

There is room for legitimate argument and discussion as to what the federal presence should be in respect of the administration and delivery of health programs, how much the federal government should be involved and how much the provincial governments should be involved. But there can be no room for argument about the responsibility of the federal government to participate fully in these financial responsibilities. The government is welshing on that aspect of the matter, Sir, and that is what angers me. It brought the provinces into these programs and it is now trying to welsh on its financial responsibility and its general responsibility to the Canadian people.

● (1510)

Now the government has introduced, for perhaps some kind of smokescreen, a proposed tax-sharing arrangement which even the Minister of Finance (Mr. Turner) calculates—and I have no more confidence in what he says in 1973 than I had in what he said in 1972—would mean that even in 1977 the amount the provinces would receive under this arrangement would constitute only 75 per cent of the federal financial responsibility. Presumably that means that we would be well into the 1980s before these tax-sharing arrangements would have any real significance to the provinces. Are we to take up time in the House and in discussion between the federal government and the provinces, with all the problems which lie ahead in the 1970s talking about some kind of phony proposal which might possibly have some significance in the 1980s?

In the end we come right down to the fact that an adequate health delivery program is vitally important to every Canadian. There is no doubt about that. I refuse to be a party to any effort by the federal government to welsh on its responsibility and limit its risk, leaving the provinces to accept the full risk in a situation into which the federal government led the provinces, sometimes willingly and sometimes not so willingly.

Be that as it may, we are now operating under programs which the federal government says are not producing results commensurate with the amount of money being spent on them. I say, let the federal government work with the provinces to make the health delivery system more efficient and more valuable to the Canadian people, but let us not have the federal government, under some talk about flexibility and tax-sharing arrangements and guff like that, try to restrict its responsibility and let the provinces wrestle with an increasing financial load which will be felt by the wealthier provinces and which we know is very unfair to the poorer provinces. I wish the minister had not been in such a hurry to leave the House. I would have liked him to be here so that I could have told him personally of these things. If he does not read these comments I hope I will have another opportunity of putting them to him.

**Mr. David Orlikow (Winnipeg North):** Mr. Speaker, most Canadians and most Members of Parliament have lived with the universal hospital and medical insurance plans which are in effect in every province in Canada for so long that they tend to forget what the situation was before we had them. They have eliminated the worry tremendous debt which could be, and was, incurred by Canadian citizens, and not just those in the lower income

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brackets, before we had this kind of system. I have read an article by the Washington correspondent of the *New Republic* which appeared in that magazine on February 10, 1973. He compares what happens in countries such as Canada, Great Britain and Finland, where there are insurance plans to take care of hospital and medical costs, with what happens in the United States. I wish to place some of his comments on the record in case some hon. members do not remember what happened a couple of years ago. He quotes from an NBC documentary and says:

There was this lower-middle-income worker with a heart attack. The hospital took him in, thinking he was covered by California's state health insurance; he wasn't. He cashed his life insurance for \$4000 and gave it to the hospital, but he was left with \$8000 still to pay. The doctor told him to go home, take it easy, relax, don't worry about anything.

How could he help but worry? The article continues:

A woman we know went to the hospital recently for an emergency check-up and chose a low-price room; she was discharged two days later—hospital bill \$237.10. The American Hospital Association says a day in a hospital now averages \$105.30. Health costs have shot up 40 per cent in four years.

That is the situation in the United States where there are no hospital or medical insurance plans. We have such plans in Canada because the CCF government of Saskatchewan, headed at the time by my colleague the hon. member for Nanaimo-Cowichan-The Islands (Mr. Douglas), did not wait for the other provinces or the federal government but implemented on its own a full hospital insurance plan and, later, a medical insurance plan. Then the federal government came forth with an offer to the provinces to pay half the cost of a hospital insurance plan provided it was universal.

I remember the opposition there was to that proposal from the provinces. I remember a former Conservative Premier of Manitoba, Mr. Roblin who at that time was the leader of the official opposition objecting violently to that proposal. According to him, all that was necessary was that the province of Manitoba pick up the tab for those people who could not afford to pay premiums into Blue Cross, the voluntary hospital plan. However, the people of Manitoba insisted on having a universal plan to cover hospital costs. Now we have it in every province.

I remember that when the Liberal government under Mr. Pearson made its proposal about universal medical insurance coverage and told the provinces it would share half the cost of the program, Premier Robarts, the Conservative Premier of Ontario, objected bitterly. He did not want the plan. However, he finally came into it not because he wanted the province to be part of a universal plan but because the people of Ontario said it was a good idea, particularly if 50 per cent of the cost was to be paid by the federal government. So Ontario and the other provinces came in.

We made a good beginning to this kind of program, but it was only a beginning. We still ought to be thinking about coverage for optical expenses, for dental expenses and for the cost of prescription drugs which are tremendously expensive. We certainly will not get the provinces to think about these things, even if Ottawa were to make such a proposal, because Ottawa is now saying to the provinces that it gave them a cost-sharing program for hospital and medical insurance and now it intends to get