

Medicare

because I believe that from then on, universally acceptable formulas must be sought to meet the health needs of all Canadians. In fact, what is the point of asking the government to try and work towards developing this country's economy if, basically, public health is not adequate?

Therefore, to summarize what I have just said, I have noted plenty of objections, say about ten, that I would like to put forward briefly to express my point of view.

For instance, it was suggested that the bill was to be used for electoral propaganda.

This does not surprise me, it does not scandalize me, for were the plan not carried out by the Liberals, it would be carried out by the Conservatives, by the N.D.P., or by the Créditistes. Then, I think it is impossible to expect that politicians who are concerned about the next election will never engage in electioneering. Therefore, this does not impress me in the circumstances.

Then someone claimed that it was not going quickly enough, that 1968 is a quite remote date. No, Mr. Speaker. I am of the opinion that the theory of the Minister of Finance (Mr. Sharp) was quite justifiable, for if the financial situation of the country is such as they say it is—and I believe it is so; besides we have evidence of this in all the newspapers, and this situation prevails not only in Canada but throughout the world—it might be wise to postpone this legislation. Therefore, his argument is a valid one. It is sound also because it was precisely suggested that all the provinces were not in agreement. There are still five or six of them which do not agree with the plan as it is; they may agree with the principle, but not with the plan in its present form.

Therefore, it may well be that the one- or two year delay for the implementation of the plan will provide an opportunity for all competent authorities to get together and reach an acceptable solution. It was suggested in other places that this is socialism. Well, I am for private enterprise, but inspired by the principles of the great masters of the religion I practice, that is the religion of the Pope and of the bishops, I am also ready to accept a mitigated form of socialism in the field of human needs. For instance, I would probably not accept socialism in trade or industry, or at least, not in all spheres of trade and industry, but as far as basic needs such as health and education are concerned, socialism does not worry me much, especially if we always remember that, in the field of health

[Mr. Mongrain.]

and education, we will have to leave most responsibilities in the hands of provincial authorities.

• (3:10 p.m.)

It is said that the plan was not intended to be compulsory. Evidently, that depends on the meaning of the word "compulsory". In my opinion, it would be unthinkable to force people to receive medical treatment at one place instead of another. But when national health is at stake, surely we can set some requirements so as to be sure that the careless ones, those who do not care for their health, would not contaminate the others. Therefore, we should be forced to contribute to the plan to some degree, but this obligation will have to be flexible, so that it does not become slavery.

Mention has been made of the shortage of doctors. The matter is serious, and it is a fact. There is a shortage of doctors but, to my mind, that is no reason to delay the passing of the act, for I know efforts are being made to train more doctors in Canada. I see, precisely in the passing of that act, a stimulant toward greater efforts; who knows, it might soon spur the government into granting the universities more assistance toward training better qualified and specialized doctors. I fail to see in the argument a reason to delay the bill. I therefore feel that the Conservative amendment becomes a dilatory amendment; on the other hand, if the argument is serious, it still is no reason, in my opinion, not to pass that legislation.

It has also been said that it would be very costly. Can we afford it? Will the people not overdo it? Of course, it will cost a lot. But I agree with the Hall commission when it says: if we can afford to spend between \$600 or \$700 million a year on tobacco, if we can afford to spend \$700 million on liquor and beer, we can certainly afford to spend \$400 million, or rather \$800 million the contribution of the provinces included, to safeguard national health. Nor is it a serious argument. It is merely a matter of knowing when, under the present circumstances, the act can become effective. I say, therefore, that the hon. Minister of Finance and Receiver General (Mr. Sharp) has found an acceptable compromise. With regard to this argument, I should like to say something which struck me when it was mentioned earlier: that the provinces known as rich should forget a little their so-called constitutional demands and remember that we are all interdependent to a certain extent and that if, for example, we