

*Health Care*

that the federal government does not see the need for adequate reform and financial help? Canadians spend \$300 million annually on prescription drugs, yet how many people can afford them, especially those with low income and those on pension? Canada, unfortunately, has the highest drug prices in the world, due to the drug manufacturing industry which is very monopolistic and lacks competition, and to the lack of adequate federal legislation.

How, in light of these problems, can the federal government say that things are all right and that it now intends to withdraw from the financial commitment it assumed in the past? How can it say there is no need for a national plan to effectively increase the health care standards in the country, and that it intends to leave this field to the provinces? There is much to be done, and I am afraid that if we leave it, to the provinces we may have no guarantee that each province will make health care its number one priority.

We know that today provinces are beset with all kinds of costs related to things such as roads, job programs, and so on. Perhaps the richer provinces will be able to get by and expand their medical care programs. I have in mind provinces such as Ontario, Alberta and British Columbia. However, when we look at the record of the Conservative government in Ontario, I have my doubts about that province. But what of the poorer provinces, especially those in the Maritimes, and Quebec? The result is that if they are lucky they will be able to maintain the services they have, but may not be able to expand into areas where Canadians need some aid.

What happens to the concept of federalism which the Prime Minister (Mr. Trudeau) so fondly speaks about? How can we end the inequities which exist between the east and west coasts if we have a national health care plan which relies on the provinces to do the best they can with the finances available? I consider it a national disgrace that a country as wealthy as Canada cannot even match the health schemes of some of the poorer western European countries such as the Scandinavian countries, Britain and even Israel. There is need for effective action. There is need for federal government financing for medical care in this country.

The first thing that is needed is a comprehensive, fully publicly-financed medical care program covering not only hospital and doctor's services but also dental costs, private duty nurses, therapists and paramedical people, as well as a program that will deal comprehensively with optical care and ambulance service. Second, there is need for financial assistance to the provinces for the building of more community health clinics. I represent a constituency that was a pioneer in this field. It took the labour movement to get it under way. A health clinic was established to promote preventive care for people before they had need of a doctor or a hospital.

More funds are needed for hospital construction in the provinces. A rich province such as Ontario now is cutting back on its hospital construction program. It is here that there is need for more federal financial aid. Third, we need a program to reduce the cost of prescription drugs in this country. We should establish a Crown corporation to manufacture and distribute generic drugs in competition

with private manufacturers, in order to help bring down the high cost of drugs.

Fourth, we need a system of cash benefits for sickness, to compensate for loss of income through illness or accident not covered by workmen's compensation. Fifth, there is need for more financial assistance to the provinces for the education of doctors, dentists and paramedical personnel. I think that is an area which is neglected. If we had more paramedical personnel, they could be handling some cases of sickness rather than tying up the time of high-priced doctors. All these areas need to be expanded, and I cannot see how we can do it under the proposal of the federal government that has been so wisely rejected by the provinces and most members of the House.

● (1640)

In conclusion may I say that too much needs to be done to cut back now. We need a comprehensive national health program, and we need federal aid to the provinces on a continuing basis. We need the guarantee of the federal government to pay 50 per cent of provincial health costs. We hear much about the rights of Canadians these days, but there is no more basic right than the right to good health. I say to the Liberal government that it cannot shun its responsibility in this field and hope to retain the confidence of the Canadian people.

**Mr. Norman A. Cafik (Parliamentary Secretary to Minister of National Health and Welfare):** Mr. Speaker, may I begin by referring to this motion and the comments of the hon. member for Sault Ste. Marie (Mr. Symes) because he was the most recent speaker. I would say that there are really three elements involved in this motion. The first is that there is regret expressed by the mover of the motion, the hon. member for Nanaimo-Cowichan-The Islands (Mr. Douglas), that we are going to change the present cost-sharing arrangements in respect of the medicare and the hospital care program.

I can understand his concern in respect of that matter, because they have been very successful programs, but at the same time I hope all hon. members will bear in mind that the motivation is only to bring forward suggestions for change in the cost-sharing arrangements and in the formulae in regard to these two programs. The motivation for change is brought about primarily because of a series of federal-provincial conferences on this subject which have taken place over the last 30 months. Constant attention has been brought to bear on this subject by the provinces and by the federal government, and there is a wide degree of unanimity in respect of the need to adjust the formulae to allow the provinces to have an input in terms of their own priority in respect of health care services.

It is very important to underline the fact that in the present arrangements the provincial governments are forced almost by necessity—because we share on a 50-50 basis—to spend more money in the area which is most expensive, such as hospital acute care beds, and so on. In other areas where they want to enter into extended services for ambulatory care and other types of preventive medicine, we do not have arrangements to allow them to do this. It is in response to their request that we are trying to make the program more flexible.