

Adjournment Debate

savings to come out of the upcoming renewal of federal-provincial funding arrangements for health and social development. I asked the Minister of National Health and Welfare where she expected the savings to come from. Mr. Speaker, instead of receiving an answer I received the usual lecture, plus a vague indication—and I quote:

—the savings to come as a result of discussions with those provinces which presently have a surplus—

This evening I ask: what does this mean? Does it mean there is to be a continuation of block funding for medicare, with a reduction of federal contributions to block funding? Likewise, are the provinces being expected to pick up a higher percentage of the established programs themselves with the federal government moving in, perhaps as Justice Hall recommended, to cost-share with the poorer provinces in order to maintain a comprehensive health care system? Is this the intent of the minister? This may sound good superficially but I think caution is in order since it further erodes federal ability to enforce national health care standards. It presupposes that richer provinces have better programs, which is false. It is in the three richest provinces of British Columbia, Alberta and Ontario that we find phenomena like premiums and extra billing, evidence that the quality of health care in any particular province is as much a matter of philosophy as it is a matter of wealth. The minister needs to tell us more. The Canadian public deserves to know more about what she intends for health care funding in Canada. Because the Hall report has been released, she can no longer hide behind the fact that it has yet to be released. Instead, we find her hiding behind the idea of federal-provincial consultation. She cannot give anything away because she is embroiled in this process of consultation. I ask this evening, Mr. Speaker, what happened to the great defender of medicare who we heard so much about during the time the Liberals were in opposition?

On that same day the minister indicated she would not turn to block funding for social services. We are glad to hear that. We welcome that announcement on her part since we feel that block funding has not been a success where it has been applied, particularly with regard to medicare. Unfortunately, she is also reported to have said, outside the House on the same day, that post-secondary education, another aspect of established program-financing, might be an area where savings could be made. The minister was quoted in the papers as saying that post-secondary education was an area where savings could be made because it was élitist. Does this mean she thinks post-secondary education should be élitist? If the federal government pulls out of this area and reduces its commitment to it post-secondary education will become élitist in this country.

● (2225)

There is a trend toward a renewed élitism in post-secondary education. I hope the minister will try to fight this trend and not give in or use it as an excuse to save money at the expense

of equality of opportunity. It is time we heard from the minister personally, if not tonight, then on some other occasion, as to just what she meant when she indicated that in her view post-secondary education was élitist and therefore an avenue which the government might use in the upcoming renewal of federal-provincial funding arrangements for established programs.

Mr. Doug Frith (Parliamentary Secretary to Minister of National Health and Welfare): Mr. Speaker, I would like to begin by addressing the second part of the question raised by the hon. member for Winnipeg-Birds Hill (Mr. Blaikie). The hon. member has consistently made allegations in the House with respect to the minister's commitment to medicare and the government's response to the recommendations of the Hall report. The minister has pointed out in the House on previous occasions that the government is spending \$7.1 billion on medicare. We have also pointed out that the increased commitment of the federal government with respect to the established program funding laid out in 1977 has enabled the provinces to use those additional funds to expand into the field of extended health care. As a result of this increased federal spending, the provinces, with the exception of Alberta and Ontario, have been able to, for example, extend denticare to children and intermediate nursing home care to the elderly. These are the areas of growth with respect to medicare.

As a result of the policies developed by the minister and the government these programs have been implemented. Many of the remarks made by the hon. member for Winnipeg-Birds Hill and other hon. members opposite have led the public to believe that the government intends to decrease the amount of money to be spent on social development in Canada. It has been pointed out by the Minister of National Health and Welfare (Miss Bégin) and the Minister of Finance (Mr. MacEachen) on several occasions in the House that this is simply not the case. It is a basic priority of this government to cover those groups in our society which it has traditionally supported in terms of our priorities and our principles. I refer to the elderly, the sick, the oppressed and the underprivileged.

I think our expenditures in these areas indicate that we have been true to our commitment and our philosophy. Over the past ten years expenditures in the social development envelope have increased by 300 per cent. In the coming year there will be an increase in the total amount spent on social development in Canada. The government is still committed to those basic priorities which have traditionally been part of its philosophy, and we have no intention, as the hon. member has mentioned, of going to block funding for social development.

[*Translation*]

Mr. Deputy Speaker: The motion to adjourn the House is now deemed to have been adopted. Accordingly the House stands adjourned until two o'clock tomorrow afternoon.

At 10.29 p.m. the House adjourned, without question put, pursuant to Standing Order.