

*Government Orders*

the government members who were then sitting in the official opposition.

We must recall that, between 1977 and 1994, the federal government's share of social program financing, that is for health, education and welfare, dropped from 47.6 per cent to 37.8 per cent. Bill C-76 is the confirmation of a sharp drop in federal funds, which is supposed to reach 28.5 per cent within two years, by 1997-98.

After so many years of offloading its responsibilities onto the provinces, the federal government still does not understand that reducing transfers does not solve in any way the fiscal problem that all Canadian governments experience. By imposing dual jurisdictions in fields that are not federal according to the Constitution, the federal government is preventing any real solution to the crisis in Canada's public finances, whether at the federal or the provincial level. In the end, the real losers are the taxpayers we are here to represent.

I said earlier that this budget would be the end of our social programs as we know them. We all know that Quebec and the provinces are facing a breathtaking rise in medicare costs. This raise is mainly due to factors such as an aging population, new and more expensive medical technologies and significant cost increases in pharmaceutical products.

In the last budget, as was the case in previous budgets which froze transfer payments, the government announced substantial cuts in transfers to Quebec and to the other provinces for health care. It does not matter that, under Bill C-76, transfers for this program will be lumped in with other program funding in one transfer, the Canada social transfer. The result will be the same. Less money will be available for health care, and in this way, the government has chipped away at one of the foundations of our health care system.

The Minister of Finance should be honest and open with Quebecers and Canadians. He should admit to them that such cuts in transfer payments will put an end to the health care system as we know it, because that is what is at stake here.

The claim that all of these cuts will have no impact on the health of Quebecers and of Canadians and on the health care system itself is false. I cite as proof the recent statements made by the Prime Minister, when he quietly and furtively introduced the new concept of guaranteed fundamental or basic health care services for Canadians. By even talking about minimum standards, which have not been specified or determined, as being essential, the Prime Minister only draws more attention to a cross-Canada phenomenon: a two-tiered and two-speed health care system.

The two-tiered health care system is gathering steam from the well established tendency in the system which, unless there is a spectacular about-face, will become the norm. On the one hand, a normal or basic service will be covered by health insurance and, on the other, a fully loaded, specialized service will also be

available for those who can afford to pay the user fees, to buy private insurance or to finance their health care in another way.

• (1535)

As for the two-speed health care system, it is well entrenched throughout Canada: slow public services for those who cannot afford to pay and fast private services for those who cannot afford to wait but can afford to pay.

No one in this House can deny that our health care system as we knew it has undergone radical changes across Canada. The two-level and two-speed system is no longer a doom-and-gloom scenario but a reality.

In his budget speech, the Minister of Finance solemnly declared, and I quote: "The conditions of the Canada Health Act will be maintained. For this government, those are fundamental".

Bill C-76 reimposes these national standards while, at the same time, cutting the financial resources needed to maintain them. It is pitiful double talk: although we want a Cadillac, we will only make payments for a bicycle.

They are saying that the provinces should find ways to make up the difference and trying to pass this off as an example of flexible federalism. How can the Minister of Finance still think and maintain that Quebec and the provinces will manage to provide the same health services to the population? How can Quebec and the provinces manage to maintain all five conditions of the Canada Health Act imposed by Ottawa, when the Minister of Finance is offloading onto them a deficit in the billions of dollars through cuts in social programs?

The Minister of Finance should have shown some courage and should have been straight with his fellow citizens by telling them: "Unfortunately, because of our past mistakes, in particular at the time of the Chrétien and Lalonde budgets, we can no longer afford to maintain our health care system as we know it today". The Minister of Finance is dodging his responsibilities instead of facing up to them. This government is dodging its responsibilities by transferring its deficit to Quebec and the provinces. This government is misleading the people by hiding the fact that the health care programs are about to sink as a result of the budget.

Bill C-76 takes out two heavy mortgages on the Canadian health care system. On the sole basis of the obscene interest rates resulting from the federal government's inability to bring under control the public finance crisis it has created, the health of our patient, the taxpayer, is not about to get better.

The Martin budget and Bill C-76 implementing it take out a first mortgage on the general state of health of our fellow citizens. All studies conducted here and elsewhere clearly show the cause-and-effect relationship between poverty and the state of health of the population. By making cuts to social housing and unemployment insurance, attacking the unemployed rather than unemployment itself and reducing transfers to the Canada Assistance Plan, the government is launching a full-scale attack against the most disadvantaged in our society. For the