

Medical Care Act

by the hon. member for Nanaimo-Cowichan-The Islands (Mr. Douglas), a pioneer in the health insurance field. He was implementing health care programs when the biggest health program the present minister had to deal with was acne. There have been all kinds of good suggestions for ways to replace this bill, ranging from use of paramedics to group or community clinics, from increased public education about nutrition to stricter safety standards in the work place.

I want to single out one area that I think shows this government's lack of concern for cutting down health care expenses except in the most visible ways. It is a pretty extreme example, but it points out one of the areas where the government should be concentrating its efforts. The example is mercury pollution. I read the other day that government officials are running around saying that there is no documented case of Minamata disease in either Ontario or Quebec. They cannot say for sure that anyone has it. However, there are a number of experts who have discovered symptoms of that disease in people who depend on fish from the several river systems affected by mercury pollution. The Japanese experience shows that Minamata disease takes a number of years to reach a stage where it can be diagnosed. Therefore, if we have symptoms this year we may very well have diagnosed cases next year or the year after. We have known about mercury pollution in our rivers for over six years now, and this government has done very little or nothing. I am not even going to mention the pain and suffering this horrible disease causes. Nor am I going to dwell on the costs of replacing a fisherman's livelihood, especially the Indian people who live on reservations.

These remarks are for the health care planners opposite. I just want to ask them how much they think it will cost to provide what little treatment is available for people with Minamata disease. While they are doing this, it might be good for them to keep in mind that their colleague, the Minister of the Environment (Mr. Marchand), gleefully announced the other week that he was going to allow pulp and paper plants to continue dumping mercury. They will do it a little more slowly, perhaps, but they will continue to dump it all the same. At least, they will continue to dump it until their machinery wears out. Then they will replace it with the next generation of machinery that does not use mercury.

For the price of writing-off some out-of-date plant facilities we will continue to get mercury in our rivers for another eight or nine years. Add that to the cost of providing health care to the Minamata disease victims. That is only one example where increased attention to environmental problems would have an effect on the cost of health care.

There is another area in the Northwest Territories where we spend a lot of money and which should be looked at very seriously. It has been estimated by some people in a position to know that it costs between \$2 million and \$3 million a year on what we call "medivacs". This situation arises because there are not enough health care facilities, hospitals, doctors, eye specialists and dentists. To evacuate to the areas where these facilities and experts are available costs the taxpayers millions of dollars. As I mentioned earlier, it costs between \$2 million and \$3 million a year for

charter aircraft to airlift people from the north to facilities in the south. That is a lot of money.

That problem can be partly solved by building one or two more hospitals and having a few more people to work in the north. I suggest that a hospital in the Cambridge Bay-Copper Mine area would save a large number of lives. Who can put a price tag on a life? I do not think you can do it. It would certainly save the taxpayers of this country a lot of money, and a lot of families much misery and grief.

These are the areas this government should be looking at—disease prevention, paramedics, and so on—in the north. On behalf of many people in this country, I wish to register these comments against the implementation of Bill C-68. I hope that other hon. members who have similar objections will make them known to the government.

Mr. Bob Brisco (Kootenay West): Mr. Speaker, I had the opportunity to speak at considerable length on second reading of Bill C-68. I also had the opportunity to express some very specific concerns about this bill at the committee stage. I am fortunate to serve on the Standing Committee on Health, Welfare and Social Affairs. As a result, I participated in the dialogue and debate with regard to the amendments which were introduced in reference to this bill. Indeed, as the House knows, we were successful in having one amendment accepted. It requires this government to report back to parliament, before they make any substantive changes, some 18 months down the line.

Throughout the debate there has been one area that has caused me considerable concern. It is, indeed, unfortunate that any party that is concerned about a federal bill dealing with the health and welfare of Canadians should decide that at the same time they should drag in the red herring of the health and medicare situation in a particular province. This has been the tactic of the NDP. I have read some of their speeches and some of the other things they have said. There is no question but that they have made a valuable contribution to the debate. However, I see no necessity whatsoever, nor do I see any similarity in the situations when they make reference, in a most derogatory fashion, to the situation in the province of Ontario. They would have us believe that the problems faced by the province of Ontario have been generated solely by that government, that they are the authors of the piece, the architects of the piece, and therefore the responsibility rests entirely with them. They fail to recognize that in their own province of Saskatchewan, the same restraints are now being clearly demonstrated. In my view, they will become more and more apparent as the days go by.

Only recently there was evidence in the newspapers that the province of Saskatchewan, with a limited budget—they do not, after all, have the wealth of British Columbia—would probably be horror-struck, at the government level, if some cabinet ministers decided to spend an extra \$100 million on welfare. Mind you, the NDP government in British Columbia did not agonize over that. After all, most of it was federal money. However, in the province of Saskatchewan \$100 million is a great deal of money. To the taxpayers of British Columbia it is not a great deal of money, and to Canadians generally it is not a great deal of money.