

*Medicare*

That was the principle on which we were voting, or should have been voting. But realizing that the vote, under the conditions laid down by the minister at that time, would be interpreted in the way that he chose to interpret it last evening, I changed my mind at that moment and voted against second reading of the bill. Having heard what the minister said last night, I must admit I was rather pleased that I had changed my mind, because I cannot accept the interpretation he put on what happened, either in regard to what he said about the amendment put forward by the official opposition or the suggestion that we have bought, without further alteration, the bill in its entirety excepting any changes that might occur to the minister or the government.

I understand from what the minister said last night that there are areas in which the government is prepared to amend the bill. I suggest that when one considers the argument of the minister, any such amendments would be no more acceptable than any put forward from this side of the house. He cannot have it both ways. I would warn the minister that he is on dangerous ground when he elevates second reading to something quite beyond a vote on the principle of the bill. He is devaluating the study in committee of the whole and weakening the possibility of the committee of the whole doing anything constructive to change the bill in any way.

The minister is telling us, in effect, something that perhaps a new member such as myself should have learned some time ago, that one would have to vote against the government every step of the way. If you do not it will be held against you when you endeavour to make necessary changes to the bill. I do not believe the minister can pretend to be sensitive to the wishes of the provinces; I do not believe he can pretend to refuse to broaden the scope of the bill because he says this matter has not been adequately discussed with the provinces.

He cannot say this and then ignore the fact that should be very, very clear, that provinces have viable medical care schemes in operation which should qualify for the support of the federal government but will not qualify because of the conditions he has laid down in the bill. Many people on both sides of the house would like to see these conditions altered so that this measure may be of assistance to the provincial schemes of health services and not a weapon of destruction against

them. In his argument last evening the minister came perilously close to threatening the entire scheme, because he led us to understand that the cost of broadening the scheme at any point would threaten the entire scheme. It is indeed heartening to find him concerned about the total cost to the welfare state of this latest move.

We have had constant reference to the province of Saskatchewan and the scheme that has been implemented there. It is held up to us as a model in many ways from which the federal government cannot deviate at any significant point.

I suggest to the minister and the government that the fear at the present time is not of the total cost of the scheme, but is of a recent Gallup poll of political strength across this country which gave the N.D.P. 26 per cent. It seems that the minister is determined to present a scheme to the Canadian public that represents an obvious federal move into the welfare state, not in terms of co-operation because that might be misunderstood by the public, but in terms of something that is not acceptable to the provinces which have established medical health schemes that have won the support of their people. There has been a test by the democratic process of the acceptance of the sort of scheme that we have, for example, in the province of British Columbia. I think this test, which is as democratic as the test the Saskatchewan scheme has undergone, would qualify it for the sort of assistance the bill presents to us.

● (3:40 p.m.)

If we go ahead with the scheme presented by the minister, under which some services will be covered and others will not, I am sure the administrative cost of the scheme will rise to a point where it might give the minister cause for consideration. The complicated problem in the medical clinics all across the country of sorting out who is to pay for what will not be a simple one.

Other clauses than clause 2 will also need amendments. It will be necessary to make amendments to allow for multiple carriers in the provinces. It is not in any way a proven fact that a monolithic organization provides an automatic saving of the public money, and yet this is taken for granted by far too many Canadians. It will be necessary to amend the coverage figure for universality because here again there is no need to set up a scheme which will force the wealthiest persons and groups which have been covered by their own medical insurance for many years into one