

Medical Care Act

Mr. Deputy Speaker: Is there unanimous consent to allow the hon. member to complete his remarks?

Some hon. Members: Agreed.

Some hon. Members: No.

Mr. F. Oberle (Prince George-Peace River): Mr. Speaker, I wish to intervene in this debate and express yet another view but one which is similar to those expressed by some of my hon. colleagues who have already spoken, and there have been many. I represent a constituency in one of the "have" provinces. My province is one most of the people from Saskatchewan move to when they get sick and tired of the type of programs the previous speaker was espousing. However, the constituency I represent is of a rural and isolated nature and Bill C-68 affects that kind of area as much as it does the have-not provinces, for example, the maritime provinces about which my colleague from Newfoundland spoke earlier.

The provinces are worried about this bill for the same reasons they were worried in 1968 when they told the then minister that they did not entirely believe the federal government was serious enough to carry on an equal partnership in this arrangement forever. The way the economy was going then, they did not think that the federal government had the resources to carry on this equal partnership or even to embark on it. However, the essential ingredient which finally made the provinces change their minds was the assurance that the federal government would at no point renege on the program and on the responsibilities it entered into.

The provinces were worried for the same reasons they are worried about other schemes of extravagance the Minister of National Health and Welfare (Mr. Lalonde) has been talking about in recent times. The guaranteed income program which the minister wanted to have implemented by July of 1975 is another universal program the responsibility for which must be shared equally by the provinces. But the provinces repeated the arguments they made in 1968, saying that the time was not right to embark on schemes of extravagance without solving some of the other problems inherent in our society.

I begin to wonder when it will ever be possible for the minister again to sit down with the provinces and work out a program of equalization of opportunity in our country. The universality of a program may be in the field of education, health or any other social service. When will the provinces ever be able to sit down with that minister again and have faith in anything he tries to sell them?

An hon. Member: Never.

Mr. Oberle: It is terribly important that we have some form of co-operative federalism in this modern day and age. The very diversified regions of our country have moved closer together through better transportation facilities and better communications systems. It is important that opportunities are equal, wages are equal and incomes are equal in various regions and, indeed, that social services and quality of life are equal in all parts of our country. It is for this reason that the federal government has to assume an ever greater role in providing and managing some of these services in the fields of health care and

social administration, socioeconomic development and education.

● (1720)

That is why it is so important for the federal government to develop a much better relationship with the provinces and a much better trust between it and the provincial governments so that these services can be spread equally across the country. However, it is important that the "have" provinces continue to share their wealth with those that are deprived of some of the fortunes of natural resources and benefits of our heritage.

Mr. Speaker, the government has decided that in the first year the program will have a 13½ per cent ceiling on increases, and the following year a 10½ per cent ceiling. The anti-inflation program, however, wants to hold cost increases to 10 per cent this year and reduce them to 8 per cent or less the following year. This indicates to people who will be affected by this bill that the government does not have faith in its anti-inflation program. The government is doing what it has always done, that is, telling people in business and labour, "Do as we say, not as we do." Obviously the government is showing no intention of living by its own anti-inflation program nor to insist that the provinces do so.

I have had arguments with the Minister of Finance (Mr. MacDonald) about increases in rates and fees that have affected the cost of living of many Canadians due to certain actions taken by provincial Crown corporations. When the minister sold us the anti-inflation program he said that Crown corporations, since they are affected differently by the Income Tax Act and other government services, would have to live by the federal anti-inflation program and that the federal Anti-Inflation Board would have jurisdiction over them. That is not the intention of the government now, however; it seems it does not intend to insist that government agencies or Crown corporations be tied to the guidelines of the anti-inflation program. This is a very significant point, and my colleagues in this House should think about it. They continue to tell Canadians, "Do as we say, not as we do." We are no better than other Canadians, Mr. Speaker. They should not worry about increasing our own benefits and services by 16 per cent or 20 per cent; after all, we are doing it for the good of society, and the rest will have to look after themselves!

The other thing that worries me about the minister's decision to place ceilings on these programs, without consultation with the provinces, is what comes next? After the third year, will the minister take the same step that the then minister of finance took on June 23 when he announced that yet another program which participated in the hospital insurance program would be phased out over five years? That is what the provinces are afraid of and it is what they are expecting.

All my colleagues who have spoken in this House—and, indeed every Canadian—agree that costs have risen at a rate which is not acceptable in light of the reserves and resources available to feed these programs. No one would argue that we do not need better social services in the future. It is not right that a province like Saskatchewan should have a dental care program, or a union should have achieved a program of some form of health or dental care