

relationships of today this would be sustained either politically or legally. Three provinces, British Columbia, Alberta and Ontario, receive no equalization payments and the limiting of their cash payments under the Canada Assistance Plan to a 5% annual growth rate has already resulted in a major court challenge.

Without national standards as outlined in the *Canada Health Act*, and without the ability to enforce these standards, there will no longer be a national Medicare system that guarantees all Canadians basic medical care. There could be 12 entirely different programs with different standards, as to universality, accessibility, comprehensiveness, portability and non-profit administration and with various types of user fees and extra billing. One of the fundamental ways Canadians define Canada, particularly as distinct from the U.S., is by our health care system. In Canada, there are no financial barriers to people seeking medical treatment, the system is relatively efficient and widely supported. Canadians move within Canada, on business, holidays and to seek employment, with the knowledge that similar health care standards are met in all provinces and territories. *This promotes a national identity and national unity.* Any changes that would result in the erosion of our national program cannot be supported by myself and will not be supported by Canadians.

The critical recommendation, number one, endorsed by all other Committee members would result in the total renegotiation of Medicare in Canada including renegotiation of "basics of funding under EPF" and renegotiation of "the standards of the *Canada Health Act*", as well as the renegotiation of "the division of responsibilities between provincial and territorial governments". Renegotiation opens the door to the provinces for notions such as "disentanglement", the introduction of user fees or extra billing, and two-tiered health care with U.S.-style private coverage all of which will undoubtedly lead to a dismantling of the national Medicare system Canadians now enjoy.

Although the Committee Report was "to determine the ability of current fiscal arrangements to provide an adequate, stable, yet flexible funding base for a health care system that responds to the needs of Canadians" (see Introduction of Majority Report), the Committee did not really address the question directly. Part of the reason is that the current fiscal arrangements have been changing constantly, due to the federal government's arbitrary and unilateral reduction in transfer payments to the provinces and territories.

It is my contention that Medicare did have a stable yet flexible funding base which has now been destroyed by the cumulative actions of successive federal governments.