

Supply—Health and Welfare

grants, or pour special money into certain areas and at the same time withhold it from everywhere else, and of ascertaining when such a thing is not justifiable. Certainly taking an area with the highest level of income in the whole country and attempting to justify the necessity of more federal money for that area, while at the same time not giving more to other parts of the country, is a proposition which, if I adopted it, my hon. friend would be the first to attack in this house. I should like to make it very clear that there is no suggestion at the moment for emergency grants of any kind increasing the present grants to that area. We are working with the provincial departments of health in order to help in any way that is fair and possible so they can meet their responsibilities in this regard.

Mr. Slogan: I have a question I should like to ask the minister. I have brought this matter to the attention of the department, and I should like to know whether the minister can tell me that it has been solved or, if not, consideration is being given. The question relates to Indian and northern health services. As I understand the situation, when an Indian leaves a reservation and stays away for 12 months he is no longer eligible for medical services. I grew up on the old St. Peters Indian reserve from which the Indians were moved to Hodgson reserve, although a number did not want to go and remained on the old lands. These Indians are still treaty Indians living on their original lands; however, they are not eligible for medical services. Some of them have come to me and, rather than get them involved in a lot of red tape, I have provided services gratis, although I do not think that is a fair situation. The Indians who leave the reservations do so in an attempt to integrate with society, but once they leave the reserve they no longer have the privileges extended to the Indians who stay on the reserves. I think these people are particularly deserving in this respect, and that this practice is grossly discriminatory against them. Is the minister aware of this situation, and can she do something about it?

Miss LaMarsh: Mr. Chairman, I should be very pleased if my hon. friend would send me a note in this regard, and I will look into the situation.

Mr. Cowan: Mr. Chairman, approximately 20 minutes ago, the minister in reply to some comments made by the hon. member for Danforth referred to the shortage of beds in

[Miss LaMarsh.]

certain areas of the country, and pointed out that there was a woeful shortage in Nova Scotia, Quebec and Ontario, and that this was a peculiar situation in view of Quebec and Ontario being the two richest provinces in Canada. At that time I looked around this chamber and counted seven hon. members from the province of Quebec, not those who are presently here, and I was surprised that not one of those members took objection. I am wondering now how long equalization payments will continue to be made to Quebec.

Mr. Scott: Answer yes or no.

Item agreed to.

Health services—

15. To authorize hospital construction grants to the provinces, the Northwest Territories and the Yukon Territory upon the terms and in the amounts detailed in the estimates and under terms and conditions approved by the governor in council including authority, notwithstanding section 30 of the Financial Administration Act, to make commitments for the current year not to exceed a total amount of \$29,666,575, \$20,000,000.

Mr. Olson: Mr. Chairman, I waited until you called vote No. 15 before speaking because there is a statutory provision of course for contributions to the provinces under agreements entered into pursuant to the Hospital Insurance and Diagnostic Services Act, chapter 28. Perhaps the Minister of National Health and Welfare is becoming a little weary of the representations being made to her about the discriminatory action against the province of Alberta in so far as the formula used for shared programs is concerned. Mr. Chairman, so long as this injustice continues and there is no satisfactory reason given, other than that there is a disagreement in principle, we shall continue to make these representations whether it is trying the patience of the minister or not.

Throughout the past few months we have heard a great deal about something called co-operative federalism, and during July and August when the new fiscal arrangements between the provinces and the federal government were being passed through this house, this term "co-operative federalism" was used a great deal.

On more than one occasion several ministers of the crown, including the Prime Minister and the Minister of Finance, have said that the provinces have a certain area of jurisdiction and that the federal government has a responsibility to treat citizens of Canada throughout the nation in the same way. Yet we have this discriminatory action with respect to sharing the cost of hospital-