

process only 1,250 calls in one year. How many family planning clinics were there or are there in Canada? Again we do not have the facts. One of the functions of the Department of National Health and Welfare, should be to let us know how many clinics there are in Canada, where they are, how great the need is and estimate how many more clinics are needed.

But according to the report of the Royal Commission on the Status of Women, only 23 of the 948 general hospitals in Canada have family planning clinics. I am glad to state that one of these is located in the Vancouver General hospital, and it is an experiment that is working exceedingly well. I understand it is the first non-medical facility to be permitted within the walls of the Vancouver General and it is working well. But, only 23 of the 948 general hospitals in Canada have family planning clinics. Birth control information should be made available to hospitals, teachers, doctors, public health nurses, social workers and the public in general.

In closing, I want to suggest, to appeal, to the Parliamentary Secretary to prevail upon the minister to open up the channels of communication not only by access to papers of this kind but also with a program that will let people all across the country know the facts about birth control. A program that will show the success and failure rate of different methods, and which will look into the matter of establishing clinics, is needed. In England it is known that a great many women will not attend a clinic and that some women simply cannot get to one, so mobile clinics have been established under the equivalent of our metropolitan boards of health.

I make no apology, Mr. Speaker, for using time in this way. I know there are subjects which are less important but which take up a great deal of time in this House. If the government would like to cut down on the number of papers that I shall be requesting in this House, the surest way to do it is to make those papers available right now and give them wide circulation. Some of us are determined to pry open the filing cabinets of the government and get these reports out where they will be most useful in establishing the type of programs needed in this country.

● (5:20 p.m.)

[*Translation*]

**Mr. Gaston Isabelle (Parliamentary Secretary to Minister of National Health and Welfare):** Mr. Speaker, I wish first of all to congratulate the member for Vancouver-Kingsway (Mrs. MacInnis) for the interest she has always shown for contraception in Canada as well as for another problem that she seems to be a little more familiar with, namely abortion.

I may say that if today we are obliged to ease the legislation on abortion, it is perhaps because we have not informed the population on family planning, and I agree with the hon. member on this point.

Furthermore, I accept, on behalf of the minister, the congratulations which she has expressed and which I will be pleased to convey to him.

#### *Family Planning Centres*

I am sure that when we dealt with family planning, particularly in connection with notice of motion No. 114, the Minister of National Health and Welfare (Mr. Munro) opposed the tabling of the requested documents for the reasons I outlined in the House on October 28.

I have also learned, if my sources are to be depended upon, that Le Centre de planification familiale, in Montreal, now carrying out studies to which the hon. member made reference, has once again applied to the department for subsidies to pay the costs incurred in 1969-70 for research on the best means of ensuring family planning in the poorer sections of the province of Quebec.

Of course, it would be very difficult to table a document that has not been made public. As a matter of fact, the department has not yet read it. We believe that the report of the association referred to will probably be made public in June 1971.

The hon. member for Vancouver-Kingsway has also talked about a bulletin tabled in the House. It is the immediate result of what could not be done before. The minister, as reported in a press release dated September 18, 1970, has indeed said that he would do his utmost to promote research on family planning. He has also stated that it should be recognized that the great problem is the education of the people. This could not be done before amending the Criminal Code. This is why the government acted in good faith and started to carry out this task as soon as the key means were available to it, such as the omnibus bill or the amendment to the legislation dealing with the use of contraceptives.

The bulletin my colleague referred to a moment ago is the one published from time to time by the Food and Drug Directorate for medical doctors. This month, someone saw fit to include in it the report of the special committee appointed by the minister to advise the Food and Drug Directorate on all aspects of the safety and efficacy of oral contraceptives marketed in Canada.

This brings me to give some details on the question which is a current topic, that is family planning. A government has no right, in view of its public responsibilities, to improvise legislation without being in a position to explain its motivations. The government will engage in some discussions with people engaged in research in order to determine what steps should be taken for the greatest good of the people.

I do not intend to deal with the technical aspects of that question. New and more efficient contraception methods are now being tested in Canadian clinics, because—and we must admit it—research is only just beginning as far as family planning is concerned, especially for oral contraceptives.

Research is also in progress in other countries and some of them will perhaps ignore the objections concerning the present methods, their admissibility, their efficiency and the danger they may involve.

I shall not refer either to those aspects which are perhaps most important and which are based on individual aspirations and beliefs, for their personal nature requires the greatest respect.