infections and infectious diseases. That included, as I say, anything from diphtheria to scarlet fever, pneumonia and other infectious diseases which cut down these people before they reached 35 years of age.

With the discovery of insulin, as we all know in Toronto, diabetics were able to lead somewhat more normal lives. They were able to re-enter the work force. The same thing applies to the treatment of pneumonia. Where the illness once required many weeks or months of treatment, now is it a matter of days before a patient is back to work. Economically this has meant a saving of millions and millions of dollars. I wish to emphasize this point. By adopting the measure I am suggesting, we would not be giving these people anything. The money has been saved many times over by the use of these drugs. In many cases the breadwinner of a family is able to continue his work and rejoin his family. It is truly a wonderful picture. Today most of the deaths occurring in the age group between 1 and 35 are the result of accidents.

Then, we have the geriatric diseases which commence at age 35—gradual degeneration, hardening of the arteries, diseases of the cardio-vascular system, diseases of the chest such as emphysema, bronchitis and other respiratory diseases which are affected of course by pollution, one of the great problems we have today. Many of our older people have these diseases and there is a mistaken idea abroad that the Canada Assistance Plan is supposed to help take care of the situation. It does help in some cases, but many are left untouched. The answer I have been given by the Minister of National Health and Welfare (Mr. Munro) is that the Canada Assistance Plan will do the job. In practice, however, it does not do what it should, unless one has sufficient time to wait for it to become operational and to cut through all the red tape. It is an inadequate program because it is cost-shared with the municipalities and provinces. Great gaps are created in the funding of this program, particularly in those provinces which have inadequate financial resources. In the municipalities, the situation can be even worse. They have limited tax resources and with the crisis in respect of welfare this past year, the municipalities have been taxed beyond their limits.

We must remember there are two levels of assistance, particularly in my province of Ontario. The first involves the basic requirements for food, shelter and clothing. The second is listed as "other items". Health care, including drugs, falls in this category. So that is the reason, Mr. Speaker, I say that the Canada Assistance Plan does not, in many cases, cover those people at all. It is discretionary and it allows for a wide diversity of approach by the provinces to this problem. In other words, it is a hodgepodge of services, varying in the same provinces and from province to province. It follows that it is most difficult for people in short term need to obtain the necessary drugs because they are needed right away. Some people might say that if the patient cannot obtain the health care he needs, he can always appeal. Somebody on the government side told me this the other day. The patient can always appeal under the Canada Assistance Plan. But some provinces have no appeal provisions dealing with health care services and drugs, and that

applies to my province of Ontario. In Ontario, drugs and dressings are provided on a discretionary basis by the municipalities. They do not have to do it if their budget is tight.

• (5:10 p.m.)

Long term recipients of welfare benefits must apply to the municipality for aid. Supplementary aid is normally paid in cash to those who have long, recurring needs. Indeed, the whole health care field has many areas for which there is no coverage for those in need, except for two public hospitals and 32 other private hospitals which accept Ontario hospital cards. Let us take, for instance, the case of patients who have been in an active treatment hospital. They have been covered by national hospitalization but their active treatment days are over. They must leave the hospital and go to a chronic care home since they are unable to look after themselves, but there is no hospitalization card for this. In effect, we only have active treatment hospital coverage except, as stated previously, in the province of Ontario. Other provinces have varying degrees of coverage. I have seen many of those people forced to leave an active treatment centre, many of them in the sunset of their lives. Many of them have lost their friends through death and have to face a heartrending future with little or no funds.

Inflation and erosion have destroyed what to many of them seemed adequate savings at the time. They lived in a quieter world than we do, and to some death would be welcome. Many of them, with the stark tragedy of their helplessness facing them, become disoriented mentally, and this is a real tragedy. These are the victims of the cruelty of both national hospitalization and national medicare. But the federal government brought both of them into being, and it is their responsibility to see that those programs are made effective so that the provinces can participate on a fifty-fifty basis. It is the responsibility of the federal government to cost-share these programs and to ensure that the standard of health care is universal across Canada, that it is the same in the Maritimes, in British Columbia, and in Ontario. It is neither fair nor honest to treat the senior citizens of this land with such cruelty when they are unable to help themselves, and yet it is they who gave us this land in a better moral and spiritual state than we could return it to them today.

I would like to dwell for a minute on the number of old people and on their situation. There are approximately 665,000 people between the ages of 65 and 69, of whom only a third have a taxable income. There are nearly 1,100,000 of those over 70, of whom one fourth have a taxable income. Of the single old age pensioners, 70 per cent have $1,300 or less income, and two thirds of the married old age pensioners have incomes of less than $4,000. Old people are in a peculiar position, particularly when the amended old age security measure redistributed poverty among the aged. I think it was the hon. member for Winnipeg North Centre (Mr. Knowles) who coined that phrase. Improved benefits for some retired persons will be paid at the expense of other retired people.