in fact, they simply will not ask for it and have great difficulty when they have heavy drug bills every month in trying to stay alive or even in reasonably good health. I hope the government will give consideration to this problem and take the necessary action.

Mr. Cullen: Would the hon. member permit a question? Is the hon. member at liberty to tell us which provinces he wrote to and which of them replied? Perhaps I should preface my question by complimenting the hon. member on raising this issue. I know the hon. member for Simcoe North (Mr. Rynard) raised it in the last session, and they are both to be complimented. Is he at liberty to tell us how many provinces he wrote to and those which replied and whether they were prepared to look at the situation?

Mr. Nesbitt: I had only written to the province of Ontario and there was some indication of what the province of Nova Scotia had recommended. I wrote to the minister concerned in the province of Ontario. I did not feel I should take the liberty of writing to ministers outside the province. Perhaps I should have done so.

Mr. S. Victor Railton (Welland): Mr. Speaker, the hon. member for Oxford (Mr. Nesbitt) introduced this motion on January 12. It really asks for aid for those people who find it difficult to pay for their drugs. The history of assistance schemes goes back to the early depression years. Different provinces brought in their own plans, and the federal government did also. But in 1966, the Canada Assistance Plan bill was passed in the House. It superseded four previous acts and underwrote the provincial medicare and welfare plans to the tune of 50 per cent. The act clearly states that people, even on minimum assistance, are entitled to payment for prescribed drugs.

However, the provinces in general have not incorporated drugs into their specific medicare programs, except for two or three instances. Yet, the Canada Assistance Plan allows prescription drug payment where tests of need, budget and family resources indicate inability or hardship in the purchase of necessary medication. It is sad to relate that not all persons in need are covered now. It is merely provincial inertia that prevents them receiving this assistance.

Broadly speaking, we must first define poverty. Second, we must know the nationwide cost of drugs, and third, we must determine the total cost of health care. It is imperative to designate also the levels of governmental responsibility, whether at the federal, provincial or municipal level. In the debate in the Senate on November 10, 1971, the question of poverty was discussed. A special Senate committee worked for three years and painstakingly examined every community in the country from St. John's to Vancouver. They found that the poverty rate in Canada amounted to 25 per cent of the population.

The causes of poverty should be understood. It is due to inadequate education, overcrowding in large cities, the fact that half of the poor are in the most densely populated provinces of Ontario and Quebec, that about two thirds of the poor are working people and over one million of the five and a half million people are over 65 years of age. It is this latter group which was referred to by the hon. member for Simcoe North (Mr. Rynard) in his question in the House of Commons on January 25, 1973, when he asked about drug costs for this group.

• (1720)

The Senate Committee recommended a guaranteed annual income for the main welfare agencies which could be conveyed to the provinces. This could be done without displacing Old Age Security, the Canada Pension Plan, Unemployment Insurance, War Veterans Allowances or the programs for Canada's native peoples.

Recently in this House veterans' pensions were stepped up, and will be increased yearly to parallel the general standard of living increment. So now veterans' pensions are almost in the category of guaranteed annual income. The Senate Committee also recommended inclusion in medicare of dental services and prescription drugs to all Canadians. So far this proposal has been rejected by all parties because the added cost would be prohibitive.

Provincial medicare schemes mainly cover hospital, diagnostic and treatment services as well as office and out-patient hospital care. Of course, convalescent and chronic care hospitals as well as many auxiliary services are included. The health bill for Canada is $3½ billion annually. The federal government insists on four cardinal points in any provincial health scheme. They are, comprehensiveness, universality, portability and administration by a public, non-profit body. It is one of the most enlightened health programs in any western, democratic country. Recently, the Minister of National Health and Welfare (Mr. Lalonde) announced in this House that he envisaged changes to improve the present act after consultation with the provincial governments. It is hoped that all provinces will add drug costs to their medicare schemes for the low income group.

One should compare our plan with that of the United Kingdom and of the United States of America. The former is a 100 per cent state-supported health program. Though the level of specialized hospital care is excellent, hospital beds are at a premium. In addition, the general practitioner work load is unbearable, so that apart from the hospitals the health service is unsatisfactory both to the doctor and to the patient. In the second instance, the United States only has medicare for those people over 65 and for those on welfare. There is no inclusion of specialist care. The United States falls away behind both the United Kingdom and Canada in its health program.

To digress momentarily, Mr. Speaker, the Committee on Drugs of the Ontario Cancer Treatment and Research Foundation, of which I am a member, presents an interesting experience. Most drugs which are used to combat cancer are expensive, and in most cases are required for long periods of time. It is the policy of most hospitals, cancer clinics and private doctors to allow a majority of the people suffering from cancer to have access to free drugs. They do not use any elaborate means test to make this decision. For this one group alone in Ontario the Foundation spent $153,961 in 1972 for this service.

Our Department of National Health and Welfare, through its director general, Dr. Armstrong, informed me that in 1970 $14.12 was the average cost per person for prescription drugs at retail pharmacies throughout the country. When this figure is translated into total popula-