

Canada Health Act

Mr. Epp: We have trouble with your statements.

Mr. Regan: It is the provinces which have allowed the conditions to change. That is why we need this legislation which will provide a guard against further erosion of the people's right to have free health care and free hospitalization in the country. I believe that the fact that the Government of Canada is committing over \$9 billion a year in this regard is a fine indication of the priority that the program has been given by the people of Canada.

It takes two to tango, Mr. Speaker, and I know that the people of Canada want our federal and provincial Governments to work together. I believe that that is the greatest responsibility that Governments have. Remember, it does take two to tango and both sides must perform in order to carry out a bargain or partnership. That is exactly what is required by this legislation. If the original bargain is not followed it means there is a penalty, and that is the incentive to carry it out.

In conclusion I would like to say that one of the reasons that there has been an increase in the cost—and we recognize that—is that today people working in the health care delivery system are paid a decent wage. They were not in the past. It is a credit to federal and provincial Governments that that wage situation has changed vastly over the past number of years. With this legislation we move forward to protect. The next step for all of the parties involved should be to prepare their briefs for the CMA task force on future needs of the health system and particularly on aging. With this legislation we protect what exists, and we should then look forward to other programs and the needs of our people.

Hon. David Crombie (Rosedale): Mr. Speaker, before I begin, I think that it is the first time that the Assistant Deputy Speaker, the Member for Vaudreuil (Mr. Herbert), has been in the chair. I would like to compliment him and wish him well in his new responsibilities.

Some Hon. Members: Hear, hear!

Mr. Crombie: Mr. Speaker, it gives me a great deal of pleasure to be able to speak on this Bill today. As most people are aware, I have had a life-long interest in this field and have served, at least for a very brief period of time, as Minister of Health. Therefore, I have some knowledge and clear interest in, not only the legislation, but indeed all of the issues surrounding it. Another reason why it gives me pleasure to speak on this Bill is that I became involved with the Progressive Conservative Party in 1956, the year that that Party declared that it supported a national health care system for this country. Therefore, I feel quite strongly that we in this Party today are continuing a tradition which is second to none in this House and in this country. This tradition began with the work done by the Right Hon. John Diefenbaker in the first and second terms of his office in establishing the Hall Commission which brought in the broad outlines of the principles of medicare and established medicare through the recommendations of Mr. Justice Emmett Hall. I am not forgetting the

contribution of the late John Robarts as Premier of the Province of Ontario.

Mr. Blaikie: He opposed it.

Mr. Crombie: For those who have not read the legislation and the literature, it was the action of John Robarts in 1968 that made it a national program rather than one simply adopted by the federal Government. I mention this, Mr. Speaker, because there are lots of people who would like to have a monopoly over what has been a contribution of all Parties and provinces and of many people. I was looking at a note the other day which indicated that the new Speaker of this House was a civil servant at that time and helped to draw up the legislation that brought in the beginnings of medicare. It is worth emphasizing that because much of what we have today is a contribution made by everyone. We have learned far more about the politics of medicare in the past few years than we have about medicare itself.

Medicare, Mr. Speaker, was the great achievement of the fifties, sixties and seventies, and particularly the sixties and seventies in terms of the forging of legislation. Those outstanding principles of medicare, universality, accessibility, comprehensiveness, portability, and public administration under uniform terms and conditions, became the way in which this country established a principle. That principle was that there ought to be equality of opportunity for every Canadian to have equal access to medical care at prices that were affordable to all. That is a principle for which every Party has stood for at least two generations.

It is wise to remember, however, that medicare in itself is not a health care program. It is a medical care program. It is an insurance program that deals with medical care for people who are sick. That is the purpose of the program. Its organizing principles were equality and accessibility. That is what this Bill deals with. It deals primarily with those principles and with making sure those principles remain in place. During the past four or five years we have dealt little enough with that medicare and health care really mean. We have spent more time on the politics of medicare. We have been at war with the doctors and the provinces. During that period of time we forgot that there are other matters than simply the questions of insurance and the sick. We had to go beyond that. That is why this Bill speaks more to yesterday than it does to tomorrow. It is a Bill that patches up the past. It does not grasp, in any sense, the future of health care in this country.

While the federal Government fought with the doctors and other health care workers and we put enormous strains on the federal system in the name of health care and medicare, there was an entirely different kind of revolution going on in this country of ordinary people dealing with their own lives. The principles of the old medicare were equality and accessibility. The principles of the new one are not entirely new words to us. They are old words that have a new meaning. If anybody cares to look at the newspapers, listen to the radio, watch television and read the literature, they will hear brand new words emerging in the field of health care that mean something to