

Health Resources Fund Act

The minister sounds like an academic and as though he had a sudden appreciation of the research problem in 1973. There must be a reason why this minister has failed to influence or at least pass along his concerns to the present Minister of National Health and Welfare. Has the former minister done a flip-flop between 1973 and 1978?

The then minister said:

As a general statement on research priorities "increases in effort and resources should be more rapid with respect:

He then goes on to list a number of priority areas of concern.

The vice-principal for the faculty of medicine at McGill University, Mr. Maurice M. McGregor, said at that time that:

Viewed within this schema the scientist had no right to complain when governments asserted their duty to direct in some areas of research.

I go along with that because, after all, parliament is paying the bill. He continued:

They had, however, every reason to expect governments to identify their problems and to subsidize the necessary research to find the answers. Since this, itself, requires expertise, it is hoped that we would soon see a major augmentation of intradepartmental research capacity.

The people at this symposium were well known in the research community. There were people such as John Evans, the president of the University of Toronto. Surely that name rings a familiar note. Others subscribing to this point of view were people such as John Laidlaw, director of the Institute of Medical Sciences, University of Toronto; the dean of the faculty of medicine for the University of Manitoba, the professor and head of the department of physiology at the University of British Columbia, and the associate dean of McGill University. These are people who are regarded highly within the community. Surely the then minister had to have his homework done when he spoke to them in 1973.

Like many other policies of this government, they suck the provinces down the road until they are committed beyond any shadow of a doubt, and then they snatch the rug out from under them because it is politically or fiscally convenient to do so. In this case it is both fiscally and politically convenient to do so. This government by its policies has now boxed the provinces in so well that it can cut willy-nilly.

Perhaps I should not say what I am about to say, but I will give the hon. member for Winnipeg North an opportunity to correct me if I am wrong, because it is not on the record of the meeting in camera with the Auditor General prior to the meeting of the public accounts committee last week. If I am not mistaken the hon. member said, "Was it necessary for the Auditor General to inquire into programs for people?" Surely, regardless of the program, without fear or favour it is the responsibility of the Auditor General to look into any program, any facet of the government's operation, whether it be designed for people or not. I hope the member will read my words carefully. I may have misunderstood or misinterpreted the comment by the hon. member, but that is the way in which it struck me. I was astounded, if that be the case, at that kind of rhetorical comment by a member of such long standing and experience in this House of Commons.

[Mr. Brisco.]

I would like to get a statement from the minister or her parliamentary secretary to the effect that when this bill is passed and becomes law that this government will then sit down in concert with the provinces and consider in what areas it must inevitably become involved in terms of future research within the medical community and all the other communities involved in health care delivery, whether they be primary or secondary modes of delivery. I would like the minister also to consider what will be done to upgrade hospitals across this country.

There are two things the minister cannot expect. One is the beautiful picture painted by the hon. member for St. Catharines of healthy Canadians who have cradle to the grave care and not a thing to worry about. The other thing is that with government cuts in funding that they can expect the provinces to carry on and deliver the same quality of health care they are presently able to deliver, because it is impossible. If the quality of health care deteriorates by virtue of budgetary constraints, provincial economic conditions, or national economic conditions, then it falls upon this government to explain why it has failed the country and the people on this issue.

There is much more that can be said about the failure of this government to live up to its commitments, and its arrogance in the face of a fiscal problem which ministers themselves generated by pulling the rug out from under programs that are good and ignoring the rug under programs that should be affected and the priorities of care for Canadians.

The other day I had an opportunity to fly across this country with a senior civil servant who happened to be with the minister's department. I will not name him, or the location of the conference he was attending or anything else, knowing the Grits the way I do, but he said that the genuine concern of those in attendance at the conference was that "our department and the ministry were top heavy with people studying other people to determine what the hell they were all doing, instead of us getting out and doing the job that Canadians expect of us." That gentleman was right on. Unfortunately the minister and the government have not got the message, and I doubt if they will until the next federal election.

Mr. Lorne Nystrom (Yorkton-Melville): The position of our party, Mr. Speaker, in opposition to Bill C-2 was well outlined by the hon. member for Winnipeg North (Mr. Orlikow) yesterday. I would like to spend a few minutes this afternoon talking about two different things which I think are quite important to this debate. The second is in response to what some of the Conservative members have been talking about so much, namely cutbacks and restraint. However, before touching on those subjects, I want to say that I oppose this bill.

● (1552)

If one looks at the programs that Canada has, there is one very glaring omission. Not enough money is going into the whole area of preventive medicine. We have done very well in many other fields in Canada including the delivery system for medicine, medicare and hospitalization, etc. We have had some great accomplishments. However, when it comes to the