

Medical Care Act

said. We know that the cost in respect of the priorities of this program will be borne by the provinces. That is the avowed intent of the government.

The government said to the provinces in effect that it would suck them in during 1968-71, and now the government is saying it will cast them off. Now it asks the provinces to increase their taxes. One of the members on the government side said the other day this would increase the cost of taxes to the federal government, that it would cost the federal government more. He did not express any concern about the provinces. Quite frankly, when it comes to the health of Canadians I am really not disturbed about the increased cost, because this increased cost is not reflected in terms of the physicians themselves and those who deliver health to Canadians but is reflected in the cost of construction, maintenance, and operation of the institutions where patients are housed, treated, and cared for. These are the areas to which we must address concern.

The government has acknowledged that it has had 377 different reports and proposals dealing with possible ways to cut health costs. Where are these reports? As I said the other day, they are in the archives. They are never referred to any more. My dear members on the other side of the House, all I ask you to do is a little home work. Why does the minister, with all the expertise he has in his department, not ask his people to go to the archives to find out what reports the government commissioned some years ago, at which it has never bothered to look? Do you not think it is about time you did some of your own home work?

● (2130)

I can just see that right after this bill we will be faced with a new one from the Minister of National Health and Welfare. I will be called some glorified term like guaranteed annual income. Imagine what effect that will have on Canadians. Whoopee! And then what—some kind of deterrent fee or some kind of increase in taxation five years down the road because all of a sudden we will find that the entire program has been mismanaged and will cost more than anticipated? That is the road we will probably take. That is the traditional road we have been taking for years.

Let us discuss the cost of health. Where are we faced with the increase in the cost of health? Why are we facing an increasing cost of disease? I think it would be a very noble gesture on the part of the government if it started encouraging amongst the physicians of Canada the attitude of promoting health and treating healthy people to ensure that they remain healthy, rather than waiting until they are diseased and treating them at that time.

I do not pretend to be an expert in this field, and perhaps I should not comment too extensively, but certainly we are aware that now we are dealing with new diseases which cost more money. The other day the hon. member for New Westminster (Mr. Leggatt) complained about the cost of equipment for the treatment of the sick. He said that we have all these fancy X-ray machines, exotic laboratory equipment, and diagnostic tests, and that they cost so very much. Dealing with one specific example, that equipment is one reason why the hon. member for Brandon-Souris (Mr. Dinsdale) is with us this evening. If that equipment had not been developed and was not being used, Dr. Fitz-

[Mr. Brisco.]

gibbon and Dr. Keon would not have been in a position to have done anything for the hon. member for Brandon-Souris. That is why the so-called exotic equipment is so necessary today. Is there an hon. member in this House right now who would not be prepared to submit himself to that exotic equipment if he thought he had an enormous aneurism in his aorta, or some other heart diseases? Of course not. He would be rushing to it, and why not?

Much of this equipment has been the dividend returned by the government investing in Canadian researchers who have developed the means to treat the diseases which we face today and diseases we will face in the future, which we probably know nothing about. If hon. members bothered to look at the annual report of the National Research Council they would find it to be a most challenging and interesting document. Perhaps the words are big and strange, and perhaps the descriptions sound so scientific that there might be difficulty understanding them, but if hon. members had an opportunity to scan that document, they would realize what the tax dollars of Canadians, spent by the government on research, have achieved for Canadians. However, how much better it would be if that volume were twice as thick. Why should it be necessary for the government to change its priorities and move away from the health field into other areas? That is the wrong direction in which to travel.

Mr. Alkenbrack: They want to build more buildings.

Mr. Brisco: That is right. The priorities seem to be the construction of more buildings and the creation of a greater, better, bigger and more expensive bureaucracy. Today more than ever before we are becoming aware of new industrial diseases which challenge the imagination of researchers, physiologists, physicians and others. These industrial diseases were not really known to the scientific community a generation or two ago. They are the result of new, exotic chemistries which have been introduced into industries, particularly into the petro-chemical industries. There are various types of plastics, foams and fibres which are creating disorders which we have never seen before.

Of course we still have the older industrial diseases which we have recognized but which we have not been in a position to treat before. We are just now learning to treat them, and we are just determining now the effect they have on the system and how dangerous is that effect. Diseases such as silicosis have been around for years. There is asbestosis and lead poisoning, and of course there is another new one on the medical scene and on the environmental scene, mercury poisoning, in at least two existing forms. When it occurs naturally it is environmental and we really know nothing about that. We do not even know how that mercury gets in to water, whether it is leached out of the soil or in what fashion it is ingested by fish. This final form comes to the human being who eats that fish.

We really do not know very much about the chemical induction of mercury other than that we know its source in the form of the leaching process in pulp mills. These are new disorders, yet we are talking about cutting back on the health care delivery system. We are talking about pushing these costs for all these new disorders, let alone the old ones, on to the provinces. How can we expect the