

*Oral Questions*

**Mr. Jarvis:** Not one hog, heifer or steer is purchased through farm credit financing. It is the chartered banks of Canada to which Canadian farmers look for their financing.

What does the minister propose to do about a situation, current and serious, where Canadian farmers who want to produce meat for Canadians are prevented from doing so by this government's policies or lack thereof, who find themselves forced to sell the feed grain that they would otherwise be feeding their livestock for the Canadian market, and who cannot sow feed because they cannot afford 20 per cent interest rates?

**Mr. Whelan:** Madam Speaker, the hon. member has omitted the fact that we are giving interest-free loans to farmers for storable crops, as we have never done before, through new programs which we initiated some time ago. The interest-free loans for storable grains such as soybeans and other products which are put on the market also helps the consumer. When the hon. member talks about hogwash, that is about all he is expert on.

**Mr. Jarvis:** What are you going to do? You are the minister.

**Mr. Whelan:** The hon. member may not be very closely associated with agriculture. He has made no real suggestion with regard to interest rates and what should be done. He should check farmers' incomes, the stability in the agricultural economy and the products which they are putting on the market at the present time. Turkey producers in Canada are making money on the sale of utility turkeys at 79 cents per pound in 1980, and I challenge the hon. member to find the same situation anywhere else in the world.

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**HEALTH CARE****REPORTED REJECTION OF HALL REPORT BY PROVINCES**

**Mr. Bill Blaikie (Winnipeg-Birds Hill):** Madam Speaker, my question is for the Minister of National Health and Welfare, and it deals with the erosion of medicare, a concern which we in the NDP have been voicing for over two years now and which we were concerned about as far back as 1977 when the Established Programs Financing Act was passed in this House over the worried objections of the father of medicare, Mr. Douglas. The minister has been vocal on the subject, but has done nothing concrete to stem this erosion. Instead, she first hid behind the fact that the Hall report had not come out; now she is hiding behind the fact—

**An hon. Member:** Question.

**Mr. Blaikie:** The question is coming—that she needs to consult. In view of the fact that the provinces have consulted among themselves without the minister and have decided, with the exception of Saskatchewan, not to endorse the Hall report,

what does the minister plan to do to stem the erosion of medicare?

**Hon. Monique Bégin (Minister of National Health and Welfare):** Madam Speaker, I do not know from where the hon. member draws his conclusion because no such communication has been given to me by any health minister of any province. There was quite a difference in the stand which was publicly taken yesterday. I consider it very normal for health ministers to defend their budgets the day before all the provincial finance ministers are meeting here in Ottawa with the federal Minister of Finance. It is very normal that they would be in favour of medicare and require a full budget for medicare.

When the hon. member suggests that we have not done anything, it indicates that he refuses to understand the complexity of the medicare system in Canada. The hon. member wants the usual simplistic answer in black and white, which does not apply here. I have explained more than once that the same Justice Hall report tells us to ban extra billing provincially first and to correct our federal legislation accordingly, to give doctors a fair process of negotiation but not to withhold payments. We are working together, slowly progressing toward an understanding of the medicare erosion.

● (1500)

There are several provincial ministers of health who are new in their portfolio. They were not even ministers when the Hall commission was established by the previous government. These people must go through the process of understanding the problem.

**Mr. Blaikie:** Madam Speaker, it is a sad day when we come to expect it as normal that provincial ministers of health do not want to do anything about things like extra billing. Perhaps the minister herself does not realize the human reality behind this. The fact is that because extra billing happens in clusters, both geographically and in terms of specialties, there are many Canadian women who cannot find an obstetrician who is not using extra billing.

My question to the minister is this: When will she show some leadership in this country and bring in legislation to stop extra billing?

**Some hon. Members:** Hear, hear!

**Miss Bégin:** I suppose there are some types of flamboyant leadership, but there is the more modest type of daily leadership in the fight for ideas. This is a case where we are trying slowly, but I think surely, to convince Canadians that they have already paid for their full universal free medical care services. They are understanding and they are pushing through the various layers in the system to make sure that is what they get.

The hon. member does not understand the complexity of an institution which we want to keep alive. He does not understand that, because of the explanations we have given to participants on panels, on hot lines, in discussions and replies to letters, the public has now obtained in some provinces