

Supply

consumers of health services to ensure that our system remains strong and improved for future generations.

Mr. Jim Karpoff (Surrey North): Mr. Speaker I wonder if the minister could identify the speaker who said the following: "The Progressive Conservative Party is in favour of quality medicare, universal medicare delivered to our citizens. The problem arises because of unilateral and arbitrary cuts by the federal government to the provinces which are charged with footing the bill."

I have another quote from the same person: "National health care is not a political issue. You are entitled to the same kind of quality service irrespective of the place of residence. That may mean higher than 50 per cent."

In cases such as northern British Columbia, New Brunswick and Nova Scotia, the federal share would likely be higher than 50 per cent. I will not even bother to test his memory regarding who said this; it was of course the Prime Minister in 1983.

What has happened to change the Prime Minister's mind in the last four or five years when he talks about not only a commitment to medicare, but a commitment to returning to the 50-50 funding formula?

Mr. Beatty: Mr. Speaker, the hon. member treats the debate on medicare as if it were a trivia quiz. It is something considerably more profound than that.

The hon. member raised questions with regard to the federal share of medicare, particularly in have not regions of Canada. He will be aware of the fact that the system was changed in 1977 to move to block funding under EPF. My friend from Winnipeg overlooked the fact that it was done at that time.

He will also be aware that in addition to funds transferred to the provinces under EPF, the federal government continues to transfer funds under equalization, which are designed expressly to ensure that have not regions of the country receive extra money to enable them to provide the level of services available in other areas of the country.

A good share of that equalization money can be used by those provinces in their health care system if they choose to do so. Because of the fact that the delivery of health care services is the responsibility of the provinces constitutionally in Canada, it is a decision which they take.

The federal government continues to make a key contribution to financing of health care in Canada; through EPF alone this year, some \$14 billion. Again, the question which comes back to all of us, including my hon. friend opposite, is: Is it the position of our political parties that the share of the Gross National Product to health care can and should continue to grow without constraint, or should we be taking a look at the system and asking ourselves whether we can use the money more wisely?

If their answer is that it is time we begin to look at our priorities, then it is incumbent on members opposite to spell out those priorities in this debate, and not to play shell games with something as important as Canada's health care system.

Mr. Jim Karpoff (Surrey North): Mr. Speaker, I am most pleased to be able to enter into the discussion in this House concerning medicare.

I would like to start off with disagreeing with my hon. friend who says that this is not a partisan issue. I think health care is very much a partisan issue. This is a place where it should be discussed on that basis. If he means partisanship by the different political parties, there will be different philosophies, different priorities, different points of view and different records when it comes to the support of medicare.

We in the New Democratic Party are not afraid to be partisan, to set out what our record is, and what our priorities and points of view are. We are not afraid to contrast the Progress Conservative Party and the Liberal Party.

It is very important that people have a historical understanding of what has happened to national medicare. National medicare was really started in Saskatchewan by Tommy Douglas. It was the New Democratic Party and its predecessor, the CCF, which was willing to take the initiative to stand firm in spite of difficulties with the medical profession and to introduce a universal government-sponsored medical program.

In 1964 there was the Hall royal commission which I think gave a blueprint for Canada's national medicare which was brought in in 1966. I would like to point out it was brought in when there was a minority government, when the Liberals needed the support of the New