

for Brant (Mr. Blackburn)—Indian Affairs—Future of Mohawk Institute.

GOVERNMENT ORDERS

BUSINESS OF SUPPLY

ALLOTTED DAY S.O.58—INABILITY OF GOVERNMENT TO INSTITUTE ECONOMIC AND SOCIAL SECURITY PROGRAMS

The House resumed consideration of the motion of Mr. Caouette:

That this House condemns the government for its failure to propose legislation establishing a social and economic security plan placing all Canadians above the poverty level.

Mr. P. B. Rynard (Simcoe North): Mr. Speaker, I would first like to congratulate the hon. member for Témiscamingue (Mr. Caouette) who brought this subject to the attention of the House. The reduction and elimination of poverty in Canada involves many facets of our society. First, we have to improve and make more effective all of our welfare programs. Second, and one of the most important, we have to expand our economy to provide jobs for the people. We must train those who have been unemployed for long periods, so that they will be able to enter the labour market. We must also reduce taxes. This involves the lowering of taxes both from a personal standpoint and a corporation standpoint. The elimination of poverty must involve a drive for adequate health services, and this is what I propose to speak about this afternoon, to help improve the deplorable, physical and psychological conditions which characterize many of Canada's poor.

The Canadian Medical Association points out that even in the most affluent nations like Canada and the United States, 20 per cent of the population or one-fifth of the people are poor, but it is this 20 per cent that suffers 75 per cent of all the major illnesses. There is talk of escalating costs in the health field. This is where we must start; this is the key to the solution.

Statistics on the health of Canada's poor are indeed appalling. A report published by Montreal City Health Services indicates that the health of privileged children is five times better than that of poor children. Many of the poor children suffer infectious disease on a ratio seven times higher than that of privileged children. Nine out of ten of the poor children eventually need hospital treatment, while only two out of ten of the privileged children enter hospitals. In other words, the cost of hospitalization for the poor is almost four times as great as it is for the affluent. This constitutes an economic problem which must be borne in mind when dealing with the cost of health care in medical terms.

• (5:00 p.m.)

How shall we meet this challenge? Obviously, we must try to prevent illness in the poorer children, and in order to do this we must see them before they become ill. A method must be devised of having these children checked in a preventive medical clinic rather than sending them to a treatment clinic or to an emergency unit in a hospital

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where they wind up in a bed costing \$50 or more per day. The economic aspect of this approach is graphically illustrated when one considers that hospitalization costs comprise 60 per cent of the total amount spent on health, whereas the hospitals meet only 15 per cent of the total demand for health services. This was emphasized by none other than Dr. LeClair, deputy minister of health, when he stated that too much money was being spent on cure and too little on prevention. He went on further to say that governments had been taking the coward's way out in their approach to health problems. I do not know whether the Minister of National Health and Welfare (Mr. Munro) agrees with him, but it does not appear that he is influencing the minister much. Incidentally, Dr. LeClair was the dean of the new medical school at Sherbrooke. According to him, it has been forecast that at the present rate of escalation health and education costs will use up all the projected gross national product by the year 2,000. So, something must be done.

In spite of the mounting expenditure in this field, very few concerned people are happy about the state of medical care today. They are unhappy about the lack of preventive medicine, about the dismal effects of inadequate nutrition. It is estimated that 40 per cent of the poor live on unbalanced diets. A better system of preventive medicine would not in itself cure all the evils. Diet has a direct effect on health. So do consumer buying patterns. Some of the labour unions in the State of New York have recognized this fact and have concerned themselves both with diet and with consumer buying. Indeed, they will provide a shopping service which takes into account cost to the consumer and dietary sufficiency. They will also ensure that adequate diets will be provided for pregnant women. Statistics show that metabolic toxemia in later pregnancy causes, among other things, one-third of all infant deaths up to the age of one year.

This leads us to one conclusion. If preventive medicine is to be practiced correctly, we must have more doctors. This is the key to the situation. It may cost \$50 for a complete check-up to prevent hospital treatment later, but if we can prevent hospitalization we shall save \$50 a day and more, depending on the length of time for which a patient is hospitalized. If a patient were in hospital for seven days, for example, he would pay \$350 or more depending upon where the hospital is located, in addition to the cost of the doctor's care and laboratory expenses. Early diagnosis, the discovery and prevention of long illnesses, would keep down hospital expenses. Many diseases, for example, cardiovascular complaints, arthritis and respiratory ailments, can be dealt with effectively if they are seen early enough. Then, there is cancer, which kills about one in seven, and which is nearly always curable if it is removed early enough. If it is not, the patient is subjected to a long period of hospitalization, suffering and death. The stakes are high.

Their key to the solution is more doctors. If there is any question about this, the report of the World Health Organization shows that Canada, one of the affluent nations, is among the worst of the lot. Russia, for example, has twice as many medical doctors on a per capita basis as we have in Canada. That is shocking. The Canadian people deserve better than that. But Russia also has partly-trained doctors called feldshers who practice factory