

*Medicare*

before the house the government of Manitoba suggested that the requirement for participation at the initial stage be relaxed to 80 per cent rather than the 90 per cent level. This was a reasonable request, and it would seem to fall within the principle of universality endorsed by the Hall commission. Telegrams were exchanged and the federal government insisted that the original 90 per cent participation figure should remain.

This makes it impossible for a province such as Manitoba to institute the program, which was already in effect as a voluntary scheme, in the form of legislation. The word "universality" is being interpreted by the federal government as meaning "compulsory". It is the provinces which must impose this compulsory feature. While Ottawa takes any political kudos which may result from the implementation of this scheme, it is the provinces which will have to bear the political difficulty of imposing a compulsory scheme in many areas of Canada where there is considerable resistance to this feature. Manitoba is not alone in this regard; the province of Alberta is even more forthright in its protestations.

I suggest to the minister that in the interval between the passing of this legislation and its implementation some two years hence it would take none of the lustre from his leadership campaign if he were to reconvene the federal-provincial conference on health care so these difficulties could be discussed with the provincial ministers and the launching of the scheme assured by the reconciliation of the policies of the two levels of government.

Another matter is coming to the fore. Again I cite the case of the government of Manitoba, which has always insisted on a system of priorities both in the general legislative field and in the field of social welfare. A number of hon. members have suggested that, to judge from their mail, people are not so much concerned with this medicare bill as they are with the situation in which old age pensioners find themselves. I can testify that my own experience is the same. I have not had a single letter concerning medicare and the need for rushing this legislation through at the present time. My correspondence on the subject of social welfare priorities all centres upon the necessity for dealing as a matter of urgency with the situation of our senior citizens.

There are several governments, including the government of Manitoba, which are ready to come forward now, not in July, 1967 or in July, 1968, to deal with one of the areas of greatest need, the provision of adequate health and medical care for our senior citizens, provided they can get the agreement of the federal government to make this possible.

Only yesterday the government of Manitoba issued a statement urging Ottawa to move forward immediately to make it possible for those who really need medical help because of restricted income—and this concerns old age pensioners in particular to obtain the necessary assistance. The statement calls upon the federal government to proceed immediately to implement such an aid program as is suggested in our amendment. Here is a real priority; here is a real need, and I am sure it is one which will receive the backing of all hon. members in this chamber.

The second point of concern in our amendment has to do with medical education and the provision of the necessary services. My hon. friend from Simcoe East dealt with this subject quite adequately in his presentation. I shall merely refer to it in passing, and perhaps make a few additional points. The medicare program proposed in this bill will precipitate a crisis in the field of medical services. The experience of the United Kingdom and the experience of Sweden will be mild by comparison.

This crisis will not be met by the health resources fund which this House of Commons has already approved. Here is one of the greatest weaknesses of this legislation; it deals with one small area only, medical care and physicians' services. It ignores the paramedical services and all the ancillary services which go to make up an adequate health care program as set out in the recommendations of the Hall commission.

In addition it will disrupt the worthwhile experiment which is just beginning in the provinces of Manitoba and Ontario. I refer to programs of home care designed to relieve the growing pressure on hospital bed accommodation across the country. These deal with one of the most pressing aspects of any health care program. The hospital insurance program and many others of a voluntary nature already in existence are dealing satisfactorily with the basic needs of in-patient accommodation. Most of the medical needs of patients can be met under such schemes. The real cost arises after the patient has been