ation federalism which the Prime Minister (Mr. Trudeau) says is necessary if this country is to compete with the world's advanced industrialized nations. I remind the minister that other nations have established programs well attuned to meeting the needs of their peoples, and we can learn from them.

I plead with the minister to reconsider this bill or, at worst, to accept the hon. member's motion and delay second reading for six months. In those six months he could consult the provinces and say, "Look, this time I will tell you the truth." That's the Prime Minister's favourite trick. When something goes wrong, he says, "Well, last time we tried it, the anti-inflation program did not work. This time, it will." Perhaps the minister could approach the provinces and say, "Look, fellows, this time we will tell you the truth for a change. Let's get together." In the next six months the minister could examine the entire program and consider alternate ways of reducing the high cost of medicare. It might be possible to reduce costs by more than 13 per cent. He could work out an agreement with the provinces whereby nursing and intermediate care facilities would be available for those in acute, active treatment beds and perhaps save a good portion of the cost. The minister would have breathing space, and the reduced cost of the program would eliminate the need for expensive hospital construction.

We need improved facilities for native peoples. In the broad picture, we must consider the needs of native people who live in subhuman conditions in the bush. Sometimes a native child enters hospital with a common cold or minor illness. Doctors are reluctant to release such children from hospital until they are fully satisfied there will be no recurrence of the illness or that there is not some more serious, underlying sickness which has been caused by the child's home environment which, more often than not, does not meet acceptable standards. We need more intermediate care and nursing home facilities adjacent to reservations and in northern communities to serve both white people and native peoples, who often live in subhuman conditions. Or, if the nurse could visit a patient at his home, his $200 a day hospital bed would be available for others. The doctor would not have to make daily visits and bill the minister for them.

These are serious proposals. They have not only been discussed and studied by members of this House but by municipal, regional and provincial governments. If the minister were really serious, he would not have had to expose himself to the extent he did in allowing the trust that was once the essence of federalism in Canada to deteriorate further than it has in the past few years as a result of some of these unilateral opting out exercises in which the federal government has been engaged.

● (1740)

There is still time. Let us hoist this bill for six months so that we can get together and seriously talk about this problem. I assure the minister he will end up with a result of which he will be proud and delighted. It would be much less than 13½ per cent or 10 per cent. I ask the minister to take this matter seriously. Give us a chance to sit down and find a solution to this very serious problem that is more attuned to the needs of our time.

Medical Care Act

Mr. R. E. McKinley (Huron-Middlesex): Mr. Speaker, I do not want to say I am reluctant to enter this debate at this time. I have as much interest in medicare as anyone in this House. I had intended to leave the discussion of this bill to my colleagues who have more knowledge and expertise in medical matters. There have been some excellent presentations on the substance of Bill C-68 and the amendment. A number of sound proposals have been made which would make this legislation more meaningful and pertinent to the concept of medicare. I have, however, been dragged into this debate because of what this bill is doing to the people in my constituency, and to the federal minister, allowing that some provincial decisions have been made. The people in my area will be adversely affected in the future if this bill passes in its present form.

Although this bill has been stripped bare by other members of the House, my colleagues in particular, and has been exposed for what it is, a cop-out on the part of the federal government, we have not seen any sign that the government is prepared to withdraw the bill, or greatly alter it, at least until after consultations have been held with the affected provinces.

As some members have already pointed out, Ontario entered the federal medical scheme with a great deal of reluctance and even some apprehension. Our provincial government was not under any illusions as to the advisability of entering into a federal program of this nature. We knew at the outset that the provincial medical care program was superior to the federal program that we were asked to join. We also knew what we were dealing with in this case. There was no way we could be sure that the federal government would honour this agreement. We, like the other provinces, knew that this government's record of keeping its word was hardly conducive to placing very much faith in this particular federal-provincial agreement. In short, Mr. Speaker, we were conned into joining the federal program, and now we see in Bill C-68 the first step in the federal government's plan to opt out of a program of which it was the chief architect.

Back in 1966 when he was minister of national health and welfare, the Secretary of State for External Affairs (Mr. MacEachen) said health is not a privilege tied to the state of one's bank account but, rather, a basic right which should be open to all. The minister would have been closer to the point if he had said that health care, not health, is the basic right of all citizens. Much as we would like, no government can guarantee good health to any of its citizens, but certainly we can guarantee good health care to all our citizens, and in plain fact we cannot do any less than that.

The conviction that universal medical and hospital care is the right of all citizens, regardless of their financial capability, was the basis of the medicare system that we had in Ontario when the federal government came along in 1969 and forced us to join what was touted to be a better system. We know now that it was not a better system then, and we know that it is not a better system now, but we entered into the federal medicare program in good faith and it is not we who are reneging.

As far back as 1968, Mr. Speaker, the treasurer of Ontario asked, when discussions were taking place between federal and provincial officials on the joint medicare plan, what