

Medical Care Act

Of this figure of 22,218, over 10,000 were injuries in the Post Office Department, and almost 7,000 of those 10,000 injuries were disabling in nature.

The Acting Speaker (Mrs. Morin): Order, please. Again I must remind the hon. member that this bill is not a bill on industrial safety. The hon. member may make occasional references to industrial safety, but this bill is to amend the Medical Care Act.

Mr. Rodriguez: With all due respect, Madam Speaker, this bill deals with medicare and the participation of the federal government in the increasing cost of medicare. It seems to me that any kind of protection for workers which adds to the cost of the medicare program of this country is very relevant. I am saying the government has a responsibility to provide some kind of industrial safety program for their own workers so they do not become injured on the job. I am pointing out that in the Post Office Department there were 10,000 accidents in 1974-75, of which 7,000 were disabling, which means that the taxpayers of this country, through medicare, had to foot the bill.

I am suggesting that if the government were to embark upon a preventive program, we would not have to pay out of medicare this kind of expense. The government stand condemned by their lack of any program in this area. I say this is very relevant, Madam Speaker. The 7,000 disabling injuries in the Post Office Department had a direct cost of \$3.5 million, not including the cost to medicare.

If the government does want to cut back on medicare costs, there are other ways of doing so. I mentioned previously that we do not have to put chronic care patients in active hospital beds at \$200 a day. Surely it is not beyond the imagination of the government to find a less expensive way to treat chronic care patients. In northern communities like mine it is not necessary for a doctor to see every single patient who has suffered a scratch or a bite, or whatever it may be. We have never developed paramedics in this country so we can take care of that kind of thing. It seems to me that this whole business of slapping plasters on sores, of sticking your finger in the dike whenever you have a problem, as in this instance we have a problem with medicare costs, cannot be solved by bringing in a bill cutting back on the federal contribution to shared-cost programs, which forces everyone else down the line to do all sorts of stupid things and make illogical decisions regarding medicare.

It seems to me that this kind of legislation is not in the best interests of the Canadian people. Once more I suggest that the amendment of my colleague is a very wise one, one that would recommend itself to any logically-thinking person in the House. Therefore, I call upon the House to support the amendment that calls for a six-month postponement of this monstrosity known as Bill C-68.

Mr. James A. McGrath (St. John's East): Madam Speaker, this bill will impose a particularly heavy, unfair and unjust burden upon the poorer provinces of Canada, upon the underprivileged and those in low income areas. When one speaks of the poorer provinces of Canada, my own province comes to mind. There is no way we can afford to maintain the level of health services we now have, which have been achieved under the existing legisla-

[Mr. Rodriguez.]

tion, if the present bill becomes law. It may be helpful to reconcile that statement with a few interesting statistical facts relating to the province of Newfoundland. For example, we have the highest birth rate, the lowest death rate and I believe the second lowest, if not the lowest, per capita income of all the provinces of Canada. We have taxed our people to the very limit of their capacity to pay. This is why I cannot conceive of the government bringing in a bill such as this.

When I look at the hon. member for Nanaimo-Cowichan-The Islands (Mr. Douglas) who pioneered in this area when he was premier of Saskatchewan, I wonder what must be going through his mind. He knows the difficulty he had to introduce the program and to get acceptance of the principle of medicare in Canada. The arbitrary action that will flow from this bill will impose great injustice upon the people of Canada, because the government is drawing from this bill the authority to make arbitrary decisions. In so doing, Madam Speaker, the government is completely destroying the very concept of equality of health care services which, to the credit of the government, under the existing legislation is a model for the world, certainly for the western world. Only a few months ago the very distinguished United States senator, Senator Kennedy, came to Canada to examine our medicare plan and at that time he referred to the program that we have in Canada under the existing legislation as a model for the free world to follow. By arbitrarily imposing ceilings on the limit that the federal government can spend, this bill is imposing restraint upon the poorer provinces.

Perhaps one could argue that the best ceiling that could be imposed upon the lower income provinces is their own capacity to meet their 50 per cent share of the cost. No one knows better than the minister of finance of the province of Newfoundland, who has to bring in a budget within a few days, that he must place restrictions on medical care payments in Newfoundland in order to keep our own health care costs under the 50-50 agreement within line. I think that fact has been lost sight of.

In talking about restraint, Madam Speaker, we call to mind the current program of the government to cut back on spending generally, with the co-operation of the provinces. We talk of restraint within the federal government itself and about eliminating expenditures on Information Canada. Similarly, the provinces are asked to show restraint in their spending. As a contribution to the fight against inflation we have cut back on our hospital building program. We have eliminated the program to provide additional hospital beds. We have cut back on our program to provide additional roads. We have cut back on our program to provide additional schools.

In some provinces these matters are taken for granted. But in the low income and underdeveloped provinces of Canada the fact of the matter is that when restraints are placed on spending, it is not on the kind of extravagances we refer to and which are being cut back in the federal government's budget. Rather, we have to put restraints on the kind of essential services that the other provinces of Canada take for granted. Let me point out, for example, that the ratio of hospital beds per thousand population in the province of Newfoundland is by far the lowest in the