

*Food and Drugs Act*

necessary to ensure the co-operation of the involved drug companies in an adequate participation in the program of assistance on a long term basis.

3. Only at the national level can the victims of thalidomide be assured of equal and standard treatment in all parts of Canada. Only the dominion government has the power to ensure that every one of the stricken children, whether born in a big city or in a Newfoundland outpost, receives all the help that science can provide.

4. The early acceptance at the national level of the responsibility of being the prime mover and leader when a national program of assistance will halt the growing public panic, deep personal distress and political controversy.

5. The acceptance of national responsibility will relieve the mental anguish of doctors as well as their patients, and mothers whose babies are yet to be born.

6. Parents of thalidomide babies know what the future holds for them by way of special devotion and care, as well as a lifetime of heartache on behalf of their child. They must be assured that society will relieve them of the additional burden of years of calamitous medical expense and hospitalization, to say nothing of future educational responsibilities. The national government is the best agency to assure them of the continuity of this assistance.

7. Only the national government can assure that thalidomide babies are not dealt with as welfare cases. Some of the parents of these deformed babies are middle income wage earners. They must not be faced with financial screening or a means test that will strip them of any financial resources they may have. Neither should they have to look to charitable institutions and fund drives for assistance. These parents are the unwitting custodians of the consequences of a national crisis. This is an entirely different matter than other cases of malformation in birth. If the latter is termed an "act of God" then maybe the thalidomide cases can be termed an "act of man".

8. Let no one ever forget that doctors and pregnant patients alike have grown accustomed over the years to accepting the national government stamp of approval as a guarantee of the safety of all products so approved. If this was an erroneous conclusion, then I believe it is up to the government through parliament to see that this impression is corrected. As far as drug administration is concerned, it is publicly accepted that the national government, which administers the act, must logically assume the consequences of that administration.

[Mr. Walker.]

The suggestion that a bad precedent would be set if the national government took prime responsibility for thalidomide cases is invalid. I submit that suggestion is invalid, Mr. Speaker, because the thalidomide disaster is an unprecedented situation. Surely we can look forward, as I believe we shall be able to do with the changes that may be made in the drug act, with some comfort to the thought that the thalidomide tragedy will not be repeated.

In the year ended June 30, 1962, the net profits of Richardson-Merrell Inc. Drug Company rose to \$17,250,000 from the previous year's profit of \$17,025,000. A substantial annual contribution to assist in relieving the disastrous effects of one of their products could very easily be set aside from such profits or from their massive advertising budget.

I may say that I have spoken to a number of doctors in connection with this matter. In the competitive drug market I know it is necessary to promote and to advertise. However, in case the drug companies are not aware of it, I should like to tell them that many hundreds of dollars worth of their advertising material goes in the wastepaper basket in the doctors' offices. I believe that hon. members who have had the opportunity of speaking to their own family doctors will agree with this statement. Possibly some of this money could and should be used and included in the national government's program if they will become the prime mover in this thing.

I also felt that national government leadership would do away with any possibility of jurisdictional disputes at some future date between provincial and municipal administrations. Suppose a parent who has a thalidomide baby now in one of our provinces, by virtue of the fact that the father gets a job, is obliged to move to another province. Suppose province "A" gives assistance to thalidomide victims. Suppose they have a program under which the federal government is contributing, I understand, 50 per cent of the cost. However, suppose this Canadian must move to another province which may not have such a participating scheme. This is one of the things I should like to suggest to the minister that he must take into consideration when we are thinking in terms of this overall program of assistance for the thalidomide babies.

As a result of the programs that the various health officials from the provinces are working on, I understand they are coming together again some time fairly soon to have their talks with the federal health officials. I am hopeful that the minister will feel that this is the time, at these coming talks, to go into