

tia and Quebec, all provinces have been forced to cut and cut and cut again, but none of the provinces have compromised the Canada Health Act, and I am glad.

I admit I am concerned about the possibility of a \$5 emergency room user fee in Quebec. I have made myself clear on this issue on several occasions in and out of this Chamber but thankfully health minister Marc-Yvan Côté of Quebec seems to be rethinking that controversial move. On Monday he announced that the fee would not be implemented.

I hope that 12 months from now our situation in Canada will be changed and no user fees will be introduced in this country.

This motion by the NDP has criticized, among others, Quebec, accusing it of intending to impose user fees. Is this criticism fair? I too will be concerned if the Quebec government proceeds with the application of user fees. But I did not pass judgment. The government of Quebec, in its 1989 report labelled, *Improving Health and Well-being in Quebec—Orientations* states and I quote: "Some of the advantages generally attributed to deterrent charges are mostly theoretical and this formula has major drawbacks that outweigh its advantages".

The report concludes and I quote: "Therefore, recourse to deterrent charges cannot be an acceptable source of financing and the department favours turning to alternate sources of revenue".

If only the New Democratic Party health critic had done his homework, had read this report, he would not be so quick to prejudge and impute ill intention to the Quebec government. This type of political cheap shot certainly detracts from national unity and does not serve to unite us to find solutions to our health care crisis in the country.

This brings me to the second part of my debate, changing our situation. With skyrocketing medical costs, reform of the system is inevitable. But it is reform through the size of a gun, a gun held by the federal government that we must question, through Bill C-69 and Bill C-20 which limit increases in transfer payments and provide penalties to provinces. The provinces have suffered unbearably.

In my own province of Manitoba, the hospital where I used to work, the Health Sciences Centre, has been forced to close over 120 beds and lay off 500 hospital staff. Health Minister Donald Orchard said he had no choice. That is a Tory health Minister in the province of

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Manitoba. He has been steadily reworking the health care system for the past year and a half.

Meanwhile in Newfoundland, Premier Clyde Wells points to blatant unfairness in the federal position. His province does not have the tax base to recoup lost cost transfer payments. His health care system has been slashed to the bone. Last year alone 438 acute care beds were eliminated and some 300 hospital nurses lost their jobs.

Waiting lines are longer. Hospitals have cut back services. In one case a pregnant woman in Port aux Basques, Newfoundland, had to travel to a full service hospital and spend a week in a hotel room at her own expense waiting for her labour to begin. Her own community hospital could not provide care for her due to budget cuts.

In Ontario, 35 nurses from the Children's Hospital of Eastern Ontario lost their jobs because the hospital said it could not pay their salaries. Ontario, with a rich tax base, is suffering from a double whammy of federal cuts and recessionary woes. Like Newfoundland, Manitoba, British Columbia, Saskatchewan and the rest of the provinces, drastic changes have become the order of the day.

Financial troubles sit like spectres beside every hospital bed in Canada, but our country is not alone in its struggle to service its citizens. There is trouble all over the world. Anyone with an eye on the American and British election campaigns will notice health is a hot topic. Health insurance and two-tiered systems have come up in speeches and advertising campaigns. For the United States, the push is for a national health care system. For Britain, the Labour Party is claiming the Conservatives have drifted too far from universal health care rules.

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There is no question that health care is held dear not only by Canadians but also by people the world over. Healers from time immemorial have retained a special place in our social value system. They helped others realize good health. Anything that stands in the way of accessing proper care and medical guidance also stands in the way of good health. User fees are such a thing.

Our party brought medicare to Canadians as a concept in 1919 and delivered the Canada Health Act in 1984. My party and I do not believe in user fees. At our national convention last month we voted for universality. The New Democratic Party, with its selective memory, completely forgot about that.