

responsibility and offload all of those problems on to the provinces”.

What does that mean in terms of our national health care? It means a number of things. First and foremost it means that the provincial governments have dramatically less money to spend on national health care. The cumulative effect of these cuts on health care have been estimated as being \$62.4 billion. I am not talking about post-secondary education. In the final years it will amount to around \$10 billion a year in lost revenue. I make it clear again that this is lost revenue based on the increase in GNP. It is not based on costs or anything else. This is money that the provincial governments had anticipated. They thought they were in a fiscal arrangement they could count on to build their health care systems around.

It has been devastating already. Some of the weaker provinces, particularly the Atlantic provinces, have had to make dramatic cutbacks to their health care system. Newfoundland in one fell swoop had to lay off 10 per cent of its nursing staff. That is just year one. Wait till the cumulative effects of year three, four and five take place. Even wealthy provinces are feeling the economic pinch. British Columbia will have lost over \$5 billion by the year 2000. This year alone it is losing about \$500 million.

This has tremendous impact on local communities' ability to deliver health care. What happens is the province is then forced to offload their loss of revenue on to local communities and local hospitals.

My community of Surrey North is one of the fastest growing communities in Canada. We simply have been unable to get the funds to keep up with the necessary health care services that are needed. We only have 1.1 acute hospital beds per 1,000 population. The provincial average is 3.3. In Surrey 40 per cent of the people have to leave to get basic health care. We are 34 public health nurses short. We are 27 health inspectors short of meeting the needs of that community. I think it is important to note that those last two figures are probably more critical than the loss of acute care beds. We all know that one of the things we have to do is change our health care system from a treatment of chronic or acute illness to a health prevention system. But it is often those soft health prevention programs that suffer when there are arbitrary and unnecessary cuts in payments.

### *Government Orders*

There is another thing that is happening concerning the loss of transfer payments and that is the federal government's ability to maintain a national health care system with national standards. The federal government will no longer be transferring cash to Ontario and Quebec by 1995, 1996 and 1997 because of the cutbacks under this bill. That means it will have no ability to enforce national standards. It will be transferring no cash to any of the provinces by the year 2004. This means that of course the ability to enforce national standards under the Canada Health Act will be non-existent.

Mr. Speaker, you are signalling that I have one minute. I do not believe—

**The Acting Speaker (Mr. Paproski):** The hon. member started at 11.28 a.m. and he finished at 11.48 a.m.

**Mr. Karpoff:** Thank you very much.

• (1150)

I acknowledge that the Speaker is right. I am just surprised that my time has gone so quickly. I want to make just one or two points then, very quickly.

The federal government thought that it could bring in a new section under Bill C-20 that says that once it is transferring no cash payments under block funding to the provinces, it can then attach other moneys to enforce the Canada Health Act.

That is spurious. It is unworkable, and it is not going to take place. There have already been a number of legal opinions that simply say that it is unconstitutional, that there is no way under the federal spending powers and division of powers between the provinces, if the federal government is not putting money into health care, it can then withhold other moneys in order to enforce its national standards in health care.

Second, what moneys is it going to attach? Is it going to attach moneys from the Canada Assistance Plan? Does this government really think that it is going to take moneys from hungry children in order to insist that the province meet its standards on a national health care program? Is it going to take money from child abuse, because that is what the Canada Assistance Plan does?

It covers moneys to guarantee minimum income to children. It provides moneys for people to investigate child abuse. Does it really think that it is going to do that? In the context of the climate in Canada where we are having to look for a new federalism, does the federal