

Canada Health Act

cost-sharing was built into the new financial base and is therefore in the block funding grants, but it is no longer attributable to any particular hospital. The province gets the money.

Of course, the MRC and the NHRDP programs continue their medical research funding. The problem is that since block funding, Dr. Wilson or any other medical researcher, can no longer put their overhead under special cost-sharing but it is included in what we pay to the provinces. I do not know how it is passed on.

Miss MacDonald: Mr. Speaker, I am not sure that the rules permit the Minister and myself to get into a dialogue at this point. I appreciate the way she has posed the question, asking me to get in touch with Dr. Wilson. This is a complicated issue and I have raised it so that the Minister and her officials will look at it.

I appreciate the way she has posed her question and also the information she supplied but perhaps the Minister could respond to Dr. Wilson's letter and be good enough to send me a copy of her reply.

Mr. Blaikie: Mr. Speaker, I have a question for the Hon. Member for Kingston and the Islands (Miss MacDonald). She will be aware of this last-minute flurry of concern on the part of the provincial health ministers which was referred to earlier by the Hon. Member for Calgary West (Mr. Hawkes). Their eleventh-hour concern has a lot to do with the amendment on binding arbitration and the relationship between provincial government and doctors set out in Clause 12 of the Bill.

I wonder if the Hon. Member could undertake to speak to those of her Progressive Conservative colleagues who are Ministers of Health in most of the provinces and tell them, as I have endeavoured to do with the Minister of Health who is of this Party, that the clause is not what they think it is; it is not binding. In fact, that is the complaint that the Hon. Member and the Hon. Member for Oxford (Mr. Halliday) had. Indeed, the Hon. Member for Oxford moved an amendment which, if accepted, would have made the clause binding. I should like to ask the Hon. Member if she would be willing to get the message across—perhaps she has already endeavoured to do so—that this is not what it appears to be; it is not binding.

I hope we will not find ourselves in the position that I had an inkling of from the remarks of the Hon. Member for Calgary West and other members of the Progressive Conservative Party that they might be calling for the Minister to meet with the provincial health ministers over a concern that the Conservatives feel is not there in the Bill.

Miss MacDonald: Mr. Speaker, I can say that I have been in touch with certain ministers. The Hon. Member will know of my close association with the Minister of Health in the Province of Ontario. Representing the same constituency, as we do, we have had an opportunity to discuss this. I have attempted to bring to this clause the clarification that the Hon. Member has outlined. Prior to introducing the motion that we did, which, as has been pointed out, was a much stronger

motion with regard to mechanism that would have introduced a fair and reasonable compensation for the medical profession, we had conveyed it to the health ministers. They knew our intentions.

Mr. Blaikie: Mr. Speaker, it is not often one gets a chance to question Conservatives so one must take every opportunity that is presented.

The Hon. Member for Kingston and the Islands raised the question of funding and said that we were not able to do some of the things she wanted done, that I wanted done, that other members of the committee and witnesses before the committee wanted done, because there was not a willingness on the part of the Government to reopen the question of federal funding or a political willingness to provide more federal funding.

Having that in mind and the commitment made by her Leader this summer that a future Progressive Conservative Government would provide more federal funding for medicare, could I ask the Hon. Member if the commitment stands? Would a Progressive Conservative Government provide more federal money for health care and would it be willing to renegotiate—

Mr. Deputy Speaker: Order. I should remind the Hon. Member for Winnipeg-Birds Hill (Mr. Blaikie) that comments and questions must relate to remarks made by the previous speaker.

Mr. Blaikie: They do.

Mr. Deputy Speaker: I may have missed the point. The Hon. Member for Kingston and the Islands (Miss MacDonald) will reply.

Miss MacDonald: Mr. Speaker, I would reinforce the commitment made last year by my Leader with regard to funding of the health care system in this country. He said what he would do—the additional funds he would want to see put into the system. I would ask the Hon. Member to go back to Manitoba and urge the good folk of Manitoba to vote Conservative in the next election. That way they will be sure of getting better health care services in this country.

Mr. Blaikie: Mr. Speaker, I should like to indicate that there are many other ways for the people of Manitoba to accomplish the same end with a happier political effect.

Mr. Deputy Speaker: Debate. The Hon. Member for Winnipeg-Birds Hill.

Mr. Bill Blaikie (Winnipeg-Birds Hill): Mr. Speaker, this is one of those rare opportunities one is presented with in political life, and I hope there are more, when one has been able to follow a political issue through what we might call a chapter in history—in this case of medicare. I believe that chapter began in 1977. What we are seeing now is an effort on the part of the federal Government to shore up and correct some of the consequences of the mistake it made in 1977 when it went to