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youth, I become more convinced that our commitment to health programs must be greater, not smaller and surely, not endangered by lack of funds.

I recall 25 years ago when the thalidomide babies first came to our attention. The plight of our young thalidomide Canadians must be adequately remembered, considered and finally, I believe, they must be compensated by this government very soon. They cannot wait much longer.

From the period 1986 to 1996, the government's cuts to the EPF payments will reach \$40 billion. A cutback of this magnitude is unprecedented in the history of federal-provincial relations. To compensate for the loss of federal support, the provinces and the municipalities are either going to have to increase taxes or cut services. Given the priority nature of health care, as well as that of welfare support and quality education, tax increases at the provincial levels are an inevitable result of federal buck passing. Statistics released yesterday indicate that by the end of this century, and that is only a few short years away, there will be 10 million orphans in the world due to the ravages of AIDS. Unfortunately, Canada will not be spared its share of this terrifying statistic.

• (1600)

It is tragic for a child to die of AIDS, but even more tragic and heart-wrenching is the discovery by a mother that she, too, may soon die knowing that she has infected her baby and is leaving her other children as orphans.

In 1993 more than 7,000 people with HIV infection in Canada will have progressed AIDS. Canada has one of the highest rates of infection in the developed world and the epidemic has spread rapidly. It is estimated by the Canadian Public Health Association that 50,000 Canadians are now infected with HIV.

Several organizations work at preventing and informing the public about the dangers of the infection, but until a cure is found, and we are going to need money for that in research and development, it is our responsibility to care for the sick. The Canadian Institute of Child Health states that: "Canadian children's health is poorer than other western nations in the mid-1980s". In the mid-1980s the infant mortality rate was higher in Cana-

da, that is 7.9 per 1,000 live births, than in Japan which had 6.0 per 1,000 live births, and several other western nations. This rate is traditionally regarded as an indication of the health status of children in this society.

Canada's death rate from all causes for school-age children was higher than that of Sweden, the Netherlands, Japan, Germany and England. This is just not acceptable to the people of Canada. The Canadian experience is even worse for deaths due to injury. At 13 deaths per 100,000, school-age children in Canada die more often from injury than children in eight other western developed nations.

Canada's death rate from all causes for teenagers is nearly double the rate for the Netherlands. We even see inequalities among the children of Canada. Infant mortality rates are more than 1.5 times higher in Saskatchewan and Newfoundland than in Ontario and Quebec. In 1986 death rates for poor children were 56 per cent higher than for higher income children and this rate of 56 per cent is doubled again among our native infants. That is not acceptable.

This government is playing Russian roulette with our nation's health system. Perhaps the intention is not to kill medicare. As the hon. member who just spoke said, it is not the intention of this government to kill medicare, but the Minister of Finance must stop this relentless pursuit of budget control through cuts to our social programs. It just does not make sense. It is a fallacy to say that Canada's social programs are responsible for the deficit. They are not. That would lead to another whole debate as to why we are in the economic predicament we are in but it is not because of our social programs.

Our medicare program was at one time the envy of many countries around the world. In fact most Americans would abandon their health care system and join one like ours if they could, that is the system as we knew it before, as it was implemented by the Liberals during the Pearson administration. There have been too many horror stories in the last few years, stories of long waiting lists. One in four is said to be now waiting for surgery, as my colleague pointed out a few minutes ago. There is postponed surgery, overcrowded emergency facilities and perhaps saddest of all is the total lack of adequate