

### Health Care

gram closely resembles that which the province of Quebec has known since 1970 and, as far as I know, the citizens of my province are not the worse for it.

I will quote again what the Minister of Finance (Mr. Turner) said on May, as reported at page 3600 of *Hansard*:

Of course, I do not want to suggest that provincial governments would have to increase their tax rates—

—as the hon. member for Roberval suggested, this new program would lead in the provinces to a tax increase in order to finance this program. But this is out of question, Mr. Speaker. I keep on quoting:

... by the precise amount of the federal cut. Provinces can raise their levies more or less than the federal reduction, as they see fit, and they obviously could alter the mix between personal income tax or their taxes on alcohol and tobacco.

In the proposal, the government commitments go a bit further and I quote:

Provincial governments would receive basic per capita grants from the federal government. And if required, the provinces would get further federal risk sharing payments should they spend at a rate above that of the growth of the basic federal grant.

These last lines contain the important part of the proposal. We can see there, Mr. Speaker, all the flexibility of the proposal which has been put to the provincial ministers, a flexibility which will allow the implementation of much more economical and efficient procedures for the provision of health services.

The hon. member for Roberval said that the provinces will not get anything; well, I cannot see the basis for such an argument. If this is really what comes out of the proposals, that the provinces will not get anything out of them, all they have to do is to turn down the proposal, Mr. Speaker, and keep on getting the existing 50 per cent.

I am coming back to the proposal brought forward by the hon. member for Nanaimo-Cowichan-The Islands (Mr. Douglas). He starts out by congratulating the minister, saying that since taking over the department he has put forth tremendous energy and talent to seek a solution whereby health care will become less costly for Canadians and more readily available. And a little later on he accuses the minister of trying to evade his responsibilities and the federal government of trying to shirk its responsibilities by withdrawing from the program. Such is not at all the spirit or the philosophy of the program when one sees the commitment by the federal government. The minister said it would amount to \$1.1 billion over the next six years, not based on the experience of the past two or three years, Mr. Speaker, but on a projection over the next six years. And in addition to that amount another \$600 million is to be provided as a trust fund to assist provinces if, for instance, as indicated by the Minister of Finance in his statement, all these amounts should prove adequate.

I do believe there is no occasion to mobilize the finance ministers of the provinces and to stir up the concern of Canadians as to the fate of the health services programs offered to Canadians. In my opinion, health services or health care available to Canadians since 1970 are the best of any offered in industrialized countries. I shall of course make an exception regarding socialist countries, Mr. Speaker, as I should not like to start off a comparison between our services and those offered in socialist countries. However, comparing with western European coun-

[Mr. Dupras.]

tries and industrialized countries which respect private enterprise, it will readily be seen, Mr. Speaker, that we have an unparalleled system.

● (1540)

[English]

**Mr. Heward Grafftey (Brome-Missisquoi):** Mr. Speaker, in my view the delivery of humane, adequate and efficient medical health care services will be one of the most important, if not the most important issue facing the Canadian people in the next few years.

[Translation]

Let us suppose, Mr. Speaker, that tomorrow morning the aldermen of a town council were to declare it a law that the town hall is to give free bread to each family, and the next morning at 9 o'clock they went and drew up this law; the law would exist, but nobody in the city administration would telephone to the bakery to bake more bread. That, Mr. Speaker, is quite simply what we have done throughout Canada with medical services; the federal and provincial Parliaments have voted billions of dollars for medical services for most Canadians, and especially for poor and aged Canadians, but these services do not exist at all.

[English]

It is my contention that medicare in Canada today is purely a financial mechanism, as many members in the House today have already pointed out. It involves the worst kind of federal-provincial joint program. The Liberal governments' consistent approach to medicare has been one involving half socialism and half free enterprise. That is, I believe, why the NDP in Ontario would not, in their brave way, support some of the Liberal plans for that province. The program is half socialism and half free enterprise, and embodies the worst of both worlds. It simply does not work.

The same government that pours millions of dollars annually into this non-system refuses, through the health resources fund we have mentioned today, to make that system effective so that it may benefit people at the local community level. When medicare legislation was introduced into the House of Commons we knew that the only possible way the federal government could implement efficient medical health services at the local community level was by supporting in this House the concept of a health resources fund. What happened? No sooner was the health resources fund established than Treasury Board reduced it. Therefore we wonder why we are faced with the kind of problems which we face today.

What has the federal government done? It has poured billions of dollars, in the form of income supplements, into the non-system while at the same time maintaining a static supply of medical personnel and services. No wonder these services for many Canadians from coast to coast, for the disadvantaged living in rural areas and those living in the cores of cities, have literally collapsed. As hon. members have already mentioned, in many rural and innercity areas, low-income and aged people are not getting any service whatsoever. As they line up for diagnostic services and treatment I am reminded of the bread lines during the depression.