which serious illness could mean economic ruin or the indignity of dependance on charity for many Canadian families, found political expression in the advocacy by Canadian democratic socialists of a public health plan to provide benefits to those who needed them without regard to their ability to pay. Publicly insured health services, prepaid collectively through progressive taxation, and available at no direct charge to patients, would recognize health as a fundamental need, like education, and would be the mark of a more fully human community.

The CCF in Saskatchewan, after its election in 1944, wasted no time in living up to its commitment to establish a provincial hospital insurance plan. Other provinces were to follow in the 1950s, with federal cost sharing finally accepted in 1957. The CCF in Saskatchewan again led the way, despite considerable opposition, in 1962, when it introduced a provincial medical insurance plan. Subsequently NDP pressure on the Liberal minority Government of 1963-68 led to the establishment of medicare in 1966. Direct 50/50 federal cost sharing of provincial medical insurance plans along the lines recommended by the royal commission on health services chaired by Mr. Justice Emmett Hall, which reported in 1964, was made available to provinces whose plans met five basic principles. Those five principles were and are public administration, comprehensiveness, universality, portability and accessability. Most Progressive Conservative provincial Governments resisted, but by 1972 all had responded to the double effect of federal money and public demand.

Ideological prejudices against medicare simmered for a decade when there was plenty of money, but soon a context for renewed hope on the part of medicare's philosophical opponents was provided by the increasing cost and therapeutic limits of the entrenched health care models, by the actions of the former Liberal federal Government in reducing its funding while calling for tougher national standards, and by the recession of the early 1980s.

In the absence of the kind of economic growth that complemented the expansion of medicare and other aspects of the modern welfare state in Canada, Canadians have for some time had two choices before them. Prior to the passage of the Canada Health Act, the choice was often caricatured as a choice between a health care system based on caring, on real human community, and on the principles of medicare on the one hand, and a health care system characterized by high and rising premiums, user-fees, extra billing and privatization of health services.

The Canada Health Act, passed unanimously by this House, could and should have been a statement of our commitment as a society to preserve medicare and its principles by whatever redistribution of wealth and power it takes to keep it and improve upon it. It should have settled the matter. It should have represented a choice. However, it did not. Instead it appears that our suspicions at the time of the debate on the Canada Health Act, that Conservative support of the Act was purely tactical and not from the heart, were all too well-founded. The long-term effects of the cut-backs we are debating today will be to do through the back door, indirectly, what the Tories did not have the ideological courage to do openly, put pressure on our health care system and seek more opportunities for patient financial input instead of looking for ways to make our health care system more efficient and new sources of public revenue through a review of the tax system.

The health care model which forms and shapes the insured hospital and medical services available through medicare needs to be substantially reformed. Among other things, we have to critically re-evaluate the role of doctors in health care delivery; the way in which we use expensive medical technology; and the persistent lack of attention to the preventive side of health care. The emphasis within the established medical model on the treatment of illness and the relative neglect of disease prevention and health promotion goes hand-in-hand with the current role of doctors and technology in that doctors and the technology they employ tend to focus almost exclusively on the sick. The increasing cost of new technology in combination with the open-ended income expectations of many doctors all have to be met from a finite number of public health care dollars and at the expense of other health care priorities such as adequate nursing staff, home care alternatives and pharmacare, to name only a few areas that will become even more demanding as our population ages, with the pharmaceutical needs of our population about to be aggravated by the planned changes to the generic drug laws, a change which could add over $200 million a year to Canada's health care bill. A serious debate on the allocation of Canada's health care dollars is long overdue. The public should demand such a debate and the information they need to meaningfully participate.

We should be moving in the direction of a health care model which, instead of being dominated by doctors, looks more like a professional team of differently trained health care practitioners, all working together, each doing what they can do best in the least costly setting to provide health care which is integrated with and sensitive to the life of the whole person and the community to which people belong.

To these ends the NDP supported the amendment to the Canada Health Act which introduced the concept of health care practitioner. We successfully moved and argued for an amendment to the preamble to the Act which made it clear that any future improvements in Canadian well-being would be dependent upon "collective action against social, environmental and occupational causes of disease."

Actions taken by the previous Liberal federal Government often provided Progressive Conservative provincial Governments with handy excuses and political cover for health care policies which they philosophically preferred in any case. The April, 1982 unilateral cut-back in federal funding should be particularly remembered at a time when we are debating Bill C-96, an Act to unilaterally reduce federal transfer payments to the provinces. Now it is the Liberals who are outraged and the Tories, who were outraged in 1982, are contradicting themselves. The argument that they did not know about the