

Medical Care Act

I can say to the Liberal government that it is not a great deal of money. When the province of Saskatchewan is forced to reduce their health care budget or hospital care by \$44 million, there has to be something seriously wrong with the government's operation of that province and the way in which they are managing their economy. If such be the case, it is a question of the pot calling the kettle black, and maybe the NDP members should examine conditions in Saskatchewan if, indeed, they know what is going on there.

● (1710)

I call their attention, for instance, to a report in the *Globe and Mail* of June 19, 1976, which states that one of the major reasons for the increase in hospital care in Saskatoon hospitals is that patients are coming in from outside points. This indicates that there is a breakdown in hospital administration in the outlying communities. What they are probably trying to do in Saskatchewan is reduce the staff employed in those hospitals. They are taking action in those situations where they have a hospital in one community, and another 10 miles or 20 miles down the road.

There are similar situations in the province of Ontario. The distances are the same; population densities are the only variants. The NDP should address itself to this question, I suggest, rather than bring in the red herring of the province of Ontario. If they are so concerned about Bill C-68, I suggest that is what they should do. Because of the criticism and comments of the NDP with reference to medicare in Ontario, the unfair, unjustified criticisms they have made, I felt obliged today to rise and defend the province of Ontario even though it is not my home province. In fairness, I feel bound to defend it, while pointing out that all is not well in the province of Saskatchewan. What are we to think when a good doctor there, Dr. Louis Brand—

An hon. Member: An ex-Conservative candidate.

Mr. Brisco: That is right. At any rate, he is a man sufficiently responsible to be chief of the emergency department of the St. Paul's Hospital in Saskatoon. He comes out with the facts and tells us that 33 per cent of the patients in St. Paul's, 40 per cent of those at the city hospital and 70 per cent of those at the university hospital, came from outside the city. This clearly shows there is something wrong with the system.

I should like to make a few comments now about Bill C-68. The evidence is there as a result of the conference between the federal minister and his provincial counterparts. The chickens have come home to roost. When the federal government, in its largesse, indicates to British Columbia that it owes the government of Canada some \$750 million retroactive to 1972 or 1973, where does that put the Province of British Columbia in relation to its budget of some \$2 billion? When that happens, what kind of faith can exist at the federal level in its dialogue with the provinces?

Once more we face the age-old problem of a party which has been in power too long. The arrogance is there and it will ever more be so. When there is consultation with the provinces it is always after the fact, never before the fact.

[Mr. Brisco.]

That is the sickness which is ingrained in the pores of this administration. How can the government expect to get the co-operation of any province while Bill C-68 is being forced down the throats of Canadian citizens?

The inevitable is already happening. In Ontario we see proposals for increases in medicare charges. In British Columbia the situation is the same. In Saskatchewan there will unquestionably be increases in medicare costs to the province, as predicted when this bill was introduced. The chickens have come home to roost and it has been clearly demonstrated that the only hope for the provinces is to increase charges to the consumer. Who will suffer most? Who are we most concerned about at this time? Here I speak for the NDP as well as for my own party. We are concerned for the poor, we are concerned for the sick, those who will suffer most from this increase in medicare charges.

What happens? The poor get poorer, the sick get sicker, the poor get sick and the sick get poor. Let it ever be on the conscience of the Liberal government. Let them answer for the increases in medicare charges. Let these people answer as to how widows and pensioners will cope with these increases. There is the possibility that the provinces will be obliged to impose a deterrent fee applicable not just to the wealthy but to the poor. That is the type of thinking demonstrated by the Minister of National Health and Welfare (Mr. Lalonde) at the federal level.

It was interesting to note that while the vote was being taken today, to a man members on the opposition side of the House opposed this bill. This measure has been debated as long as any other I can remember, and this has been the case for a valid reason. The reason is simply that the bill is wrong. The hon. member for Winnipeg North Centre (Mr. Knowles), in a moment of truth of which he is frequently capable, I will admit, stood at his desk, banged it and said, "This bill is wrong. It is wrong, wrong, wrong." I felt that there was a demonstration by a man who felt sincerely that an injustice was being foisted upon the nation.

Our own critic, the hon. member for Athabasca (Mr. Yewchuk) holds the same view as me. Other members who come from the medical profession have condemned the legislation, especially at committee level, because they can see clearly the hardship it will cause, the fiscal, financial and technical problems it will create. They realize the effect it will have on the workingman who carries the main burden of the tax load. I want it on record, Mr. Speaker, that the member for Kootenay West, along with every other member on this side of the House, is strongly opposed to the basic thrust of this bill, that he believes it to be wrong and will not support it.

Mr. David Orlikow (Winnipeg North): Mr. Speaker, it was just a year ago today that the then minister of finance delivered one of his budgets of 1975 in which he announced government policy, part of which is contained in the bill before us. This policy has become clearer with every day of this past year to members of parliament and provincial governments, whether Liberal, Conservative, NDP or Social Credit. It represents a substantial pull-out on the part of the federal government from shared-cost programs, and therefore means either sharp cutbacks in services or very much greater funding by the provinces than has been the case till now.