

Medical Care Act

Mr. Benjamin: If those experts and oracles who operate in the Department of National Health and Welfare, as well as others outside government, who complain that hospital beds are being occupied by people who do not need them really have evidence to support what they say, I suggest they should urge the Minister of National Health and Welfare to take up the matter with medical practitioners.

Mr. Oberle: The minister looks sick now.

An hon. Member: Yes. He is throwing up.

Mr. Benjamin: I do not think he should take it up by way of a bill such as this and lay the onus on the provinces.

Mr. Knowles (Winnipeg North Centre): He shouldn't take it up with a judge, either.

Mr. Benjamin: If the minister had been more thoughtful about hospitalization and medical care, he would have done a lot better if he could have persuaded his cabinet colleagues and his hon. friends in caucus that in a time of restraint, efforts to cut back, and so on, the very last item that should receive that kind of attention is the care available to those who are sick. There are many other areas which could be examined with a view to making cuts in expenditure.

I agree with government members who have derided the official opposition for the attitude it so often takes towards these matters. Members of the party to my right moan about too much government spending, but when one tries to pin them down to what they want to cut back, they don't come up with very much. Well, the Minister of National Health and Welfare could have about \$200 million for sharing health costs with the provinces if he could persuade his colleagues in cabinet and in caucus to get out of the nonsense of NORAD, an organization which serves no useful purpose and is totally obsolete. One could go even further and suggest that the minister might try to persuade his colleagues, if not to withdraw totally from NATO at least to bring back to Canada the sitting ducks, the members of the Canadian forces presently in Europe—

An hon. Member: Shame!

Mr. Benjamin:—and give them a mobile capability which would permit them to be used in the proper way in the event of some nut pushing a button in Europe, or be used in a better way in connection with peacekeeping or to aid countries which suffer natural disasters. If this were done, the minister might be able to benefit from the saving of several hundred million dollars more which could be used to provide health, medical and hospital services for the people of Canada.

I will make a further suggestion. Whatever the total expenditure amounts to for the Department of Regional Economic Expansion in the seven years during which I have sat in this chamber, despite all it was supposed to do for the depressed areas of Canada, unemployment and poverty are even worse now—after seven years—than in 1968 and 1969. I suggest we should simply cancel that whole department. I would take some of that money to share with the provinces and compensate for money spent on hospital and medical services. The rest of it could be used at local, regional and provincial levels to combat

[Mr. Oberle.]

poverty and unemployment much more efficiently than at present. Mr. Speaker, I think if we follow the three suggestions I have just made we could probably save \$500 million or \$600 million which the minister could share with the provinces so as to provide something which is a basic right for every human being, that is to say, good health services.

● (1650)

Let me select a few other items. I am not interested in the picayune ones of my hon. friends to my right, such as cancelling Information Canada. Out of a \$31 billion budget, \$14 million is not very much. The few odds and ends selected by the government make no difference whatsoever. My quarrel is not with how much is being spent but, rather, with how the money is spent and what the government's priorities are. Surely delivery of health services, the availability of hospital treatment and beds and such things as pensions should be the last item of expenditures that the government should attack in order to get maximum benefit out of the taxpayer's dollar.

If this legislation passes we will defeat the objective of another bill we shall be dealing with shortly, Bill C-83. This bill has to do with additional facilities for rehabilitation, psychiatric and psychological care, all of which play a goodly part in the crime prevention program and come under medicare. Quite often psychiatric and psychological services are the most expensive form of health treatment, so it would be logical to assume that this part of the security provisions bill is going to suffer if we pass Bill C-68.

Then I see the doctors are asking for a raise. Poor fellows! Since the government wants to hold down funding, who will have to pick up the deficit? Obviously, the taxpayers, particularly those who are sick, ailing and disabled who make use of medical services. The doctors of Ontario are seeking an 8.1 per cent raise effective May 1. That is within the guidelines. But one thing that the doctors or the administrator of the Anti-Inflation Board fails to tell us is that 8.1 per cent for a doctor earning \$70,000, \$80,000 or \$100,000 represents a very nice increase. Since 8.1 per cent is within the guidelines, I bet my bottom dollar this increase will be approved. The worker, whether organization or unorganized, earning \$8,000 or \$10,000 a year, will be told—he will be rolled back, if necessary—that 10 per cent or 12 per cent is plenty for him. An increase of \$800 is fine for the working stiffs under the guidelines. An increase of \$8,000 or \$10,000 for a medical doctor under the guidelines is also fine.

The Minister of National Health and Welfare wants to set a ceiling on spending and has served notice on the provinces that sharing by the federal government of the cost of these services has now reached its limit. Manitoba was not consulted about cost-sharing. In fact, that province makes the point that Bill C-68 has been superseded by the anti-inflation legislation and therefore this bill should be withdrawn.

In Saskatchewan, the federal government participates in the cost of hospitalization and medical care. Nevertheless, Saskatchewan is left to bear by itself the \$6 million denticare program. The program is in its infancy, we do not have all the kinks out of it yet, but it took almost three years of hard work and planning and co-operation from the