

this year, with 2 per cent in the next two years for health care in general, but the costs are going up much more than that.

He claims that the changes in federal benefits—that is the UI, CPP, workmen's compensation—are adding 15 per cent to the hospital costs. That is nothing the hospital puts on, but they have to pay their workers' UI, CPP and workmen's comp.

The Ontario Nurses Union has just negotiated an 8 per cent raise. The other unions are coming up for arbitration, and they will probably get the same. Another factor that is hurting this hospital, and I am sure others, is pay equity. Pay equity alone is making a big dent in the budget. The whole thing has left the Queen Elizabeth Hospital with a \$2.8 million deficit, and has forced the closure of 82 chronic care beds. This is a loss of jobs but, more important, with the aging population and the demographics of our community this is a loss in our ability to care for the people.

I believe in pay equity, but if the provincial New Democratic government brings in that legislation, surely it cannot expect the hospitals to pick up that additional cost. Would the member agree that if the New Democratic government has brought in legislation on pay equity, it should then come in with the bucks also? I would like to pose that to the hon. member.

Madam Deputy Speaker: If I may, before I give the floor back to the hon. member for Winnipeg Transcona, I would like to tell the House that we have many problems with the amendment as presented by the hon. member for Winnipeg North. I would suggest at this time that we go on with the period of questions and comments after which, before we start on debate again, I would be prepared to listen to some argument. I want to give the opposition time to prepare and then we can decide on whether or not this amendment is admissible.

• (1210)

Mr. Blaikie: Madam Speaker, the member for Parkdale—High Park follows in the tradition of some of his colleagues who spoke earlier. On the one hand they want to blame the federal government, which is appropriate, for cutting back moneys to the provinces, in this case Ontario, and at the same time hold the province of

Supply

Ontario responsible for the consequences of those cut-backs which they themselves, that is to say the Liberal member and his colleagues, place the responsibility for at the foot of the federal government. They cannot have it both ways.

Mr. Brian L. Gardiner (Prince George—Bulkley Valley): Madam Speaker, I first of all want to congratulate the member for Winnipeg Transcona for a very thoughtful speech on this issue that the debate today is all about and to credit him for a speech he made previously about some of the concerns our provinces are having about health care.

My question to him relates to some of the very important problems faced by many of us representing northern, remote and rural ridings, and that is the way our health care system has developed. There are some legitimate arguments that in large urban areas there is evidence that we are actually overdoctored. They may be fine for the urban areas but it is a real problem for those of us who represent rural areas where communities have a difficult time attracting medical practitioners and others.

In the case of my riding I think of two communities. Valemount at the eastern end of the riding has to advertise in magazines in the U.K. and elsewhere and most recently another community, Fort St. James, a two-hour drive from Prince George, is having the same problem.

I would like to ask the member, from his experience on this issue, how we can deal with the current problems in health care and also be able to respond to the needs of the smaller communities that have a difficult time in attracting medical practitioners.

Mr. Blaikie: Madam Speaker, I am glad the member raises the question of health care services in remote areas. I might refer him to the same speech of April 2, 1984, where I do not talk about his riding in particular but I say:

There are many other questions we will have to face, but I do not have the time to go into them. There will be the question of transportation in northern Ontario, for instance, and other remote parts of the country where people do not, in a sense, have equal access to hospital care. They must spend a lot more money than people living in urban centres to provide their families with the kind of hospital care which may be recommended by their physicians.