

any longer. This is ironic when we find that by closing the psychiatric hospitals and reopening them as mental retardation centres, total costs will increase by \$650,000. Aside from the stupidity of this provincial action, this serves as a glaring example of the type of situation that can arise out of federal initiatives such as contained in Bill C-68.

One of the underlying assumptions of this bill—and the minister responsible for it restated it during his third reading remarks—is that the government saw a need to increase the efficiency of shared-cost programs. This bill would have the effect of forcing the provinces into steering away from expensive hospital care and toward less expensive forms of treatment. Those are not my sentiments, but those of the minister. Nothing could be more callous, if we take into account the fact that the provinces have been carrying about \$1 billion in those less expensive, preventive medical programs without any assistance from the federal government. I think that is a very important point.

While I would agree that we must start to change the health delivery system, that is, get into lower-cost forms of treatment, the federal government has done virtually nothing in this regard. When the province of Ontario decided to close hospitals arbitrarily, there were no alternate plans made to take care of those who needed some form of treatment. I agree that it was wasteful and inefficient to keep people in active treatment hospitals when they should have been in lower-cost nursing homes. But no steps have been taken by the government to ensure that enough nursing homes are built to accommodate those who require them.

We could go a long way toward reducing health costs if the federal government worked hand in hand with the provinces to institute lower-cost services. This simply has not been done. Provinces which have these services have instituted them on their own. Therefore, we have a situation in this country whereby the wealthier provinces, if they so choose, can initiate these moves on their own and provide adequate health care. The poorer provinces, on the other hand, simply have to do without. This, again, is not what I call co-operative federalism. It is not the real kind of federalism that we should have in this country.

The Minister of National Health and Welfare is well aware that preventive health measures would do much to reduce our health costs. After all, it was he—according to his statement of about a week ago—who was the author of the booklet "A New Perspective on the Health of Canadians". I shall not go into some of the suggestions made in it; other members have already done so. The only point to be made here is that while he eschews the virtues of preventing various illnesses, he, through his government, will not undertake to provide adequate funds to begin programs which would do much in the way of preventive care. Again, I need only remind this government where the funds came from to initiate dentacare and pharmacare in some of the provinces.

Within the context of preventive health care, it was interesting to note that on June 15 this House discussed a motion in the name of the hon. member for Athabasca (Mr. Yewchuk) criticizing the failure of the government to give adequate priority to health research funding. That motion was very significant with regard to the bill we are debating today. I suggest that this is not out of order. If we

Medical Care Act

examine the government's record of performance regarding research in general and medical research in particular, we see that there has been a slow but steady erosion of the research dollar on a pretty well continuous basis since 1971. In fact, this year, with the freeze on research funds, the total value of current dollars available for research is down considerably.

What this means in terms of our long term health costs can best be summed up by the comments made by Dr. H. Arnold Steinberg who is the chairman of Canadians for Health Research. That is what this bill is about, and it is why I say I am in order, as was the hon. member who spoke before me. Part of Dr. Steinberg's letter was read into the record on June 15, but it bears repeating during this debate. He said:

The quantity and quality of medical research affects every Canadian in two principal ways (1) it is the only practical answer to reducing health care costs—

I repeat—

—to reducing health care costs by finding cures to those diseases which randomly strike thousands of people necessitating government expenditures now in excess of \$7 billion annually.

If the Minister of National Health and Welfare is at all serious about preventive health care, I would ask him to question his colleague, the Minister of State for Science and Technology (Mr. Drury) about his priorities. Why has he frozen research funds? The second point in Dr. Steinberg's letter, the freezing of medical research funds, was covered when he said:

—has caused a major cutback in medical research activity... this will have a profound impact on hospital care and the quality of teaching medicine across the country.

Both arrangements will be adversely affected. We have in this country a situation whereby one minister—the Minister of National Health and Welfare—makes pious statements about the need for preventing health care measures, while another, the Minister of State for Science and Technology, subverts this by failing to provide the needed money, which in the long run would save us money in the whole field of health care.

Mr. Speaker, one of the major conclusions that was reached by members of the opposition during the debate on health research funding was that this government, no matter what various ministers say, has not grasped the idea that the future of hospital economics is clearly bound up with the future of medical science and technology. The Minister of National Health and Welfare showed this lack of comprehension when he said the following in a speech delivered to the annual meeting of the Canadian Nurses' Association a few days ago:

● (1440)

The country cannot afford for very much longer the type of rise in health costs that it has experienced in recent years... it has been shown that pouring money into health care does not translate necessarily into better health.

He went on to suggest that quality of life is the critical factor in health as well as the avoidance of unnecessary illness and premature death. In other words, individual Canadians should assume more responsibility for their own well-being. However, as I have stated before, this is only part of the solution. Frankly, I think all individuals