

*Government Orders*

1986. The established programs financing escalator used to be tied to the Gross National Product, GNP, but in 1986 it was reduced to the Gross National Product less 2 per cent. You could say that it would still allow it to grow, but not at the full level of growth of the Gross National Product.

There was a new budget introduced in 1987 with a new bill, Bill C-44. This again renewed the fiscal arrangements of the established programs financing until March 31, 1992, again keeping these lower than growth types of increases. In 1989, under Bill C-33, beginning in 1991 the rate of growth of the established programs financing transfers would be cut by one percentage point. Now we are down to the Gross National Product less 3 per cent, again a decrease in the increase.

At that time the government expected to save hundreds of millions of dollars. In the budget of 1990, we saw Bill C-69. I am a lot more familiar with some of these because I was actively involved in the debate on these bills. The transfer payments to the provinces on post-secondary education and health care were frozen again at the Gross National Product less 3 percentage points. And it carried on. Bill C-69 did not deal with CAP. We have had an extension of CAP already this year. Under the Canada Assistance Plan bill which allocates moneys for welfare, Alberta, Ontario and British Columbia were limited to the amounts of increases. Despite the fact that they have huge rates of welfare, that the unemployment rates and their rates have increased far and above what many others have, it would still not be allowed to raise the money that would be transferred to deal with these programs. Always we see a constant cutback. Year after year after year we see it happening.

• (1230)

The impact of these cuts and these freezes results in total losses to the provinces in the billions of dollars range. We see that reflected very much in what is happening with our health care system. Although it is true that our health care system is costly, it is still the best value for our money. If we compare what we get for our dollar here in Canada and what the U.S. gets for the amount of money that it spends, then we are far and above better served by every dollar that we invest in our health care.

There is no doubt in my mind that changes need to be made to some of the programs. Perhaps we need to emphasize other areas of health care more than some of the ones that we do.

Cutting back on the transfers in these areas has not contributed to better management of our health care system. They have only contributed to the cutbacks and to the fear that we feel now across the nation as the middle income group, which is the largest group of Canadians, are frightened and afraid of what is going to happen to them in the future. Will there be a health care system for them, will they be able to get the drugs that they need at the prices they can afford to pay when they need them, when they get to be a certain age. There is this feeling that perhaps the federal government is letting go of its responsibilities in this matter.

Obviously when we saw that Quebec was prepared to introduce user fees, as we allow the federal government to transfer fewer and fewer dollars to the provinces in these areas, then we also transfer the authority that we as a national government have. It would mean that in some areas of the country we would perhaps have better health care than in others.

I was always under the impression that the idea behind many of our programs was that we would have equal types of programs, equal care for people across the country, not where one richer province perhaps had more money to invest in one area versus another. I think that is totally unfair. We must be very careful to preserve one of the best universal medical health care systems in the world.

In the 1984 election, Brian Mulroney on August 18, 1984 said that "universal social programs are a sacred trust, not to be tampered with". I believe when he spoke of universal social programs he especially meant medicare, which is a social program, which is universal. However, many people now would have us believe that if one has money one should be able to pay for one's health care.

At first glance perhaps it might sound like the answer. It would be the beginning of the end of what we have now. I do not believe that health care should be based on a person's wallet, it should be based on the state of that person's health. Therefore, if a person is very poor, but very ill and dying, then he or she should get priority