

Supply

budget. Mr. Maher, the province's finance minister, has said he would consider farming out services. He also said New Brunswick would be one of the first provinces to reconsider seriously compliance with the terms of the Canada Health Act. That certainly is very ominous. I would like the Minister of National Health and Welfare to be prepared with his answer.

In Ontario, Minister of Health Evelyn Gigantes has been quoted as follows: "When it comes to over-all health policy, we have a lot of work to do. We know that certain populations, natives, francophones, multicultural groups, are not participating fully in the benefits this society makes available to others".

Meanwhile, the Ontario minister of finance said: "I think Mr. Wilson is making it very difficult for the provinces to maintain their commitments to medicare".

Ontario is currently spending 30 per cent of its budget on health care. Farther west, closer to my constituency in the province of Manitoba, hospitals have been told to slash their budget by \$19 million. This announcement came from the provincial government last week. The province told hospitals in Brandon and in Winnipeg to shave operating costs. There is fear that beds will be closed and services cut. The hospitals may also be called upon to absorb any additional costs from the dreaded goods and services tax.

Saskatchewan, we all know, was the first Canadian province to obtain public medical insurance. That was 45 years ago. Who back then would have envisioned our hospitals of today where babies small enough to fit into the palms of our hands can survive and grow? But even Saskatchewan declared that its provincial medicare is facing cutbacks in health care services.

Alberta and British Columbia are perhaps the two provinces best able to meet national standards despite cuts in transfer payments. Yet their governments have made no secret of their interest in again charging user fees and of disentangling the federal hand from provincial health care.

In the northern communities, especially in the isolated Indian reserves or the villages of the Dene and Inuit, proper health care has often been lacking. Inuit babies are 28 times more likely to die in infancy than are babies

in the south. Native Indian babies are 19 times more likely to succumb during infancy. Those death rates are Third World in their nature. The huge gleaming hospitals of the provinces, whirring with technology, are but a dream to these people. Medicare is a concept they deserve to know. That should be a government priority: creating services, not restricting them.

It would be scaremongering to say the rest of Canada could have their hospital care stripped away, but the reality remains. Daily our health care system is becoming more taxed and stricken with debt and fiscal restraint. The purchase of new equipment, even the maintenance of old equipment, becomes exceedingly difficult to fund.

Meanwhile, the largest health research funding agency, the National Health Research and Development Program, had its budget cut by \$2 million this year. I believe research into new medicines, a more efficient health care delivery system and preventive treatments are absolutely necessary if we are to control health care costs, yet only one-tenth of all money spent on health is channelled toward prevention.

I believe, by not focusing more attention on prevention, we cannot hope to maintain services while coping with burgeoning health costs. Some costs of health needed to be addressed long ago. By not dealing with them, the provincial and federal governments have left themselves vulnerable to an impending health care crisis. I am speaking about wage disputes and high turnover of nurses.

On February 20, in a full-page ad in a local daily newspaper, the Ontario Nurses Association printed a letter entitled *Nurses Continue to be Taken for Granted*. I quote from this letter:

Recession or no recession, the nurses have continually received short shrift in terms of financial remuneration. They have fallen further and further behind comparable workers. It almost seems that society considers them dedicated amateurs who neither need nor deserve full monetary compensation.

This full-page ad was a call for public support. Just like the nurses in Manitoba earlier this year, the nurses in Ontario are set for contract negotiations. They too are caught in the funding slash that denies them wages, of provincial governments which are unable or claim to be unable to meet their wage demands. The problems are already coming to fruition as qualified nurses become