

Health Care

There are a number of ways in which we can approach this question, and clearly people will make different value judgments in respect of it. One is to widen the base of the kind of services that would be eligible under these two programs, or to change the programs themselves so that they become flexible and not tied to a specific type of medical service. Federal-provincial conferences have emphasized the need to do this, and this new formula is an attempt to allow the provinces the kind of flexibility that will give them an opportunity to put more emphasis on various important areas of health care service within their borders. That is really the reason we are bringing forward the formula. It is certainly not being brought forward because we want to vacate the field. There is no intention to do that at all but, rather, to recognize that in our federal system the provincial governments have legitimate concerns in respect of their own priorities. We should respect that principle as much as we can.

However, the federal government is determined, at the same time, that we maintain certain national standards and those national standards would have to prevail whether or not there was a change in the formula. I am referring to standards such as the comprehensiveness of the programs, universality, portability in Canada and accessibility to people regardless of whether they can afford to pay for these services. Those elements must be maintained. I feel that although there is a proposal to change the formula, it is a step forward, not backward. It is a step in the direction, not of balkanizing the country—which was suggested by the hon. member for Nanaimo-Cowichan-The Islands—but to keep the country together because of the insistence on these national standards which would make sure that Canadians from coast to coast were treated in an equal way.

I believe that if one were to accept the principle of the motion, which would be to give a blank cheque to the provinces and to simply say that we would pay 50 per cent of all health care costs in Canada, that would give rise to the balkanization of this country because we would have stepped out of the picture and allowed the provinces to do whatever they wanted within their own jurisdictions regardless of the effect it might have from coast to coast. It seems to me that we are doing precisely the opposite to what has been suggested by some members of this House. We must maintain controls, we must stay in the field and we must give leadership.

I think that we are recognizing, through this new formula, that in the past the original program was much needed and served Canadians well, but in past years there has been a tendency for the provinces to pay more emphasis to the programs expensive forms of health care such as hospitalization. Now that this question has been taken care of quite well in this country, they need flexibility to move into other areas which would be less costly.

Mention has been made of community health clinics in this country. We should give some emphasis to that question. However, in this respect members always seem to talk about the health resources fund. My understanding of the health resources fund is that it is not established to involve itself in that kind of operation but is primarily for the purpose of educating doctors, nurses and providing institutions for that purpose. If we want to do the kind of

thing that hon. members are talking about, then I think we need the thrust fund which we have proposed in our negotiations with the provinces, whereby \$640 million would be put forward over a short period of time, namely, five years. This money could be used by the provinces to develop innovative ways of providing services to communities without having to give undue emphasis to the more expensive forms of health care on which we have been concentrating in the past.

The motion implies that the health resources fund is inadequate and that we should provide more funds. I do not know what the hon. member has in mind in terms of additional funds, but let us say it was \$500 million more. Would that provide any more available funds today? The fact of the matter is that there is roughly \$200 million in that fund which has never even been requested by the provinces. So if more money is required for the kind of things the hon. member wants, it is not required in the health resources fund in my view but, rather, in a new kind of fund which we have called a thrust fund in our negotiations with the provinces.

● (1650)

It has been suggested, too, that in these negotiations the provinces have flatly rejected our proposals. That simply is not true. The fact is that a number of provinces have indicated their willingness to consider this program and to negotiate it. Certainly, some provinces feel that the proposal is not for them at the present time, but what is the alternative? In some cases it is for us to opt right out of the field altogether. As far as I know, that is not what the hon. member who proposed this motion, or anybody else in his party, wants. The difficulties we are having in respect of the federal-provincial conference are not because we are not following this motion, but because we are insisting that we remain in the health care field. I think the hon. member would agree with us on that.

Furthermore, Mr. Speaker, we have not really put the proposal to the provinces and said, "Take it or leave it". That has never been the case, and the Minister of National Health and Welfare (Mr. Lalonde) never said it was the case either in the conference or since. A statement was made to the effect that it would be difficult to put more sweeteners in the pot. I think it is understandable that in any negotiations there has to be a point where you feel you have gone as far as you can in providing funds. These funds are not a step backward. The formula is designed in such a way that no province will lose any amount of money that it presently has by accepting the formula, and under our formula within the next ten years they will receive \$1.1 billion more than they would if they had stayed under the existing program.

I referred earlier to the thrust funds. They are designed to help the provinces reduce the cost of health care in this country by innovative programs so that we can get out of the acute care hospital situation. I do not think it is fair or reasonable for any Member of Parliament on this or any other side to say that we are proposing to opt out of cost-sharing. We have simply put forward a different formula for arriving at it, which would provide the kind of flexibility that the provinces desire. I personally cannot see anything objectionable about that approach.

[Mr. Cafik.]