

Supply

will give to the federal government the ability to protect national standards by withholding other funds from provinces. How will his party vote?

Mr. Karpoff: Mr. Speaker, the whole question of how we protect national standards when the moneys are no longer transferred for health care is going to be a very difficult one. Our proposal is to reinstate the type of funding so that they then have moneys to withhold.

Mr. Beatty: How will you vote on the present bill?

Mr. Karpoff: I cannot speculate as I have not seen the bill. The minister wants me to commit myself to how I am going to vote on a bill. I do not know what the bill is. I do not know whether it is something that we would support.

We would support the reinstatement of the 50-50 funding, which means that there will be cash transfers going to the provinces. If they then do not live up to the Canada Health Act, the government has some moneys to hold. It is directly related to health care.

There are two aspects to this issue of enforcing national health care standards. There is one that the minister seems to keep looking at. He says: "We are going to call the tune even if we are no longer paying the piper. We are going to insist that provinces provide services even if we have pulled the rug out from underneath them in terms of money. We are going to say that they have to meet this national standard, but we are going to turn our back on them in terms of financing it".

What we have right now is not surprising. The financially disadvantaged provinces are now backing away from provision of medicare that would meet national standards, because they are the ones who are financially under the most pressure. They do not have high employment. Let us take a look at Newfoundland. It has very high unemployment. They do not have the large numbers of people working. They do not have the industrial base of B.C., Alberta or Ontario to raise tax revenue. Yes, they are more dependent on transfer payments including transfer payments for medicare.

The federal government is saying to them very nicely: "You have to meet these standards, but we are going to wash our hands of any responsibility for your funding of them". I say to the minister that he cannot have it both

ways. He can bring in all the punitive legislation he wants, but if persons cannot afford to meet those standards it is going to be almost impossible to force them.

Mr. Rey Pagtakhan (Winnipeg North): Mr. Speaker, when I was listening to my colleague from the New Democratic Party, I almost felt that we were in government. Of course we will form the next government.

• (1240)

He kept attacking the provincial Liberal ministers across the country. I ask my colleague from the New Democratic Party, since when has it become a virtue that you criticize the victims and not the victimizer? Have you not said during debate in the past that the federal government has been passing the deficit burden to the provinces, and now you say you are blaming those people, those ministers? Mr. Speaker, this is a classic example of double-speak.

Then he alluded to Ontario. I was glad. But he did not say that the Ontario government is now run by the New Democratic Party. Here is a headline from a newspaper: "Ontario looks to copy Quebec's new health plan". Part of this plan, as the member indicated, is the utilization of user fees. Are we going to see the NDP government of Ontario apply a user fee? I tell you, when the NDP provincial government of Ontario does just that, we will fight it.

I would, therefore, like to ask the member if he has spoken to his counterpart in his own party in Ontario.

My second comment is in terms of history because the member alluded to it, Mr. Speaker, that is, that we have to have an historical understanding of medicare and its documentation. I would like to put on the record, very briefly, that the first stage in Canada's national health insurance known as medicare, came with the unanimous approval of the Hospital Insurance and Diagnostic Service Act of 1957 by the House of Commons. Actually, the earliest record is before Confederation in 1832. Medicare as a national idea at the federal level, as a political issue, occurred in 1919 at the Liberal Party convention.

In 1939 we had the Rowell-Sirois report and then in 1947 Tommy Douglas tried to implement his program in Saskatchewan, and finally did so in 1962. In 1966 it was the Liberal government that introduced the medicare act