

*Adjournment Debate*

escalation is that it is on a basic pension which is too low—or there could be found another index based, for example, on the increase in the gross national product or on the wages or salary standard, and so on.

I am one of those who voted with both hands for the cost of living index. It was so much better than the 2 per cent arrangement. I am one of those who voted with both hands for it to be on a quarterly basis. But, Mr. Speaker, let me say to the Parliamentary Secretary to the Minister of National Health and Welfare that it is not the last word. He likes to stand up and announce all these things that were done, but he will find that when he gets on to the hustings one of these days before too long the people will say to him that it really does not reflect the situation and that something better must be done.

I think that whatever else was agreed upon today, there was agreement that there need to be guarantees of income maintenance. The government likes to think it has guaranteed senior citizens a certain level of pension and has guaranteed that that level would keep up with the actual cost of living. Mr. Speaker, it does not. You can tell me statistically or in strict percentage terms, that it does, but in fact it does not. I hope that if the method I have proposed has some flaws in it, the parliamentary secretary has some other answer to this problem which has to be faced, namely, keeping pensions up with what it actually costs retired persons to live.

**Mr. Norman A. Cafik (Parliamentary Secretary to Minister of National Health and Welfare):** Mr. Speaker, I listened with a great deal of interest to the comments of the hon. member for Winnipeg North Centre (Mr. Knowles). We all appreciate the concern he has for the problems of senior citizens. I was delighted to hear him affirm something which I certainly affirm, namely, great support for the measures that have been brought forward in this country in an effort to keep the income of senior citizens at a level equal to the cost of living.

It is quite true that the incremental increases which are now made on a quarterly basis deal retroactively with a problem that occurred earlier, and if one were to adopt the kind of approach the hon. member is referring to in this debate, namely, to change the incremental increase on the basis of increases in the cost of food, one would not correct that problem. I know the hon. member realizes that. Nor would this correct the problem of being a couple or three months behind in the increment, no matter what base you used as the basis of increases in the GNP or increases in the wage index or the food index.

Dealing more specifically with this question, I would point out to the hon. member that at this point in time the bureau of statistics is conducting a thorough food expenditure survey in 14 major cities across Canada. For the first time, data on the place of purchase is being obtained. This type of information, plus an idea of what products are purchased, is essential in determining buying patterns for a particular wage group. These data, plus the total budget survey to be taken in early 1975 in the same major centres, will provide a more detailed picture of the expenditure patterns of special groups such as the elderly. As a result, these data will also be used in a further examination to determine the necessity and validity of constructing price indices for special groups of consumers.

[Mr. Knowles (Winnipeg North Centre).]

The Minister of National Health and Welfare (Mr. Lalonde) has indicated that he is interested in the results of the work done by Statistics Canada. I assure the hon. member that when those results are brought forward and we see what the consequences are in relation to specialized groups in this country, further consideration will be given to that kind of question.

● (2210)

HEALTH—REQUEST FOR ASSURANCE MEDICAL RESEARCH FUNDS WILL NOT BE REDUCED

**Mr. P. B. Rynard (Simcoe North):** Mr. Speaker, when I asked the minister in the House the other day a question regarding the reason for cuts in research, I was concerned because research is the cornerstone of disease prevention. Canada's real beginning in medical research was in 1921 when Banting and Best, Collip and MacLeod discovered insulin at Toronto University. Thousands of diabetics doomed to early death can now live a useful life and play their part in society. One of them was a well known Toronto specialist who made a great contribution in the treatment of diabetes.

Collip then discovered the hormones of the parathyroid gland, the placenta and the pituitary gland. Minot and Murphy at about the same time were working at the University of Chicago and they discovered that liver extract would cure pernicious anaemia so that patients could live and carry on their work. Then came the discovery of the sulfas and the antibiotics as a result of those discoveries and the economy of this country has been strengthened. Before the advent of preventive medicine founded on research of one type or another, the common cause of death was infectious diseases particularly from birth to age 45. So successful has preventive medicine been that the common cause of death now is accidental in that age group.

It is rather annoying to see research funds cut from the expected 15 per cent to 5 per cent. Even at 10 per cent we might have saved face, but hardly so when we look at other government spending, such as on Information Canada which could better be replaced by the news media. I am stressing this because there is a lack of awareness on the part of Canadians regarding the need and value of our research. Otherwise, the government would not have dared to cut back on this vital research. Yet I think of the towns, the villages and the cities across Canada, with their cancer societies raising close to a quarter of all the funds that are used in research and the clarion call they sound in making people aware of this dreaded illness. All of us owe those societies a deep debt of gratitude. Now we have the sadness of having to turn back because of lack of funds any qualified man who wants to do research.

Just about one-fifth of all deaths in Canada today are due to cancer, yet we are hovering on the verge of a breakthrough; and those cancer deaths occur in people from infancy to old age. So seriously has the United States regarded this disease and its destructive forces that they increased their funds for cancer research alone by 25 per cent while we cut back our funds. About 50 per cent of all the deaths in Canada are due to cardio-vascular disease and about 80,000 people die of it annually.