Supply

interest. But it is not that way in the real world and it is not that way in government.

Mr. Dingwall: Mr. Speaker, I rise on a point of order. It has nothing to do with the remarks being made by my colleague from Nova Scotia.

I wonder if I might seek unanimous consent of the House for my colleague from Scarborough—Agincourt to make a brief statement of personal privilege. I indicate to the House that it would take no longer than 30 to 40 seconds, and I seek unanimous consent.

The Acting Speaker (Mr. DeBlois): Does the House agree with the request of the opposition House leader?

Some hon. members: Agreed.

PRIVILEGE

APOLOGY OF MEMBER FOR SCARBOROUGH - AGINCOURT

Mr. Jim Karygiannis (Scarborough—Agincourt): Mr. Speaker, I rise on a point of personal privilege.

As members will know, I just returned from a trip to Trinidad and Tobago which caused a great deal of controversy. I stand here to apologize unequivocally to the members of this House, to the leadership of my party, to the people of Canada, and to the Government of Trinidad and Tobago for my actions.

I shall henceforth not engage in activities outside my responsibilities as critic. I have taken this statement to the leadership of my party and apologized to my leader and to my Liberal colleagues for this unfortunate incident.

SUPPLY

ALLOTTED DAY, S. O. 81-HEALTH CARE

The House resumed consideration of the motion of Mr. Pagtakhan (p. 18648), and the amendment of Mr. Karpoff (p. 18662).

Mr. Brian L. Gardiner (Prince George—Bulkley Valley): I have just a very quick question, Mr. Speaker. I wonder if the hon. member could pass on his opinions to me about whether he thinks there should be guarantees that federal funds on health and education sent to the provinces are actually spent on health and post–secondary education.

Mr. McCreath: Mr. Speaker, naturally, as with all members of this House, I would like to think I could control what other people can do, but one of the things I have learned in life is that one cannot do that. One of the things I learned when I studied the history and the politics of my country is that we are a federal state.

• (1740)

The provinces have their responsibilities, and the Government of Canada has its responsibilities. As much as the Government of Canada, in its wisdom and particularly because we have such an excellent and wise government in Canada today, might wish to dictate to the provinces of the country what they shall do, unfortunately that is not the nature of our federal system in Canada and unfortunately that is not possible for us to do. It is phoney, unrealistic and fundamentally dishonest to suggest that it would be appropriate for this government and this House to attempt to do that.

Mr. George Proud (Hillsborough): Mr. Speaker, it is a great pleasure for me to rise tonight to take part in this debate on this motion:

That this House reaffirm its commitment to Medicare.

I feel very strongly that one of the saddest facts in our country is the growing gap that separates the health care of the rich and the poor.

Health care statistics speak for themselves. Well-off Canadians live longer and healthier lives than do poorer, low-income families. In my view, the health care gap can be measured by two standards: the have provinces and the have not provinces.

This can be translated into terms of people, the gap between the high income Canadians and the low income Canadians, which also translates into 10 to 11 years of longevity for high income Canadians compared to that of low income Canadians.

It was in 1986 when the present government finally recognized the health care gap. Let me quote what one of Health and Welfare Canada's many documents said: "The first challenge we face is to find ways of reducing inequities in the health of low versus high income groups in Canada".

Instead of doing this, it introduced Bill C-69 which limited funding to the provinces. In the next two years, Prince Edward Island, which is the smallest province in Canada, will lose \$12 million in transfer payments. This