

Supply

of 1966 and modernized it in 1984–1985. I would like to set the record straight. If we would like to study the history of medicare we must study it thoroughly so that we can tell Canadians how it has evolved.

The Acting Speaker (Mr. DeBlois): I have to recognize the hon. member for Surrey North for two minutes to answer.

Mr. Karpoff: Mr. Speaker, first of all I would like to say that I have spoken to the New Democratic Party minister of health for Ontario and I look forward in the next few months to being able to speak with the New Democratic minister of health from British Columbia and the New Democratic minister of health from Saskatchewan.

When we get three or four of the provinces, which will represent 50 per cent of the population, being governed by New Democratic governments, then I think we may get a sense of the difference in priorities that those governments may set in terms of health care.

I could get into a long historical debate with my fellow colleague about the position the Liberal Party took on health care, particularly his reference to the early days. I have a copy of the Liberal platform from 1921 and I could have sworn it was Michael Wilson speaking because it says: "In so far as may be practical, having regards for Canada's financial position, an adequate system of insurance against unemployment, sickness, old age, and disabilities". It includes all of the cop-out words "as may be practical", "having regard to Canada's financial position". That was in 1921. The Liberals never even bothered to put it into their election platform until 1949 and that was only because by then the CCF was starting to make inroads into the traditional Liberal support.

Our medical system in Canada is under tremendous pressure, and it is under pressure largely because of escalating costs at the provincial level and the withdrawal of financial support from the federal government.

I have enjoyed the discussion. I hope Canadians have been listening because I think it is important for them to realize that the only party which has always been firmly behind national medicare is the New Democratic Party.

The Acting Speaker (Mr. DeBlois): The Chair finds the amendment moved by the New Democratic Party member in order.

The hon. member for Winnipeg North.

Mr. Pagtakhan: Mr. Speaker, I would like to indicate to the House that we would like the next set of Liberal speeches to be 10 minutes and five minutes for comments and questions, with the permission of the House.

The Acting Speaker (Mr. DeBlois): Does the House agree with that motion?

Some hon. members: Agreed.

The Acting Speaker (Mr. DeBlois): The hon. member for Mississauga East for 10 minutes followed by five minutes of questions and comments.

Ms. Albina Guarnieri (Mississauga East): Mr. Speaker, since 1967 Canadians have been comforted by the knowledge that they could obtain the high quality health care services they need, irrespective of their ability to pay. Every Canadian, whether rich or poor, has protection from the medical cost of sudden illness. Of the current generation of Canadians, there is no one who has been turned away from a medical institution because of his or her inability to pay.

We have always believed there is a common starting line for free enterprise and competition; that everyone would be guaranteed an equal level of medical care; that someone's failure to compete in the business world would not impede one's access to hospital or professional care. Canada is a nation where a bad credit rating is not a health hazard.

It has been suggested that the U.S. offers a two-tiered health care system, one for the rich and one for the poor. In reality, it has a fabulous system for the rich, a mediocre system for the middle class and no system at all for 37 million of the poor.

Canadians today are beginning to see their own much-coveted medicare system looking more like its predatory counterpart south of the border. Those that have recently been ill or hospitalized will know that the quality of care in Canada has been deteriorating since 1984.

[*Translation*]

The lack of funding is such that the number of beds is dropping steadily. In January, one of my constituents had