

Adjournment Debate

security of supply in the Atlantic provinces. I proposed to Mr. Dickie that I meet him again and other provincial ministers in Edmonton on October 3 for substantial negotiations which would accommodate Alberta's requirements within the context of the federal policy.

I do not know of any legitimate Alberta public interest which has not been taken into account by the federal government. I acknowledge that Alberta is the owner of the resource. But the owner, by virtue of his ownership, is not entitled to act apart from the responsibilities of being a member of a common neighbourhood, which I might call Canada. The national oil policy of 1961 gave Alberta oil a guaranteed market in Ontario and the western provinces, at a time when international oil was competitive with Alberta oil in price, all the way back to Edmonton. Canadian consumers assisted greatly in the development of the Alberta industry and it was right that they should have done so. Now we have an industry whose costs can compete in world markets. That industry and that province have some responsibilities to the rest of Canada.

The whole point of the federal policy announced by the Prime Minister (Mr. Trudeau) on September 4 is not to deprive the government of Alberta of revenues. Indeed, the division of these revenues was left for specific response and discussion on October 3 in Edmonton. The policy does, however, tax certain of the never higher profits of the oil industry for the dual purpose of giving some short-term protection to the Canadian consumer against exaggerated price jumps and providing funds which can be directed toward the development of other Alberta energy sources and those in other parts of Canada as well.

HEALTH—SUGGESTED INSTITUTION OF INSURED
MEDICAL AND SURGICAL SUPPLIES FOR OLD AGE
PENSIONERS AND OTHERS ON LOW INCOMES

Mr. P. B. Rynard (Simcoe North): Mr. Speaker, I rise on this occasion to speak about the situation regarding insured drugs for those on low incomes. On repeated occasions in this House I have asked the Minister of National Health and Welfare (Mr. Lalonde) to insure the drug costs of all those on low incomes, the old age pensioner, those on small pensions and those living below the poverty line. These people have been hardest hit by the galloping increases in the cost of living. Food costs in the last year are up 20 per cent, and shelter is up 12 per cent. According to welfare statistics there are five million people in Canada living below the poverty line, or some 25 per cent of our people. To those on low incomes, food, shelter and drugs represent a much higher percentage of their dollar than the dollar of those on higher incomes.

I only plead the case of those on low incomes, particularly those who are sick and have chronic illnesses such as heart disease, arthritis, cerebral and vascular diseases or chronic diseases in general. When national medicare was brought in on the blueprint of the Hall Commission report, prescribed drugs were to be brought in also for those on medicare. Let me read what the report said:

Effective and judicious use of drugs have made it possible not only to improve the health of the nation but also to raise the economic benefits resulting from the provision of health services. The use of many of the newer drugs by physicians facilitates their

[Mr. Macdonald (Rosedale).]

patients' recovery, and in some instances avoids or minimizes the effect of serious diseases. Improvement in the state of health of the nation meant increases in the productivity of the working force. Persons released from hospital care sooner because of new or improved drug therapy meant saving costly hospital bed days, a welcome economy in the light of rapidly increasing costs of hospital care.

The report continues:

Advances in drug therapy in the last two decades have been particularly spectacular.

In view of this, the commission concluded that all prescribed drugs should be included as a benefit of a comprehensive health care program. Over and over again the minister has replied to my pleas, as the one before him did, that the federal government would pay under the Canada Assistance Plan 50 per cent of drug costs. The minister surely had his tongue in his cheek when he made that statement. He knows that this is permissive legislation. It is not mandatory like food and shelter.

Out of several letters I have received I should like to refer to one. It is a case record concerning a lady suffering severe rheumatoid arthritis and cardiovascular disease requiring five kinds of drugs so that she can keep out of hospital and look after herself in her own apartment. These drugs cost her well over \$60 a month. Try to do that on \$179 per month and pay for an apartment costing \$125 per month. I am afraid most of us do not realize what we are allowing to happen to people who are sick and distressed. Permissive legislation gave her \$25 per month maximum. She must pay the other \$40, and if she stops taking the drugs she will go to hospital where she will occupy a bed at \$60, plus, per day.

I am afraid the minister was more influenced by his counterparts in the provincial governments than by the spectre of those who have to deprive themselves and often eat a little less of poorer quality food, day after day, wondering where next they can cut in order to make ends meet. The minister might better break with his cronies in the provincial government and do what he knows is honest, necessary, long overdue and economically sound.

As a matter of fact, the minister and one of his provincial cronies did get friendly and, according to the story, the minister is going to share the cost or pass it under the table in some form or other to that province for its drugs. The minister talks about consensus of the provinces. There was no consensus in respect of medicare, yet it was passed. Insured drugs would cost one-sixth of the amount of medicare, and to the poor requiring it one-twentyfourth.

The provinces which did not accept medicare were taxed for it, so they soon walked the plank and joined. The minister, instead of doing his duty in respect of drugs, talks about a health care plan where health habits will be assessed. There will also be examinations to spot and prevent diseases. Yet, at the same time people are told that examinations must be cut down, that there are to be no more annual examinations. It is no wonder the people become confused. It is no wonder they are frustrated. I say to the minister, bring in the legislation to ensure drugs for those on low income. Sickness, lay-offs from work and hospitalization costs would involve greater amounts than the cost of drug care.