told that prescription drugs cost $80 million yearly in Canada. If the poor make up 25 per cent of population, one would think they would be spending $20 million per year. However, that is not true. In this 25 per cent group there are probably one and a half million people over the age of 65. People of that age—I should say "we" people of that age—are prone to more diseases and illness than those in the younger age group. It is a sad fact that people in the poverty group, even those below the age of 65, perhaps because of their diet, worry and vicissitudes of life have more illness. The $20 million to which I referred might pay the cost of prescription drugs for that segment of society, but it is probably about half the amount spent; it is probably closer to $40 million.

Free drugs go to people on municipal welfare. In most cases they are given to people who are handicapped, as well as those with poor incomes, those not on welfare but receiving assistance. There is a definite means test. I do not think that is a wonderful idea, but people with too great an inroad into their income as a result of chronic illness can have drugs provided free.

There is another group of people for whom we feel sorry, those with cancer. In this area I know more about Ontario than anywhere else in Canada. Free clinics and free doctors' prescriptions in Ontario amount to over $150,000. As hon. members know, approximately one quarter of the population in Canada lives in Ontario. Therefore, well over $500,000 is handed out in free drugs to cancer patients. This is just not for the poor and the old; it is through tacit consent between the Cancer Foundation and the doctors involved. It is handed out because we feel sorry for people handicapped by cancer. We know drugs prolong life and make life more livable. We should give them everything they deserve. Something of this nature will gradually have to be done for the poor and those over 65.

When referring to those over age 65, I do not think the hon. member meant everyone who is an old age security recipient. I think he meant those receiving the old age security pension and the guranteed income supplement. In any event, we will not mention the E. P. Taylor crowd. We know that approximately 75 per cent of those receiving the old age security do not need it. However, this pension began 30 years ago at $25 a month and we cannot take it away now. It would be like trying to take something away from a youngster. But there are not a great many people in that income bracket. In fact, those people pay a great deal of it back to the government in income tax. With a combination of the old age security and guranteed income supplement, these people receive a nice income of approximately $4,000 a year.

During the debate in April, it was underlined that we were in the process of holding discussions with the provinces. People who suffer from a chronic illness and have a drain on their resources should take advantage of the Canada Assistance Plan. That was designed to look after precisely these people. If they are not getting that assistance, it is the fault of the provincial health departments. Sometimes the health department does not know or care about it; in some cases, even if they do know about it they choose not to make use of that knowledge.

The poeple to whom the hon. member referred do not have to suffer. If the provinces were awake to what they should be doing, they would take advantage of the Canada Assistance Plan and the tab for drugs would be paid. With regard to medical care in general, in most provinces doctors bills, hospitals bills and drugs are paid by the province. What is not covered comes under hospital treatment bills and some hospital diagnostic procedures. At the present time most provinces have coverage for people over 65, but not all have complete medical care. Sometimes it is brought down to an absurd minimum, but they still have to pay something.

● (1630)

Four very important points are laid down by the Dominion Government—I use the term "Dominion" because it is being argued about—and they are: health care should be accessible, people should be able to obtain it in almost any community; it should be comprehensive, that is, it should cover all types of illnesses and accidents as far as possible; it should be portable—a person going from Saskatchewan to the Maritimes for a visit should be entitled to treatment in the other province; and it should be universal—everyone in the country should enjoy the same type of benefits. We are working toward these goals as fast as we can.

I should like to say, for the benefit of the hon. member who proposed this motion, that we have a terrific scheme in operation in this country. No country in the world can come close to it. The great country of the United States to the south looks after the hospital care of people over the age of 65. Doctors' bills and hospital bills in that country are very high indeed, probably three or four times higher than they are here. This imposes a great burden on those who are sick, and the government is only now getting around to thinking about introducing an ordinary hospital and medicare treatment insurance plan.

The situation in the United Kingdom is far worse than it is here as far as the quality of general care is concerned, although hospital care is good. On the other hand, the availability of beds is much lower than it is here. There are fewer doctors because, in consequence of the state medical situation, there is very little room for the scientific expression of a well trained doctor in ordinary GP practice. As a result, interest is flagging and people complain about the care they receive. So although Britain gives drugs, eyeglasses and dentures to everybody who needs them, there is no comparison with the Canadian scheme as far as medical care is concerned.

Getting back to the question of providing free drugs for those who need them, I think the present laws will have to be maintained for a few months. It will only be a short time, I trust, until the Minister of National Health and Welfare (Mr. Lalonde) and his provincial confreres have threshed out how much should be given to each province, whether grants should be made on a per capita basis and whether the federal government should have some say as to the quality and uniformity of care.

About a week ago I was in Kingston at the graduation of some ten young men who had received a highly advanced training course as ambulance attendants. They could do a lot of things that anaesthetists and surgical doctors would normally do, for example, carry out blood transfusions