

*Medical Care Act*

beyond cash flow, and all these costs will have to be paid by tomorrow's work force. How would you feel, Mr. Speaker, if you were so extravagant in the management of your affairs that you put the cost of today's benefits and privileges on tomorrow's work force?

**Some hon. Members:** One o'clock.

**Mr. Huntington:** I have still more to say when we reconvene. This brings me to a further point having to do with priorities. Research Council grants have been cut off, and I should like to take this opportunity to say a little more about the priorities of this government. A most important research project has been going on in the Vancouver General Hospital in connection with the disease of diabetes.

**The Acting Speaker (Mr. Turner):** Order, please. It being one o'clock, I do now leave the chair till two o'clock later this day.

At one o'clock the House took recess.

**AFTER RECESS**

The House resumed at 2 p.m.

**Mr. Huntington:** Mr. Speaker, when my quiet, constructive dialogue was interrupted at one o'clock, I was talking about the record of wasteful use this government has made of our tax dollars, and the fact that there is no such thing as a free lunch. The government has finally found this out. This has brought us to the debate on Bill C-68.

I want to emphasize the lack of priority this government has for matters that can in the future reduce the cost of medical care in Canada. I would mention that the Medical Research Council, in its wisdom, has seen fit to dismiss the \$40,000 medical grant to Dr. Wah Jun Tze who is a consultant at the Vancouver General Hospital and a director of the metabolic investigation unit at the Children's Hospital in Vancouver. I realize we are on the other side of the mountains—

**Mr. Kaplan:** Mr. Speaker, I rise on a point of order. I wonder if the hon. member is aware that the bill before us has nothing to do with research, which is covered in other legislation. I would respectfully suggest that he is out of order.

**The Acting Speaker (Mr. Turner):** Order, please. I did bring this to the hon. member's attention just before lunch. I would suggest that he get back to the terms of Bill C-68, an act to amend the Medical Care Act.

**Mr. Huntington:** Thank you, Mr. Speaker. With due respect, sir, the point I am making is very germane to the reason Bill C-68 is before the House and the lack of priorities on the part of the government regarding research which could reduce the cost of medical care. If those priorities were in a little better order, we would not be debating this bill today.

I was mentioning the fact that Dr. Tze was involved in a very important piece of research in relation to diabetes

[Mr. Huntington.]

which holds tremendous potential for the reduction of the cost of medical health care. I remember from my schooling the tremendous good will that was produced for Canada by the work of Dr. Charles H. Best and Dr. Frederick G. Banting regarding insulin. Here we had a research project, which evidently has very low priority, in the final stages of establishing the fact that islet cells which produce insulin and can correct diabetes can be transplanted, without rejection, in rats. At this point in time the government, because of its lack of priorities, sees fit to remove the grant for this very important work which would result in reducing medical health care costs in Canada in the future.

● (1410)

I think the point I am making is very germane to this debate. If it had not been for the anger aroused in the Vancouver community, that very important work, as a result of which the conclusion was reached that islet cells from a related rat could remove diabetes in a diseased rat, without rejection—and islet cells from an unrelated rat cause rejection and secondary detrimental effects in rats with diabetes—would have been stopped. It is to the credit of Mr. Ed. Murphy, a former member of the press gallery in the House, who is now a "hotliner" in Vancouver, that he was able to raise some \$26,000 from the public to allow this important research work to be carried on. We seemed to have a chance to reduce tomorrow's costs with today's research, but we see the government's priorities interfering with a mere \$40,000 which could allow important work of this nature to be carried on.

In closing my comments in this debate on Bill C-68, may I repeat the words used by the hon. member for Winnipeg North Centre (Mr. Knowles) in concluding his remarks last Wednesday, when he said, "We don't trust you". With all the unilateral action this government has taken, that is one of the constant facts with which we are faced across Canada today: people no longer trust this government. There is the example of the airline pilots, the example of Bill C-61 which is causing anguish in the maritime provinces, the example of cost-sharing for post-secondary education, which was double-dealing—particularly for my province—and now we have this unilateral action in Bill C-68. It is too bad that bills of this nature have to be brought forward at this time.

I believe that in my comments I have explained fully why this party, and I as the member for Capilano, cannot support the legislation.

**Mr. Derek Blackburn (Brant):** Mr. Speaker, I think it is very important for me to enter this debate for the second time. I spoke on the bill at second reading. I was not satisfied with it then, and I am certainly not satisfied with it now. I had the impression, when listening to the hon. member for Capilano (Mr. Huntington), that he was basically opposed to medicare and that he felt many of the private medical plans back in the 1950s, such as PSI in Ontario, were far superior to the universal, present medicare legislation.

I should like to remind the hon. member that in those days there was not nearly the equality of treatment that we have today. I am not blaming the physicians for this, or the surgeons. I think the major problem in those days lay with the fact that we simply did not have sufficient hospi-