

pays a total of \$14.10 a day per patient. I want to ask this question: How often has the minister or her officials been in consultation with provincial officials with regard to the effectiveness of these arrangements? I ask this question bearing in mind that this is an extended plan operating right across Canada. Is the quality of care in these homes guaranteed? What equipment is in place to treat patients with illnesses capable of being treated? Are oxygen cylinders in place for use as necessary? Is other necessary medical apparatus available for use if required? In short, is the quality of care promised by the federal government when it brought in this scheme up to standard and is it being maintained across Canada?

I turn now to the charitable institutions which are finding it very hard now to make ends meet. I have in mind the Catholic institutions, and the Protestant ones, too. Their revenues are falling far behind and each patient they receive is cared for at a financial loss. If nothing is done, these institutions will be obliged to close down.

I should like the parliamentary secretary to tell us how often officials of the department talk over the future of this plan and consider the direction we are taking in the field of health care. Can we continue to assure the people concerned that the quality of health care across Canada will be maintained? What I am pleading for tonight is that the minister ensure more frequent consultations between her officials and those of the provincial governments with emphasis on future needs so that the mess in which we find ourselves at the present time in the field of health care will not continue.

Mr. W. Kenneth Robinson (Parliamentary Secretary to Minister of National Health and Welfare): First, Mr. Speaker, I should like to congratulate the hon. member for his usual clarity in presenting his concerns. They are also the concerns of the minister. I can assure him there is no intent whatever to cut the level of medical care that we have enjoyed in Canada for so long.

● (2217)

As the hon. member is aware, the provision of health and social services is a responsibility of the provinces, with the federal government helping them in meeting those responsibilities by providing financial assistance, collaborating in the development of standards, undertaking studies in important subject areas, and through other means. In the present instance the federal government is providing a \$2.2 billion cash contribution in the current year to support the hospital and medical care services. In addition, for 1977-78, some \$464 million is being transferred to assist provinces in providing extended health care services, which include nursing home, institutional and home care services, the very items the hon. member has referred to. This amount is considerably in excess of the contribution that the provinces would have received under the Canada assistance plan for these same services. Hence, in a very real way the Government of Canada is sharing with the provinces the costs of both institutional and home care services.

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In addition, the government of Canada has recently proposed to the provinces that \$575 million be transferred in 1978-79 through a block funding arrangement to assist them in providing a comprehensive range of social services, which includes the homemaker component of a home care program. While a final agreement has not yet been reached, it is hoped that this new financing arrangement can come into effect on April 1, 1978. In the meantime the Canada assistance plan is sharing with the provinces the cost of providing homemaker services to persons in need who are living in their own homes, and is also assisting with the basic income maintenance needs of adults residing in a residential care institution. The provinces have been advised that even with the introduction of block financing for social services Canada will continue to assist individuals with their basic income needs through the Canada assistance plan, whether such persons are living in their own homes or in institutions.

In conclusion, may I say that it is the purpose and intention of the department to continue the same level of medical care as has been provided in the past. Once again I want to thank the hon. member for bringing this matter to the attention of the minister and the department concerned.

LABOUR CONDITIONS—PROPOSED LAY-OFFS AT CERTAIN MINES—GOVERNMENT ACTION TO AVOID

Mr. John Rodriguez (Nickel Belt): Mr. Speaker, on January 24 I asked the Minister of Energy, Mines and Resources (Mr. Gillespie) what specific steps he had discussed with Canada's provincial mines ministers to prevent the impending lay-off of 4,000 workers in the nickel industry in the Sudbury basin, Port Colborne and Thompson, Manitoba. In his response to me he did not list one single specific proposal. He talked about medium term prospects, he talked about restoring confidence in the mining industry, and he talked about separate jurisdictions, but he did not mention one specific step he would consider taking to save the jobs of 4,000 of Canada's miners.

The reason the minister could not talk about such steps is that he has no steps. He has totally abdicated his responsibility both to Canada's miners and to the communities of Port Colborne, Thompson and the Sudbury basin. His government is prepared to dump millions of dollars into the mining sector but it is not prepared to even attempt to see that the money is used constructively.

The government gave the International Nickel Company \$318 million in deferred taxes but were not prepared to make such deferrals conditional on increasing employment. In fact, at the time the company announced the lay-offs the government was in the process of passing tax legislation that would give Inco \$10 million. That comes to a grant of \$3,333 for every miner they are laying off.

The government would not consider a temporary stockpile of the nickel to keep those men employed. Instead they would prefer to give the company more tax concessions and then pay the laid off miners unemployment insurance. The miners do