

The Minister of National Health and Welfare herself gave a dim recognition of her own high-handedness in a statement which accompanied the tabling of the Bill. She expressed "regret that the federal Government had to take this measure in order to stop the growing erosion of medicare", and also her regret that "the report of the Breau parliamentary task force on federal-provincial fiscal arrangements was unable to convince the provinces to ban extra charges". What is truly regrettable, Mr. Speaker, is that the Government has shown itself to be so incapable of negotiation and collaboration that its prescriptions for saving medicare now come in the form of a threat and an imposition which the provinces, understandably, find difficult to swallow. Even more regrettable is that the same Breau parliamentary task force was unable to convince the Government that, while it was felt desirable to discourage direct charges, federal funding under the Established Programs Financing Act of 1977 would have to be maintained. One year after the Breau report, the Government moved unilaterally to amend the Established Programs Financing Act and cut funding to the provinces by eliminating the revenue guarantee which bridged the gap between the over-all increase of health costs and the federal contributions.

● (1640)

That is what is truly regrettable, Mr. Speaker, and it brings me to my second point of major importance, that of underfunding. This is unquestionably a problem of underfunding which underlies the entire debate on medicare and its preservation. In spite of its implications for the future of medicare, the Government has refused to acknowledge the problem. In her preoccupation with extra billing and user fees and in her zeal to rid Canadians of these direct charges for medical and hospital services, the Minister has ignored an equally and perhaps more formidable barrier to high quality and easily accessible health care. She need only take a brief look at some aggregate statistics to enlighten herself on this matter.

Health care costs have been rising at an astounding rate. According to a report released last April by the provincial Ministers of Finance, they grew at an average of 15 per cent a year in the five years between 1977 and 1982. The federal Government's contributions to health care rose each year by only 11 per cent as compared to 15 per cent. This is above the rate of inflation, granted, but below the annual increase in actual costs. As mentioned, until 1982 a revenue guarantee between Ottawa and the provinces helped to bridge that gap, but it was removed on April 1 of that year, and what was the result? According to figures quoted in the statement by Canada's provincial Ministers of Finance last April, the proportional contribution of the federal Government to health care was 47 per cent in 1977-78, and has gradually dwindled down to somewhat less than 40 per cent in 1982-83. The Minister will insist her Government is paying about 50 per cent of health care costs, but the fact is it is 50 per cent of hospital and medical charges only. Over the years the provinces have assumed responsibility for the provision of additional services for which the federal Government makes no contribution at all. These include mental health care, nursing homes, certain

Canada Health Act

chronic care facilities, ambulatory services, dental care, pharmaceutical programs and prosthetics. According to the *Kitchener-Waterloo Record* of January 3, 1984, Ontario's Health Minister claims that in his province alone the provincial Government supports these extra services to the tune of \$1 billion without any contribution from the federal Government whatsoever.

Putting statistics aside, Mr. Speaker, I refer again to the Breau parliamentary task force report which forewarned, at page 128, that the achievement of "publicly funded hospital, medical and extended health care could be jeopardized by reductions in current aggregate levels of federal support because such reductions would be likely to lead to increased reliance on private funding and ultimately higher health care costs and erosion of the program's principles." I would not want to argue with these findings, Mr. Speaker. That is precisely what has happened. In effect, through underfunding, this Government has created the disease, if I may use the analogy, for which the Canada Health Act is intended as a cure. However, one need not be a doctor to recognize the inadequacy of the prescription. This Bill does not address the cause of the disease; it represents an attempt to rid us of its symptoms. Without a concomitant effort to resolve the underlying problem of underfunding, this Bill, well meaning as it may be, fails to go beyond the surface of the problem. In this respect it is akin to covering smallpox with bandages and believing that the lesions have thus been caused to disappear.

Indeed, the extent of the Minister's short-sightedness occasionally attains spectacular heights. She was quoted in *The Toronto Star* of August 25, 1983, with reference to extra billings, as saying that doctors should have a right to a fair settlement like anyone else in society. She saw a direct connection between lack of proper increases in fees and extra billings. What is astounding, Mr. Speaker, is that here the Minister gives clear recognition of the causal relationship between a lack of sufficient financing and extra billing. Yet instead of drawing from this the logical conclusion that the problem of underfunding must be tackled, she has decided to ignore the cause and attempt to deal solely with the effect. This is contrary to common sense and reason.

It also carries with it the danger of distracting people's attention from the real threat to medicare by focussing merely on its manifestations. Again, Mr. Speaker, what is regrettable is that the Minister has, for whatever reason she finds expedient, chosen to let the problem reach a crisis stage and then pretend to solve it with what can best be described as a superficial cure. It is regrettable because it has forced a harsh and reactionary response to a problem that could have been more easily and effectively dealt with had she been able to grasp the essence of the problem earlier. As it stands, this Bill partially upholds the principle of accessibility but without ensuring that the principle will be upheld permanently. It also does so at the expense of antagonizing the provinces, the doctors and even the taxpayer. I draw the attention of the House to the following comment made in a recent editorial of the *Tillsonburg News* in my riding: