

services the government would have introduced in its budget at some time in the past, or would have indicated it intends to do so in its next budget, some way of collecting more revenue in order to ensure that essential services like medicare are continued. This it has not done.

There are, of course, many benefits that the government provides to industries. These kinds of welfare payments are not being reduced in any fashion. Therefore, Mr. Speaker, one must conclude that Liberals have their priorities somewhat wrong and are to be criticized for lack of sensitivity and understanding of what the true national priority should be. I hope that answer satisfies the hon. member.

Mr. Broadbent: A very good answer.

Mr. Kaplan: Will you take it up tomorrow morning?

Mr. Saltsman: I would be very pleased to take it up tomorrow morning. If I could get unanimous consent of the House to continue beyond 40 minutes, I should be very glad to take it up this evening; otherwise I will do so tomorrow morning. I would much have preferred to speak 10, 15 or 20 minutes.

● (2010)

I am sure there are others who would have agreed with me that I should have spoken for a shorter period had I felt that, in that period, the sense of what I was saying and the importance of maintaining a commitment to medical care had gotten through to the government or at least to the acting Prime Minister, that very distinguished gentleman. If he would rise in this House, say he has listened to the arguments put forward by the opposition, say he understands what we are saying and that he is prepared to defer the passage of this legislation and indicate to the House that he will wait until he meets with the provinces, then I would be glad to sit down with the feeling that I had accomplished something of value in putting forward these ideas. However, there does not seem to be any intention on the part of the government to engage in this debate or to rebut any of the points put forward by the opposition. I guess the word is out to the backbenchers that they should not offer any encouragement.

I am rather surprised that the hon. member for Pontiac (Mr. Lefebvre) was so generous with me. He is a very able fellow. I think he deserves to be in the cabinet, but I wonder what this will do to his chances of being in the cabinet.

An hon. Member: You are a constituent of Pontiac as well.

Mr. Saltsman: If I were a constituent of his I would be writing to him every day.

An hon. Member: Telling him to smarten up.

Mr. Saltsman: I would be more polite. In Waterloo we are more straightforward; we say things straight. I would have told the hon. member for Pontiac that I understand the whip has told him not to do anything to delay the passage of the legislation but that I would think a man of his intelligence would not go along with that and would

Medical Care Act

rise in the House of Commons and would point out that medicare is one of the best programs that has been introduced in this House.

I would tell him that I think he should take some pride in the fact that the Liberal Party introduced it, after some prodding over a period of 35 years by the NDP. I would tell him that nevertheless this is something for which he should take credit. He should say that this is good legislation and that they intend to honour the commitment made to the provinces at the time it was introduced. I might, even under those circumstances, vote for him as my member—it would be very unusual for me to do a thing like that—because under the circumstances this would be justified. I believe there are many members on the other side of the House who do not feel very comfortable with what the government is proposing.

Mr. Nystrom: Like Gus MacFarlane.

Miss Nicholson: Pick on me for a change.

Mr. Saltsman: I would not pick on the hon. member for Trinity (Miss Nicholson). She has had a distinguished career in the field of social services. I am sure she has a deep concern for the people who will be affected by the cut-back in medicare because she knows that while we have not really been able to close the gap in income between those at the bottom and those at the top one of the things we have been able to do is give at least equal medical services to every person in this country.

The only real advance we have made in this country in the fight against poverty has been in the provision of services to people. Medicare is an equalizer. In order to obtain medical services in Canada today one does not have to have a great deal of money. Everybody is covered in respect of medical services, and to that extent this is an area in which we have total egalitarianism. I think the hon. member for Trinity would agree with that. I would certainly welcome her participation in this debate so that she could give us the benefit of her advice in order to reinforce the points we are making on this side of the House.

It seems that my comments have satisfied the members of the House. There does not seem to be any desire to ask any further questions. I think I have satisfied my commitment to the hon. member for Winnipeg North Centre (Mr. Knowles) in respect to the 40-minute limit, and therefore I shall thank hon. members for the careful attention they have given my remarks.

Mr. A. D. Alkenbrack (Frontenac-Lennox and Addington): Mr. Speaker, the debate on this bill takes me back a few years to the time when the Prime Minister (Mr. Trudeau) was revising old federal-provincial programs and inventing new ones. At that time the clarion call was for medicare. The provinces were asked to opt in but they were told that they could opt out. They had a choice. The shoe is now placed on the other foot. Now the Prime Minister is saying that the government wants to opt out.

It would have helped a bit if the Prime Minister had called for consultation with the provinces before tabling this bill. But typically the provinces found out about this proposed cut-back by the government only after the bill was finalized and tabled in the House. There have been