

APPENDIX F

MINORITY REPORT

The Report on health care deals with a large number of complex issues relating to health care in Canada. While I would concur with many recommendations in the Report, I do dissent with the Report in the following areas:

I. The Majority Report does not adequately deal with the cutback of Established Program Financing funding by the federal government nor with the implications of these cutbacks. It does not document the erosion of EPF by the Liberal Government in the early 1980s with their withdrawal of the revenue guarantee and the introduction of the 6 and 5 program. It does not document that between 1986 and the year 2000, the present federal government will have reduced anticipated transfer payments for health to the provinces and territories by \$62.4 billion. The reduction by the year 2000 will amount to \$10.9 billion a year. These cuts have been well documented by the National Council of Welfare, the Library of Parliament, and the Association of Universities and Colleges in Canada. The implications of this withdrawal of funding for national Medicare are twofold:

a) The ability of the provinces to provide medical services has been severely crippled. This is particularly true of the smaller and financially weaker provinces. As a direct result of the most recent cutbacks, Newfoundland has been forced to close hospital beds, lay off medical staff, and curtail other medical services. Universal, accessible medical care has been put in jeopardy in several provinces.

b) Cash transfers under EPF will cease as early as 1996–97 for Quebec and for all other provinces within a few years. Once the federal government makes no cash payments to a province, it *will not be in a position to enforce national standards*. Indeed, the Minister of Health has already conceded that by 1996, Quebec, in regard to Medicare, “will be able to manage as it pleases.” (Hansard, June 11, 1991, p. 1436)

Although the Majority Report indicates that it is feasible for the federal government to withhold other cash transfers to the provinces to enforce national medicare standards, it is inconceivable that within federal–provincial