But out of all this discussion, there are many Canadians who wonder what all the argument is about. The debate within the cabinet and without, has had a strange and hollow ring about it; a lack of realism.

The debate has had a hollow ring because it has concentrated almost entirely on the question of timing. And it has shown a lack of realism because there has been little talk of how such a medicare scheme will operate, or what type of service will result. The debate has been on the question of when, not on the more important issues of what, how and by whom.

What type of medicare scheme should we have in Canada? The subject has been brought up before in royal commission studies (the Hall commission), as well as several provincial investigations. In fact, most of the provinces either have some sort of medical care scheme in operation, or are planning to put one in operation. There is no shortage of suggestions, or lack of material to debate.

The question of how such a scheme should operate has far reaching consequences. Medicare is the first social welfare measure which raises problems in human relations between the citizen and his doctor, and between the government and the medical profession.

Finally, who is going to operate the plan? . . .

Canada is also in a vulnerable position to lose its highly trained medical personnel, particularly to the United States. And this country is already short of doctors. At the same time, there are insufficient hospitals to cope with the present load of medical service.

I should like to know what the government is doing about that. I continue the quotation:

In yet another area, medical research, the amount of money which the government puts into this vital sector of medical service is seriously inadequate. And these are only some of the gnawing issues surrounding the implementation of medicare.

The editorial concludes in this way:

It may be hoped that between now and July 1, 1968, there will be more discussion about the real issues which medicare raises, and less about the secondary ones; more about substance, and less about style.

I should like to ask the minister, what is going to become of roughly one-third of the people across Canada, those in the low income, low pension groups when they have to have medical care? It is true that in the province of Ontario they are covered by OMSIP. I feel that the Ontario minister of health should be congratulated on the very fine plan he has in operation. It covers the disabled, those on old age assistance, mothers' allowance and the blind. For example, a person with a taxable income of $500 or less has to pay $30 and the government pays $30. The complete cost for a family of two with a taxable income of $1,000 or less is $120, of which the government pays half, $60. The cost for a family of three or more is $150, of which the government pays $90 and the insured pays $60.

[Mr. Rynard.]

• (4:10 p.m.)

This is a step in the right direction. Ontario has its own plan but, I ask the minister, how about the people in the maritime provinces? How about the people in Newfoundland and the people in the provinces which have no plan to cover the needs of those with low incomes? Are they to be completely forgotten or sacrificed on the altar of expediency of this government?

There are always certain problems which arise when any plan comes into effect, so this would be an ideal opportunity to work out the kinks in this plan, by covering roughly one-third of the population. We should consult with the ministers of health and the provincial premiers so that when 1968 arrives we are ready to implement this plan and not have another stall.

I also think we have to keep in mind a few fundamentals. For example, we must keep in mind the meagre research that has been carried on in Canada as well as the scarcity of doctors and paramedical personnel. I remind you, Mr. Speaker, that it takes ten other paramedical services to supply the needs of each doctor in practice. This bill requires very careful thought, even though almost two years will elapse before it becomes law. It must be given the most complete scrutiny at this time in order to ensure a medicare bill which will work in the best interests of all the people before it is passed. It must also, of course, be acceptable to the provinces. There must be a common denominator and there must be agreement.

To do this successfully, I submit to the minister that certain conditions must be met. The most important are these: First of all, sufficient beds must be provided for our sick, those needing hospitalization, so that they can be looked after. There must be sufficient doctors and paramedical services provided. There must be sufficient medical schools to train our medical students. There must be sufficient highly skilled teachers and medical scientists in order to teach our students. Lastly, there must be adequate research, and salaries must be provided which will attract outside teachers from the United States and Great Britain, and hold the teacher-scientists that we need today.

Let us look at the hospital bed situation, Mr. Speaker. Again I want to remind the government that in 1957 the federal government contributed $1,000 a bed. In 1958 the Conservative government brought in a bill