

Proceedings on Adjournment Motion

was passed to encourage hospitals and health departments to open more clinics. If one clinic to a population of 30,000 were made the objective for Canada, including mobile clinics or teams for remote areas, we would need not only the present 66 clinics but 700 clinics for the country as a whole. Newfoundland would need 16 clinics instead of the present one. Prince Edward Island and Saskatchewan would have to start from scratch and establish 4 and 32 clinics respectively. Nova Scotia would have to go from 2 to 32, New Brunswick from 1 to 21, Quebec from 13 to 193, Ontario from 17 to 232, Manitoba from 6 to 25, Alberta from 2 to 49, British Columbia from 13 to 62, and the Yukon and Northwest Territories from 1 to 2 plus.

These clinics could be opened without major capital expenditures if general hospitals and health units were to open clinics in existing premises. The cost benefit in Aberdeen, Scotland—that very well known place of saving—has been calculated as a tenfold saving in health and welfare costs over the combined expenditure on contraceptive services and health education over a five-year period. Very few facilities exist in Canada so far for training health professionals and social workers in family planning. The need for them is great.

Should the minister be tempted to reply to me that we cannot afford adequate family facilities at this time, I would remind him of the warning issued a year ago at the University of Toronto by Cope W. Schwenger and published by the Department of National Health and Welfare last September in their brochure on the current status of family planning in Canada. He said:

—if sufficient family planning services are not made economically and geographically available and reasonably quickly, there is a distinct possibility . . . that abortion on request . . . may well become not only one of the leading but one of the most acceptable forms of birth control as a first line of defence against unplanned pregnancy, as in Japan and Eastern Europe.

Surely, Mr. Speaker, I need say no more to impress upon the minister the need for his dynamic leadership now in convincing provincial authorities of the need for haste and adequacy in the matter of family planning and birth control programs.

[*Translation*]

Mr. Gaston Clermont (Parliamentary Secretary to President of the Treasury Board): Mr. Speaker, on March 2 last, the hon. member for Vancouver-Kingsway (Mrs. MacInnis) put a question to the Minister of National Health and Welfare (Mr. Munro) concerning the possibility of consult-

ing the provincial ministers with regard to the federal family planning program.

The Minister of National Health and Welfare is surprised that the hon. member for Vancouver-Kingsway should keep the House this evening to discuss this matter.

Unless I am mistaken, the hon. member attended some of the meetings of the National Conference on Family Planning at the beginning of March. She took part in the Conference with some other hon. members. The Conference's purpose, among others, was to advise the provincial governments and municipalities of the firm intention of the federal government of putting family planning services at the disposal of all those who want them. Not only did the media widely publicize the event, but all the provinces were informed of the objectives to be achieved in a letter addressed by the Minister of National Health and Welfare to all premiers and heads of governments of the Territories, inviting them to send representatives to the conference.

Moreover, all provinces and territories were invited to send a high official of their departments of Health, Welfare and Education and most of them made a positive response.

The ten major cities were also invited to send representatives and they were informed of the goals of the conference.

Officials of the Department of National Health and Welfare will continue to maintain liaison with the provinces in order to supply them with advice and assistance in the development of their family planning programs. As the minister put it at the national conference, amounts will be paid to provinces and other agencies in 1972-73 for specific family planning projects and, as he has often repeated, it is possible to obtain credits under the Canada Assistance Plan, federal-provincial cost-sharing schemes, medicare and hospital insurance.

I recognize the interest that the hon. member is bringing to the matter of family planning and I find this attitude very creditable. However, I fail to understand why she should hold us here tonight, for she knows very well the intense activity of the Department of National Health and Welfare in initiating the national family planning program since she witnessed these efforts just a few days ago.

[*English*]

Mr. Knowles (Winnipeg North Centre): What has he done since then?

Motion agreed to and the House adjourned at 10.18 p.m. until Monday, April 17, pursuant to Special Order.