

Government Orders

I have a question for my colleague from Essex. I would like to ask him, having listened to his remarks with respect to Bill C-20 and its impact on Canada as a whole and on the national economy in general, how this bill and its provisions will impact on his constituency and on the region he represents.

• (1720)

I am speaking now of the Windsor region and the rural area as well around Windsor. It is an area very similar to my own, the federal riding of Brant that has been very, very devastated by this recession as it was in the early 1980s. Certainly this time the impact has gone even further and deeper.

I would like to ask my friend and colleague how this bill affects his constituency and the region of Windsor where he comes from?

Mr. Langdon: Mr. Speaker, I thank my colleague from Brant for the comments and for the question.

One thing it is important to say with respect to some of the comments my friend made is that we perhaps do not understand in this country just how much better our medical care system is than that in the United States.

I wanted to add to the record a quotation which I was not able to include in my speech from the National Federation of Nurses Unions which was reporting with respect to this question. It indicated in the following in its brief: "A recent study comparing Massachusetts and Manitoba found that in nine of eleven surgical procedures Manitoba residents had lower mortalities than patients in the Massachusetts hospitals. In comparison to the United States, Canadian mortality and life expectancy rates also confirmed that Canadians had superior health status". We are talking about a system that really has a fine record, but a system which is under terrible strain.

I certainly can see it in my constituency. The strain is very much there with respect to the hospitals in my community. It is seen not just in problems of beds having to be shut down because of cost pressures. It is seen in the queuing which is having to take place. It is seen in people in fact having to go across the border to the United States in order to have heart problems looked after, for instance. This is something which certainly should not be taking place in our country. We have

tremendously skilled medical practitioners. Oftentimes we have the facilities, but the facilities are not operative because of the cost squeeze imposed upon them by these \$30 billion worth of cuts since 1985 that the federal government has put into effect. These cuts will get worse.

In my community people look to their health care system as something which is a tremendous advantage that they share compared to their counterparts in the United States just across the river, but they also see the strain starting to grow. I hope for the sake of them, their health and for all of us in our country, that people in Canada will realize this legislation is just one more step in threatening the medical care system of this country.

Mr. Blackburn (Brant): Mr. Speaker, I have one final comment and question. It seems to me that the more we damage the medicare system in this country with cut-backs or freezes, the greater the negative impact that will have on those forces in the United States looking to us and to our medicare system as a solution to their privately funded medical system.

I have talked to American congressmen recently who said: "We are looking to you to show the way". These are Liberal Democrats, of course, and some of them are actually Republicans as well who usually represent constituencies within large cities where there is a lot of poverty.

I would like to ask my colleague from Essex whether or not he sees this damaging of our medicare in Canada because of these negative funding techniques the federal government is putting into place as setting back the progressive forces in the United States trying to bring on stream a government sponsored medicare system in that country.

Mr. Langdon: Mr. Speaker, I think that is a very good point.

The finance committee recently made a trip to Washington to look at the question of how to deal with the deficit. Interestingly we were told by many of the government people whom we met there that in the United States it is being recognized increasingly that to deal with the problems they face, the ballooning costs of their system which are far, far greater than our system and escalating far faster, they are going to have to move to some kind of public medicare system.