

*Canada Health Act*

talked about that, but how did the Tories get out of this one? They said to their friends, the Tory governments that wanted user fees and extra billing, to forget about what they would do in Parliament for a while and that they would be given more money when they came to power. Of course, they think that they will be the government before too long. As a matter of fact, I do not mind their thinking that because it has the effect of their forgetting what are the fundamentals, namely they are still the Opposition and we are still the Government. That is the way they are trying to get out of this one. They tell the electorate that they will support the present Canada Health Act or the measures of the Minister of National Health and Welfare but that once they are in power, they will give the provinces more money. There will be no more consideration of the debt or the deficits; they will give the provinces more money as if they really deserved more money for health care or for post-secondary education.

It was interesting to see these words couched in the following paragraph of the speech of the Hon. Member for Provencher yesterday, as reported on page 452 of *Hansard*:

—we are saying that when the next election comes, whenever the Prime Minister decides to call it, we will call a federal-provincial conference not to study again but to discuss with the provinces how the health care system is functioning and what funding should be examined, and the agenda will be open. We will be willing to discuss that agenda with the provinces and look at those issues and look at where extra money should be put in areas where they are not covered now by the cost shared arrangement.

Those comments are very interesting, but the record should show—and the Tories should not be allowed to avoid it—that regardless of the merit of their position, they are advocating that federal taxpayers pay more money to the provincial governments without them, I or anyone in the public having any assurance the money will actually go to health care or post-secondary education. They will not be able to maintain that position very long before the public sees that they are on both sides of the fence.

Also I am reminded of their position, which they continue to repeat. They are trying to say that the Minister of National Health and Welfare has been waging a war with the provinces and with doctors, as though, when fundamental questions are raised in the public domain in politics, there were an easy way to make points and to ensure that accessibility and universality of health care could be achieved without any kind of debate.

She was not waging a war against the provinces and doctors. The Minister of National Health and Welfare was ensuring that two things would not happen in the country in the future. First, that we would not enter—and we are just about there—into a second layer of medicare services for some Canadians with one program for the rich and the well-to-do and another for ordinary Canadians. We were just about there, and one day the unions would have bargained for more insurance to cover extra billing as happened in Australia. Once that route is started, there is no end, other than the destruction of medicare as we know it. It may have taken five years or ten years, but it is one thing the Minister of National Health and Welfare stopped. It was not a war with the provinces or with doctors; it was a fight to preserve medicare. She did this as a Liberal, and

it is because we have a Liberal Government that this was made possible, not because the Conservatives saw the light after the fact and supported the Canada Health Act.

Tough Conservatives, those who are really fiscal Conservatives, should be proud of the second thing the Minister has done. She is protecting the sole source funding system in Canada, the pre-paid insurance system which provides at the disbursement end a sole disbursement on behalf of the public. That is what the Minister has done. There are two sides to this. One is the human social side that I mentioned a moment ago and the other is the practical side. The beauty of our system from the point of view of how much Canadians should put into it is that there is public control.

● (1610)

Second, if the Minister had not intervened, there would have been leakages in the system. Once there is one small leak, there is no end to it. We would have awakened one day to see the same situation in Canada as applies in the United States. The amount of money to fund the health system in the United States is not based on any political or public examination. It is determined simply by market forces. A patient in a doctor's office or hospital has to make a transaction similar to a transaction that is made when buying a shirt, renting a car or purchasing an airline ticket. That would have happened in Canada. We would have opened the leakage. We would have had to spend a lot more on health care without any assurance that the health care for Canadians would improve. While in the United States a lot more money is spent on sophisticated equipment and research, the Americans do not have a better health care system than we have in Canada. I am convinced that any objective and competent analysis would show a better health care system exists in Canada.

[*Translation*]

Mr. Speaker, as the Tories did in yesterday's debate, several government people at the provincial level keep saying that the Canadian Government has reduced its transfer payments to the provinces under the new Fiscal Arrangements Bill enacted by the House of Commons in the spring of 1982.

Well, Mr. Speaker, the Minister for International Trade explained a while ago that amendments to the fiscal arrangements brought about in 1982 in no way reduced the federal grants to the provinces for post-secondary education or health care. I see in the House at least two Members who sat on the Parliamentary Task Force on fiscal arrangements which I had the privilege to chair, namely the Hon. Member for Lethbridge-Foothills (Mr. Thacker) and the hon. member for Winnipeg-Birds Hill (Mr. Blaikie). Those Members will recall that in each provincial capital we visited, we would quote figures showing that the monies paid out by the Minister of National Health and Welfare (Miss Bégin) and by the Department of the Secretary of State as revenue guarantee were included in the amounts we had at that time as being allotted or earmarked for health care and post-secondary education. In each capital, the Minister and the Deputy Minister of Finance