In conclusion, I proposed this motion because the federal government seems unwilling to address the fundamental problems facing health care in Canada: declining federal financing, combined with the lack of provincial manoeuvrability. The government has ruled out amending the Health Care Act and the minister has portrayed herself as a defender of it and thus medicare. This is not so and we must defend it.

• (1130)

Ms. Hedy Fry (Parliamentary Secretary to Minister of Health, Lib.): Mr. Speaker, it is my pleasure today to speak to the motion of the hon. member for Surrey North. I have worked with her on the standing committee on health and have great respect for her thoughtfulness.

The hon. member raised the issue of more flexibility for the provinces. The provinces already have flexibility. The provinces are responsible for managing the whole system of health care for people in their provinces. The flexibility depends on the needs of their people. The provinces decide where the services go, how they are done and by whom and the payment for people who deliver those services. They have all the flexibility they need within the parameters of the Canada Health Act and within the parameters of the five principles of medicare which the member has just agreed that she supports wholeheartedly.

The member said that she supports those five principles. Then in the next sentence she said that she disagreed with them because she does not like what they mean. How can one support the principles and then not like what they mean? It is inherent that a principle means something. I find that a little confusing.

Those five principles have helped our health care system to become one of the best systems in the world. If we want to judge the best systems in the world, we should judge them by the outcomes. Canada ranks second or third in the world depending on how we look at the outcomes of some of those services. Canada has one of the best health care systems in the world. That is not only in terms of mortality, how people live or die, but also the quality of their lives. This defines the kind of system we have. We stand tall in terms of our health care system.

The member talks about problems of accessibility. Accessibility has made our system what it is. Accessibility means that as Canadians we all have access to health care services when we need them, regardless of the size of our wallets. That is probably the single most important thing about our health care system that makes it unique. The size of a person's wallet does not dictate the kind of health care received or the kind of health care we have access to. The only thing that dictates the kind of health care received is the clinical symptoms, depending on whether it is needed, how urgently, and when and how much is needed at the time. A very appropriate way to deal with health care services is to define them according to clinical methods rather than pocketbooks.

The member also talked about problems of portability. The whole idea is that Canada is one country and this is a national system and Canadians move across borders daily, weekly and yearly. Our parents may live in one province, our children in another and our grandchildren in another. The fact that we can move across the country knowing that we have health care coverage when we get sick no matter where we are in the country is one of the most important strengths of the Canada Health Act and of medicare. To ask that portability be removed and try to balkanize medicare would do the country a great disservice. It would destroy the strength of the program.

The member also said there are decreases in funding of programs. Every reputable study done around the world tells us that money is not the major and only criteria for a good system of health care. If it were, the United States would have the best health care system in the world but it does not. At the moment Japan has the best health care system in the world according to outcomes and it spends the least amount of money on health care. Money is not the only criterion. There is also how and when the service is delivered.

Eventually we must look at issues like health promotion, prevention, the quality of life, poverty, and other things that define health care. Those are the things we need to look at, not costs. All of us know and all the studies tell us that we could spend a lot less money on our health care system. If we provided proper services and managed them appropriately we could have an even better health care system.

When we talk about accessibility and outcomes, let us look again at the United States where there are such poor outcomes. The United States spends the most of any country in the world in percentage of GDP on health care and it has the worst outcomes of any developed country. In fact, the United States sits among the developing countries somewhere between Cuba and Czechoslovakia in terms of its outcomes.

• (1135)

I do not understand what the member means when she talks about the fact that she disagrees with these issues because they are not borne out by fact nor by statistics.

The member is also concerned about the health and social transfer, the fact it has become one massive block fund and that it is a negative thing. This strengthens and interdigitates services that rely upon each other. We know poverty is one of the major determinants of health. It stands to reason that in a block transfer, social assistance should be lumped alongside and close to health. If we are going to concentrate on prevention then one of the issues we are going to have look at is the issue of poverty and how people should live in this country to give them a better health status.

Another thing the member says is that she wishes the Canada Health Act would recognize the different economic development of provinces. We do. It already does. When we look at transfer payments and equalization payments it is built in to