

The Address—Mrs. Strum

health and well-being of the Canadian people can be made in this field because this is the greatest crippler we have, taking a toll much greater than the combined total for heart disease, cancer, tuberculosis and diabetes. I urge the Minister of National Health and Welfare (Mr. Martin) that it be included as a specific category for which grants in aid will be made to the provinces.

Mr. Martin: It is now included.

Mrs. Strum: Is advantage being taken of it?

Mr. Martin: By some of the provinces.

Mrs. Strum: I suggest that the grant include all victims in homes, offices and factories. I would suggest also that the terms on which the grants are made to the provinces be different from those of the other grants and more easily met.

Mr. Martin: There is no condition at all in the general public health grant. There is no magical requirement and the provinces are at liberty to use it.

Mrs. Strum: I am not talking about the general public health grant.

Mr. Martin: That is where it comes.

Mrs. Strum: I am asking the minister to set it out as a separate category. In the speech by the former Prime Minister (Mr. Mackenzie King) an outline was given of the bases upon which the grants would be made, and one category was general public health services. That would cover all public health projects, but that is not good enough for the nation's greatest crippler. Then there are tuberculosis control, mental health, venereal disease control, crippled children, professional training, public health research, control of cancer and hospital construction. All of those things have certain conditions attached.

Mr. Martin: There are no conditions except in the case of the cancer control and hospital construction.

Mrs. Strum: The confusion as between the minister and myself lies in the fact that I do not consider that the general public health grant should include arthritis. I consider that arthritis is too important and too damaging to leave it to the option of the provinces. If British Columbia is applying the public health grant to arthritis, that is an admirable thing, but it still will not leave enough money for arthritis and it does not constitute a nation-wide program on arthritis.

The conditions in connection with grants for tuberculosis control are set out in the proposals of the government of Canada. There are two categories of grant, one being

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conditioned on the prevalence of tuberculosis. That is, the more T.B. you have, the bigger grant you receive.

Mr. Martin: On the incidence of death.

Mrs. Strum: That means that provinces that have already invested large sums of money in sanatoria and to help out their people will now be confronted with a diminishing grant, while the provinces that have not undertaken to do much will be given greater help. There is some justice in that, as I think we must acknowledge the principle of the greater need in health; but I would hope that we could take arthritis out of the general public health grant and treat it the same as we treat tuberculosis, cancer, crippled children, venereal disease and mental health. This is the most important; its total incidence is greater than the combined totals of the diseases I mentioned.

It merits a separate category and even a more generous grant than is given in the case of the diseases mentioned in the statement made on May 14, 1948, by the former Prime Minister. We cannot afford to leave this to the option of the provinces. We cannot afford to impose on the provinces that have already extended themselves so far. There are some provinces that have made outstanding contributions to Canada, indeed to the world. I am thinking of our Dr. Ferguson, who many years ago established free treatment for tuberculosis and conducted a campaign that led to an eventual world record in the treatment of this disease. He did great service to mankind generally.

Mr. Martin: That was at Qu'Appelle.

Mrs. Strum: The work now being done in the field of cancer by the Saskatchewan government is considerable. The late Dr. Allan Blair established a program which is costing us really more than we can afford. Yet our expenditures are not diminished by these grants, because we must match the federal government expenditures. That makes it very difficult for us to expand our program of health services. It will make it impossible to extend it to any new disease or to any new category.

If we are going to make an all-out attack on arthritis we cannot limit the number to be treated. It will have to be like T.B. We will have to give treatment for perhaps months and years. It is not something like an appendix operation or a tonsil removal.

We cannot think in terms of cost either, but there will be many cases of preventive treatment that will result eventually in a great saving because we will prevent this crippling process which removes so many people from the field of active production and makes them a charge on the community,