

*The Budget—Mr. W. D. Howe*

and Drugs, let alone get the 11 per cent tax removed.

• (4:50 p.m.)

It is to be hoped by mentioning this now that at some time in the fairly near future we can get down to a study of the cost of drugs because I know as a medical practitioner, that the cost of drugs is one of the most expensive, prohibitive costs patients have to put up with. In the over-all cost when a patient has an illness the primary cost is not the doctor but the drugs. Something not only has to be done about bringing in drugs as a program within a medicare scheme but for the present at least there should be some way we can get rid of the 20 per cent or more in taxation on drugs that the patient has to pay and possibly get the cost of drugs down to a more reasonable level, with a more normal and natural return for the drug companies rather than the very large profits they are now making.

It is interesting to note that in the United States the average annual expenditure of the elderly for drugs is more than double that of the average of the entire population. It is safe to assume that the same holds true in Canada. I regret the necessity of using U.S. figures but Canada is sadly retarded in the accumulation of such statistics, a fact noted also in the Senate committee report. I do not think any fault lies with the Dominion Bureau of Statistics but rather with the government in not directing the use of the facilities available, because it is well known that D.B.S. has some of the finest facilities in the world for the collection and projection of such statistics.

In the study on urban poverty prepared by the Canadian Welfare Council last November we read the following:

In general, it may be said that health problems constitute the immediate cause of inadequate income for a great many of these families. Health problems are present in over 50 per cent of the households, with 43 per cent having chronic physical problems in the family. Many of the families reported that they did not get dental or medical care they needed, because of the cost.

It was found that an average of 49 per cent of families in the four cities studied expressed "emotional barriers" to seeking medical help because of their financial status. The report went on to say that of those who sought medical treatment several expressed the feeling that they were given inferior

[Mr. Howe (Hamilton South).]

treatment, which is certainly so. It is therefore entirely a myth that all Canadians receive adequate medical care regardless of income.

Let us look at the results of this disparity in health care. Once again we must resort to United States figures but there is no reason to doubt that they represent the situation in Canada. A study was carried out by the New York city department of health on specific death rates in Flushing, a middle class section of New York, and Bedford, a poor section of Brooklyn. The causes of death chosen for the study are those where death rates tend to vary less between comfortable and poor areas than most other conditions.

It was found that the death rates for the five conditions chosen were significantly higher in the poor area. Deaths from diabetes and pneumonia-influenza were more than twice as high in the poor area. It was calculated that if the standard of care available in Flushing could be maintained across the city 13,000 lives could be saved each year. It should be remembered that Flushing is not the wealthiest area but a middle class one.

Dr. James of the health department summarized the study this way, referring to the 13,000 unnecessary deaths:

In the light of present medical knowledge, these are preventable deaths. If we measure them against the list of the most important conditions that kill our citizens each year, these 13,000 deaths rank third on the list. Consequently, in this great city, whose health record on the whole is very good, poverty is the third leading cause of death.

It is impossible to estimate the degree of disease and disability suffered by the poor compared with their wealthier neighbours but it must be staggering.

We have in Canada, therefore, a situation in which the poor are ill and the ill are poor in a self-perpetuating cycle. Their own productivity is low or non-existent and their cost to the country's economy, represented by \$2 billion in lost production, must be added to the welfare costs from which they cannot escape. The poor, while contributing in part to our overstretched productivity, are also the ones who will suffer most acutely from our present economic situation.

Our low wage earners, those on pensions or welfare, and those living on savings are the forgotten ones in our great boom. Their resources were long ago stretched to the limit and they will be unable to bear any further increases in the cost of living. We grant that the Canada Assistance Plan may provide a