

[Translation]

Mr. Speaker, quite often in the country it is easier to get a vet to see to animals than it is to get a doctor to see to human beings.

[English]

In many rural areas there are no paramedical personnel, no community clinics and no primary care doctors. We warned the government 15 years ago that we would need these facilities. Often it is easier to obtain services of a veterinarian to treat your cat, dog, cow or horse than it is to obtain the services of a doctor to treat your family. That is the situation we are in. This government was warned about the problem when it introduced medicare, and now it is trying to draw away from its responsibilities.

[Translation]

Mr. Speaker, we have in the—

An hon. Member: Mr. Speaker—

Mr. Graftey: Excuse me, but the hon. member has already spoken; I have only 15 minutes to speak about something important.

In the province of Quebec we have Mr. Castonguay's recommendations, which recommend the setting up of community centres and paramedical groups, with more general practitioners and more researchers in our medical schools. But what are the federal government's responsibilities in this field?

Let us take for example the rural area that I represent, Brome-Missisquoi. Before there was medicare in the constituency of Brome-Missisquoi, there were seven permanent doctors; in the town of Farnham, a town without a hospital or a community centre, there were four permanent doctors ten years ago, before medicare. What do we have now, Mr. Speaker? There is not one doctor in the whole constituency of Brome-Missisquoi, and there is just one in the town of Farnham.

[English]

This is going on all across Canada.

An hon. Member: Come, now.

Mr. Graftey: Please do not interrupt. I know how frustrating it is for the hon. member to support the Minister of National Health and Welfare (Mr. Lalonde), but I ask that he please stop prattling.

Doctors have tended to practice in the hospital environment, and I am not blaming them entirely. I am blaming the federal government for the attitude it has taken with regards to co-operating with the provinces in order to effect the efficient delivery of medical and health care services. We have recommended time and again that the health resources fund must be backed up, voted on and supported by this House if the federal authority is to play its proper role in supporting medical and health care services.

● (1550)

I refer to what my leader has already said. Any federal withdrawal must be accompanied by a guarantee of transfer of tax powers to the provinces to allow them to maintain their level of spending, as well as a guarantee that the

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poorer provinces will not be short-changed by federal government withdrawal. This must not happen. The system has already collapsed for the poor and the aged who have no mobility to get into hospital centres. It must not collapse for all Canadians and it is bad enough now because of lack of federal responsibility in this regard.

The federal health resources fund must be expanded immediately to humanize health services. In particular, there must be more funds for medical research, training, primary care visits and paramedical assistance to develop community clinics, especially in disadvantaged areas. What does a town in my area do with medicare payments when there are no services? Ten years ago in Brome county we had seven full-time doctors, and four in Farnham. Now we do not have any in Brome county, and only one in Farnham. The paramedical people, the primary care physicians and the community clinics that we were told we must have 15 years ago, still are not there:

One cannot imagine what this means to low-income, disadvantaged Canadians and aged people whom medicare was supposed to help in the first place. A cruel hoax has been perpetrated upon them. Now the minister says we are going to withdraw from the program. The Minister of National Health and Welfare came before the Canadian people with a smokescreen, an unintelligible proposition which in effect means: We have pushed you into this program. Now sink or swim. This is irresponsibility of the first order which we cannot tolerate for one minute.

Medical and health care services constitute just one of the many challenges which are not being met by federalism as now practised in Canada.

Mr. Bécharde: Is that from your book?

Mr. Graftey: Yes, but what does that really add to this debate?

[Translation]

Yes, this is in my book, but your remarks are not all that intelligent. I am aware of your frustration, but keep quiet. In the province of Quebec, it is a very important matter, believe me.

[English]

As I already mentioned, this is the worst kind of joint program. Every time the Minister of National Health and Welfare stands in the House we are told this matter is one of provincial responsibility. But who initiated it? If any performance underlines the fact that we need basic modernization in this area, the performance today by the Minister of National Health and Welfare underlines it.

Like the challenge of the environment, transportation and living space in our cities, education and all the rest, medical and health care services test the very viability of North American federalism. If Canadian medicare schemes continue merely to be a financial mechanism the complete breakdown of services will come about sooner than we care to think. If doctors' incomes continue to soar, government authorities will have to put them on salaries. If doctors and medical manpower will not go into underserved areas, surely a decent and humane state has an obligation to make sure medical personnel is equitably deployed.