

Federal-Provincial Fiscal Arrangements Act

Yet that program will be affected. How can we pass a Bill that will have that serious an effect on health care programs?

Let me refer to a report by Mr. Justice Hall. Perhaps what he said has been quoted by other Members but it is one of the great statements about health care. Justice Hall said that almost all Canadians were agreed:

—that the trauma of illness, the pain of surgery, the slow decline to death, are burdens enough for the human being to bear without the added burden of medical or hospital bills penalizing the patient at the moment of vulnerability. The Canadian determined that they should band together to pay medical bills and hospital bills when they were well and income earning. Health services were no longer items to be bought off the shelf and paid for at the checkout stand. Nor was their price to be bargained for at the time they were sought. They were a fundamental need like education, which Canadians could meet collectively and pay through taxes.

The federal Government should reviews its priorities. On the one hand it has reimbursed the uninsured depositors of failed banks. It has brought in an exemption from capital gains. It has gradually stopped taxing oil and gas produced in the producing provinces. It has increased RRSP deductions. But on the other hand the Government is saying now to Parliament and to the Canadian people that it is going to cut back on health care and education.

Bill C-96 does not deserve the support of any Hon. Member in this House. I ask all Members to join together at this final and last opportunity at third reading to stop this Bill before it is too late.

Mr. Gauthier: Mr. Speaker, the Hon. Member for Cochrane—Superior (Mr. Penner) strongly and ably brought forth arguments against adopting Bill C-96. The third reading of this Bill, as he said, does not commend itself to Members of this House. One should go back to the committee work when we heard from the private sector and from the people concerned.

I have a letter before me from the Canadian Medical Association which I believe was addressed to all Members of Parliament. I want to read one sentence from the letter addressed to me dated May 27, 1986.

The Canadian Medical Association has voiced its concern with the implications of this legislation for health care in Canada and especially its impact on health services in the Atlantic Provinces. We are very concerned about the impact of this legislation on health services in those provinces with a fiscal capacity, from their own resources, of 60 or 70 per cent of the national average.

What this country is about is redistribution. It is about equal sharing, sharing of the obligations to make it possible for all Canadians to have an equal chance, to have equal access and to have, we hope, a good life.

The Hon. Member is from Ontario, as I am, and our province is going to be asked to accept a cut of \$2.9 billion over the next five or six years. The Member mentioned ageing populations which will require more services for chronically ill people and for in-house type of care for senior citizens, all of which is expensive, I admit. There is also the increasing need for furthering education to cope with technological changes and the technological revolution we are undergoing, along with retraining people in the demonstrably bankrupt job-creation

programs of the Government for youth. Does the Member not believe that in Ontario, where we will possibly have to bear the brunt of this \$2.9 billion cut over the next six years, that to maintain the quality of services income taxes will have to be raised by the province?

Coming as he does from northern Ontario, which is a large region—and I am not saying this in any sense of diminishing the quality of life there, but it is a more difficult and sometimes a harder life—does the Hon. Member agree that Bill C-96 will have a more direct impact on those living in northern Ontario than those living in the Toronto area, Ottawa, Hamilton or other areas like that? Does the Member think it is fair to the regions of this country to go ahead with a Bill like this which reduces expenditures that were anticipated by the provinces to cope with the increased demands on education and health?

• (1530)

Mr. Penner: Mr. Speaker, the northern part of the Province of Ontario comprises about 80 per cent of the province in terms of land mass. It is true that it has a great deal in common with the other underdeveloped regions of the country such as those regions north of the sixtieth parallel, the Atlantic provinces and, from time to time, depending upon economic circumstances, the western provinces which sometimes find themselves well off and at other times not so well off. Northern Ontario has consistently been underserved and the costs of services tend to be higher. The people of the region have insisted that they should have their own post-secondary institutions. They have always thought it was unjust that young persons should have to travel to the southern part of the province, or another part of Canada, in order to have the benefits of a college or university education. We have, therefore, developed our own system of universities and colleges. However, enrolments are smaller. One can quickly see that in order to have a variety of programs the costs rise.

The same is true with regard to health care. People in northern Ontario find it objectionable that they must be flown to Toronto for a variety of services. They wonder why they cannot have at least some specialist services and quality health care, if not all those available in a metropolitan area like Toronto. They have fought to have as much of that as possible in local or regional hospitals.

The quality of life in such regions does not appeal to everyone. Some doctors do not find fishing or hunting in the fall of the year to be exciting. Those are the recreational attractions in such regions. Those who are interested in culture or pursuing education while in practice find it less attractive to work there. Therefore, the provinces had to offer incentives which increase the cost of health care.

We in northern Ontario are particularly nervous about Bill C-96 because our past experience has been that when cuts are made it is often easiest to cut in such a region because its voice is not as great as that in other parts of the province. Even though northern Ontario covers 80 per cent of the land mass,