

Canada Health Act

It is the federal Government who will be collecting our tax dollars and then saying we cannot have them back. What we have in this proposal is a straight rip-off of the taxpayers in those provinces who will not play Ottawa's game.

Furthermore, Mr. Speaker, the symptoms of underfunding are not restricted to the phenomenon of increased private funding. Time does not permit me the opportunity to detail all of them properly, but they are familiar to a growing number of Canadians who have had the misfortune to experience them firsthand. They include overcrowded hospitals, outdated equipment, staff cutbacks, excessive waiting periods for hospital admissions, closed wards, the exodus of Canadian GPs and specialists to the United States and the persistent shortage of chronic care beds. The CMA estimates that there are currently 150,000 Canadians on waiting lists for hospital beds. That was confirmed in a newspaper clipping brought to our attention by the Hon. Member for Provencher yesterday which said that a bed shortage was cited in the deaths of four patients. This was in Winnipeg, yet the Hon. Member for Winnipeg-Birds Hill is more concerned about extra billing than he is about patients dying in his own city because they cannot get hospital beds. That sense of priority appalls me, Mr. Speaker.

The average waiting period for elective surgery is four months, as reported by the *Montreal Gazette* on May 1, 1982. My colleagues on the other side of the House representing the London area—and I see the Government Whip here—will be familiar with the situation confronting the hospital administrators and patients in the three London hospitals. There are long waiting lists brought on by a bed occupancy rate far in excess of normally accepted standards. These are symptoms of underfunding which affect the accessibility of Canadians to medical care just as much as direct charges, yet they are totally ignored by this Government. I can do no better to stress the importance of this than to quote the Hon. Larry Desjardins, the NDP Minister of Health from Manitoba. After the tabling of Bill C-3 last month, he was reported by the *Winnipeg Free Press* on December 14 as saying that his Government supported the principles of the legislation but it is “concerned that the Bill does nothing to rectify the basic financial difficulties which are threatening the future of Canada's national health care system”.

This is our view, Mr. Speaker, and it is extremely gratifying to find that the NDP has finally swung to our way of thinking on this issue of underfunding. I must admit I was somewhat astonished when, in the spring of last year, that Party's health and welfare spokesman, the Hon. Member for Winnipeg-Birds Hill, for the first time joined us in raising an argument which, as this House is well aware, we had been trying to impress upon this Government for some time. He said in committee on March 29, “I believe something now that I did not two years ago, that there is starting to be a believable underfunding argument. We have to begin to take this underfunding argument seriously, and so does the federal Government, and that means you have to go beyond simply saying that the federal Government is doing enough”. Considering how long it took the NDP to realize the existence of the underfunding problem, Mr. Speaker, we hope the Government will soon begin to show some evidence of being more astute than it has been to date.

Otherwise there may be little of medicare as we know it left to save.

The Bill before us puts even greater financial demands on the provinces, and this must be recognized. The elimination of direct charges, insuring of 100 per cent of the population, eradication of premiums and the assurance of portability will translate into higher costs, yet so far there has been no indication from this Government that it intends to balance higher costs with higher levels of funding. We ask that it give the Canadian people an indication of its intention to address this problem without delay. To fail to do so would put unbearable pressure on medicare, the very thing we are seeking to preserve.

Together with the NDP, this Government has suggested that our Party is somewhat less committed to the principles of medicare than it pretends to be. Perhaps this was the result of the Government's chronic confusion of cause and effect. Let there be no longer any confusion. This Bill manifests no more effective a commitment to medicare than does the prescription of aspirin as a cure for pneumonia. We demand a stronger commitment, one which adequately assures the quality of the health care system for Canadians well into the future.

In conclusion, Mr. Speaker, this Bill is something of an easy escape for the Government. Using the threat of withholding fiscal spending, it forces difficult terms upon the provinces and then takes credit for the work. What should be understood as being most important, however, is that while the Bill identifies the state of medicare which we would all like to see, it falls far short of addressing those factors which would keep it healthy in perpetuity.

● (1650)

Mr. Breau: Mr. Speaker, on the issue of underfunding, I have two questions for the Hon. Member. First, how can he say that there has been underfunding on the part of the federal Government when in fact the revenue guarantee that was eliminated in 1982 was never allocated to health care? Second, as a general argument of underfunding of the system, is he aware that the view of all competent health economists, whom I have seen and researched and have met in conferences or anywhere at all, is that the present level of funding is adequate for health care? Is the Hon. Member aware that the CMA, when its representatives appeared before the task force on fiscal arrangements in 1981, said that the adequate level of GNP to spend was about 8 per cent and we are now spending about 8.2 per cent of GNP?

Mr. Halliday: Mr. Speaker, it is obvious that if a revenue guarantee is taken away from the provinces, it has to affect their economic position vis-à-vis their total services. One of the services that has to suffer immensely is obviously the health care services, which is one of the biggest sources of spending.

There is no question at all that when you remove that amount of money there will be a hardship imposed and a lack of funding from the federal level. At the same time, we have to recognize that although the federal government has main-