While I say that they do not really believe in it, they do not dare do away with universal health care because it would be so politically unpopular that those governments would be thrown out on their ears. Therefore, they try to get away with as much as they can by way of premiums, extra billing and user fees.

Another reason for this is that those provincial governments have a typical Liberal-Conservative-Reagan-California syndrome. It is called restraint, cutting back and holding down the deficit. That is the main reason for this, Mr. Speaker. Those provincial governments will tax the sick and impose extra charges even on those who can least afford it if they think they can hold down expenditures, cut back on the deficit and show restraint. It is the "buy them a shovel" syndrome. Liberals and Tories have always been like that. Some Liberal and Tory members even think that the old age pension is destroying our incentive to work.

I have lived through too many Grit and Tory operations, both federally and provincially.

Mr. Blenkarn: And you will live through more.

Mr. Benjamin: I know what Liberal and Tory members are like. When they stand up in this House, Mr. Speaker, they are the great defenders and supporters of health care. Their arguments would wring tears from a jury full of bankers. However, take a look at the Tory Governments in seven provinces, Mr. Speaker. They are all the same breed of cat. I do not care whether they are in the federal House or whether they are in the provincial legislatures: a Tory is a Tory is a Tory, is a Tory.

The Acting Speaker (Mr. Herbert): I shall recognize the Hon. Member for Bow River (Mr. Taylor) on a very short question.

Mr. Taylor: Mr. Speaker, if the penalties on the provinces as per the Act were to be enacted, will that not be double taxation or in fact double billing, and is that not just as bad as the double billing against which the Member speaks so loudly?

Mr. Benjamin: I am sorry, Mr. Speaker, I did not hear the beginning of the Hon. Member's question. Would he be good enough to repeat it?

Mr. Taylor: I will be glad to repeat it, Mr. Speaker. If penalties are enacted against provinces and additional taxation must then be secured from the people, is that not double taxation and double billing, and is that not equally as bad as a doctor double billing patients? Is it not even worse when a government does it?

Mr. Benjamin: Mr. Speaker, I do not know how that could be considered double billing or double taxation if the costs of those physicians or hospital services or services outside the hospital were entirely borne by the revenues of the province and the federal Government and user charges were not allowed. I would be perfectly willing to pay a portion of my federal income tax and a portion of my provincial income tax to the hospital, medicare and other health services in Saskatchewan. I and all of the other citizens of the province are perfectly willing to do so because if we keep the people healthy, they keep on working and they keep on paying taxes. For those who cannot work, society owes them the best of health care.

Mr. Bruce Halliday (Oxford): Mr. Speaker, it is with somewhat less than pride and pleasure that I rise today to speak on third reading of Bill C-3, the Canada Health Act. I think one must acknowledge that any Bill which has succeeded in further dividing and separating the federal Parliament and the provincial legislatures is indeed to be deplored. We have seen nothing but increasing separation of the two levels of government because of this Bill. In addition to that, it has caused an alienation and separation between governments and physicians, members of one of the most revered professions in the country. I think that kind of effect is most undesirable.

The Bill has been called the Canada Health Act but that is somewhat of a misnomer because it has little if anything at all to do with health care other than the fact that it imposes certain penalties if provinces do not comply in certain ways with respect to the banning of extra billing and user fees. I recently received a most interesting treatise from an obstetrician-gynecologist in Stratford, Ontario, whom I know reasonably well. He is anything but a politician. He is a very serious person who thinks very deeply and whose position on a political issue is based entirely upon his convictions regarding the issue as a whole.

He has likened debate that he has heard occurring here in the last couple of months to a chess game. He said that it is a game and a struggle between the forces of a collectivist society and those of a free society. He continues the analogy by suggesting that physicians, patients and indeed even the federal Minister responsible are nothing but pawns in this game and struggle between the forces of collectivism and the forces of a free society. He suggests further that Canadians are being manipulated by forces they do not understand and that this will have unforeseen consequences. I think we can all agree, as we reflect over the last three or four months, that the Bill was introduced following a very well orchestrated public information campaign conducted by the Government.

● (1140)

Mr. Blenkarn: Propaganda!

Mr. Halliday: Yes, propaganda. The Government spent funds on that propaganda even before the Bill was tabled in the House. It was attempting to influence people to suit its own wishes, long before it had the courage to bring the Bill in.

The Government was really using the opportunity to build up a relatively insignificant problem in the country. Actually, the problem of extra billing was decreasing, not increasing, but the Government built that problem up and then brought in the Minister as the proverbial white knight in shining armour to take care of the situation and try to correct it.

The Government obviously saw this as a political opportunity that it could not miss. It was seen as a chance to enhance