worst affected.

How can anyone speak about social programs without crying out against a level of poverty so high that 4.2 million people live in poverty in Canada, with Quebec being the main victim? There are 1.2 million children living in poverty and that hard core poverty is the fate of a large majority of single mothers and women raising a family alone. Let us turn now from the current costs of that unusual situation to assess the real issues underlying that crisis and its long-term impact.

Beyond the figures and the statistics, there are real people out there who hurt, who are sick and who go hungry. Those people wish the government would act responsibly, quit squandering money and find lasting remedies. We readily admit that people in government need to travel, but how many families could we get out of the mess for good with what it costs for a single Challenger flight? Every little bit helps.

Many studies demonstrate a clear relation between poverty and bad health. According to a study by Health Quebec on the 25 most common health problems in Quebec, almost all of them were more acute among low income people than among wealthier people. Poor people consume more medicine than rich people and require more health care.

A report made public by Campaign 2000 revealed a 30 per cent increase in the number of children living in poverty in Canada. In addition to being a bigger drain on the health care budget because they get sick more often, these children suffer more often from learning problems and are more prone to becoming school dropouts, twice as often as the children of the wealthy. Finally and most regrettably, they are more likely to become dependent upon social assistance than to participate in development.

• (1825)

In order to better control the global state of health of the population in Quebec and in Canada, and hence to limit health care costs, we must first wage a merciless war against poverty. Therefore, those considerations have to be taken into account in the review of our social programs. Ignoring them would have the effect of worsening the spiraling deficit and the spiraling poverty. We have more than enough of one tragedy already.

The only effective remedy against poverty is the creation of long-term jobs for people who will have first enjoyed adequate benefits. In this context, the direct duplication of similar federal programs and provincial initiatives is an absolute waste of public money and is also, in most cases, counterproductive. Quebec wants an end to this mess in the manpower and job training sector which costs its taxpayers \$250 million every year.

In this area, as in many others, the existing rivalry must be replaced by effectiveness and efficiency. Our debt as well as the chilling reality of the unemployment rate and the number of welfare recipients do not allow us to condone waste through sheer stubbornness. Administrative overlapping generates real costs, one of the most important of which is the inability to solve the problem of poverty, especially in Quebec.

Poverty, especially in the case of young people, leads directly to welfare, drug and alcohol consumption, sometimes jail, and even despair and suicide. The fact is that the drop-out rate in schools is alarming. In some districts of the island of Montreal, close to half of the students quit school without any diploma and, as we all know, dropping out of school leads directly to poverty, since the job market massively rejects people without diplomas. According to Statistics Canada, 65 per cent of the new jobs between 1990 and 1993 were filled by university graduates. No speech made by governments on employment makes any sense if it is not supported by an energetic program to change