

Supply

I hope today we will all openly declare our resolve to nurture medicare and not let it be trampled by short-sighted government policy or by lack of government initiative. What is at stake here is inconceivably dear. It is the one thing we have that is unique to every Canadian despite race or religion or region. Rich or poor, young or old—it is a birthright. I cannot reiterate this enough.

I hope members will all vote with conscience and listen to the things about to be said on each side of the House. Measure their value and remember very few matters concern your constituents the way health care does. It touches the lives of everyone. Those who do not protect medicare, those who do not reaffirm their commitment to our hospitals and nurses, doctors and other allied health care professionals, and to our sick, will be held accountable.

With this accountability in mind, I will proceed.

For months I have been watching the steam building on the issue of medicare. It started with the budget of last year. At that time the government put its first restraints on money delivered to the provinces for health care. Then came the introduction of Bill C-69, the complicated government expenditures legislation which slipped past this House into the Senate and was given Royal Assent early in February this year. This Bill C-69 launched a critical government-backed assault on medicare.

As the social and health care groups across the country can attest, Bill C-69 is a deadly bill for health care and other social programs. It freezes and cuts transfer payments, the moneys transferred by the federal government to the provinces to aid medicare, and post-secondary education.

It is my feeling that this fiscal change will cripple medicare. I can already see the end commencing. This bill passed into legislation was only a few weeks old when the new federal budget was released by this government in February.

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As we well know, this budget further increased the freezes and caps on the federal money needed for provincial health care. An additional \$2.3 billion was taken from transfer payments, an incredible sum. They cannot slice \$2.3 billion from transfer payments without seeing health services suffer. It is impossible. I defy the government to tell me and the Canadian people that our

hospitals and health care will be left unscathed. Impossible. The strain is too great.

Things are already beginning to crack under the pressure. A domino effect will be the result. Crisis after crisis, one test after another will assault a weakened Canada Health Act. It only stands to reason that without the federal money maintaining national standards will be an unattainable goal.

Right now the steam is continuing to build. Adding to the pressure was a particular meeting in the autumn of last year when western finance ministers grouped in Winnipeg, my home city, to lead very significant discussions about health care. While the theme was good, the potential results and the emerging results are ominous.

The western ministers agree the federal government should deliver transfer payments while relinquishing control over national standards of health care. We cannot allow that. The western ministers want disentangling of federal funding and autonomy for health care policy in the provinces. We have to maintain a national health care system in the country.

In December of last year came an announcement from the minister of health for Quebec that he planned to revamp his province's existing health care system. The main bone of contention, if I could mention one, in the proposed reform is a proposed \$5 disincentive fee, which I prefer to call a user fee. This fee would be for non-essential visits to emergency wards.

When I posed a question to the Minister of National Health and Welfare on this issue, he said he would consult with his provincial counterpart in Quebec. Have we heard the response yet to date? I have not heard, but perhaps later in the debate the minister would be kind enough to inform the House.

To me this development is highly reminiscent of the early 1980s when user fees and extra billing threatened universal medicare. Sometimes it only takes a spark to light a fire. From east to west health care is coming apart at the seams.

In Newfoundland, 360 acute care hospital beds and 900 health care workers have lost their jobs. Finance Minister Kitchen told the Newfoundland legislature that he had no choice but to make the cuts. His province has lost \$180 million in transfer payments in the past year. Who is truly the culprit? This federal government.

In New Brunswick, members of the provincial legislature are travelling across the province trying to find new ways to trim health care costs while meeting their