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ism of the staff of that institution, but with the friendly environment there in the way they treated me as a patient. I thought it was superb.

Shortly thereafter, when a number of people from that institution went to serve in the Canadian field hospital as part of the Canadian contribution to the coalition in the gulf war, I thought about some of the men and women who had made my stay in hospital a less unhappy occasion than a stay in a hospital might be. Of course, like all Canadians, I am delighted that they are all returning home safely.

While it is sometimes popular to get up and criticize things, I think we also have to be prepared to stand up when things are good and say so publicly. In a sense, I am bootlegging an opportunity to publicly thank the people at the DNDMC for the wonderful service and support I received when I was a patient there.

The issue here is really our commitment to medicare. As someone said earlier in the debate, we can all stand on principle and say we support our medicare system. And of course we do. The issue we have to consider is how tangibly and most effectively do we support that system?

What I seem to hear some of my hon. colleagues opposite saying is, the more money you throw at it, the more you support it. I notice that it does not seem to matter what the program is, many members opposite frequently stand up and say: "No matter how much you spend, you should spend more". That is not really a realistic solution to the problem.

The best way to preserve and provide a solid long-term base for our health care system and the financing of our health care system is, of course, a sound Canadian economy and sound government financing, both at the federal and provincial levels.

• (1720 )

That is one of the reasons that this government, in what I consider to be a highly responsible manner as well as priority, has said that we have to put the finances of the nation in order so that we have a sound economy and a basis from which we can ensure the long-term viability of not only our medical and our health care system, but indeed our entire social programs in Canada.

It is well and good to go out and in an hysterical manner try to convince Canadians that we are on the verge of seeing our health care system destroyed. Let there not be any illusions as to why that is going on. People on all sides of this House know how much

Canadians value their health care system. If we go out and try to convince Canadians that it is being destroyed, there might be some partisan advantage in that to my friends opposite.

This is not the first time we have seen that in this House or in this country. I recall in the fall of 1988 the hysterics and the scare tactics that were disgracefully used, in my opinion, in trying to convince Canadians they were going to lose their health care system. I suppose what we have going on in this debate today is an effort to say: "See, we told you so". Guess what, folks: that is not the case.

What we have going on in this country today and indeed in this House is that we have a government that is responsible in handling the affairs of the nation and an opposition, no matter which end of this House we look at, that simply says, no matter what it is: "Spend more, spend more, spend more". That is the order of the day. I am sorry, but that is not what is in the best interests of this country.

We talk about commitment. If we look at the expenditures, transfers to the provinces in the present budget are 14 per cent of expenditures and 27.4 per cent of expenditures are debt charges. That is what we have to get control of. Then we will have the funding we need to spend as much as is appropriate and is needed to allow our health care system and other support systems to continue to grow.

The fact of the matter is that transfers to provinces are increasing by 3.7 per cent this year while at the same time the government is controlling itself to the extent of 3.4 per cent. We will end up without having a medicare system if we do not get the finances of the nation under control. We all have to come to grips with the reality of that situation.

The fact is that Canada is a federal state. The fact is that under our Constitution health care falls within the jurisdiction of the province. The fact is that provinces have a major if not the lead role to play in the handling of decision making with respect to our health care system. Quite simply, the provinces must accept their responsibilities.

We just had a major royal commission on health care in Nova Scotia which, among other things, pointed out very clearly and unequivocally that the challenge of growing health care costs is probably the greatest challenge that is going to be faced by governments in this country, both federally and provincially but particularly