

Federal Transfers to Provinces

were being used in Canada, we could eliminate 100,000 barrels a day of imports and how much would we save in compensation charges. The answer was \$850 million this year. It is a remarkable coincidence, Mr. Speaker, that that saving, which would in turn encourage Canadian production and create jobs through the purchase of trucks, steel products and so on, which would increase our tax base, would also restore these cuts in health care and post-secondary education. All it would take, Mr. Speaker, is a little common sense, perhaps a bit of a backbench revolt in the Liberal Party, and a little bit of caring about the reality of Canada.

How, Mr. Speaker, can you go to your riding and explain to your constituents that their tax dollars are being given to the oil companies to subsidize the cost of Mexican crude and at the same time increase the over-all price of our crude? How do you explain that? There are five Liberal members from the province of Newfoundland who will be expected to stand up in this House and vote for this legislation to cut funding for their hospitals. Let me just read from a report by the Canadian Council on Hospital Accreditation concerning one major Newfoundland hospital:

This hospital is blessed with many fine, dedicated, diligent, sincere and well motivated people who are doing their utmost to deliver high quality care. Unfortunately, in an overcrowded, congested, antiquated plant supplied in many areas with ancient museum piece equipment, there comes a time when even superhuman efforts cannot deliver the modern health care that Newfoundlanders deserve. If the plant and equipment can be updated before the hospital loses its most valuable asset—

That is, its people:

—there is every reason to believe that the maximum accreditation award can be redeemed.

The accreditation award for that major Newfoundland hospital has already been lost and the cuts those five members from Newfoundland are expected to vote for have not even been implemented. The equipment is antiquated, the health care of Newfoundlanders is already at risk, but those five members will be expected by the Liberal Party of Canada to stand in this House and vote to reduce further the funding to those hospitals.

Let me read to those members another part of this hospital accreditation report:

The crowding and congestion in the laboratory is phenomenal. It is so extreme as to compromise the quality of care in the hospital. If there is no relief in sight consideration should be given to purchasing two or three trailers and placing them on the grounds to alleviate the congestion.

When those five members stand up and vote for this cut, will their constituents ask them about the funds for the five trailers, let alone the funds for dealing with the antiquated equipment? Where will the funds come from, Mr. Speaker, for the five trailers which should be there to relieve congestion? I quote further from the report, Mr. Speaker:

The overcrowding in this hospital shows up in patients being held in corridors and nooks and crannies. It shows up in the overlap of medical patients into the surgical wards, and of surgical patients into obstetrics. It has also resulted in a waiting list of 543 patients for the 279 acute care beds that are in the hospital. This long waiting list exists in spite of, or perhaps because of, the fact that for the past six months a 32-bed ward has remained closed because there is not sufficient money to pay the nurses required to operate it. There are now about 50 major

surgical postponements every month and patients awaiting elective surgery must wait approximately four months for admission.

Not too many years ago in this country, Mr. Speaker, we could expect to be admitted to hospital for most kinds of elective surgery in three to six weeks. In most parts of the country today it has become three to six months. In a country like England, that period has become three to six years. In wartime, there was a concept called TRIAGE. In a war, there are limited facilities, limited practitioners, but an almost unlimited supply of patients, the casualties of war. TRIAGE dealt with the difficult concept of ultimately deciding who should live and who should die. In most of those wartime situations, a kind of plan for that was developed. However, the first to receive medical care were the seriously wounded, with a good chance of surviving, those with less serious injuries, simply had to wait. The most seriously injured, those with limited chances of survival, were given pain killers and allowed to die.

• (1520)

It is rapidly becoming a fact of life in this country that there are more people dying on waiting lists than dying on the surgical table. In that context, I searched. The present Minister of National Health and Welfare (Miss Bégin) has held that position for most of the time since 1976. I have read the speeches, press releases and quotations in the newspapers. The remarkable fact involving the life of this present Minister of National Health and Welfare is that she has very seldom spoken about a health care issue. She has very seldom spoken about the length of waiting lists or the need for new technology. In her tenure in this office there has been an almost total lack of moral leadership which would put pressure on all of us to make the commitment to health care which is necessary. Instead, we find a health minister who consistently deals with the world as if she were, or wanted to be, a finance minister, and in a manner deliberately calculated to cut down the funding for medical care instead of increasing it.

As all hon. members of this chamber approach the necessity to vote on this piece of legislation, I think they should ask themselves whether they want their tax dollars put into health care or whether they want their tax dollars put into the hands of the multinational oil companies—Venezuelans, Mexicans and the Saudis. There is a choice to be made. I hope that the Liberals in the back benches will force their cabinet ministers to make the human choice instead of the inhuman choice.

Some hon. Members: Hear, hear!

[*Translation*]

Mr. Marcel Roy (Laval): Mr. Speaker, first of all, I have two comments to make on what was said by the member who just finished speaking, the hon. member for Calgary West (Mr. Hawkes). I feel he may have involuntarily misled the House, and I should therefore like to quote some official statistics to set the facts straight, especially, Mr. Speaker, since the statistics I have before me were tabled at a meeting of the Standing Committee on Health, Welfare and Social Affairs on December 4 of last year. In committee I did not