

spent. One of the limitations of the old system was, for example, that if the federal government decided to fund acute care beds and not fund chronic care beds, then there would be an overbuilding of acute care beds and an underbuilding of chronic care beds. This led to the serious situation which can now be found in many Canadian hospitals, that there is a serious shortage of chronic care beds, and people who are in need of chronic care are taking up acute care beds.

The provincial governments were given a certain amount of freedom under this scheme, as it was felt that since they are closer to the people they should have more say over where the money should be spent. But this proposal came at a bad moment in history, because the arrangements of federal-provincial cost-sharing programs do not happen in a political vacuum. They, of course, happen at a particular time and place in the political history of Canada. In addition to certain inadequacies inherent in the block funding proposal, it was introduced at a bad political moment, just as we had a wave of so called neo-Conservatism spreading across the country like a plague, and just as the provincial governments thought that their first duty was to use health care as an avenue of fiscal restraint. Instead of the freedom which the provinces were supposed to receive under the block funding arrangement being utilized to innovate and to expand, this freedom turned into licence to use health care as a means of fighting what was perceived to be inordinate government spending.

To a certain extent and, on those grounds, it is fair to say that block funding never really received a decent chance. There is some question as to whether or not it should be given a second chance because of its inherent faults. But because it came at this bad historical moment, block funding never really had a chance. Two exceptions are the provinces of Quebec and Saskatchewan because they used this freedom in a more creative way.

The federal government will have to take action to bring the provinces which are abusing their freedom under block funding arrangement into line. To a certain extent the answer given three times now by the Minister of National Health and Welfare (Miss Bégin) in response to questions about health care, to the effect that nothing can be done until the review of the health care services by Justice Hall is completed, is legitimate. I can understand why the minister does not want to comment on this subject before the Hall report has dealt with some of the problems about which she has been asked.

But I have no illusions as to whether or not the Hall report will be implemented the day after it comes down, given that the government agrees with its contents. In the meantime we are hearing more and more every day about how the medicare system is being eroded at the provincial level through the charging of premiums, deterrent fees, extra billing, opting out and cutbacks in hospital services. We must act now. If the minister must wait for the Hall report, then that is fine. But after it is completed I call upon the minister to act expediently to bring the provinces into line.

I call upon the minister to act soon, so that when the subject of health care comes up with regard to what will be the federal

responsibilities and the provincial responsibilities at a constitutional conference, we will still have a health care system to discuss, and so that we can debate legitimately which government will provide the funding, instead of being in a situation where far too much of the health care costs has been transferred to the private sector already by all these devious means. At this point the debate on who will administer and fund health care would become, to a certain extent, academic.

We have a very young health care system. It is only 18 years ago that the battle for health care as a right was fought in Saskatchewan. We have a very young, philosophical mongrel type of system. We have a publicly funded system mixed with a fee-for-service view and an entrepreneurial view of medicine. Some of the strains which were built into the original compromise are becoming more tense. The battle, as I said before and as we see it from this corner of the House, is fundamentally not a battle of cost, but a battle of attitudes and how we are going to perceive health care within the context of the society which we wish to create in Canada.

We must see health care as a right of individual Canadians and as something which the community and the country which we call Canada perceives in such a way that to the extent that individuals suffer, then we all suffer, because we are connected not merely in the phony connection of the market place, but as human beings. When we begin to see health care in that way, we will not have to ask where the money is going to come from for health care. We will not pass millions and millions of dollars without debate in one day in the form of tax expenditures, and then spend months and months moaning and groaning about the cost of health care. It was \$32 billion in tax expenditures alone in 1978.

● (1600)

When we come to the point that we regard health care as a right and not a consumer commodity to be exchanged in the marketplace, all these problems of cost will disappear, at least in the way we so often hear about them. We will be willing to pay the costs in order to ensure a future of which we can all be proud. We will not have to fight the battle for our health care system in Canada every ten years. It should have become part of the fabric of Canadian society long ago. It should not be something that is attacked periodically, as it has been recently. I hope, when we consider supplementary borrowing and all these questions of government spending, that we will take into account that it is important to spend money on health care.

Some hon. Members: Hear, hear!

[*Translation*]

Hon. Roch La Salle (Joliette): Mr. Speaker, I wish to make a number of comments on the bill now before the House because when I look back on what has happened in the last 24 months in this House, I believe that the attitude of the government in introducing this bill is the worst example of irresponsibility that I have ever seen.