

He said: Mr. Speaker, it gives me a great deal of pleasure to be able to put a few thoughts on the record this afternoon in regard to a matter which has caused me great concern over a long period, namely, the motion which has been standing in my name since January 12 regarding free drugs for the recipients of the old age pension and guaranteed income supplement.

At this time I should like to express my thanks to the parliamentary secretary to the House leader and his staff for their co-operation in regard to this motion. I would also express my thanks to hon. members who have stayed to either listen to or take part in this debate, because we are running against pretty strong competition: Those who stayed and did not go to the Governor General's garden party can be sure that I appreciate it.

This session of parliament has featured a reawakening of the concern by the government for the disadvantaged of this nation. There can be no doubt that this new thrust in the field of welfare has been inspired by the fact that we are a minority parliament and suddenly everybody's vote, rich or poor, counts for more than it did in the majority Trudeau administration period from 1968 to 1972. It would seem that the disadvantaged are the beneficiaries of minority governments, for their votes are important and the government finally realizes its future existence might well be dependent on their point of view and their problems.

We have already seen increases in both old age security and the guaranteed income supplement. We have also witnessed an improvement in the income available to those on war veterans allowance. We have been told that in the very near future there will be a substantial increase in family allowances. It has also been suggested that some form of a guaranteed annual income may result from federal-provincial negotiations, but the most recent federal-provincial conference of first ministers has made us aware that this panacea of social justice is not as close as some would like us to believe.

But, all in all, this parliament—at least to this point in time—can be proud of the small efforts that have been made to ease the burden of the less fortunate in this nation. Nevertheless, I find it strange that this government, with its preoccupation in the field of social justice, has not moved to introduce a free drug care program—and that is what I mean, a free drug care program—that would lighten the load of our senior citizens whose drug bills siphon off most, if not all, the additional income that has been made available to them. Mr. Speaker, let us face facts. Most of the increases in old age security in recent years have been devoured by increased rents and increased food prices. One of the sad facts of life is that when old age pensioners get an increase, the landlords wait around like vultures to extract their pound of flesh as soon as it is available.

I do not have to tell anyone in this House or in this country what an extreme hardship inflation is to almost everyone, but more particularly to those on fixed incomes whether or not they are senior citizens. My mail tells me that of all the problems facing older Canadians, the problem of keeping well is the most severe from a financial point of view. Medical science has made it possible for us to live longer. However, as we grow older it also means

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that we must accept dependence on certain drugs and medication to keep us in satisfactory health. This means the greatest drain on income in our later later years comes from the cost of prescription drugs.

During my employment as a coal miner in earlier years I had the misfortune to be injured on a couple of occasions, and I know from personal experience the vital importance that prescription drugs play in maintaining at least somewhat better health. Because of this, I can fully appreciate the extreme problems that poor health creates in so far as draining a person's life savings. Everything else increases in price, and prescription drugs are no exception. Indeed, there are many Canadians with only the old age security pension and the guaranteed income supplement who must forsake a nutritious diet because they cannot afford both the proper food and drugs. Such situations are nothing short of a national scandal in a country as rich as ours.

Some hon. Members: Hear, hear!

Mr. Muir: In order to maintain their health these people must buy drugs, yet in buying the drugs they must go short of food, which impairs their health and hampers the hoped-for recovery from whatever illness they suffer. So it is a never-ending, vicious circle. As hard as this may be to believe, it does happen. Time and time again, people have brought this problem to my attention. I have no doubt that there is not a member sitting in this House from any party who has not received heavy mail on this question. I should like to quote a passage from a letter which I received:

The last few months we couldn't get our prescriptions filled so I guess we will have to stay away from our doctors, and the house is badly in need of repairs. It's really too cold for anybody in poor health.

• (1610)

There are thousands and thousands of people living under such circumstances and suffering as much as the senior citizens to whom I have referred. There is only one way to put justice into the welfare system of this country. I urge that the government implement a plan so that old age pensioners who qualify for the guaranteed income supplement, or indeed any part of it no matter how small, are assured that the prescription drugs they require will be made available free of charge. This would erase the need for the decision presently forced on them, the toss-up between drugs and food—and they have not nearly enough of either.

At the moment the old age security pension is available to anyone who reaches 65, but the guaranteed income supplement is paid after a means test has been passed—and it is a real means test. The very fact that someone qualifies for the guaranteed income supplement or even a portion of it indicates that that person certainly does not have any spare cash to throw around. Such people should certainly qualify for free drugs. It surprises me that a government that played around with family allowances for three years suddenly was able to discover a formula, soon after the last general election, which would alleviate the problem. Why cannot the government now discover some means of guaranteeing that our senior citizens will have the drugs they require, without draining their limited financial resources? Very little has been said by the