

health services, to provide adequate care for sudden heart attack cases which are brought to the coronary units in our hospitals. Even today a majority of Canadian hospitals do not have coronary units.

We must also provide trained ambulance services which are monitored so that the coronary unit team in a hospital will be adequately prepared for an emergency case on its way to hospital. We are told that in most hospitals there is lack of medical and paramedical personnel. This means that we need more doctors, more medical students.

How can we have more medical students when medical tuition fees are so high, Mr. Speaker? Only a couple of weeks ago the treasurer of the government of Ontario increased tuition fees still further. Lack of medical personnel constitutes an emergency. I believe that we should provide free education at the university level for all those who are capable of going to university, so that all our students capable of taking a medical degree would be able to go to university whether they come from affluent or poor families.

I appeal once again to the minister to launch a special attack on cardiovascular disease, allocate more financial resources for this attack and, as I mentioned previously, institute an educational campaign to advise the general public on how to deal with medical emergencies in the field of cardiovascular diseases.

[Translation]

**Mr. Gaston Isabelle (Parliamentary Secretary to Secretary of State for External Affairs):** Mr. Speaker, we would like at first to thank the hon. member for Parkdale for having called the attention of the House on that important problem.

As we know, it is generally recognized that cardiovascular diseases have several contributive factors. However, it can be stated that physical inactivity, obesity and smoking can lead to cardiovascular diseases. In addition, it can be said that there is an indirect link with pressures, stress and high blood pressure. Other conditions such as diabetes are recognized as being premonitory symptoms of cardiovascular diseases.

However, the increased number of heart conditions—especially heart attacks—in Canada has certainly induced us to pay special attention to programs aimed at preventing that kind of accidents and improving the health of the Canadian people.

[English]

At a meeting of federal-provincial ministers responsible for sport and recreation in December, 1971, the minister announced the formation of a directorate, Recreation Canada, which would be concerned primarily with encouraging greater participation by Canadians in physical recreation activities. This directorate would also have concern for programs designed to encourage the improvement of fitness levels of our citizens both through mass participation programs and by stimulating research in the field of fitness. The department itself initiated the first phase of a comprehensive research program on recreation supply and demand in Canada. The purpose of this study is to provide provinces and municipalities with factual information to enable them to plan more realistically for future recreation needs.

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In the area of obesity, a national survey, Nutrition Canada, is being conducted to study, among other conditions, the scope of the problem of obesity in Canada. Studies of the dietary intake of a sample of Canadians are being correlated with physical and biochemical indices associated with this and other conditions. When definite data becomes available, program development for this group is expected.

In addition, cigarette smoking has been variously shown to be associated not only with chronic pulmonary disease but with cardiovascular conditions, particularly coronary artery disease. The department has recently doubled the amount of financial assistance to this program in order to promote an educational campaign to warn the public of the hazards of cigarette smoking.

Further to the resources allocated through various federal research agencies and contributions made through the health resources fund, this department has taken a positive stance in attacking the problem of cardiovascular disease through measures designed to control the known precursors of heart disease and cerebrovascular accidents in the Canadian population.

#### HEALTH—FAMILY PLANNING—POSSIBLE CONSULTATION WITH PROVINCIAL OFFICIALS

**Mrs. Grace MacInnis (Vancouver-Kingsway):** Mr. Speaker, six weeks ago the Minister of National Health and Welfare (Mr. Munro) took an excellent initiative in calling together in Ottawa a Canadawide conference to discuss family planning. He followed it up by the announcement of a grant of \$385,000 to the Family Planning Federation of Canada and a much smaller amount to another organization. Those present at the conference expressed satisfaction that the federal government had given a definite lead and voiced the opinion that the major roadblocks to family planning are now at provincial and local levels.

Consequently, on March 2 I asked the minister if he would seek an early meeting with provincial ministers to launch a co-ordinated program of family planning at all government levels. The minister's reply, that there were almost daily ongoing discussions which included family planning, failed to indicate to me the vigorous campaign of federal leadership which I believe is necessary at this time.

Canada is a long way behind most of the advanced countries in this regard. Let me give some figures published by Dr. Michael J. Ball, of the University of Alberta, in the Canadian Medical Association Journal for February 5 of this year. In a recent survey, the Family Planning Federation of Canada identified a total of 66 family planning clinics across the country, divided approximately equally among hospitals, health departments and private organizations including local planning associations. This figure does not include clinics teaching the rhythm method only.

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How many birth control clinics does Canada need? A ratio of one clinic to a population of 55,000 has been found to be quite inadequate in Britain and special legislation