

*Supply*

ever-higher national debts will not protect medicare. Instead it will threaten its ability to survive.

All members of this House should know some basic truths. The first 36 cents of every tax dollar that the federal government raises goes simply to pay the interest on the national debt. In Ontario only 10 cents goes toward servicing the debt. Alberta pays 8.5 cents and British Columbia pays less than 4 cents. It simply makes no sense to have the federal government, which is already running a \$30 billion deficit, borrow even more money to give to provinces which have much smaller debts.

Fortunately not every one has taken an irresponsible approach to this debate. Monique Bégin, the former Liberal health minister, speaking at a conference just after the budget was tabled, said that federal restraints would not end our health system. Frank McKenna, the premier of New Brunswick, showed that he understood the ramifications of the debt when he said: "The leaders of the 1960s and 1970s have placed a first mortgage on the future of Canada. The leaders of the 1980s and 1990s are placing a second mortgage on the same assets. There is no equity left. We must once and for all put an end to the suffocating debt load we are placing on the backs of our children."

The people I have quoted are not, to say the least, known for their support of the Conservative Party. What differentiates Madam Bégin and Premier McKenna from their fellow Liberals in this House is that they recognize that the cause of preserving medicare in Canada is not well served by inflammatory statements, wild hyperbole, and political gamesmanship.

The cause of protecting medicare will be best served if we can act today to control the deficit while maintaining the principles and the high health standards which have made our system the envy of the world.

I mentioned earlier that Canadians are spending close to \$60 billion each year on health care. We are second in the world in the percentage of our GNP that we devote to it. But there is evidence that our large expenditures have not brought us the greatest possible return on our investment. Japan, for example, spends less at 6.8 per cent of GNP and yet they have better life expectancy

rates than we do. Their infant mortality rates are 5 per 1,000 live births versus 7.9 for Canada. The issue is not whether we are putting enough money into health, it is whether we are using the money we have as effectively as possible. In many cases the answer to that question is that we are not.

We know that elderly Canadians with chronic problems are being kept in expensive acute care hospital beds because we have not developed less expensive, more effective options. We know that hospital stays are longer in Canada than in other western industrialized countries when both the procedures and the outcomes are virtually identical. We know that the number of doctors is growing three times as fast as the population. Most importantly, we know that it is infinitely cheaper and wiser to prevent injury and disease than it is to treat them once they have occurred.

The fact that we are not providing health services as efficiently as we might has a very real impact, not only in the quality of care we provide, but also on our ability to provide other services. Every dollar that is spent on health care is a dollar that is not spent on education, on job creation programs, on reducing illiteracy or poverty or preventing disease.

There is no reason to think that we can reverse the situation in the immediate future but there are changes taking place within our society that will bring new pressures to bear on our system.

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We should judge our system not only in terms of its present strengths and weaknesses but also in terms of its ability to deal with new challenges such as an aging population, the surfacing of new diseases such as AIDS, and a constantly changing technology. Seen from this perspective, our system is far from perfect, and if it is to meet these challenges on a limited budget, improvements will have to be made. The Canadian medicare system was the result of a consensus. A great deal of compromise and co-operation by the federal government and the provinces was necessary to get where we are now. Future challenges will require us to rediscover that spirit of co-operation and sharing.