

not said that. Perhaps that position is shared by the NDP. I do not know, because I have difficulty understanding many of their positions. In terminating the fund, it is disturbing that the minister has not made any reference whatsoever to what the future holds for the research community or the welfare of Canadians, in terms of hospital care and teaching facilities.

● (1532)

I should like to ask hon. members to reflect on the government's decision in 1966. At that time there was a proposed expenditure of \$500 million which was to be spent over a period of 14 years. In terms of the government's view of cash flow today, and the manner in which it treats the dollar, that \$500 million is relatively insignificant. After all, the government talks now about a \$12.1 billion cash deficit this year. So, what is \$500 million? It is a shrug of the shoulders of the Prime Minister (Mr. Trudeau). But in 1966 \$500 million was a very substantial sum of money. Clearly one did not expect the government to spend that amount in a short period of time. It was a bill which covered the expenditure of that amount of money over a period of 14 years.

The cost-sharing arrangement of the program roughly is 50-50. If one examines the purpose, dimensions, and the manner in which funding is initiated, clearly they demonstrate that parliament gave this bill a considerable amount of thought. I took the opportunity of reviewing the debates in 1966. They were substantial, and there were excellent contributions from all sides of the House. Now the bill is being brought to a hasty conclusion almost three years ahead of the intended date, and \$69 million short of the sum intended and appointed by parliament in 1966. Perhaps the most reprehensible action by the government is the decision of the minister to terminate the program without prior discussion with the provinces.

Yesterday the Minister of National Health and Welfare participated in this debate, responded to some speeches, and engaged in across-the-floor shotgunning with the hon. member for Athabasca. The minister said that there were some discussions. She did not state that there was a uniform degree of discussion with all provinces involved, whether a province still qualified for assistance under the bill or not, such as the province of New Brunswick.

The program encompassed in the original bill has been of enormous benefit to the establishment of facilities for the treatment of the sick, and for the training of those who treat the sick. One wonders what consultation occurred with the health resources advisory committee, a committee established by the original bill in 1966. I should like to refer to chapter 42 (11) of the Revised Statutes of Canada which reads as follows:

The advisory committee shall

- (a) advise the minister on any program for the development of health training facilities submitted to the minister by the government of a province;
- (b) advise the minister, at his request or on its own initiative, on matters relating to a health training facility in respect of which a province has requested a contribution under this act, including a reasonable cost thereof; and

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(c) give consideration to and advise the minister on such matters relating to the operation of this act as are referred to it by the minister.

It is section 11(c) which I find most interesting. I should like to refer to the annual report for the fiscal year ending March 31, 1977. It contains the signature of the minister, and finally it was tabled on Friday, March 10, 1978, approximately one year later. Any reference to the advisory committee in that report is absent. One wonders what role the advisory committee played in the latter years provided for in the bill.

When one reviews the history of the involvement of government in the medicare system of Canada, the health and welfare of Canada, and when one thinks of Bill C-68 introduced by the then minister of national health and welfare, the present Minister of Justice (Mr. Lalonde), one will realize that some of the points raised by the hon. member for St. Catharines (Mr. Parent) yesterday were most valid. Indeed, the health care delivery system for Canada has progressed. If it had not progressed, those responsible would be appearing before the Standing Committee on Health, Welfare and Social Affairs, and certainly parliament would be concerned if the vast expenditures were not producing a satisfactory end result. I have served on that standing committee since 1974. I recall the praiseworthy statements, support and declarations of the Minister of National Health and Welfare which indicated that all was well.

I should like to draw the attention of the House to a document entitled "Symposium on Health Research Priorities in Canada." It is a summary of a series of papers and discussions presented on May 25, 1973, on the implications for the health care system. In the summary excerpts were taken from the remarks of the then minister of national health and welfare. One such excerpt reads as follows:

There may be those who would recommend bringing about a reapportionment of resources provided for health care research vis-à-vis bio-medical research by a transfer of funds. I am not one of them . . . An appropriate balance should be achieved by a steeper rate of increase in the funding level accorded to research on health care, including its promotional and preventive aspects, compared to the rate of increase in support of more basic research.

That is what the then minister of national health and welfare said approximately four or five years ago. He continued:

Although the reasons for this lack of interest in the field of health care research are undoubtedly numerous and complex in nature . . . one important factor must surely be the widespread misconception, held even in academic and other well-informed research circles, that applied research must necessarily be short term, rather superficial and related to immediate problems . . . If we do not start research on a predictable problem until it confronts us in all its urgency, the research attack on it must all too often be hastily contrived and carried out in as short a time as possible, if the result of the research is to have any relevance to solving the problem before it passes into history . . .

● (1542)

A classic example is the rather rushed implementation of studies into Asian flu which took place about two years ago.

The minister went on to say:

The time duration of an applied research project and the depth of treatment should be determined by the nature of the problem and the type of analytical study required.