

Medicare

an explanation or definition would be sufficient to satisfy two or three ministers of health in those provinces of Canada which are having some continuing difficulty in this regard.

If the administrative agencies to be set up in relation to this program are public in the sense that they are crown agencies I would object on the basis that, as God knows, the government is now controlling enough of what we do. Surely, there must be some point at which we must cease to rush headlong into a state of bureaucratic control. We must avoid the creation of further great governmental giants.

It is difficult to understand where in Nova Scotia we could find the manpower to establish a brand new agency to administer this plan. The minister is well aware of some of the difficulties we had in finding top-notch help for the administrative body of the hospital insurance program. Under the present set up the minister is restricting us in the courses open for the proper implementation of a medicare program.

Let me again ask the minister to adhere to his own words. Everyone I am sure will agree that the method of administering the hospital insurance program is quite excellent, but it must be remembered that this resulted from a situation which was incidental. There were no large private organizations engaged in the field of hospitalization, apart from a few insurance companies. I hope the minister keeps this fact in mind, because it is a valid point in favour of the amendment.

The minister should satisfy us as to the absolute protection of these autonomous groups, and I remind him again of the pilot program set up in Swift Current, Saskatchewan. Is the minister satisfied with what happened to the autonomy of that group, which has worked very well since its inception some time back in the 1940's. I suppose the whole world knows who set up that pilot program.

There is a real fear that unless this measure is amended, it will seriously affect these autonomous programs and insured medical care services generally in Canada. We want to know whether, in spite of the use of the word "public", the government will recognize the autonomy of provincial authority. I suggest the Prime Minister has said so, as has the Minister of National Health, but we ask that this be guaranteed in a straightforward manner by amending this measure.

[Mr. Forrestall.]

• (3:00 p.m.)

Mr. Orlikow: Mr. Chairman, I rise to oppose the amendment proposed by the hon. member for Simcoe East and supported by the hon. member for Halifax. I should like to express my dismay and surprise that, in moving their amendment, they advance arguments which first of all ignore completely the recommendations and the basic thinking which have been expressed so often during all stages of the debate. They have ignored completely all the experience which we have gained since the implementation of the hospitalization programs. They have ignored completely the actions of the former Conservative government which did so much to actually implement the hospitalization program. They are asking the house to adopt an amendment which, if implemented, would permit the kind of operation in respect of a health insurance plan which was prohibited in the operation of hospitalization plans.

Let us take a look at the history of hospitalization in this country. Universal government hospitalization plans were implemented first by the former government of Saskatchewan. The former Liberal federal government brought in a hospital insurance act. I think it was introduced by the present Secretary of State for External Affairs, who was then the minister of national health and welfare. Under this legislation, the government agreed to participate in the financing of hospitalization in respect of any province which implemented a universal hospitalization plan. Unfortunately, the former Liberal government wrote into its legislation the principle that the plan would not become effective until a number of provinces representing half the people of Canada agreed to participate in the plan. The plan did not become operative until the Conservative government took office and made an offer to implement the plan for any one province which was ready to agree to the provisions of that plan.

I well remember, Mr. Chairman, that the present premier of Manitoba, who was then the leader of the official opposition, was extremely critical of the hospitalization plan as proposed by that legislation. He suggested that all that would be required would be to let the existing voluntary non-profit agencies continue, and the government could cover the balance of the population which had not joined a plan such as the Blue Cross, either because they could not afford it or did not realize the value of it, by paying their premiums. The Minister of National Health and