

corporation tax and sales tax, as well as from revenues derived from our natural resources. Our people get the benefit of their natural resources and funds derived from those resources are applied to programs such as hospital care, medicare, and so on.

Of course, we must always be vigilant in making sure our hospital and medical care programs are run efficiently and without waste of money. In the health care field I should like to see more done with regard to how doctors allocate beds in hospitals. Mr. Speaker, people do not put themselves into hospital; doctors put them there. I am told that sometimes doctors refuse to reallocate beds even when there are waiting lists. It may be that a doctor has to plant his crop on his hobby farm and wants to disappear for a week, or he may want to go fishing for a day or two. Be that as it may, he will not reallocate beds. That, it seems to me, is inefficiency. I hope that Dr. Brand, the former Conservative candidate whom the hon. member quoted, will take the lead among his medical colleagues in Saskatchewan in making certain that the most efficient hospital and medical care services possible are provided.

Saskatchewan has made specific cutbacks in other programs purely on account of inflation and the necessity to hold down costs as much as possible. It is also partly because of federal government cutbacks and fear with regard to the intentions of the federal government in coming years concerning the cost-sharing of these programs. As I say, Saskatchewan has made some specific cutbacks. These were necessary for the reasons I have mentioned. The department of health's budget of \$338 million is \$46 million above the amount actually spent last year. However, severe cutbacks had to be made in the initial budget request.

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The department asked for \$44.3 million, which was eventually granted. This included \$30 million to meet increasing costs of existing programs, and \$14.3 million to finance group programs. One cutback in Saskatchewan was forgoing the \$14.3 million to finance new health care programs, something that members on all sides of the House have been urging the federal government to do for the past several years. They might well want to pat themselves on the back for their cost-sharing in medicare, but they are still dragging their feet, refusing to take part in new health programs.

The federal government should be more involved in assisting the provinces and territories in the matter of air ambulance service. This should involve a very nominal fee for the patient, with the major part of the cost being shared by the federal government and provincial governments. Instead of this, the federal government has been cutting back. There should be new programs, or present programs should be extended, with regard to home care, nutrition education and better diets, all of which are part of health care.

We have a situation where the Minister of Agriculture (Mr. Whelan) is up to his eyes in milk, when literally hundreds of thousands of people in this country are not getting the amount of milk they need. I do not understand why that minister cannot persuade the Minister of National Health and Welfare and the Minister of Finance to start

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up a school milk program in the provinces and territories. I find it appalling that in almost every school there is a Coke machine but no milk machine. That might keep the dentists busy, but it does not do much for the children. The federal government should assist with a provincial school milk program and should pay the major part of the costs in the case of the territories.

There are many new programs that should be begun. The federal government should follow the lead of Saskatchewan with regard to pharmacare, hearing aids, dental care for children, which Saskatchewan pays for on its own. The federal government should be moving into these areas. Instead of that, they have put the provinces in the position where they must cut back on their health care budgets. I find that alarming.

The government of Saskatchewan had to carefully assess and make selective reductions in those programs where it was felt they could be absorbed without significantly limiting benefits to the public. That was not easy to do. One such cut involved the number of patient days for which hospitals will be reimbursed by the Saskatchewan hospital services plan. The government has been working with the hospitals to reappraise the personnel and budget for each. It has made some tough decisions which have resulted in some cost efficiencies.

The government has decided that further restraints must be applied to hospital spending. They have decided upon a general reduction of 5 per cent in the approved number of patient days for which all hospitals will be paid. This should not cause too much difficulty in Saskatchewan, in terms of service, because for a number of years that province has had the highest number of general hospital beds per 1,000 population. Therefore, a 5 per cent reduction should not restrict hospital benefits in the province. What I find tragic is that it should even be necessary for the provinces to have to resort to this, not only because of inflation and ensuring that the programs are operating efficiently, but because of federal government cost sharing in the health field.

We oppose Bill C-68. We will do all that we can to prevent it being passed. This is not the direction for the government to move. This is not the area to which the government should be paying attention and giving priority with regard to cutting expenses. In this legislation, as well as other legislation with regard to revenue and cost-sharing programs, the federal government is reneging; they are backing out of a deal, going back on their word. If the Prime Minister and the Minister of Finance are somewhat nonplussed or concerned about the lack of co-operation of the provincial premiers, they should take a good look at their own actions. The activities of the federal government have done more to harm confederation and national unity, as well as causing failure at federal-provincial conferences, than anything the provinces might have done.

If there is an element of distrust and lack of faith on the part of the provinces, I submit there is some cause for that. When the federal government starts to renege on a commitment halfway through a deal—and this has cost the provinces \$1 billion—naturally the premiers will be somewhat suspicious. They will look upon new proposals by the Minister of National Health and Welfare with a jaundiced eye. I do not blame them for the way they feel about these