

are still many fruitful areas for co-operation in the field of public medical care.

● (2130)

There can also be fruitful consultations with regard to the length of time people have to spend in hospitals, and these should not be just with the CMA. They are the people who put people in hospitals and unfortunately, most of the time say when they are to come out. If the health plan is in difficulty, that is where a lot of the responsibility lies. I also say that administrators of hospitals, nursing supervisors, and nursing staff should be consulted about the length of hospital stay.

Knowing how the health care system was forced on the provinces, I can only say that the minister has approached this difficult problem with a battering ram. For that reason I, at the moment, withhold my consent to the passage of this bill.

Mr. John Rodriguez (Nickel Belt): Mr. Speaker, I was glad to hear the hon. member for Edmonton West (Mr. Lambert) standing up for immigrant doctors. It is too bad his party will not let an immigrant businessman run for its leadership.

Some hon. Members: Hear, hear!

Mr. Rodriguez: However, I did not come here this evening to talk about Tory politics. The Tories have their own problems this week end.

An hon. Member: Why did you come here?

Mr. Rodriguez: I came here to pour coals on the head of the Liberal government for seeking to pass Bill C-68. This bill seeks to amend the Medical Care Act and to limit the increase in federal contributions to help meet the rising costs of the provinces. The bill imposes maximum yearly percentage increases in federal contributions. The increases are to be 13 per cent in 1976-77; 10.5 per cent in 1977-78; and 8.5 per cent after 1978. Keep in mind that under the present Medical Care Act the federal government pays 50 per cent of the cost of a province's medical care program. There is no federal funding for home nursing, dentistry, prosthetic appliances, and pharmacare. Many provinces fund these programs entirely on their own. Poor provinces cannot afford these services.

Keep in mind that the federal act provides for the addition of these services. Interestingly, the government has not added one of these services since the passage of the act in 1968. Many provinces, particularly poor ones, have been unable to extend services under the act. Any services they try to implement cost them plenty of money as they have no control over the collection of income tax.

We, in Canada, have taken for granted many of the programs we fought years to achieve. We fought hard for free collective bargaining and thought we had won that fight, only to see the government pass Bill C-73, thereby destroying free collective bargaining with its wage controls.

An hon. Member: What bill are you talking about?

Medical Care Act

Mr. Rodriguez: We fought for the right of our children to a decent, basic education, and won that fight. My party, especially, fought hard to give Canadians a decent standard of health care. We thought we had won that battle; then we find that the Liberal government brings forward a bill which will take away that hard-won right. It is doing it by cutting back federal contributions to medicare. We have seen the government destroy our collective bargaining process; now it is trying to destroy the medicare program it initiated in 1968 and encouraged the provinces to join.

I know the Minister of National Health and Welfare (Mr. Lalonde) runs around smiling like a Cheshire cat, purring that if we are to reduce health costs we must improve our life styles and environment. He criticizes the provinces for not introducing seat belt legislation which will cut down the cost of treating automobile accident injuries, and for not discouraging the consumption of alcohol and cigarettes; yet he travelled to Israel on the jet of one of the biggest liquor barons in North America.

Some hon. Members: Shame!

Mr. Rodriguez: He also suggested that the provinces should embark on programs of preventive medicine. No doubt he is correct. No doubt health costs can be reduced if we reduce hazards in the work place. But the federal government has a responsibility in the area; it cannot get off the hook so lightly.

It is true that health costs could be reduced if the provinces reduced health hazards. As I say, the federal government too has responsibilities in the area. What has the government done to improve our lifestyles and environment? Where are the tough, strictly enforced standards for air and water quality which the Department of the Environment should have developed?

Mr. Baker (Grenville-Carleton): They are non-existent.

Mr. Rodriguez: Why do we have high levels of arsenic emission in the Northwest Territories, and evidence of mercury poisoning among people living there? Why, for that matter, are unsafe conditions permitted in the uranium mines at Elliott Lake, which are under the jurisdiction of Atomic Energy of Canada Limited? Why is the government not enforcing the law and ensuring safe conditions in the uranium mines? Who is to compensate workers who have developed silicosis? Who will pay the shot for maintaining their families?

It is all very well for the minister to go around the country smiling and telling the Canadian people they must improve the environment and their lifestyles. The government can do much to improve health care; it could introduce programs of preventive medicine. But it has not done this. Instead, it inflicts on this country this particular bill.

Where can one see evidence of the model health and safety programs which federal departments and Crown corporations ought to implement? Where is the evidence of information programs for the country's industrial workers, which could warn them of potential hazards on the job? Where is the evidence of research into such hazards, and research with regard to preventive programs?