

decision of the federal government to abandon the commitment it made to all the provinces several years ago.

I join with my colleague, the hon. member for Parry Sound-Muskoka (Mr. Darling), in drawing attention to the shameful tactics of the NDP in this matter. That party has tried to subvert this dereliction of responsibility on the part of the federal government into a provincial election issue. I was pleased with the response from the provincial premier when he challenged the NDP to force an election on this question. As the hon. member for Parry Sound-Muskoka said earlier, the NDP has been dangling imaginary corpses before the people of Ontario and clouding the issue, instead of directing the blame where it rightfully belongs, right here in Ottawa at the doorstep of a government which has its priorities all mixed up.

It is a strange paradox indeed when the federal government complains that the money it is spending on medicare shared-cost programs must be redirected to more important programs and projects. Where in our country do we have anything more important to our people than public health. Last year I believe the federal government's share of medicare costs amounted to less than \$1 billion and it is complaining now that since the cost of medicare has risen by 16 per cent it must re-examine its role in this vital program.

I suggest that the federal government re-examine its program of capital construction of buildings which are not needed at this time. They are not needed as much as the Canadian people need a medicare and hospital insurance program. I see in a press release from the Department of Public Works that that department is planning to spend \$312 million on new construction for 1976-77, more than half of which is to go to the province of Quebec. The press release neglected to mention the new \$88 million language school to be built in St. Jean, Quebec, and when this is added to the other capital construction projects it comes to over \$200 million in public works in the coming year for that province alone.

I suggest that surely we could find the money in this year's estimates of over \$42 billion to finance an even better medicare and hospital care program. Medicare is part of the fabric of Canadian society, as important to us now as any program we have, and far more important than such programs, for example, as the extravagant, wasteful and divisive official languages program. If the current social policies of the Trudeau government were properly circumspect regarding the needs of the people, and if the government were as responsive to public need as it is to its phony, expensive and divisive policies of bilingualism and biculturalism, we would not be confronted with the present social discontent and troubles which perplex us.

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It has been suggested that, rather than scaling down federal government participation in medicare, we should be consulting right now in an effort to find ways to improve the situation. It is well known to both the federal government and the provinces that the high cost of the program can be attributed to two factors, the construction and maintenance of hospitals and the maintenance of an adequate cadre of doctors. We know that some parts of the

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country have a surplus of doctors, and we know that some provinces have a surplus of hospitals.

Now that we have gained several years' experience in operating a federal-provincial medicare program we have learned enough about how such a system works to be able to sit down and compare notes, and to devise ways of getting the same level of care at lower cost. During the life of our medicare program we have had an advantage that other countries, namely, the socialist countries, have not had in running such programs. We have had the advantage of the free enterprise system working side by side with governments in trying to get a maximum of care and services at the lowest possible cost.

If we had not had this distinctive character in our medicare system I shudder to think of what the cost would be today. In addition we have had the dedication and devotion of our scientific community, working at a disadvantage sometimes in government funding, seeking cures for diseases and seeking ways to shorten the treatment time for other diseases. With each discovery by our medical researchers we find that the requirement for extended hospital care is reduced and we find that the useful life of many of our citizens is extended.

I cannot accept the logic in the government's scaling down of federal participation in medicare, and I cannot accept the reverse logic of reducing federal support for medical research. That is probably the spot where we lose the most in setting these limits on federal spending.

I have to wonder how the federal government establishes its priorities. On the one hand we have the government reducing federal subsidies for medical research, and, on the other undertaking almost half a billion dollars in capital construction that could be postponed. We see the government holding the line on medical research, which is the same as reducing its participation, and then we hear that the government is building an \$88 million language training centre. Mr. Speaker, I place a much higher priority on the health of our citizens than I place on language training. It is almost like giving people a choice of what language they choose to die in. I place a much higher priority on medical research than I place on unneeded new public buildings.

Medical research has a vital role to play in the over-all concept of universal medicare. If it had not been for the discovery of insulin, for instance, tens of thousands of Canadians would be subject to every-day treatment in order just to survive. Because we do have insulin those people can look forward to longer and more useful lives, at little expense to the medicare system.

It has been pointed out on numerous occasions in this House that the United States government spends ten times as much each year on heart research as we spend on all medical research. The United States government spends ten times as much each year on cancer research as we spend on all medical research combined.

An hon. Member: How about the population?

Mr. Alkenbrack: I know their population is ten times ours, but in the first case I said they spend ten times as much each year on heart research as we spend on all medical research.