chronic diseases such as cardiovascular disease, respiratory disease, cancer, diabetes, arthritis, etc. We run into these chronic diseases after 40 years of age. Therefore it follows that with the increased life expectancy and the falling birthrate there will be an increase in chronic illnesses.

Perhaps in future we shall need to provide, not so much schools and recreational facilities for the kids as work for the aged who are able to work and homes and hospitals for them when needed. Therefore, medically the problem is to prevent the onset of chronic disease as long as possible and to rehabilitate people if possible, even those 65 or over who have suffered from disease, if it can be done. As I said just now, sicknesses and hospital admissions are three times greater for older people than for younger persons. I suggest to the Minister of National Health and Welfare (Mr. Lalonde) that economics demands that more research be undertaken in the field of aging. Chairs in geriatrics should be established in medical schools and should be similar to chairs in pediatrics established just over half a century ago.

● (2200)

Research should be carried on from childhood to old age. When, and why, does arteriosclerosis set in? What can be done to delay its progress by treatment and diet, and that of many other diseases? When studies show that 50 per cent of a group of young men 20 to 30 years of age who were killed in action had evidence of arteriosclerosis, it is time research endeavoured to find out what we can do about it, what is the cause and whether it can be prevented. Geriatric medicine must stimulate research to prevent illness, suffering and loss of manpower. We lose many people at the peak of their earning power because of coronaries and so forth. Within the past two months in my home town we lost two dentists, both around 50 years of age.

I am sure the minister is aware of this problem. I urge him to make available the money and the leadership to establish geriatric chairs of medicine so that we may prevent, not only the huge economic loss of men and women at the peak of their earning power in their forties and fifties but we will meet the challenge of an aging population. I say to the minister or to his parliamentary secretary, give the necessary leadership and the funds to establish with the provinces the necessary teaching and research so that people may continue to work and enjoy good health, even well beyond their retirement age, happily adding to the resources of their country in the sunset of their lives.

It is not enough for the minister to say this is a provincial matter. He knows that the whole economics of this social structure may be threatened. This social structure has been built up by the federal government and no one else. There is not only that, but the increased costs of medical care and hospitalization fall in the national medicare field. This he knows. Action and leadership must be given or we will find ourselves floundering in a sea of enveloping social discontent and unrest, unable to meet our social liabilities to those we have promised to look after.

Mr. Norman A. Cafik (Parliamentary Secretary to Minister of National Health and Welfare): Mr. Speaker, I listened with great interest to the remarks of the hon. member for Simcoe North (Mr. Rynard). There is no question of his concern for the aged of this country and the problems that are unique to their particular group in society. The health resources fund is being used to build high quality educational and research facilities from coast to coast for the training of all types of health manpower. The greater part of this national investment is being used to develop our 16 university health sciences centres. These centres include, of course, teaching hospitals and ambulatory care centres where training in geriatrics is possible.

Since 1966, when the health resources fund became operative, the total output of physicians from Canadian medical schools has risen and is rising dramatically. In 1966 we produced 881 physicians, and in 1972, 1,292 physicians. Plans for 1978 indicate an output of 1,904 physicians. Furthermore, increased immigration has added to our supply of physicians in Canada to give us at the beginning of this year a total of 34,508 active physicians, which is equivalent to a physician-to-population ratio of 1:633.

The decision as to the use of our education institutions is, of course, for provincial governments to make, and I believe they are making good decisions. We are endeavouring to help them make their decisions by determining what the actual requirements are for physicians of all types. A task force in our department, making use of the unique information arising out of the medical care program, is working closely with a committee set up by the national physician manpower committee, and with each of the specialty associations, to come to a more precise understanding of requirements. This would include, of course, requirements for physicians with specialized training in geriatrics.

Probably the best person to care for older people is the family physician. We are fortunately experiencing in Canada a change in attitude and a swing of the pendulum away from the traditional specialities. More and more of our new graduates are moving into family practice after taking a two-year residency training program in family medicine. We should be grateful to the College of Family Physicians of Canada for its leadership and dedication in this important area and to the faculties of medicine for developing the residency training programs. With all these things happening in Canada through the collaborative method of governments and other concerned agencies, I believe we can look forward to better care for our older people. Our department is cognizant of the tremendous needs in terms of the health care of and the unique problems faced by our elderly people in Canada, and as a federal government we are doing everything within our jurisdictional power to solve these problems.

VETERANS AFFAIRS—DISPOSITION OF UNUSED PORTION OF GEORGE DERBY HOSPITAL SITE, BURNABY—PARTICIPATION BY MUNICIPAL REPRESENTATIVES IN NEGOTIATIONS

Mr. Stuart Leggatt (New Westminster): Mr. Speaker, this afternoon I asked a question of the Minister of Veterans Affairs (Mr. MacDonald) which was really in two parts. First of all, I asked whether he would see fit to invite the municipalities of Burnaby to participate in negotiations for the transfer of a very large area of land, some 200 acres, in that municipality. I also asked whether