setting that has made it impossible to rationalize our health care system and to identify specific problem areas, to set important goals, to set long term objectives, and to decide on the specific program content designed to reach specific populations or programs.

In an effort to break away from these conventional methods of classifying diseases or health into specific categories, such as public health, mental health, dental health, etc., I described a new framework dividing health into four main entities. The first was health care organization and management; the second was human biology; the third, life style health; and the fourth and most important, the one we are discussing today, environmental health.

For those who are interested I would refer members of the House to an excellent article that appeared in the Canadian Medical Association Journal of February 1973 written by Bert Laframboise, who describes this concept in far more detail. Some of you may well be interested in that particular article.

As I indicated previously, this framework permits us for the first time to rationalize our health care system and, what is more important, it prevents us from ignoring any factors that have a deleterious effect on the health of individuals. It is this latter point that is not appreciated by the minister responsible for this bill. Indeed, if it were otherwise, we would be debating a bill encompassing the entire area of environmental health matters.

To put this in its perspective let me briefly review the four categories to which I have alluded, emphasizing in particular the environmental health component which is a subject matter of this bill and which has relevance and importance to the comments I will make.

First, let me turn to health organization and management. This is the traditional component of which all of us are aware. It is the category that contains all aspects of health, manpower, location, the availability of all facilities including hospitals, nursing homes, clinical group practices, etc., and the relationship of people and resources in the health care field. It is that traditional part of health care organization as we know it which encompasses about 95 per cent of the funds for medical services.

I think it is clear that this category has been the primary consideration of all our thinking today. In the past, emphasis has been placed on the building of hospitals, the training of a greater number of professional health personnel. We have enhanced the myth that good medicine equals good health. Further, we have preoccupied ourselves at times with measuring deficiencies in this area through numerous federal and provincial studies, reports and recommendations ranging from the Royal Commission on Health Services, the Hastings Report on Community Health Centres, and the most recent report which was tabled in Ontario.

What is frequently overlooked is the fact that most of our efforts in this field have been, and continue to be, related to the actual discovery and treatment of specific disease processes. Preventive aspects of medicine have frequently been deferred. The minister referred to this earlier and I commend him for this.

Time does not permit a detailed discussion of health care organization and management, but of course there are some clearly defined areas in which we need federal leadership and where problems must be resolved, areas such as physician manpower requirements, health costs, computer technology and regionalization of health care. Perhaps at some later date we can go into these in more detail.

The second category to which I referred earlier was human biology. It includes all aspects of the organic makeup of man, including all relevant research with clinical application and research to improve individual patient care. I should point out that this party has long recognized the importance of medical research and during this session, with the support of some hon. members to my left, we have attempted to have the Minister of National Health and Welfare (Mr. Lalonde) reverse his position with respect to inadequate funding of the Medical Research Council.

May I say that I find there is a similarity between the recent debate on the Medical Research Council and the debate on the bill presently before us. In both instances, a fundamental issue has not been recognized and appreciated by the respective ministers. In the first instance, the Minister of National Health and Welfare has not recognized that medical research, medical education and the health care of Canadians are inseparably interrelated. I must point out unequivocally that a viable medical research base is essential for excellence in medical education and, what is more important, fundamental to the delivery of quality medicine to all Canadian citizens. With respect to this bill, the Minister of the Environment (Mr. Davis) has not recognized and does not appreciate the magnitude of environmental health problems because he is limiting himself to one particular small area.

Now I should like to turn to the third component of this concept to which I referred, namely, the so-called life style health. Life style health refers to those aspects of health over which individuals exert decision making and control. It is quite clear that these decisions are influenced by value systems highly developed within each individual and influenced to a great extent by widely accepted social and cultural determinants.

Many of the past disease categories which were physical in etiology have been overcome and are preventable. We recognize that there is still much to be accomplished in this area, but we also recognize that by looking at the life style factors and the potential years of life a great impact can be made if we put greater emphasis on life style health.

Let me give two or three examples to give some idea as to what I mean by life style health. If tomorrow we could eradicate all cancer in North America, we would increase life expectancy of all citizens by about three years. If tomorrow we could have every Canadian at a normal weight, we would increase life expectancy by between eight to nine years. This is an example of life style health. Look at the principal causes of death for men between the ages of 45 and 64, which are lung disease, bronchitis, emphysema, heart disease and cirrhosis of the liver. Of course we know what the principal precipitating factors for these diseases are: smoking, overeating, high fat food intake, excessive consumption of alcohol. Of course, now we are talking about life style type habits.