

That does not seem to be in the cards this side of the next election. We have a government that seems committed to off-loading its deficit on to the provinces in a way that is not only wrong from the point of view of off-loading the deficit, but also has this effect on fundamental services, such as health care, that the provinces are there to provide.

Unashamedly, in spite of everything that the member said, we condemn anyone who suggests that the solution at this point is user fees. There is a problem.

I was the NDP health critic for four years, between 1980 and 1984, and I spent most of my time trying to encourage the Liberal government of the day and health minister Monique Begin to bring in the Canada Health Act to deal with user fees. There was a consensus in the country that user fees were inimical to the value system of medicare. There was a unanimous vote in this House in April 1984 against user fees.

When we get up and condemn anyone who suggests that user fees be brought back, all we are speaking from is not just a consensus, but a unanimous action of the Canadian Parliament taken in 1984 with the passage of the Canada Health Act.

I say to the hon. member who takes such offence that we should be critical of those who would suggest going against the spirit of that unanimous act. What is it that he has taken offence to, unless he is embarrassed by the fact that it is his Liberal colleagues who have made this suggestion?

With respect to the cutbacks that are being brought in by various NDP governments in health care services, no one enjoys this, and particularly I know New Democrats do not enjoy it. I think the hon. member, if I understood him correctly, tried to make the point that this is happening all across the country.

Why is it happening all across the country? It is happening all across the country because all provinces are affected by the federal withdrawal from this program. It does not really matter whether you are Progressive Conservative, NDP or Liberal, if you are a provincial government, you are affected by these unilateral withdrawals from these programs. The temptation is to point fingers and say that one cutback is worse than the other

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or that if a certain party were in power this cutback would not happen, et cetera.

The fact is that cutbacks are happening. They are happening because we have finally got to the point at which that train of events which was started by the Liberals in 1982 is beginning to have its worst effect. We are not trimming fat any more from the system; we are trimming the system. That will be a threat to medicare.

The solution is not user fees. Study after study has shown that user fees, unless they are really hefty, cost as much to collect as they bring in. Not only that, but they tend to discourage the wrong people from seeking out health care services.

That is why we are dead against them. I venture to say we would be dead against them if in desperation some NDP premier were to suggest it. I would quarrel with him as much as I would quarrel with Mr. McKenna, Mr. Wells, or anybody else who has suggested that.

We do have a problem. It is not exactly a problem that has just arisen. I refer to *Hansard*, April 2, 1984, third reading of the Canada Health Act, and I quote from page 2605:

There are questions having to do with the allocation of health care dollars because there is not an infinite amount of money, and there will be difficult decisions to be made —there are difficult decisions about the allocation of health care resources. Canadians will have to pay more attention to how their health care dollars are being spent. We will have to find a way as we did through medicare when we found a way to go beyond the allocation of health care resources by the marketplace and we will have to find a way to go beyond the present system which lays itself open more and more to the charge that bureaucrats are allocating health care resources by political and fiscal imperatives instead of health care imperatives.

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That is what we have now, exactly what I predicted on April 2, 1984. The Minister of Finance might as well be the minister of health in the provinces and in the country, because all the health care decisions are being made not by the medical community or the medical community in co-operation with other people who are concerned, which is the way it should be, but by bureaucrats in the Department of Finance.

That is wrong. There is a problem. We do have a health care system which more and more looks like it is making infinite demands on a finite amount of money.