country. It lost some of its negotiating power with the provinces with regard to insisting on certain priorities which are essential for a sound preventive health care program.

As I said, I want to concentrate on the human side of health care services and the kinds of services that will be affected by the federal cutbacks and, therefore, the lack of adequate funding to the provinces which are implied in this bill. It is also important to talk about the health needs of young children. I refer to reports presented to the House last spring by the Standing Committee on National Health and Welfare and its recommendations with regard to young families, and the federal responsibility toward them.

Finally, in my remarks I will refer to concerns of the National Action Council on the Status of Women in its brief presented to the task force on federal-provincial fiscal arrangements. It is concerned particularly with the health care of women in Canada.

First I want to talk about the type of health care services which will give us a more sensible and practical value for our dollar. This will help to alleviate some of the expenses of chronic institution care which consumes so much of the health care dollar. My party believes that not enough funding is given to medical care services, medical delivery systems and community health programs. I refer to programs that should be readily accessible to families and individuals in their neighbourhood, adapted to local conditions.

I wish to speak about the importance of community health clinics that are developed under the guidance of community boards which provide services geared to the ethnic make-up of many communities. My riding of Vancouver East is multi-ethnic. There is a large proportion of low-income people. The services they require must receive federal funding. They require demonstration grants from the federal government.

Some years ago in my riding a health centre was developed. It was established as a model for other clinics. It is called the Reach Clinic and was developed in co-operation with UBC medical services and local general practitioners. A community board runs the operation. It is a non-profit organization which employs workers from many different ethnic backgrounds. It serves a multi-ethnic community. There is a medical card which can be used by families for all health services. It was one of the first community clinics to develop a dental program for low-income families, a very important service that is not available in most communities.

Recently the Reach Clinic began a program for adolescent parents. I have talked before in the House about the extreme social and health problems caused by the great increase in adolescent pregnancies. There is a need for a whole range of support programs for teenage mothers. Many are really children trying to rear children of their own. This kind of clinic provides support for adolescent parents and education with regard to job training, and helps young mothers with child daycare programs so that they can get on with their lives knowing that their children are receiving proper care. It provides information on parenting skills, nutrition and an awareness of basic health needs.

The experience of health community clinics in Quebec adds another important dimension. I refer to the whole question of prevention. There are family-life education programs, access to contraceptives, and freedom of choice with regard to abortions which should be available through community health care clinics. In my riding we also have a downtown health society which was adapted to the needs of street people, including alcoholics, drug addicts and those who live in the downtown area of Vancouver. Most of these people have extremely low incomes, inadequate diets and severe health problems. Therefore this downtown clinic, again with a community board, stressed hot meals and good nutrition for street people. It helped to provide dental care to those who had no access to it and provided referrals to many community services.

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In the Chinatown area next door, another health care concept is being developed as part of a social and co-operative housing project. This is largely for Chinese Canadian residents, many of whom are elderly and do not speak English. There are also many public housing projects in this community and, therefore, a public health department has agreed to decentralize and move into the basement of a new senior citizens development. This unit will be open to all residents of the community. It will provide a Cantonese-English-speaking staff as well as a community advisory committee. It is possible to adapt this centre to the needs and desires of elderly Chinese people to make available traditional herbal medicines and acupuncture in the future.

Another important health care centre is a day care centre for adults which provides medical care for the disabled and elderly. This will allow many of them to remain in their homes. Again, this centre would have a Cantonese staff, provide Cantonese meals, which will provide beneficial mental health and morale as well as good nutrition for these people.

I mention these examples because I believe it is extremely important that they be funded and not just maintained as demonstration projects. They should be expanded in every community, certainly throughout the metropolitan areas in Canada. This cannot be done without adequate funding and without fiscal arrangements which are fair to the provinces.

As I have mentioned, most of these services are provided in poverty areas. This requires a very high degree of subsidized care. For example, some centres in Victoria, Winnipeg and other cities have new health care clinics which have a combination of social services, health care services and a multiplicity of comprehensive support services. They provide services which prevent and cure the early symptoms of poor health which would ultimately relieve the expense of institutional care for these people.

As mentioned, there were a number of recommendations made by the subcommittee on the international year of the child to the Standing Committee on Health, Welfare and Social Affairs last spring. I would like to refer to a number of recommendations which were made on behalf of Canadian