

Supply—National Health and Welfare

general economy. Decisions will shortly have to be made to limit health care in some manner. The recent introduction of utilization fees by provinces for obtaining care indicates some evidence of a return to having the patient pay to some degree for the protection of his health.

Indeed it has been argued that a patient should pay something at least, because he is receiving food while in the hospital. The imminent introduction of medicare has created considerable discussion as to the effect of our health facilities, especially when at this time, with costs a matter of increasing concern to all Canadians, the government is proceeding, in the face of provincial objections, on a set medicare course. The federal government has often accused the provinces of overspending, but in this field at least the provinces have been reluctant to enter medicare on the basis established by the act. As the federal government intends to opt out of the medicare plan in five years, and leave the provinces to their own resources, it appears that their objections should be taken into account.

At this time I would like to quote from an editorial which appeared in the *Winnipeg Free Press*, a newspaper that has been markedly Liberal in its leanings:

If Prime Minister Pierre Trudeau and Mr. Benson are in a mood even to contemplate cutting existing programs—and they have hinted they are—then they have no honest recourse but to postpone medicare. Anything else would be a betrayal of the provinces—most of which don't want it at this time anyway. It would be to say, in the cruel language of dollars and cents at a period when tax burdens are already excessive, that it is the federal intention to start programs which it knows the provinces cannot afford to finance alone and then—having accustomed the electorate to their benefits—to load the whole burden of them on already overburdened provincial treasuries.

A better means of further embittering federal-provincial relations could not be designed.

With that in mind, I would hope that the health minister, meeting with his counterparts the federal and provincial finance and health ministers in Ottawa on November 4 and 5, will give this matter of medicare urgent consideration, and it is to be hoped that a program which will be acceptable to the provinces can be worked out.

Mrs. MacInnis (Vancouver-Kingsway): Mr. Chairman, in a moment I want to ask the minister about several specific matters, and I hope he will be available to take note of my requests.

[Mr. Ritchie.]

● (4:20 p.m.)

I want to take just a few moments first to say that I am very hopeful that the new minister will live up to the hopes and aspirations some of us have had for him. As the hon. member for Winnipeg North Centre indicated this morning, we had the idea in the last parliament that he was a man who would be able to withstand pressure and to hold firm to a course which now has been decided upon.

Perhaps it would not be correct to say that I was upset—because it did not surprise me—but I have found it very distasteful, and somewhat alarming, to hear an attempt made here this afternoon to sabotage medicare on the excuse that it would be an added expense to the taxpayers a large section of whom, may I say, can afford to pay taxes. We have already heard this attempt in the last parliament, but in spite of difficulties this house had the courage to put medicare on the books. The program was researched exceedingly carefully, was discussed, and a royal commission was set up to study it. It was proven over and over again beyond the shadow of a doubt that medicare is literally a life saving necessity for people in this country who cannot pay their own medical bills.

If medicare were not implemented, these people would have to suffer various stages of misery and distress, with no means of alleviating it. This has now been proven. I am pleased to note that the minister was one of those who held firmly to the belief that medicare was necessary and who helped to get the legislation through. Now we find here in the house spokesmen of a very unholy trinity of big business, big medical and big political concerns, which are determined to sabotage this piece of legislation which is already on the statute books, which two provinces have already implemented, and which two more have signified their intention of implementing. So far as I can see, the strongest pressure comes from the province of Ontario, and I deplore it. It means that we are willing to pass a language bill which speaks about the need of building one Canada with equality of opportunity for language and culture, while at the same time there are some provinces which are wealthy and better off than others whose spokesmen say they do not wish to join the medicare program because they would have to bear more of the share of the costs. So they want to sink medicare before it gets under way.