nues collected in these taxation fields to deal with all kinds of things, namely medicare. I think, however-and I am not alone in thinking that way—that the provinces can very well look after this matter. Besides, some provinces have already started to do it successfully.

Another point, which explains my objection to this bill, is that a province which will not participate in the medicare program, according to the provisions of Bill No. C-227, will not receive fiscal adjustments before 1972. This is a serious discrimination, because we know that the province of Quebec will opt out of the national medicare program and that until 1972, it cannot receive, as in other fields, any fiscal adjustments. This is discriminatory because the taxes paid by the Quebec citizens to the central government, will help provide funds for a national medicare program, but these same Quebec citizens will also, through a portion of taxes they pay to the Quebec government, pay for a provincial medicare program. This is unjust and discriminatory; it is a serious matter which the Minister of National Health and Welfare (Mr. MacEachen) and this government should have agreed to negotiate and discuss with the Quebec government. He knew very well, as he knows now, that the Quebec government with its self-governing policy and its special hospital and health condition, would not be interested in participating in a national medicare program.

In clause 8 namely, the minister should have provided for fiscal adjustments for this first term until 1972, expecially to exclude such discrimination and injustice to Quebec citizens.

[English]

Mr. Winch: Why the interest then?

[Translation]

Mr. Allard: We, the Quebec people, (I wonder whether the member for Vancouver East (Mr. Winch), can understand that it is not because of a lack of interest in Canada) want to mind our own business and administer the areas under our jurisdiction. We do not want our own responsibilities to be taken over by another government, it is as simple as that.

And this is why when we agreed to a political system in 1867, we quoted, as we often do, the provisions of that 1867 constitution which put into the hands of the prov-

The government keeps in its coffers the reve- local and regional matters and professional problems. This is why, when we speak here we take our stand on the constitution, and I do not think that we are foreigners in this country, but we want to look after our own business. This does not mean that we have a grudge against the other citizens of our country; on the contrary, we like them, we appreciate them, we like to meet them, to visit them, and we consider ourselves Canadian as much as anyone else in this country. We want to administer the fields coming under our jurisdiction, but we would be loath, however, to give anybody the impression that we want to be difficult and that we do not consider ourselves as 100 per cent Canadians.

> Mr. Speaker, it is on these particular grounds that I object to this bill and that I shall vote against it. If all other hon. members vote in favour of this bill, there will at least by my own objection, since I do not favour the bill, mainly for the reasons I have indicated.

[English]

Hon. W. G. Dinsdale (Brandon-Souris): Mr. Speaker, the debate thus far has brought forth suggestions from several hon. members who have participated to the effect that unfortunately the implementation of this important legislation has been surrounded by an atmosphere of electioneering. I think the hon. member for Dollard raised this point.

At the outset I should like to indicate, Mr. Speaker, that this is not a new phenomenon. This has been the atmosphere that has prevailed, as our friends in the New Democratic Party keep insisting, since the subject was first raised back in 1919.

The first statesmanlike approach to the problem of the urgent necessity of providing Canada with an adequate health care program was the appointment of the Hall royal commission in 1960. This enabled the subject to be raised from the level of electioneering and political cut and thrust and to have an objective and comprehensive look taken at the whole situation.

Hon. members on all sides of the house have agreed that the report of the Hall royal commission more than justified its appointment. It has laid down a health charter which, if implemented, will provide Canada and Canadians with the best possible health care program. When I say a health care program I do not limit it to the medicare scheme presented to us in this Bill No. C-227. inces, in section 92 and others, in view of its I think one of the basic criticisms that can be structure and its wording, all the social, civil, made against the bill is that it moves only to

[Mr. Allard.]