

*Supply*

rationalized system, but as good as we can for the dollars that we have. That is what is missing today.

**Mr. Jesse Flis (Parkdale—High Park):** Mr. Speaker, I welcome the comments made by the previous speaker especially because of his experience in the provincial legislature before coming to this House.

When I heard that this was the debate this morning, I called the hospitals in my riding, St. Joseph's Health Centre, the Queen Elizabeth Hospital and the Runnymede Chronic Care Hospital, which serves my riding, the west end of Toronto, and a bit of Etobicoke. The complaint that I hear most often from the hospitals is that the costs of running a hospital have gone up drastically. This is through no fault of the hospitals.

As an example, they tell me of the increase in UI payments that the hospitals have to make, in workmen's compensation payments, the OHIP costs and the pay equity costs. These are all additional costs that have been brought in by the federal government with the UI increase and by the provincial governments with the pay equity. That total varies from hospital to hospital, but the increases have gone up as much as 15 per cent and more.

Now they tell me that what the government, the provincial NDP government, is giving the hospitals is a one per cent increase. Now how can a hospital operate when two higher levels of government have laid on a 15 per cent increase in operating a hospital and the NDP government comes along and gives a one per cent increase.

With the hon. member's experience here and in the provincial legislature, I would like to hear some concrete suggestion how we can come out of this. The hospitals cannot survive at this pace. Hospitals that are providing love and care and dignity in people's senior years, especially chronic care hospitals such as the Runnymede Chronic Care Hospital, are going to fold.

It is the motion of the NDP. I wonder if we could have a concrete suggestion here to solve this dilemma.

**Mr. Breugh:** Mr. Speaker, I welcome the question particularly since I visited most of those institutions, when the Tories were the government in Ontario and later on when the Liberals were the government in Ontario. The arguments have not really changed a great deal.

It comes down to this. Through three political parties, we have all come to the same conclusion. There is a need to sort out, not in the short-term but in the long run, how our institutions function. For example, I saw the premier of Ontario address the problem in a way that I think is substantive and worth while and I would recommend to governments across Canada.

The Liberals, when they were the government in Ontario, closed hospitals down. It did not do much good. That has been tried. That is not a solution. When the Tories and the Liberals were in government in Ontario, they closed hospital beds. That is not a solution. The alternatives, user fees, closing beds, closing hospitals, are not solutions because they are not the problem.

The solution that has been put forward by many across Canada now is the one that all of us should use as our model and should start to think about. That is, all who are part and parcel of the health care system, not governments on high, not administrators on high, not doctors on high, not anyone on high, but everyone who is involved in the process must now sit down and rationalize the whole system of providing medical care.

It should go from top to bottom, not excluding anyone, starting with the chief administrative officer in any hospital and going right down to the person who cleans the floors. Each and every one of them should be an active participant in evaluating and assessing and deciding how the system will go from there. That is part of the solution.

• (1540)

**Mr. Jim Karygiannis (Scarborough—Agincourt):** Mr. Speaker, as a constituent of the province of Ontario, one of the so-called have provinces, I have been watching what the NDP government and the premier of that province have been doing to our health care since they got elected.

I have been watching carefully the erosion of our right to have medicare. The member said that we in Canada are given care and if we are denied the care, it makes headlines.

It is not unusual that in the States, when going to a doctor, the first thing looked at is that gold American Express card. If you are lucky to have similar other cards, those will be looked at. But some of our constituents and