

country and considerably lower than the national average: it is 5.8 beds per thousand population.

● (1550)

The doctor-patient ratio in the province of Newfoundland is the second lowest in the country. I think perhaps it is lower in the Northwest Territories. In Newfoundland there is one doctor for every 937 people. Even these statistics are misleading because of the very wide dispersal of our population over an area of 153,000 square miles and the additional expenses that are imposed upon our province in its effort to provide minimum health care services for this widely scattered population. Naturally, the doctors tend to drift toward the large urban areas, leaving the people in the smaller outport, such as the fishermen on the coast of Labrador, without health care services apart from those provided by the provincial health nurses and, except in the more northern regions of the province, those provided by foundations such as the world renowned and well respected International Grenfell Association. As I say, these statistics are in fact misleading.

This bill gives the province a great deal of misgivings and a very deep concern about its ability to continue to maintain the level of services it has been able to achieve under the existing national 50-50 cost-sharing program. If this bill should become law, we will not be able to maintain the present level of health services because of certain indisputable facts such as the continued growth in population. Newfoundland has the highest birth rate of any province in this country. There is also the continual erosion caused by inflation and the escalation of our costs as a consequence thereof.

As I say, we have already taxed our people to the point, or perhaps even beyond the point in certain instances, of their capacity to pay. At the present time we have the distinction of having the highest sales tax in Canada. It is the highest by far. We also impose the highest gasoline tax on our people. We impose among the highest, if not the highest, income taxes on our people. Of course, there are other taxes as well which are not imposed elsewhere, such as taxes on fuel oil, and municipal taxes which have to be imposed by our smaller municipalities and, indeed, by my own city because of the very limited industrial base we have there. We have additional taxes such as those on fuel oil, entertainment, and so on.

I have already referred to the fact that unemployment continues to escalate. We continue to suffer more than any other province from the consequences of the recessionary situation that is now plaguing our economy. I dread the thought, but as this year progresses I believe our unemployment situation will become worse. There will be an even heavier burden upon the province in providing social assistance under the Canada Assistance Plan, because when we talk about these cost-sharing programs we are talking about a 50-50 situation whereby when costs escalate so far as the federal government is concerned, the same escalation takes place so far as the province is concerned and it has much less capacity to meet the escalation than the federal government with its substantial tax resources.

I hope there may be a disposition on the part of the government to reconsider the consequences of this bill. I

### *Medical Care Act*

find it very difficult to understand why the minister has not deemed it necessary to sit down and meet with his provincial counterparts, the provincial ministers of health, or failing a full-scale federal-provincial conference of health ministers why he does not hold a series of meetings across the country on a one-to-one basis so that the minister may have some idea of the inequities of the legislation now before the House?

This legislation will create problems for the greater provinces of Ontario, Quebec, British Columbia and Alberta, but it will create horrendous problems and injustices for the developing provinces, the low income provinces, especially the four provinces of the Atlantic region. That is why I hope the minister will reconsider this legislation. I certainly commend to the House the amendment put forward by the hon. member for Yorkton-Melville (Mr. Nystrom) to the effect that this bill not now be read a second time but that it be read a second time six months' hence. This would give us the opportunity we need to measure more accurately the impact of the bill upon the slow growth regions of the country, the poorer provinces of the country.

In closing, I should like to place on the record the position put forward at the last federal-provincial health ministers' conference by the province of Prince Edward Island, which is also the position of the province of Newfoundland. We did not participate in that conference due to circumstances beyond the control of our minister at that time. I refer to the August 18, 1975, conference held in Victoria. The following is the position of Prince Edward Island:

The implementation of Bill C-68 would have a very serious effect on the level of health care services in P.E.I. . . . Our resources are severely strained to meet the rising costs with federal contributions under the present arrangement. Under the Turner proposal, the strain would very quickly pass the breaking point. . . . Under the new proposal it will be difficult to maintain the present standards of health care services with no hope for ever attaining the national standard.

That is the position of Prince Edward Island and it is also the position of Newfoundland. I suspect it is also the position of the province of New Brunswick, the province of Nova Scotia and the Northwest Territories.

● (1600)

[*Translation*]

**Mr. René Matte (Champlain):** Madam Speaker, I would like to take this opportunity to make some restatements which seem to me to be necessary. I must point out that the colleagues of my party who have taken part in this debate have already clearly indicated their basic objections to that bill. I will therefore state the essential points which seem to me to be so important that they should be brought forward.

We must understand that when the House considers such a bill the difficulties which are experienced are greater when there is a basic defect and I will explain. Since the provinces are mainly responsible for health, social welfare and family matters, it is always difficult and complicated to try to coordinate and plan matters and we can only get to their core if we consider them from all their angles and under their regional aspects.