work traditionally reserved for men, where salaries are generally higher. Employers will receive a training grant of about 25 per cent more to train a woman for a non-traditional job rather than for a traditional job. Post-secondary graduates will be encouraged to use their skills in stimulating professions in research and development and in applying technological innovations in areas such as energy conservation and the development of manufacturing processes.

These programs, and especially the community services projects element, will be a useful tool for those who have difficulty in finding employment or rejoining the labour market. As everyone knows, these people are mostly women.

In other words, Mr. Speaker, the programs announced on June 2 are truly innovative both in their orientation and in their approach and will offer immediately to women an income and opportunities through training and job creation. These programs are an essential step toward the development of a framework which will enable more women to be active on the labour market, and this in a greater variety of jobs and a more meaningful manner. These programs reflect a new orientation and a new initiative. With the co-operation of the private sector and non-profit organizations, they represent one more tool to help women reach their potential on the labour market, and if what we hope comes true, there is every reason to believe that they will be substantially extended in the years to come.

● (2220)

[*English*]

HEALTH AND WELFARE—MEDICARE PROGRAM—ANNOUNCED INCREASES IN PREMIUMS BY BRITISH COLUMBIA

Mr. Mark Rose (Mission-Port Moody): Mr. Speaker, I would like to thank the minister for taking the trouble tonight to show up personally to answer the question I raised the other day about medicare in British Columbia.

Some say that most modern medical practices are some combination of band-aiding and pill-pushing, and criticize them on the ground that we tend to treat symptoms rather than causes. That may be true, that may be our emphasis, but that is not really the point. The point is that we are constantly hearing people complain about the soaring costs of health care. They seldom consider, though, the cost of being sick, and fail to recognize that a healthy society is money saved. I do not think the minister falls into that category, but there was a long and bitter fight to establish medicare in this country, and when we see evidence that it is being eroded, some of us are extremely alarmed. I know this feeling is shared by the minister.

I raise this matter because the spiralling health costs of the last few years have prompted certain provinces, which now have the right through certain legislation which was brought about in 1977, to deflect money normally going to medicare to other provincial priorities. Consequently, more and more of the costs of medical care and health care generally are being loaded upon the consumer of health care, often the old and the sick, and they are often one and the same. As a matter of fact the troika of being old, sick, and poor is not at all uncommon in this country. Sure, there should be more money going into preventive medicine, into more training in terms of improved lifestyles and into advice about fitness and all the rest of it. Nevertheless, whatever the failings of medicare may be in this country, most of us are extremely grateful that we have it, and we are extremely concerned if there are indications that we might lose it.

Some people say medicare costs too much. The most recent figures I have indicate that it costs about 7 per cent of our gross national product. That is a pretty fair chunk of money in this country, but in the United States there is only private medical care, and it is a tragedy to be sick in the United States. A lifetime of savings go down the drain if you are sick in the United States. The cost of medical care there is 9 per cent of the U.S. gross national product, so ours is better, cheaper, and the envy of North America.

In my question the other day I asked if the minister would get in touch with the government of British Columbia and tell that government that its regressive, reactionary increases announced recently by the British Columbia minister of health are unacceptable to the minister because they offend the guidelines of accessibility and comprehensiveness outlined in the principles of national health care.

I would like to quote some of the figures which I read and which are associated with the costs announced. According to the Vancouver *Sun* of May 30, "Monthly medical premiums will be increased approximately 15 per cent". That does not perhaps seem alarming, except when you recall that it is 15 per cent on top of an already large increase. From 1974 to 1978 British Columbia premiums went up 50 per cent per family of four. British Columbia is not alone. In Ontario between 1974 and 1978 premiums went up 80 per cent. In Quebec they went up 88 per cent. In Alberta they went up 33 per cent.

As my party predicted during the debate on the established programs financing bill, money would be diverted, but we thought it would be the poorer provinces which would do the diverting. However, it has not been that way at all. It has been the more affluent provinces. So, naturally, we are alarmed.

To get back to the increases contemplated:

—$8.50 from $7.50 for a single person, to $17.50 from $15 for a couple and to $21.25 from $18.75 for a family.

Then there are increases for ambulances and daily charges for daily visits as well.

● (2225)

What I attempted to do in my question was to provide the minister with some impetus, some encouragement to let the province of British Columbia know how the federal minister, who is responsible for three-quarters of a billion dollars in health care, more accurately $750 million or so each year, or $778.8 million which was the figure I received from the minister's own department feels about increased user charges. During the campaign, and at the medicare conference on November 5, 1979, the minister said: