

especially those who are most disfavoured, have equal access to the tools necessary for them to lead a prosperous life. That is one reason we are working so hard to get our house in order. However, we are trying to do it in the most compassionate way possible.

For women and all Canadians to lead an economically sound life they also need to be healthy. One thing follows another. We already know that more women than men who are poor tend to have a lower level of health. Women's health is a priority for this government. In the red book we promised to take action to improve women's health. This is a promise I am determined to fulfil. Canadian women deserve no less.

Canadians take pride in our health care system which is considered by many to be the best in the world. If we scratch beneath the surface, it is obvious that not everyone shares equally in its benefits.

Women are the primary caregivers to our families, our friends and our communities. Yet we overlook the factors that assure those same women their health.

The traditional understanding of women's health has focused primarily on reproductive concerns. Clearly, we need to look at women's health not just in relationship to men. It is not enough to simply compare life expectancy or the absence of disease as indicators of health.

We have to ask why women are often mistreated or over-treated by the medical system. We need to question why the distinctive effects of chronic diseases on women, especially in later life, have been overlooked. We have to ensure that diseases exclusive to women are no longer ignored by the scientific establishments.

[Translation]

Medical practitioners and decision makers are realizing more and more that women's health is part of the social and economic context of daily life.

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It is increasingly understood that the determinants of our health—our individual and collective experiences as women—are particular to each of us.

Women cannot be viewed as a homogeneous group. Our health is affected not only by gender but by various other factors such as age, race, social status, education and, yes, income.

We have to deal with larger issues such as poverty, violence, racism and a host of other problems that are inextricably linked to the health and welfare of women. Good health and welfare certainly do not depend solely on health care.

Women keep saying—and society as a whole is beginning to believe it—that health care must be based on an holistic approach that encompasses our emotional, spiritual, cultural and physical well-being.

### Supply

To improve the health of women, we have to eliminate the social and economic inequalities that hinder their personal growth.

We do not want impersonal health care. We believe that we should have a community-based continuous health care system delivered by a wide range of auxiliary health workers and health professionals. Midwives and nurses, among others, can often offer women quality care tailored to their needs.

[English]

We are devoted to the principle of self-care respecting that individuals know their own self-interests. We also hold that individuals have responsible roles to play in their own well-being.

Many of the dossiers I deal with are very difficult and demand some very difficult choices. One of the dossiers I have under me deals with breast cancer. It is a very difficult one and I must admit one that governments have not particularly taken to heart in the past. It is something I am working diligently at addressing to ensure that adequate dollars are put forward for research, not only in the treatment of breast cancer but also in the dissemination of information and research into the causes of breast cancer.

The recommendations brought forward by the National Forum on Breast Cancer underscore the key roles women must play in deciding their own regimen of care and treatment and in determining the direction research should take into the causes of the disease and its prevention.

Through collaborative efforts of Health Canada, non-governmental organizations and industry, it is estimated that approximately \$45 million will be available for research over the next few years to address breast cancer. Is this enough? No, it is never enough. We are going to have to continue to work diligently to increase the focus and the attention that is paid to this very, very difficult disease, one which affects many women in this country and has for many years.

We realize that initial prevention and avoidance of harm rather than health intervention is essential if we are to secure personal health and safety as well as economic equality. This is particularly true when we talk about substance abuse and sexual or physical violence. For this reason, harm reduction efforts of a gender specific nature have been critical components of many of our programs.

[Translation]

The women and tobacco initiative, an integral part of our tobacco demand reduction strategy, is another specific program for women.

Smoking is the first cause of premature death of Canadian women. More than 15,000 Canadian women die from the adverse health effects of tobacco.