

### Supply

This coverage seems to have been prompted by the exercise of expenditure control on federal health transfer payments to the provinces. The limiting of these transfers is part of a broader program of expenditure control that touches virtually all aspects of federal government spending. Transfers to the provinces comprise over 20 per cent of federal government expenditures and cannot be exempted from control. Even with the controls, transfers to the provinces will continue to increase at about 3.7 per cent per year over the next five years, while other government program spending will be limited to a growth of 3.4 per cent.

The recent media coverage tells us a lot about what Canadians feel and think about this country and about their world-class health care system. I would like to give my interpretation of what we have seen in the press.

First, it tells me that Canadians love medicare. Our universal, publicly financed health care system is part of a value system of this country. Second, it tells me that Canadians see the federal government as the guardian of medicare. They want the government to retain its ability to enforce the Canada Health Act. Third, it tells me that many Canadians still link dollars to health. They assume that the system is underfunded and that if we only spent more all our health problems would be solved.

These are strong messages, and I would like to explore them a little more in detail.

This country has embarked upon an historical debate about national unity. Canadians across the country are assessing what it means to be a Canadian. It is clear to me that our beliefs about health care play a fundamental role in defining us as Canadians. Medicare is a central component of Canadian culture. Ask any Canadian what he or she values about this country, what makes this country a good place to live, and I know that in almost all circumstances they will say: "Our medicare system".

Canadians also believe that the federal government must play a strong role in our health care system. They look to the federal government as the guardian of medicare. This government accepts this role and is comfortable in it. This government stands by the principles of the Canada Health Act which are: universality, accessibility, comprehensiveness, portability, and public administration.

This legislation has not been amended since it was passed into law with the unanimous support of this House almost seven years ago. The government has announced that it will be taking action to ensure that it has the means to enforce the act. The Minister of Finance made this clear in his budget last month, when he said in *The Budget Papers*:

The federal government will be amending the Fiscal Arrangements Act so that, if necessary, other cash transfers to provinces could be withheld for purposes of enforcement. The conditions and criteria governing medicare will not change. Indeed, this action will strengthen the government's ability to uphold the conditions and criteria which govern the national medicare system.

That is a pretty straightforward statement made on behalf of the government by the finance minister, and there is no room for misinterpretation.

The federal government has this guardian role, but its involvement extends well beyond this. The federal government is a partner in health. This partnership role is manifested in many ways. The federal government is a partner in financing health care.

Under Established Programs Financing, the government will be contributing about \$14.5 billion in 1991-92 for health, over \$13 billion for insured hospital and medical services, and \$1.5 billion for extended health care services. These amounts are substantial and clearly indicate the government's commitment to health care.

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Another example of federal partnerships is in combating tobacco use. Our national strategy is a comprehensive, co-operative, integrated effort to combat tobacco use. It brings together health officials of federal, provincial, territorial governments and eight national voluntary public health organizations. These organizations are the Canadian Cancer Society, the Canadian Council on Smoking and Health, the Canadian Lung Association, the Canadian Medical Association, the Canadian Nurses Association, the Canadian Public Health Association, the Heart and Stroke Foundation of Canada and Physicians for a Smoke-free Canada.

The strategy has three goals. The first is prevention, to help non-smokers stay smoke free. The second is cessation, to encourage and help people to quit smoking. The