

Private Members' Business

ensure that provinces which are not as wealthy as others have been brought up to a level at which they can provide these services.

I do not understand what the hon. member is concerned about when all of these things are already being addressed in the system of medicare and within the Canada Health Act.

Decentralizing, as the hon. member suggests, will give us less control and will completely decrease, diminish and eventually kill medicare.

The hon. member talked about evaluation. That is exactly what the Canada Health Act does. It evaluates the system to see whether or not it does follow the five principles of health care. Again, I am a little confused as I try to understand what the member wants when these things are already in existence. Perhaps the member is not familiar with what these things really mean.

The provinces are asking for more flexibility. The whole Canada health and social transfer has been made to give the provinces more flexibility. The provinces already have total and complete flexibility in how they deliver services.

For example, not one single principle or clause of the Canada Health Act prevents innovation and renewal of the health care system which is what we are talking about today when we talk about the health care system. It allows the greatest flexibility.

If we look at some of the other provinces like British Columbia, it is moving closer to home. New Brunswick has closed down hospitals and brought community care to the forefront. Ontario is looking at regionalization and is looking at how it can provide services in different ways.

Some provinces provide different providers to give care and other provinces do not. Who gives care, when they give care, where they give care, how they give care is completely under the jurisdiction of the provinces. Therefore, the hon. member perhaps needs to reconsider her motion and wonder if she is asking for things that are not already built into the system.

The strength of this system is that the provinces can manage a system and deliver the care. They are able to respond better in terms of practical availability to the needs of their own regions. Within each province there are differences between regions including the urban and rural regions whose needs are very different. Provinces have the ability to do all of that.

The only thing the federal government does is to enshrine the five principles within the Canada Health Act which says this is one country. We will all have certain principles that will ensure every Canadian has access to health care regardless of ability to pay and regardless of how chronically ill they are or what

genetic illnesses they have. All of that does not make any difference to the quality of health care or their access to it.

In the United States it does happen. Those who have a chronic disease are uninsurable. No matter how wealthy they are, they cannot buy insurance. That does not happen in this country. The strength of this country is the fact that each province does what it does best in its own local way, providing good services for the community. At the same time the federal government ensures medicare, which is the heart and soul of what Canada is, is kept sacrosanct across the country so we can continue to have universal, accessible, portable, comprehensive and publicly administered health care.

If we listen to the member's motion, actually she does agree with the system the way it is.

• (1140)

[Translation]

Mrs. Pauline Picard (Drummond, BQ): Mr. Speaker, I welcome this opportunity to speak to the House for the next few minutes and comment on the motion presented by the hon. member for Surrey North. The motion seeks greater flexibility and thus greater autonomy for the provinces in the provision of health insurance.

For some time now, the Canadian health care system has been at the centre of a wideranging debate on its current, disturbing state, its uncertain future and indeed its very survival. There are many who maintain that our health care system has reached a critical point in its history. We on this side of the House deplore the fact that Canada's Department of Health is consciously absent from the debate, since we believe that the main cause of the sorry state of health care in this country is the federal government's decision to make drastic cuts in funding.

We must not forget that federal cutbacks in health care funding have serious consequences for the public finances of Quebec and other provinces. Quebec Finance Minister Jean Campeau told Quebecers last week about the impact of federal offloading on Quebec's commitments, commitments the Quebec government cannot ignore. The federal government, however, is doing just that, with predictable consequences for the provinces.

The federal government saved several billion dollars at the provinces' expense by unilaterally imposing a freeze on transfer payments for health care.

Moreover, in the last budget, Minister Martin made it very clear that the government would continue to save money at the provinces' expense by cutting \$2.5 billion in 1995-96 and about \$4.5 billion in 1997-98.

By the end of 1998, \$8 billion will have been cut since 1982. And people are surprised to see Minister Rochon cutting mil-