

Medical Care Act

that is not available to all Canadians. What we are establishing is a system of class distinction, Mr. Speaker, a system of inequality. Equality, after all, has to be the basis of these programs. It is the responsibility of the federal government to make sure that whatever benefits are derived from the gross national product and the sale of our resources are distributed in a manner more in tune with the needs of the various regions.

What has the federal government offered or done to earn the respect of the provinces and slow down the increase in or halt the inflationary cycle? Has it met with the provinces? Has there been any consultation, any offer to share a lower cost program? I should like to refer to the program of intermediate care facilities. My colleagues and I have spoken about this before and have asked the minister to offer the provinces a 50 per cent program to establish a system of intermediate care facilities. One of the minister's officials wrote to me and said that as early as May, 1973, the federal government was having discussions with the provinces about the establishment of such a program. Certainly the provinces would like an intermediate care program. It would relieve the shortage of acute beds in hospitals and would cut the cost of patient care in nursing homes or under a home care program by 75 per cent.

It is argued that 40 per cent of patients occupying acute hospital beds should live in some other environment. We have some intermediate care facilities for senior citizens. They are known as chronic care hospitals, institutions where a patient might occupy an acute bed for five or six years and then is sent to a chronic care facility to live out his last days.

During the election campaign in 1972 I visited some of these chronic care hospitals and talked to patients. It was a rural area, a deprived area but rich in human resources. I remember a little old lady who told me that she had lived with her husband in the city of Prince George all her life. They had run a business and brought up five children. The children moved away and she and her husband, then in their mid-seventies, were living in the old folks' home. The husband contracted a terminal illness, and there was no bed for him in the acute hospital so it was decided to move him into one of these chronic care facilities.

● (1730)

There was then no such facility in Prince George. It was decided that this poor old man would be moved either 200 miles north or 350 miles south to a chronic care facility. He had no option but to go. He chose the southern location, Penticton, British Columbia. But in Penticton there was no provision in the chronic care hospital for his wife to be with him. Can you imagine that? This poor old man was moved to Penticton but his wife had to stay in Prince George, where she still lives, her husband having passed on. She came to me and said, "Mr. Oberle, for the past two months I have been crying myself to sleep. My husband, too, is crying himself to sleep every night." Indeed I, too, find it hard to fight back my emotions when I describe this barbaric way of implementing a health care program in our country.

Can the minister say why it has not been possible to establish, with the co-operation of the provinces, a program of intermediate care, a program to serve people who

[Mr. Oberle.]

do not require acute care hospital beds or the attendance of a doctor every morning and afternoon? Why has this not been done?

Mr. Lalonde: The question was answered in my speech.

Mr. Oberle: Mr. Speaker, the minister's speech did not impress me. He tried to put the blame on the provinces and said in so many words that health care is a provincial responsibility. The provinces cannot trust the minister. He says one thing one day and another the next. The government said one thing in 1968 and another four years later. The same can be said of other programs in which the provinces have participated with the federal government. The provinces are afraid that the federal government will force them to participate in other programs and will then get out of the picture. No, the answer is not in the minister's speech. It does not explain the lack of intermediate care facilities. The minister must re-establish the confidence of the provinces, a confidence which has been eroded in recent times, particularly since the minister assumed responsibility for this portfolio.

Mr. Lalonde: Of course, you are laughing when you say that.

Mr. Baker (Grenville-Carleton): The provinces are not laughing, according to what I hear.

Mr. Oberle: The federal government, using the resources at its disposal, has taken upon itself to meddle in all aspects of our national life. The Minister of Finance is right in saying that the government does not control all expenditures included in the estimates. Some expenditures represent transfer payments to provinces. At one time such payments were transferred differently. This government considers itself as the major tool for distributing all benefits, all the wealth in this country. Everyone is to pay money into the central coffer and the government is to pay it out to the different areas of this country according to its own priorities.

We are not overly enthusiastic about the government's priorities. We do not much like the manner in which much of our money is spent. It occurs to me that, having established the medicare program which is now functioning well, the government will implement another program in which it will try to involve the provinces. I am thinking about the guaranteed income. I serve notice on the minister that the provinces will not go along with his schemes unless there are much stronger guarantees that the federal government will not pull out. The provinces are unwilling to participate with the government in programs involving so-called cost-sharing. Some day, when we can afford the guaranteed annual income, the minister may be surprised because the provinces will not run after him like little boys, eager to sign on the dotted line, unless there are better assurances that the federal-provincial partnership will last longer than in the case of medicare. The minister had better consider taking up faith healing.

Mr. Lalonde: Is that a branch of medicine?

Mr. Oberle: He had better heal the faith of the provinces in the federal government. Right now they lack faith. He had better consider how to re-establish the sort of co-oper-