

*Medicare*

a sum so small that it is well within the margin of error which finance ministers allow themselves in calculating their yearly revenues and expenditures.

Sharp decided to cut medicare from his 1967 program for public relations reasons. His economists are more concerned about what they call inflation psychosis than they are about inflation itself.

Reviews to date of this great dramatic production have not all been laudatory, however. Even in the Prime Minister's own party there are, I gather, some disappointed critics, albeit their criticism may be rather less strident following recent disciplinary tongue lashings.

It is difficult to understand the motivation behind this action. Did the Minister of Finance really fear inflationary pressure consequent upon the plan's initiation on July 1, 1967, one year in the future? I think not. He is well aware too, I think, that it was during a period of austerity in Britain in 1948 that a medicare plan was brought in by a Labour government.

Why was medicare chosen for the sacrifice? Why did not the minister think of plugging a few gaping holes in the income tax regulations, or looking into some of those peregrinations on official government business which have been multiplying both numerically and expensively in recent years? On the positive side he might have considered an excess profits tax at this time on inordinate profit-taking.

Whatever its motivation, this grand gesture by the Minister of Finance was a cynical and heartless one. It was also, I might add, perhaps to the minister's credit, singularly lacking in political astuteness. Inevitably this decision will boomerang on the government that so foolishly made it, because I am convinced the people are aware of the fundamental points at issue here and will refuse to be confounded by political twaddle. It is common knowledge that this period of further delay will give much in the way of aid and comfort to the enemies of the plan. They will have many months now in which to train their public relations batteries on the taxpayers—cajoling, frightening and persuading them with a barrage of equivocation, sophistry and evasion. Already the mails bear testimony to this.

There will be a rehash of the same old arguments against the plan. I shall deal with them one by one as they appear in a booklet entitled "National Medicare—Let's Look Before We Leap" authored by the premier of Alberta, one of the reluctant provinces. The

Alberta government administers a scheme of subsidized prepaid medical insurance which, by the premier's own admission in the booklet referred to, covers little more than 80 per cent of Albertans. We are left to wonder what happens to the remaining 20 per cent who represent 47 per cent or nearly half of those eligible for a subsidized premium. It must be assumed that this half of the less affluent group are either unbelievably healthy or, unable to pay even a subsidized premium, are suffering for lack of an adequate and freely available medical care plan. Parenthetically I would suggest a comparison here with the figure of 99.87 per cent for medical care coverage in Saskatchewan.

Naturally Mr. Manning's primary concern in connection with the proposed national plan is not with money, funny or otherwise. He points sublimely to the right of each citizen to exercise freedom of choice in matters relating to his own and his family's welfare. For the premier's information, it has never been proposed that we institute a system of state medicine in this country. Under medicare there would be complete freedom of choice and the service would be based on self-governing professions and institutions. The patient would choose his own doctor just as the doctor would be free to accept or reject the patient, except of course in cases of emergency. The only people who would want to plead a case for freedom in connection with medicare are those reactionaries who fear that medicare is an extension of a right—and I emphasize, a right, not a privilege—to too many people too soon.

They choose to ignore the contemplation of freedom in its broader context of freedom "from", not just freedom "to". In this case it is freedom from sickness and ill health, not just the freedom to buy health as lavishly or whimsically as one's purse will allow. Health signifies the ultimate security for the individual and, as such, is a right not to be misconstrued as a privilege.

The second argument is: Are you as taxpayers in favour of governments spending your money to pay for medical services for those who can well afford to buy their own medical insurance? It is true that many people are covered by one form or another of group or private insurance. The premiums for this insurance are much more expensive than they would be under a government administered plan, but at least they are covered. However, according to the report of the Royal Commission on Health Services, over