

Federal-Provincial Fiscal Arrangements Act

can remember the debates that took place in Canada, and I was involved in the debate that took place in the Ontario Legislature in the latter part of the 1960s when the then Premier of Ontario, the late Right Hon. John Robarts, was dragged, kicking and screaming into universal medicare. I can remember the degree of reluctance that there was within the Ontario Conservative Party at the time to acknowledge the necessity for a comprehensive and universal medical care program that would allow each and every citizen of Ontario, and which was intended to allow each and every citizen of Canada, equal and unfettered access to the very best health care that was available. No longer were we going to see the day when only those who were able to raise the money could be made well. No longer were we going to see the day when people were going to have to go out and take out mortgages on their homes in order to pay the bills that were being levied against them for the hospital care they required or for the physician care they required. That debate was a tough debate, but common sense and good judgment won the day.

The Government of Canada, notwithstanding the protestation of the then Premier of Ontario, among others, forced the province to move to the establishment of universality and public health care. Immediately after, of course, there were sufficient funds made available. Since the middle part of the 1970s, and again during my period as a member of the Legislature in the Province of Ontario, the number of dollars made available for the ongoing research and day to day medical care necessary for the well being of Ontario families, at least, began to be undercut.

First provinces re-established their priorities, and in re-establishing those priorities the provinces shifted more of the burden from general revenue to individual payment programs. We went from OMSIP, as I recall, through OHIP, and the premium levels rose by leaps and bounds, with families being asked to pay, in the final analysis, considerably more than those at the lower end of the income scale could reasonably afford. In the final analysis we found ourselves in this province having to close hospital beds, having to close hospital wings, having to close whole hospitals in certain areas of the province limiting access in many geographic areas, and continuing to add to the burden of cost.

As it now stands in the Province of Ontario there is not sufficient funding available to most of the teaching hospitals to maintain the level of technological advancement necessary to keep pace with changing demands. The submissions that have been made to me on a number of occasions have led me to believe that the opportunity to advance medically, utilizing our own medical research facilities here in this province, are fewer now than they were some ten years ago.

I put to the Government that the move it is now proposing to take will further undercut those opportunities. The move this Government proposes to take will result in a substantial

decrease in the numbers of dollars available for health care purposes, in addition to what I said about post-secondary education, and that that can only result in one of three things. There will either be cuts in the medical research capability and cuts in the availability of beds and personnel, or there will be dramatic increases in the fees to be charged to the individual families who need to be covered under the comprehensive medical care program.

It will not necessarily be an either or situation. It is entirely possible that in some cases it will be all three, or two of the three, or a combination that will result in higher costs to the individual, paid through the premium structure, in addition to a decrease in the availability or accessibility of health care, and a dramatic decrease in the amount of health care research done in this country.

For the Province of Ontario alone the impact of the EPF cuts, those cuts that we are speaking about today, in 1986-87 will be \$114.2 million less than had been anticipated; in 1987-88, \$243 million less than had been anticipated; in 1988-89, \$387.6 million less than had been anticipated; in 1989-90, \$546.6 million less than had been anticipated; and in 1990-91, \$722.7 million less than had been anticipated for post-secondary education and health care expenditures. The total reduction in dollars available for the ongoing work that I have been speaking about by the year 1991 will be \$2,014.1 million.

Given the fragile nature of the post-secondary educational system, and given the equally fragile nature of the health care system there is no way to raise an additional \$2 billion, and the system itself cannot survive and provide an adequate level of care or teaching if it does not have the \$2 billion. I am suggesting to the Government that in its effort to trim the federal budget and its expenditures it has run a serious risk with the capacity of the health care and post-secondary educational systems to meet the legitimate needs, even now at a level that could hardly be called superior. I think it is at an already deteriorating level.

I want to suggest, if I may, that it is a mistake for the Government not to recognize the importance of health and education. If cuts are to be made, they cannot be made in areas that will have a detrimental and long-lasting effect on the country. If cuts are to be made, surely they can be made in areas where the effect will be less devastating, both in the short and long run.

• (1310)

The Government may ask where it should make the cuts. I can only say that when it was proposing these cuts it was telling us that there was no money. Yet, within weeks, it found a \$1 billion to bail out failing banks. I can only suggest that that probably speaks more clearly to the priority-setting of the Government than anything more I can say.