They go on to say:

Poor people . . . get sick more easily and oftener than well-to-do people. Because they are poor, they cannot afford to buy adequate medical care. And if they live in a poor county there is not enough tax money available with which to buy medical care for them. Hence they tend to get sicker and consequently poorer. The more poor individuals in the county, the poorer the county. In the end, there are so many sick people who cannot afford a doctor that the doctors begin to complain about the competition of the free clinic—if any—or even to move away. Whereupon more people get sicker and poorer, poorer and sicker. . . .

A similar record could be written about conditions in Canada. The legislation which is now before this house is not going to provide a single hospital; it is not going to make possible the spending of even ten thousand dollars to carry out the research work advocated this afternoon by the hon. member for Portage la Prairie (Mr. Leader). I thought, after hearing him on two occasions, and considering the very small amount of money which would be required to consider carefully all the claims made by the hon. member on behalf of Doctor Davidson, that this government would have little justification for not making the necessary appropriation under the War Measures Act to conduct the investigation. The amount required would be very small. I understand that the Minister of Pensions and National Health (Mr. Mackenzie) indicated that the Department of Justice had indicated that such an appropriation would be irregular.

Apparently the government is following the same sort of policy followed in connection with old age pensions. It is not introducing a programme with a view to giving Canada the best possible medical services at the earliest possible date; the policy seems to be to do as little as possible. When one considers representations which have been made by organizations like the federation of agriculture and the Canadian Congress of Labour it would seem that these lay organizations are more progressive and have a clearer grasp of the problem. The federation of agriculture in a brief presented a year ago stated:

The large majority of the people are unable to pay for adequate medical care with its rapidly increasing scope and costs; while at the same time, those who give the services are not receiving a just remuneration. This state of affairs is having a serious effect on the welfare of our dominion.

And further now:

Health is a national problem which is becoming more and more evident under the stress of war conditions. The responsibility of the federal government in calling on man and woman power from all classes entails federal responsible for the people's health. . . .

A national health plan would encourage a strong national sentiment. Confederation was intended to foster a national economy. There is now urgent need to revive this interest.

The Canadian Congress of Labour presented one of the most critical analyses of the proposals which had been submitted by the government. They took strong exception to the proposed plan of financing the scheme and they point out:

The congress believes that the only equitable method of financing health insurance or health services is by taxation based on ability to pay. The whole cost should be met out of the proceeds of steeply graduated income and inheritance taxes levied by the dominion. Any other system is bound to be unfair as between different classes of contributors, and bound also to penalize the poorer provinces and delay their adoption of this scheme.

In justifying his proposals, the Minister of Pensions and National Health (Mr. Mackenzie) said:

It has been suggested that a completely free or non-contributory system should be adopted, but it is considered that such a system encourages the pauper mentality and may create a delusion that the public purse is bottomless thereby encouraging extravagance and maladministration. It is more consistent with the dignity and independence of man that he should purchase the necessities of life with his own money. Under a contributory system of health insurance, benefit becomes a right and not a charity. Moreover, the beneficiaries who are contributors feel a sense of responsibility in regard to the cost of services and administrative procedures.

I wonder if there is anyone who would suggest that the soldier, sailor or airman should pay for the medical and dental services he receives? Is there any suggestion that they are paupers when they accept medical and hospital services provided for them? Is there any question about the type of service given? Recently I visited the R.C.A.F. station at Dafoe, Saskatchewan, and while there the air ambulance came in from Winnipeg to take back an airman who was in a serious condition. He was to be taken some four hundred miles. There was no question about costs; it was considered to be in the public interest that that airman should have the best attention which could be provided and that care was available in Winnipeg. While they had an excellent hospital with a competent staff, as well as X-rays and the latest facilities, at Dafoe, better facilities were available in Winnipeg. That man was transported in a few hours to Winnipeg to receive that attention.

I think the argument advanced by the Canadian Congress of Labour that the funds