

LEGISLATIVE ASSEMBLY OF SASKATCHEWAN
First Session — Twelfth Legislature
16th Day

Thursday, March 5, 1953

The House met at three o'clock p.m.

Before the Orders of the Day:

RE FREEDOM OF SPEECH

Hon. T.C. Douglas (Premier): — Mr. Speaker, there has been some concern exhibited in certain quarters regarding the disturbance which took place in Moose Jaw, the other evening, and a certain amount of apprehension lest there should be any further disturbances of a similar nature. I said, a few days ago, when the matter was raised by the member for Swift Current (Mr. Gibbs), that I intended to make a press statement regarding this matter. I issued that press statement early yesterday morning, but I notice that the Regina 'Leader-Post' has so far failed to print the statement, so I want to take this opportunity of drawing the contents of that statement to the attention of the House, and consequently to the attention of the people of the province. I would like to read this statement, as follows:

“It is regrettable that certain irresponsible elements caused a disturbance at a meeting recently held by Dr. J.G. Endicott in Moose Jaw.

“In Saskatchewan we have always prided ourselves in our sense of fair-play and our maintenance of free speech. No matter how much we may disagree with a speaker, we have always claimed that he had a right to be heard and to express his opinions, even though they might be at variance with our own.

“It is, therefore, a matter of regret that any section of the population, no matter how small, should take it upon themselves to interfere with a public meeting.

“Today, democracy is on trial as it has never been in the history of the world. We cannot defend democracy abroad by destroying it at home. We must do all in our power to see that freedom of speech and freedom of the press are maintained for all citizens, irrespective of their point of view.

“If any person makes statements which are subversive and injurious to society, they can be dealt with by due process of law, but not by rowdyism and intimidation. I appeal to all our people throughout the province to see to it that there are no further incidents which would case a reflection on Saskatchewan's reputation for fair-play and free speech.”

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That, Mr. Speaker, is the statement which I have issued. I hope that some of the other newspapers and the radio stations will give some publicity to it, because I think that, in the main, the people of Saskatchewan will respond to that kind of an appeal.

I should also like to say to those who are somewhat apprehensive that, as all hon. members know, the matter of maintaining law and order in the cities lies entirely with the civic authorities and the local policy commissions. We have been assured by them that they have the situation well in hand.

Mr. W.A. Tucker (Leader of the Opposition): — Mr. Speaker, I was wondering, this morning, as I tried to get some work done and I was repeatedly called on the telephone by people who professed to be apprehensive about what was going to happen tonight, if the apprehension was really as great as it was professed to be. I assured these people that I was quite satisfied that the authorities would enforce the law, and that they should direct their remarks to the Chief of Police of this city, and if he indicated that he could not handle the situation, then their next recourse would be the Attorney General. I told them that, so far as I knew, there was no indication that the civic or provincial authorities felt that they could not maintain law and order, and I did not see why it was necessary to take it up with members of the Legislature who had no responsibility in the matter.

I endorse the Premier's remarks in regard to what we believe in in our democracy — that no matter how much we disagree with someone, we should be prepared to let him speak and put his viewpoint before the people, as long as he does not break the law. I sometimes wonder if some of the remarks made by some of these people do not come pretty close to breaking the law, but that is a matter, again, for proper legal action to be taken. I endorse the Premier's suggestion that it is not in keeping with our ideas in regard to democracy that people should be interfered with, no matter if what they say may offend what most of us believe.

I think that, sometimes, these incidents are welcomed, because I think the people who see fit to try to pervey the Communist line would like to make out that there is not free speech here, and that anyone who cares to say anything at variance with the beliefs of those who are not favourable to communism, does so at risk of life and limb. I can easily see where that could be made good use of behind the 'Iron Curtain' for propaganda purposes, and so it seems to me that the way to treat these people, as they peddle this unbelievable line, is to let them talk. Certainly we can trust the good sense of our people to understand that, when these people talk about free speech and that sort of thing, and at the same time indicate their support of the Communist regime, they are advocating something here that exists here in the way of freedom, liberty and the right of the citizens to be protected by the law — a condition which does not prevail in the country which they profess to think so much of.

I heartily agree that we should so conduct ourselves as to indicate that we believe in freedom of speech, are ready to uphold it at all times, that we have faith in our democratic system and we are not afraid of these people, because we know we are along the right line to pursue these ideas of freedom and liberty, and we should not be afraid of people attacking

them and calling them questionable. If the truth is there (and we believe it is), we do not need to fear – it will ultimately prevail.

Premier Douglas: — Mr. Speaker, I would just like to add one word. I would like to thank the Leader of the Opposition for supporting the statement which I have just made and to say that we were not anxious to make any public statement about this matter, unless something should stir up feeling. I did not feel, my self, that some of the apprehension expressed was justified, but I may say that last night, for instance, a gentleman phoned me to say that unless the Government takes steps to stop this man speaking, “I represent a group who are prepared to break up the meeting.” When you get expressions of that sort, I think we have to make some appeal to the saner elements of our province, who, I think, represent 99 per cent of our people, to keep their heads cool and to see to it that nothing is done that will reflect on Saskatchewan’s fine reputation for fair-play and free speech.

That is why I welcomed this opportunity to assure the House and the people of the province that the Government, and those responsibility in the cities as well as in the province, were prepared to see to it that adequate protection is allowed to any individual to speak freely whatever he thinks. My hon. friend has pointed out if anything he says is subversive, there are due processes of law with which such a person can be dealt; but the moment we proceed to stop people speaking merely because we do not agree with them, we are starting along a very dangerous road, and I feel that the people of the province will stand behind me in urging that freedom of speech and freedom of expression shall continue in our province, unimpaired in any shape or form.

NATIONAL HEALTH INSURANCE

Moved by Mr. Gibson, seconded by Mr. Howe:

“That this Assembly, regretting the failure of the Government of Canada to implement its proposals on health insurance made at the Dominion-Provincial Conference of 1945, and in view of the unanimous recommendation of the Saskatchewan Health Survey Committee that the Federal Government should extend the scope of the National Health Grants Programme by adopting immediately a national health insurance programme, urges the Government of Canada:

- (a) to introduce immediately enabling legislation for the establishment of a national health insurance programme with provision for provincial administration, and
- (b) to convene forthwith a Dominion-Provincial Conference for the purpose of establishing the foundations of such a national programme and,
- (c) failing general agreement by all provinces to participate in a national programme, to proceed with those provinces willing to participate in the establishment of provincial health insurance programmes.”

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Mr. James Gibson (Morse): — Mr. Speaker, when I think of national health insurance or anything pertaining to health, I am reminded of the well-known axiom, ‘Cleanliness is indeed next to godliness’. No one could seriously dispute this truism, for, after all, when our health is seriously impaired all else fades into insignificance. If we do not have good health we have little concern for the amount of wealth that we may have been able to accumulate, unless it is that we would like to trade or spend this wealth, all of it if need be, in the hope of regaining our health.

And so it is, Mr. Speaker, that health ranks high in the social and economic life of our nation. It ranks in second place, and in this important position it should receive the attention a matter of such vital importance to a nation deserves. And because this matter is of such importance, the C.C.F. Party have pressed for co-operation between the provinces and the Federal Government for years past in the establishment of national health insurance. The C.C.F. have not been alone in this demand. Among the groups which have appeared before the Federal Government, year after year, asking immediate action to implement national health insurance, is the Canadian Federation of Agriculture, a number of doctors and dentists, Canadian Congress of Labour, Canadian Catholic Federation of Labour, Railway Transportation Brotherhood, also the Board of Evangelism and Social Service of the United Church, the Canadian Federation of Mayors and Municipalities, the Canadian Legion, and many other Canadian organizations.

The Liberals, themselves, have frequently stated their preference for a plan of national health insurance and have, on several occasions, definitely committed themselves to the establishment of a national health insurance plan.

Some of the newspapers friendly to the Liberal Party have carried headlines that would have us believe that national health insurance was something in the immediate offing. For example, in May 1948, such headlines as:

“Can’t wait for Ontario – King...Delayed plan as long as we could for Ontario...New plan gives every individual Canadian ticket to a healthy life.”

This was carried in the Toronto ‘Daily Star’ in May 1948, and those headings, Mr. Speaker, were quotations from the speeches of the late Rt. Hon. Mackenzie King.

Another heading we find on June 14, ‘949, in the ‘Free Press’ again a quotation from a speech by Mr. King, says: “Inadequate health care ended for everyone.”

These headlines, Mr. Speaker, were designed to make our citizens believe that the plan for national health insurance was just around the corner.

It was in August 1919 – some 34 years ago – that the Liberals, at their national convention, first included a plank to bring in a national health scheme. And then on January 28, 1943, we find on page 2 of Hansard, that year, a paragraph which says:

“My Ministers believe that a comprehensive national scheme of social insurance should be worked out at once which will constitute a charter of social security for the whole of Canada. The Government, accordingly, proposes to recommend the early appointment of a select committee to examine and report on the most practical measures of social insurance, and the steps which will be required to insure their inclusion in a national plan. Among other matters which will be referred to this committee for study and consideration will be the establishment of national health insurance.”

That was in January, 1943, Mr. Speaker. And then, in 1944, in the spec, we find the promise repeated again in those words – this is recorded on page 2 of Hansard of that year:

“When suitable agreements are reached with the provinces, my Ministers will be prepared to recommend measures to provide for Federal assistance in a nation-wide system of health insurance.”

That was in 1944. In 1945, at the Dominion-Provincial conference after the election of that year, among the proposals of the Government of Canada to the Provinces were proposals for health insurance. Those proposals, Mr. Speaker, can be found in pages 28 to 31 of the ‘green book’ – I have it here on my desk but do not want to take the time now to quote from it. Suffice it to say that the proposals were very comprehensive, and they included practically everything necessary for complete health services.

The proposed costs in those proposals, Mr. Speaker, called on the Federal Government to pay three-fifths of the cost and the provincial governments to pay two-fifths of the cost, and the proposed per-capita tax at that time was set at \$21.60 for every man, woman and child in the country. There is no doubt that that figure would probably have to be raised at the present time, as costs have, of course, increased since 1945.

Speaking of health services – or rather, of the shortages of some of the facilities required, I would like to suggest that a generous programme of scholarships and bursaries to deserving students, provided by grants for this purpose from the Federal Government and further assistance to those students who would undertake to practise in rural areas for a given number of years after graduation, would I am sure permit a rapid expansion in the number of doctors, nurses, etc., and there is a definite shortage of both of these at the present time. I am told that we require 50 per cent more doctors in Canada, and that we require some 400 per cent more dentists. We should not be at all surprised at the shortage of doctors for I find that in all of Canada there are only 10 schools which offer complete medical courses

I do not agree with those who say we should first have all the facilities necessary before establishing national health insurance. I believe – and the C.C.F. Party believes – that the establishment of national health insurance would facilitate the development of health services. If we have to wait until facilities are developed to provide 100 per cent health insurance, until we have enough doctors, dentists, etc., so that all appointments could be

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made without delay, then a lot of people would, in the meantime, die needlessly.

The Liberals, themselves, in their own 'green book' of 1945 agree with this principle.

Early diagnosis, we are told, is an important factor in the successful treatment of many ailments, but the worry over the expense too often delays many people from seeking the medical assistance they require. Worry over medical expenses can be completely eliminated by pooling the risks involved and by accepting collective responsibility for medical expenses. Private insurance schemes, such as the Blue Cross and various other health insurance schemes are available for those who can afford them, but at best those schemes provide only a limited coverage and their costs place them entirely beyond the reach of the majority of our citizens; therefore, only a small percentage of our population is covered by these plans – perhaps not more than 10 or 12 per cent, and this 10 or 12 per cent could possibly provide this service without an insurance plan.

The Blue Cross in Manitoba charges \$39.60 per adult, not \$31.60 as was quoted by a member of the Opposition earlier, in this Assembly. And the Blue Cross, like many other organizations of its kind, gets special rates in hospitals, but they do not assume any responsibility for the deficit in those hospitals and, in some cases, those deficits are piling up into astronomical figures. One Montreal hospital, last year for example, had a deficit of \$400,000. In a report, made at the request of the President of the United States and dealing with private health insurance schemes we find in this report made by Oscar Ewing, Federal Security Administrator, a statement that private health insurance in the United States met only about 13 per cent of the personal cost of sickness. And he said also in the report that the United States paid \$2,400,000,000 in health insurance premiums and got back \$600,000,000 less; or, in other words, it got back only 75 per cent of the amount of money that was paid into the scheme.

Since we have had a C.C.F. Government in this province (that is, since 1944), Saskatchewan has advanced rapidly towards the goal of adequate hospital facilities and basic health services. We now have 7.3 beds per thousand of population, considered to be sufficient for our needs. It was in 1948 that the Federal Government started paying grants for hospital construction, and because Saskatchewan had been carrying on a very active hospital construction programme for the four years just prior to that, and because the grants were not made retroactive, and because Saskatchewan did not receive credit for those hospitals that were built just prior to those grants coming into force, Saskatchewan did not benefit to the same extent as did some of the other Provinces, which had done little or nothing about hospital construction.

In the same year, 1948, the Federal Government gave to the Provinces a grant for the taking, within the Provinces, of a health survey. Acceptance of this grant was said to constitute the first stage in the development of a comprehensive national health insurance plan. Saskatchewan has completed their survey and the Department of Health is to be congratulated in its choice of the Health Survey Committee and in the carrying out of its responsibilities for compiling the data and for the fullness of details in the report.

We find also in this 'green book' of 1945 that I have on my desk, Mr. Speaker, that, at the Dominion-Provincial conference in 1945 it was stated in this 'green book' that nearly all countries now had a health insurance plan of some form or another, the notable exceptions being Canada, Australia and the United States. Since that time Australia has adopted a national health insurance plan, and so we now find Canada and the United States, the two wealthiest countries in the world, lagging behind the other progressive nations of the world.

On June 13 last, there was an article in 'Maclean's' magazine entitled "The High Cost of Being Sick." This was an article by Sidney Katz, newspaper correspondent, who also has the degree of Master of Social Work. I have here some quotations from that article which I thought, Mr. Speaker, might be of interest to this Assembly.

Mr. Katz found that medicine is coming to the crossroads of its destiny, and cited as evidence the rising costs of medical care. He cited one man as saying: "The average guy cannot afford to slip on the street nowadays, it is liable to put him in the poorhouse for the rest of his life." He said: "Today it is the middle-class which most keenly feels the rising cost of health care. The poor receive limited care; the rich can afford most emergencies, but the average wage-earner can be bankrupted by sickness." He said that "small loan companies' best customers are people who cannot meet medical bills" and that he had met, in every community, "people sorely pressed by the high cost of sickness." He cited a \$4,000-a-year craftsman who was debt-free, owned a houseful of furniture, had \$2,000 in the bank, and a lung ailment made him penniless in six months. He cited another man, intermittently ill for two years, who lost his life savings; his medical expenses were \$10,000.

Then he went on to speak of hospital costs. He said that hospital costs had skyrocketed. In 1913, he said, you could get a public ward for \$1.02; today they come as high as \$16.00 per day, but this is only the start. Operating room charges, x-rays and drugs are all extras and they eat into the pocketbook. Nursing care, he said, alone can cost \$30 per day and yet hospitals face a financial crisis. Last year, for example, Montreal's Royal Victoria was \$400,000 'in the red'. In 1939, each patient cost the Royal Victoria \$5.21 a day; now it is \$14.38 a day, and hospitals must share a large part of the cost of indigents. One non-paying patient has already cost Montreal House \$15,000. Aggravating the crisis is the growing problem of chronic illness. Canada's 247,000 chronically ill people constitute a serious problem, since one patient per year keeps out 35 who are acutely ill; yet there is nowhere else to put them.

He said also that hospitals are faced with a critical shortage of beds. At some hospitals they have a waiting list of over 1,000 seeking admission. In addition to this, nursing staffs and other hospital personnel are away below minimum requirements.

Now, Mr. Speaker, may I say that I am very proud to be a Canadian, to be a citizen of a country so richly endowed with so many and varied natural resources, a country well on its way to becoming one of the richest (if not the richest) countries in the world. I have this sense of pride, Mr. Speaker, not so much because of our present or potential wealth, but because of the responsibilities I share with my fellow citizens in seeing to it that these riches shall be husbanded and made use of, first, for the use of all Canadian, and secondly, for the use of all peoples everywhere.

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In a report, Mr. Speaker, made at the request of the President of the United States, in 1948, a report that turned out to be a 186-page book, in speaking of preventable diseases it had this to say:

“In every year, in the United States, 325,000 people die whom we have the power to save.”

Mr. Speaker, this is a terrible indictment on a country that prides itself on being one of the progressive nations of the world, and when I learned that 325,000 people die in the United States, every year, people whom they have power to save, I feel that I am safe to assume that every year a similar percentage of Canadians die whom we have the power to save. When I remember that Canada is one of the two remaining great countries of the world not yet having the advantage of national health insurance, when I see around me, as I do, my fellow-citizens needlessly suffering from preventable disease, I am convinced that we Canadians have failed miserably in the distribution of our productive capacity and of our untold wealth of natural resources.

When I think of the many promises that have been made for the establishment of this plan, I become increasingly incensed at the present Liberal Government of Canada for their failure to carry out their promises in this respect. After 34 years of promises, of definite commitments, they tell us now, “It is not yet time to launch the plan.” Could it be, Mr. Speaker, that they think this old plank in their platform will win yet another election for them? In my opinion, it has been largely responsibility for their success at the polls since 1919 when this plank was first put into their platform. I believe that many people voted Liberal perhaps not only because of this plank, but certainly because this was the most important reason for doing so.

Perhaps it is not right for me, Mr. Speaker, to think that, while there are Canadians suffering needlessly and perhaps dying needlessly, the Liberals are holding up the national hospital insurance plan in the hope of winning another election with the promise they will implement this plank if re-elected. No, perhaps it would not be right for me to think that. However, it would not be hard to convince me that that is exactly what they are doing.

Mr. Speaker, we should remember that the cost of health services are not added to by the establishment of national health insurance. We are paying those costs now, either individually or through our government and municipal bodies. Indeed, it can well be argued that it is not only better but cheaper through national health insurance, for we are paying more now because of neglected cases. Furthermore, I do not think we need to be too much disturbed over the cost of such a plan when we remember that the national gross income, for 1952, amounted to \$22,294,000,000. If we take a small percentage of this amount, Mr. Speaker, say a modest 3 per cent, we find it would yield \$689,520,000. That amount, yearly, I believe would pay the entire cost of the plan for all of Canada. No, Mr. Speaker, I do not think we need be alarmed about the cost, but I do think we have good reason to be alarmed, to be much disturbed, over the fact that, today, more than 50 per cent of those Canadians trying to enlist in Her Majesty’s forces are found to be either physically or mentally unfit – and to top this, many of those who are accepted break down under training and have to be discharged. Surely it is in the national interest to remedy this situation. National health insurance would remedy it, and would at the same time be a means of re-channelling, on a more

sensible basis, the money and efforts we are now expending, so that it would be spread over the entire community so all Canadians would reap the benefit of health care whether or not they could as individuals afford it.

Let us not forget too, Mr. Speaker, that the most important asset of any country is its people. There is only one sound foundation on which a happy and prosperous nation can be built, and that is on the health of its citizens.

And, Mr. Speaker, we want no more shadowboxing on this important issue. We want action. When we are attacked by an enemy we can find the money to defend ourselves. Disease is also an enemy. It may not have the same spectacular attack but it is just as insidious as actual warfare. One other thing about disease is, Mr. Speaker, that it is not at all 'snooty'; it spreads its unwelcome presence without prejudice, without fear and without favour, on rich and poor alike.

In conclusion, Mr. Speaker, I want to say that shortages of facilities to establish national health insurance is not a sufficient reason for further stalling on this matter. I believe those Provinces that are ready and willing to co-operate with the Federal Government should be allowed to do so. I believe that they should be immediately able to enter into the scheme. So I say now, Mr. Speaker, let us get on with the job.

And I move, seconded by Mr. Howe, the motion standing in my name.

Hon. T.J. Bentley (Minister of Public Health): — Mr. Speaker, the resolution just moved by the hon. member for Morse is a resolution based on sound reasoning gained from the experience of the Saskatchewan Hospital Services Plan presently operating in this province and also from the experience of the best medical care programme operating on this continent, namely the Health Region No. 1 medical care programme at Swift Current and surrounding areas.

Mr. Speaker, this resolution is also very timely for, at this very moment, there is a strong demand throughout Canada for a national health insurance plan which was promised by the Liberals, as my hon. friend says, 34 years ago, which is even longer than the promise for the South Saskatchewan Dam and I am afraid is just as unlikely of fulfillment by any Liberal government.

At present a campaign is being waged by newspapers in an attempt to persuade the people of this country that voluntary health insurance plans are infinitely better than the publicly operated plans. In these newspaper articles chiefly emanating from outside the province so far, but nevertheless supported by some of the weeklies inside the province, comparisons are being made between the Manitoba Blue Cross on the one hand and

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Saskatchewan Hospital Services and British Columbia Hospital Insurance Service on the other. And, of course, the articles are designed to promote the interest of the Blue Cross and its efficiency, and to deal with what they call the inefficiency of the others.

During my talk this afternoon, Mr. Speaker, I am proposing to deal specifically with the comparisons between the Manitoba blue Cross and the Saskatchewan Hospital Services Plan, because by doing so I hope to convince the majority of the members of this Assembly that a national health insurance plan administered by a government is sounder than the voluntary plans being proposed by some sections of Canadian society, and also that such a national plan is a sound social and economic proposition.

In dealing with this matter, Mr. Speaker, I want to be fairly specific about the operations of both these particular plans – the Blue Cross in Manitoba and the Saskatchewan Hospital Services here. I want to point out that we must now, on this side of the House anyway, reaffirm the fundamental principles of the Saskatchewan Hospital Services Plan. If there was over a measure introduced into this country, Mr. Speaker, introduced into this province, that fulfilled the basic need and met with the widest acclaim it is the hospital plan we have operating at the present time. Again I want to point out that, in spite of the insinuations that are being made to the contrary by certain sections of society and the press, the plan was well thought out. It was carefully introduced with a full knowledge of all the challenges that were involved in a plan of that kind.

When this plan was launched in 1947, there was justifiable understanding that the Government at Ottawa was going to proceed with a full programme as outlined in the ‘green books’ and referred to in the speech by my hon. friend from Morse, this afternoon. Now it was delayed from Ottawa, with all kinds of controversies as to the reason for the delay, and anyone can have their own opinions; but the fact remains that it was delayed. This social experiment which is unique on the North American continent. It was a practical demonstration of this Government’s philosophy that health care and health services are the right of everybody. In fact it was stated, I believe, by the Premier in just these words:

“Health is conceived as the right of all and not merely to be enjoyed by the privileged few.”

That has been the philosophy of the movement that I am speaking on behalf of, this afternoon. By that we mean that health services are not something that can be rationed by the size of your pocketbook; that health services are important to all the people in the country, and must be available to them all with the strong in pocketbook supporting the weak in pocketbook, so that the national distribution (in this province, the provincial distribution) is used to make it available, as far as possible, to

To reach that objective the Saskatchewan Hospital Services Plan was developed according to a number of basic principles and I am going to enumerate those principles, Mr. Speaker: (1) Coverage was to be universal, or as nearly so as possible; (2) benefits should be comprehensive; (3) there should be equitable opportunity to obtain the benefits of the programme in accordance with needs; (4) there should be no exclusions or waiting periods so that people would be encouraged to seek hospitalization for ever, condition where hospital care was medically required – that is, to get early preventive treatment if possible; (5) premiums should be levied in order to encourage a sense of personal participation, but should be related, so far as possible to a provincially administered programme, to ability to pay; (6) payments to hospitals for care should be more than just going charges, they should cover the cost of efficient operation of hospitals. The plan therefore, in addition to its basic purpose, would have the effect of stabilizing hospital finances, which is extremely important if we are going to provide hospital care. In that happening, with hospitals on a sound basis, administrators of hospitals would not be compelled to go out every year or so and maybe oftener on fund-raising campaigns to take care of deficits. That situation has been taken care of in this province. (7) In contrast with prevailing practice elsewhere, essential hospitalization for indigent people in our population would be a matter of right, not charity; (8) the plan would be administered by an agency directly responsible to the people through their Legislature, as this one is, so that development of preventive and treatment services will go hand in hand so that there would be no cost of duplication for overlapping of services. Those are the eight basic principles on which the plan was started and on which it has been carried out.

Now, we enunciated these principles in pretty broad outline nine years ago, before the 1944 elections and, despite the failure at Ottawa to move forward so that our hospital plan could be broadened into a national scope, we have succeeded in fulfilling all the promises that were made at that time so far as this Provincial Government is concerned. Now, to prove that statement I want to make a few more very pertinent statements. Coverage is universal. Every essential hospital care is available on a free choice. You can go to whatever hospital you like; you have the choice of them. Some 94 per cent of the population is covered; that is something around 787,000 persons. The plan covers the aged, the invalids and the chronically ill. No charity patients are in existence so far as our hospitals are concerned in this province. The benefits are comprehensive. Virtually an entire range of hospital services for in-patient service is available, and that is for preventive, diagnostic and treatment services. Everyone in the province of Saskatchewan is able to obtain the hospital services he requires and without any regard of his ability to pay at the moment, because he is a beneficiary of the plan.

Our pattern of hospital construction in the province has been very well thought out. As was pointed out by my friend from More, prior to the Federal Government coming into the picture with Federal hospital grants on April 1, 1948, this Government had spent a lot of money – money, which at that time, had much more purchasing or building value than money as of the present time, and a great deal of construction was carried on during those years to meet what was anticipated to be the need for hospital beds to make it possible for this plan to operate. These are important things to remember, Mr. Speaker, as we go along. We are now attaining this

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position, in fact we have practically already attained it – not in all cases for quality of hospital services, but in a great measure for hospital quality and in quantity we have the number required now.

We also have as a complementary service the Air Ambulance to bring in patients from those areas which are out across the country in places where it is not desirable nor economic to build permanent structures such as hospitals. In spite of all this – which is known to everybody in Saskatchewan and I do not believe that anybody would want to do without it – there is now starting an insidious campaign to discredit it. And I know it is because of the national health insurance proposals which they are hoping to discredit, and so they start on what is, in their opinion, a vulnerable plan to discredit.

It is not only confined to Saskatchewan, Mr. Speaker. That would not be so bad. We would treat it with the contempt it would deserve if it were confined to Saskatchewan, and would not say much about it. But I believe that I have been criticized, and probably will be again, because I will certainly make the statement again that there is a paper curtain around Saskatchewan. I will continue to make it as long as this paper curtain continues to exist, and this is being started from outside. Papers from outside are deliberately trying to mislead the people in other parts of Canada in their belief that the Saskatchewan Hospital Services Plan is good, so as to get them to believe that it is not as good as it is supposed to be and, therefore, to be opposed to any national health insurance plan. It is not just something that has happened out of the air. These newspapers and some public speakers also, and others who should know better, speak to me with that kind of a voice: that is, the editorials and the weeklies; the editorials in the Manitoba Free Press, are all set out in such a way you would think the briefing came from one central source, and I am pretty well convinced myself that it is so. And the briefing is without regard to the facts, Mr. Speaker. Those facts are easily available. All anyone here or anywhere else in Canada needs to do, Mr. Speaker, is to call up or write any of the officials of the Department of Public Health in Saskatchewan and get any factual information, if they want it. They can get into out of the annual report of the Saskatchewan Hospital Services Plan; they can get factual information on the hospital plan out of this document which is published every year. They can call and visit any of the officials and get it. There is no need for anyone to be ignorant, and anyone who is ignorant either has not got anything to learn with or has no desire to learn the truth.

Now, as I said before, I think I know where this comes from. I think this is a subservient attitude that these papers and speakers have taken toward the political manoeuvrings of the people down at Ottawa who do not want a national health insurance plan. They want to defeat forever, if they possibly can, the introduction of national health insurance, and to do it it is necessary, as I say, to discredit one such as we have here. I have here in my file, this afternoon, a number of clippings from the “Free Press”, from “Our Way of Life” printed here in Saskatchewan; from the Estevan “Mercury”, and other papers, principally those though that are joined in this campaign, and the papers are endeavouring to recommend for public consideration the operations of the Blue Cross Plan in Manitoba, and as a basis for their recommendations they are using the report of the Manitoba Health Survey Committee.

I should explain, in cases there are some who still do not know, that every province was invited to establish a Health Survey Committee of its own representative citizens to study its health needs. It was done in all the provinces. It was done here in Saskatchewan. In the Manitoba Health Survey Committee, it is true, they did recommend the voluntary plan, and they did pay a great deal of tribute to the Blue Cross Plan, and I am not going to say one word to discredit the Blue Cross Plan this afternoon. I am simply going to point out that ours is better. They are extolling those virtues, and they seem to have forgotten entirely (the papers here in Saskatchewan should know better) that we had a Survey Committee here. And even though the Manitoba Survey Committee did recommend the voluntary plan (of which I am going to show the weaknesses shortly) they have never mentioned the recommendations of the Saskatchewan Health Survey Committee, which was composed strictly of Saskatchewan men and women. I will give an idea of who they are and their positions to show that they were equally as intelligent, equally as interested and equally as well able to come up with recommendations as any other provincial survey committee: Mr. C.G. Bryden – “Jerry” Bryden, whom everybody in this House knows and all the press reporters ought to know – Secretary of the Association of Rural Municipalities; “Bill” Davies, Secretary of the Saskatchewan Federation of Labour, from Moose Jaw; Dr. Gordon Ferguson, Registrar of the College of Physicians and Surgeons in Saskatchewan at that time; Dr. W.F. Hancock, Registrar of the College of Dental Surgeons; Mrs. Elsie Hart, representing the Saskatchewan Farmers’ Union Women’s section; Dr. C.J. Houston, of Yorkton, well-known to everybody on the eastern side of this province and nearly everybody else; Mr. Jackson, representing the urban municipalities, also the City Clerk in Yorkton; Carl Kjørven, of Cabri, who at that time was the President of Health Region No. 1 and a well-known individual, an able farmer and public worker in the west side of Saskatchewan; Mr. Sam Wynn of Yorkton, the publisher of the Yorkton ‘Enterprise’, and Miss L. Wilson, who is Registrar of the Registered Nurses’ Association in Saskatchewan.

They had a sub-committee on hospitals composed of Mr. Allison, of Gull Lake, a reeve down there and President of the South-West Municipal Association; Dr. Baird, recently deceased, who was the Superintendent of the Regina General Hospital; Mr. McEachern, from Saskatoon, Master of Arts and Bachelor of Law; Mr. G.W. Myers, of the Saskatchewan Hospital Services Plan; the Rev. Sister Paulteria, President of the Catholic Conference in this province; J.A. Thain – “Joe” Thain – who was the provincial executive of the Trades and Labour Congress of Canada. These people comprised the committee, and this is what they recommended in their main recommendations:

“There is no longer cause for further delay in bringing the benefits of health insurance to the people of Canada, and it is recommended that the Federal Government should extend the scope of the national health grants programme by adopting immediately a national health insurance programme.”

The reason I read that, Mr. Speaker, is that the people whose names I have just read out were honest and sincere people. They had before them a mass of data. They spent days and days studying at home. They spent other days every month in meeting and discussing these matters, and I want

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to point out that these newspaper reports that are talking about the Manitoba Blue Cross Plan and the representations of the Health Survey Committee there, should never forget for a minute that we had a similar one here and they made directly opposite recommendations.

We are told that government interference and excessive costs have disabled the Saskatchewan programme. Even the Leader of the Opposition, in another debate, made some comment about this matter, and the papers – even our Saskatchewan dailies (again that should know better) – talk about huge deficits, and we are told, in 1951, the Manitoba Blue Cross Plan brought in just over \$3 million and the hospital care worked out at \$9.75 per beneficiary. Then we are also told in the same breath, to support their statement of the huge deficits, that in Saskatchewan, in 1951, the plan cost \$15,100,000 or more than \$19.25 per beneficiary. In their own words they used the magic of arithmetic to arrive at something that suited their purposes, namely, that the Saskatchewan plan was shown to be twice as costly as the Manitoba plan. They give a reason for it, and I am going to quote their reason:

“Like many government venture of this kind there was no incentive for economizing or for efficiency. Once the mistakes were discovered it was too late. Better to make up the deficit from the general provincial funds than go back to the people for the increases.”

Those are statements they have made. Now, Mr. Speaker, let us have a look at some of the facts. To begin with, let us compare the entire cost of hospital care in Manitoba as a whole with the cost in Saskatchewan. That will be a more proper comparison, since Saskatchewan Hospital Services Plan covers about 95 per cent of the population and the Manitoba Blue Cross Plan covers, according to their own statements, 40 per cent of the population. According to the Dominion Bureau of Statistics, Mr. Speaker, in 1951, in-patient service in hospital, in Manitoba, was \$10.24 per capita; in Saskatchewan, it was \$18.29. At the same time, in 1951, the cost per patient-day in Manitoba was \$8.04 for each patient; in Saskatchewan, \$7.74. These are important figures to remember, Mr. Speaker. In other words, the unit cost of the in-patient hospital care was greater in Manitoba by 30 cents a day, whereas in Saskatchewan we spent a much greater total amount because our coverage was much greater in population. The difference in the per capita cost, for instance, is due to the difference in the rate of hospital use. In Manitoba, in 1951, for every thousand people in Manitoba there were 1,273 days of hospital care provided. In the same period, in Saskatchewan, for every 1,000 people, there were 2,362 days of care provided. That is almost twice as much as was provided in the province of Manitoba.

Now there is a reason behind the difference in hospital use. There is a higher level of beds, as I have mentioned, which exists in Saskatchewan compared to Manitoba. We have over seven beds per thousand in Saskatchewan, Mr. Speaker; in Manitoba they have less than five. Consequently, they cannot give the service even if they wanted to give it, because they have not got beds enough. They would have to do as we have done here – proceed with some hospital construction. As I say, in Manitoba they will have to create a sufficient number of beds to give adequate service, and they must develop a hospital accommodation of uniformly high quality which we have done in this province here to a very large extent. Over

two-thirds of our beds at the present time are in modern, fire-resistant, efficiently designed and properly located hospitals. In Manitoba, they are far short of enough beds to serve their population.

Furthermore, there is a wider coverage in Saskatchewan, Mr. Speaker. In Saskatchewan, as I have pointed out before, our plan covers 95 per cent of the population; Manitoba Blue Cross, 40 per cent. And most of that 40 per cent is in the larger urban areas such as Winnipeg and Brandon.

The economic barrier is removed so far as Saskatchewan is concerned. Our coverage is universal, and the beds are available nearly always when they are required, and that means for rural as well as for urban folks. Our population is more rural in character, Mr. Speaker, and you would expect, because of that, there would be some greater use of hospitals here than there are in the urban centres. As a matter of fact, the utilization rate in comparison is the same in Saskatchewan as it was before 1946 when the plan got into operation, because of the rural nature of our character.

If the newspapers and the promoters of the voluntary plans want to use the magic of arithmetic, let them listen carefully to this. We have used it. If Manitoba had the same level of hospital beds as Saskatchewan and as wide a coverage of hospital insurance as Saskatchewan, and hospital care was available generally as medical need dictated, the per capita cost in Manitoba would be \$18.99 per person, and that would be as compared with \$18.29 in Saskatchewan; that is 70 cents higher there, if they gave exactly the same service and had the facilities to give it.

Another thing that comes up quite often is this matter that is talked so much about – abuse, over-use and mis-use of our hospital facilities here. I do not support it is possible to say there is no abuse. There is; there are abuses in every society. There is abuse of every good thing. The abuse is not something that we need to get too much concerned about when we know that steps are being taken to prevent those abuses as much as possible. So far as abuse is concerned, the voluntary plans right across this country are suffering from the same thing and concerned about it.

Mr. Speaker, the so-called high costs of hospitalization here are not because of abuses to the plan. The principal reason for the high cost of hospitalization is the rising price of goods and services which hospitals must buy. If anybody will take the trouble to look on page 21 of last year's Saskatchewan Hospital Services Plan annual report, they will find that the increase in the cost over the previous year of our hospital plan was due almost entirely to the increase in the cost, not in the increase of use, because, for the last three years, we have levelled off pretty well in the use of our hospitals. We have made some real progress in doing it and we have made that progress without waving any clubs or using any big sticks on anybody whatsoever. We have enlisted the support and active co-operation of hospital boards and of physicians and of hospital administrators, the superintendents, the technical staffs, and we are making good progress in controlling the abuses that we all have to admit do take place, as I say, in our society, and probably will again.

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The rate of discharge is being levelled off, and we are getting onto a pretty fair basis. In 1947 there were 156 cases per thousand beneficiaries, and they were given 1,565 days of care for each thousand beneficiaries in the province. That takes in nearly everybody. In 1949, that rose from 156 to 200 per thousand, and it has remained fairly steady ever since.

I will just give a little more emphasis to what I said about the causes of the cost. In 1948, Saskatchewan Hospital Plan expense increased over the previous year by \$1,600,000. Some 47 per cent of that, at that time, was due to the increase in days of care; 53 per cent was due to the increased costs of good and services. In 1951, the increase in the cost over the previous year was \$1,420,000, of which only 3 per cent was due to increase in the days of care and 97 per cent was due to the increase in cost of goods and services. I do not need to remind anybody in this House, on this side nor on your left, Sir, or anybody else that may be listening in the country, that the only people who had any control over the increase in cost were the Federal Government of Canada, who definitely refused to do anything in the field of price control and the rest of us have had to suffer for it.

I now want to compare our hospital costs with the rest of Canada for per-patient-day cost in hospitals. The average across Canada, Mr. Speaker, in 1951, was \$9.05 per day. In Saskatchewan, in that year, it was \$7.74 a day; in Ontario, \$9.69; in Manitoba, \$8.04; in British Columbia, \$11.21; in Alberta, \$8.64; in New Brunswick, \$8.07; in Quebec, \$8.76. Nova Scotia and Prince Edward Island were the two lowest provinces, with \$7.23 for Nova Scotia and \$6.30 for Prince Edward Island. Those are D.B.S. figures, Mr. Speaker, in case anyone is interested in the source of them.

The Manitoba Blue Cross has suffered from the same increase as the rest of us have, and they have been worried about it also. Now, let us talk about the so-called deficit in the Saskatchewan Hospital Services Plan. There are two basic principles that underlie the operation of this plan. That is, first, that the premium rate should be at a rate that it was possible for nearly everybody to pay. The other money comes from the general funds of the Province and from the Education and Hospitalization tax in a redistribution of the income of people who were better able to afford to pay more in, to make the insurance principle safe for everybody in the province who is a resident and entitled to coverage. So the premium rates, as I say, are set low enough to provide for that purpose, and the other moneys are obtained from the other sources. This Government, Mr. Speaker, makes no apology for this. It has never yet said that the per capita tax would pay the total cost of the operation of the Plan. It is not its policy now, and I have no reason to suppose it is going to change its policy from what it is now and say that the tax has got to pay it all. They expect to pay some from the general treasury in order to make it available to all.

It should be recalled, Mr. Speaker, that the total amount of hospital care includes the amount which would have to be paid from general revenue if there were no Saskatchewan Hospital Services Plan. If we did not have the plan here, there would still be hospital care for people on social assistance. Somebody has to pay that, Mr. Speaker, and if it is

not paid, the hospital has to go out and find it itself or have a deficit on its books. It has to be paid, or the hospital is not paid. The only other recourse is that the individual who needs it does not get the service and a humanitarian government does not believe that they should be deprived of those services.

Then there are the other cases that are taken care of by your Cancer Control Act at the present time and our free cancer services – free to those people who need it at the time they require it, regardless of their ability to pay. They would have to be taken care of if we had no plan. Many of those are covered under the plan and, apart from their medical services, their hospital services are taken care of. Then there would be per diem grants to hospitals which was one way previous governments, and I believe to some extent, the Manitoba Government, endeavoured to assist the hospitals so that they would not have deficits. Well, Mr. Speaker, that has to be paid from the taxpayer. So it is not proper to take the operation of a Blue Cross plan and the number of beneficiaries it has and the premiums they pay, and say that is the cost of hospitalization in any particular place and use that comparison to support the contention that a national health insurance programme would be too expensive, and we had better go back to the voluntary ideas.

Now let us deal with what the voluntary plans do. They take care of their operations by selected risks and by restricted benefits, and it is not involved in a great many other costs. Hospital deficits in Saskatchewan would be very big at the present time, if we did not have the plan. There is no protection for the Manitoba hospitals. It is well to point out here, Mr. Speaker, that if a province or country is going to have a service with full coverage it must provide the facilities for it, and it cannot expect the owners of those facilities to provide services for nothing or at a loss.

I have a letter here, written by a fellow in Winnipeg, and I am going to quote the letter and put it on the record, Mr. Speaker. If it is requested that I table it, I will do that also. Here is the letter:

“Proof of the pudding is in the digestion. Recently I was a patient in the Winnipeg General Hospital for 28 days. My son had paid Blue Cross Hospital insurance. When I was leaving the hospital, I was handed a bill which showed the Blue Cross had paid \$160 on my account. My own bill, in addition was \$128.75 – a bit tough on an old-age pensioner. Manitoba pays nothing in addition to the Federal Old-Age Pension, nor does it pay anything toward the hospitalization bills of old-age pensioners. If I were living in Saskatchewan, how different! Had I been under age for old-age pension, my annual payment would have been \$10 only, and since I am over 70 years of age, I would have had the full bill taken care of.”

I want now to examine the charges of Saskatchewan's inefficiency in the management of our plan. We operated, Mr. Speaker, in the year 1951, for 4.2 per cent for cost of administration; that is, 4.2 cents out

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of every dollar that goes into the operation of the plan is used for administration; in the Blue Cross plan in Manitoba, for the same period, their cost of administration was 10.7 cents out of every dollar paid in. On a per capita basis, Mr. Speaker, it works out to this: in Saskatchewan it works out to 75 cents for each beneficiary for administration; in Manitoba, \$1.07. So the statement that there is no incentive for economizing is nothing more or less, in my opinion, than pure unadulterated fabrication on the part of the people that use it, and they should know better.

Now, our system of paying hospitals has been worked out very carefully, and none of the hospitals need to suffer a deficit at the present time. We have done this, as I said before, with full co-operation and discussion with the Saskatchewan Hospital Association and the Catholic Hospital Conference. I think it was in another debate that my friend, the Minister of Education, mentioned something along these lines – I cannot quote his words, nor would I be allowed to if I tried to; but it went something like this: “The people of this province have had a taste of democracy and they like it; the people who manage the hospitals in this province have had a taste of democracy, and they like it” and we confer with them continuously.

I want to deal now with some of the restrictions that operate in the Blue Cross plan. In the first place, in Manitoba, the most important limitation under Blue Cross is the length of stay. You see, if you are a member of the Blue Cross there – one of the 40 per cent who are fortunate enough to be in it – for each illness you are allowed 21 days, in the first calendar year of your membership, in the hospital. For the second year, you are allowed 28 days for each illness; and in the third year, 31. Under special circumstances you may be allowed 90 days, for which 50 per cent is paid by the Blue Cross plan. So you see, the actual effect of that is that, approximately, the effective benefits under that plan are one month. There is no such restriction here. We have many people who have been in the hospital in this province for quite a long while, Mr. Speaker. Some people will say they should not be there. Possibly they should not. Other provisions are being made for those chronically ill cases, and I expect my hon. friend, the Minister of Social Welfare, will be speaking of those in the course of some debate or discussion in this House. The important thing is that we do not have the waiting periods. For instance, in Manitoba, you cannot become a beneficiary as a maternity case for twelve months after you have joined. That is a provision that does not exist here in this province. In Manitoba Blue Cross, if a medical examination indicates that you have a pre-existing illness, then you do not have benefits under that plan until you have had a twelve-months' waiting period. These conditions do not exist here.

As I said before, Mr. Speaker, I am not discrediting the Blue Cross plan. It is better than no plan; but I am trying to emphasize that a national plan would be infinitely better for all the people of Canada than to depend on voluntary organizations trying to do it from the premiums they could collect.

And as the argument goes on, opponents of the Saskatchewan Hospital Services Plan try to make something out the idea between ‘voluntary’ and ‘compulsory’. Well, I think, myself, that that is a lot of nonsense. You can use it, I suppose, to discredit almost anything. You

might say 'I do not want to travel on any sidewalks or any streets and I should not be compelled to pay a tax to keep those streets up; I can make my way some other way'. I do not know how. That kind of argument is nonsensical, in my opinion. But again let me point out that there is a constant tendency on the part of the voluntary schemes to want to compel people to come into their schemes. We have that happening here in this province. You have it happening in medical services in many places, where they start out saying, "come and join us voluntarily", until they get a certain amount in, and they charge a certain premium. Then, after they get going for a while they find that, because of the lack of advertising or appeal, they do not get in the good risks they need to carry the poor risks. There is a tendency on the part of the poor risks to pour into it, and of the good risks, or many of the good risks, to remain out; and so they go to a municipality and they say to a municipality, "you get all your people making a contribution, or get 80 per cent of them into this scheme, and we will continue it in a voluntary way."

I am not criticizing them for doing that, but I am offering criticism of the people that try to extol the virtues of voluntary schemes as against public schemes which they call compulsory. The operation of some voluntary schemes are presently trying to get many people into their plans by making them compulsory in effect.

I would like to say, Mr. Speaker, that I have no quarrel with people who believe in voluntary schemes. If they believe in them, they should promote them; they should promote them on the basis of their value. If they want to compare them with public schemes, they have a perfect right to do it; but, as I said before, they should use correct and accurate information when they are doing it. They should appeal to the people on the basis of truth. I am telling the truth here, this afternoon. Every single word I have said here can be substantiated by the record. The things that are being printed in the Manitoba "Free Press" and other newspapers cannot be substantiated by the record. I have no quarrel with the people who believe in the voluntary schemes, but I am saying that, when they are promoting the voluntary schemes, they should be careful to see that those voluntary schemes are comprehensive enough to take in everybody, and they know very well their voluntary schemes cannot do that. That is the reason we, on this side, say it should be a public scheme, so that better-off sections of society will make a contribution, in some form or another, to assist the less well-off sections of society to do two things: to fulfil a very definite humanitarian purpose, give everybody access to good health so far as the skills and the means of a country are able to provide them; and secondly, to bring up into Canadian citizenship good, healthy kids who will grow up to be good healthy men and women, who will now require, in the future, so many treatment services, because they will know more of the preventive services as time goes on.

I have no quarrel with those who believe in the voluntary schemes, but I will say to my friends across the way, or to anybody else, to any other political party which does not believe, as we on this side do; if they believe in the voluntary schemes, say so, and go out and promote them, and I will challenge them to fight the next provincial election on the voluntary hospital scheme, Blue Cross or any other medical schemes, as compared to the kind that we operate at the present time in our Hospital Services scheme. They should not say, as they said before the last election,

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“We support this plan, but we will run it better than you did.” That was their only criticism. If they believe in voluntary schemes, they should go ahead and promote them. Personally, I do not think they can do so.

I will say, Mr. Speaker, that we have demonstrated, through the operation of the Saskatchewan Hospital Services Plan, through the medical care plan in Swift Current, and through a number of municipal medical care programmes, that public schemes are capable of giving better and less costly universal care than any voluntary scheme will ever be able to do. Therefore, I support without any qualification, the things mentioned in the Resolution introduced by my friend from Morse, this afternoon, and, needless to say, I will vote for the Resolution when the question is put.

Mr. P.A. Howe (Kelvington): — Mr. Speaker, and members of the Legislature, we have listened, this afternoon, to two very splendid addresses, and indeed there does not appear to be very much left for me to say. However, I want to say a note of encouragement, and when we think back just a few years, we remember some of the things that have come out of the last war. Wars are something that are disastrous; a tremendous loss of life; a lot of suffering; a lot of money is being spent on war, and yet there is something that seems to come out of a struggle of that nature.

I remember, during the last war, when both in the United States and in Canada, something was being revealed by way of the state of health of the nation. You will remember that, in the United States and Canada both, the figures were very much similar. They found that, during the recruiting of men for the Armed forces, something like 44 per cent of the men and women who offered their services to their country, were unfit for various reasons, not altogether because of medical reasons, but for various reasons that impaired their health, and fitness to serve their country. And out of that experience has grown up a consciousness, not only on this Continent but all over the world, in regard to a great need for providing better medical attention for the people in our various countries.

In Great Britain, a study was made of the health conditions of the British people, and out of that study grew the best complete national health insurance scheme I believe in the world today. And here in Canada, similar steps have been taken which I will not go into in any detail; but our people in Canada, our Canadian Parliament, thought this situation sufficiently serious that they, too, appointed a commission to study the health problem in the Dominion of Canada. Out of that has not come a great deal yet, Mr. Speaker. One thing that came out of it was a Draft Bill, which never became a Bill because it was never presented in Parliament. Certain things have come out of it just the same, in Canada, and even though we have not gone far enough, we have in recent years been given a little more assistance by way of various grants from the Federal “Government, to cope with problems that we are trying to face on a provincial basis. But that is how far we have got in Canada.

What I want to try to do, this afternoon, is to try to prove the need for a national health insurance scheme, Mr. Speaker. It has certainly been proven already this afternoon by the member for Morse and by our Minister of Public Health, but I can perhaps do it in a different way. I

have been looking at some statistics these last few days, in order to prove my point. I notice an excerpt in Hansard, November 26, 1952, page No. 118 – the percentage of people in Canada that can afford proper medical attention at the present time. According to the 1951 census figures (which are now coming to us in Canada) of the 20 largest cities in Canada, we find that 27.8 per cent of the total population live in these 20 centres. In those 20 largest cities, 49.8 per cent of all the wage and salary-earners receive an annual income of less than \$2,000. According to another survey made by the Dominion Bureau of Statistics (it is not as recent though; it is back in 1948), it was ascertained that families, in that year, who had incomes of \$2,000 or less were able to spend on health care not more than \$70 in any year. The salaries ranged from \$2,000 and down. Other figures which I have obtained from the Dominion Bureau of Statistics show that, in 1950, which was in between the two years I have already mentioned, the average stay in hospital in Canada was 10.5 days. Now that does not altogether correspond with the figures my hon. friend gave a moment ago, but it may be in a different year. This was 1950—an average of 10.5 days in hospital; an average cost per patient day of \$8.33, or an average total of expense of \$87.46. Yet the survey of family income and expenditure to which I am referring, indicates that the people with incomes of \$2,000 or less were able to spend on all health care, in the course of a year, only \$70 or less.

Now then, from figures for the year 1951: The total expenditure on health in Canada, in that year, made by Canadians privately, was \$496 million, which results in an average family expenditure of \$129.50. What I ask you now is this: if the average hospital cost is \$87.46 and the average total family expenditure of health per year is \$129.50, what is the position of a large number of wage and salary-earners who, according to the other survey that I referred to, are able to spend only \$70 a year, or less? The point, of course, that I would like to emphasize in this connection is the fact that there are two classes of our society today, in Canada, that get reasonably good health care. They are the people in the higher income brackets who can afford to buy their medical attention; and the other, lowest income groups that are getting assistance from the Provincial Government, consequently receiving their blue card and so on, like they do in Saskatchewan; but the great masses of people in the average income group are the ones who are not getting the attention they are entitled to get.

Now then, what is it costing the people of Canada in the way of lives lost because of lack of medical attention? I am quoting now from Hansard again, and the statement is made by a Mr. Crone, who is well known to the Leader of the Opposition. This is what he has to say:

“From 15,000 to 20,000 die yearly, of ailments which could be cured or prevented by timely medical care, but a third of the people of Canada do not have the services of a family doctor and wait too long before seeking medical care. And only 20 per cent of the people of Canada are able to afford all the medical care that they require.”

That statement was made by Mr. Crone in the House of Commons, on February 28, 1952. Again, in the ‘Globe and Mail’ of February 5, 1952, dental records of recruits joining the Canadian Army show 9 out of 10 need dental care, according to dental officers at the Defence Headquarters. Most

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of these recruits are in their twenties and late 'teens. When the Korean Brigade was assembled at Patawawa, in the fall of 1950, 6,091, or 90 per cent required dental treatment. As all the work necessary could not be done in time, a team of nine dental officers was sent to Korea, to finish the work over there. What a tremendous waste, Mr. Speaker!

Then, again, what do we lose in other ways? I have two illustrations here, one of the United States and one of Canada. In 'Collier's' of January 27, 1945, they have this to say:

“We lose at least half a billion working days each year to illness; one-third of it could be considered preventable. Out of 30 million men drafted, almost 4 million were rejected as unfit. Of the unfit, at least one-sixth suffered from easily remedied defects, and a large portion of the defects were preventable. Methods and treatments are steadily improving, yet it is estimated that from 30 to 50 per cent more mothers die than would die if they had all the medical care that they require.”

That is in the United States. Now what do we find here in Canada? This is by the Hon. Paul Martin, and not so very long ago. He had this to say: He told the House that losses on account of illness and disability through accidents and for other reasons cost the country about a quarter of a billion dollars and that the loss in days, last year, amounted to something like 137 million working hours. Those are economic losses, Mr. Speaker, but when we consider the great losses through suffering, the anguish of the people who are not able to get all the treatment they need, when it is needed, I think we must see immediately how important is a piece of legislation that will provide for the Canadian people a national health insurance scheme.

Again, David Crone, in the House of Commons on December 4, 1952, said:

“Let me read you just a few health statistics which will help us to understand the problem that is involved. Every year in Canada, the following deaths occur because of sickness and disease: Tuberculosis, in 1950, 3, 583; in 1951, 3,418 – a slight improvement. Communicable diseases, in 1950, 5,577; in 1951, 6,999 – it is getting worse there. Infants under one year, 15,324 in 1950 and 14,584 in 1951. Infants at birth, under one day, 3,996 in 1950; 3,637 in 1951.” – a slight improvement there possibly largely due to our Saskatchewan Hospitalization scheme in this province – possibly due to that.

Then again, we find that in Canada, we are behind many countries in providing adequate health care at a cost which the people can afford, and we a nation with the second highest standard of living, are twelfth in the infant mortality rate. I might say that I have the figures here for about twenty different countries in the world, but I am not going to weary the House with them, only to say that the average infant mortality rate in Canada, for the Dominion, is 44 and for Saskatchewan, 40, so that we can pride ourselves in being better than the average in Canada on that score.

The argument is often made that in Canada we are not ready for a national health insurance scheme. David Crone again said in the House of Commons, “that to take only one recent example, the number of doctors, nurses, laboratory technicians has increased faster since the health plan was set up in 1948, than ever before in Great Britain” – so that ought to knock that one over.

Well now, what was the situation here in Saskatchewan? I think that ought to be pretty good proof that we cannot wait; we need not wait, until we have all the facilities and the personnel required, ready to put a whole scheme into operation. In this province, you will remember, we had less than 4 beds per 1,000 people when we started our scheme; but as our scheme grew up, the beds were increased, personnel has been increased, and today we have between 7 and 8 beds per 1,000 people. So that is proof, Mr. Speaker, that it is a poor excuse to say that we are not ready in Canada for a national health insurance scheme.

Another argument, Mr. Speaker, in favour of good health in any nation: The ‘Labour Congress Journal’ has this to say, in May 1952:

“The greatest blow we could deal inflation would be to improve the health of the nation. Production is a pressing and urgent need. In peace production, poor health is the cause of more lost time than any other factor. As a defence measure and as a means of directly strengthening and protecting our democratic way of life, we believe that the early inauguration of a nation-wide health insurance scheme should be taken into consideration.”

The Minister of Public Health dealt with these private insurance schemes. I had intended to deal with that to some extent, but I know it is not necessary; but I, too, want to say that I have no quarrel with them. I think it is all to the good to those people who can avail themselves of the services provided by those private schemes that we have in this province, but I do think that that is not good enough for the people of Canada. I think what we want is a scheme that will guarantee every man, woman and child, irrespective of their ability to pay, health and medical services, and dental care that is required from time to time. I think that is what we want. So I say, Mr. Speaker, that I hope the Federal Government will see fit to present to Canada a national health insurance Bill, that all the provinces of Canada can come under it, and I hope that they will get going as soon as possible. I shall support the motion.

Hon. W.S. Lloyd (Minister of Education): — Mr. Speaker, I had not intended to take part in this discussion, but there is one very brief comment that I want to offer. As the hon. member for Morse mentioned, when he was speaking on behalf of his motion, one of the arguments frequently given as to the delay in proceeding with the establishment of a national health insurance programme is the fact that we have not sufficient trained personnel; and then the argument is sometimes added, too, that it would cost too much money. I wanted to make the point that it is possible for a young man with the proper qualifications in Canada today,

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to receive all the assistance that he needs in order to get training as a doctor or as a dentist. He can get money to pay his tuition; he can get money for the expenses of books and other equipment; he can get assistance to pay board and room; he can get a monthly allowance while he is at university, and he can get guaranteed summertime employment in between university terms. He can get that assistance, Mr. Speaker, provided that he is willing, and sufficiently physically fit, to join the Army.

I would have no quarrel with that plan, provided the same kind of assistance were available if he wanted to give a different kind of service to his community. It seems to me a rather sad commentary on the state of things, when a young man who wanted to serve his people by becoming a medical health officer in a health region, for example, could not get the assistance to get that training, or would have to get it through provincial governments, whereas if he wanted to serve his people by joining the Army, he could get that assistance. It seems also that it is rather a short-sighted aspect of national defence policy, when one of the most important factors in defending our people is to have a healthy people, entirely. I wanted to make that particular comment – that if money is available to train young men as doctors or dentists, or other occupations as well, provided they were willing to join the army, then certainly money ought also to be available to train them in order that we might have a national health insurance programme in Canada.

(The question being put, it was agreed to unanimously.)

NATIONAL LIVESTOCK MARKETING SCHEME

Moved by Mr. Wooff, seconded by Mr. Larsen:

“That this Assembly, recognizing that the merits of the Wheat Board principle of marketing are now firmly established, urges that the Federal Government call a conference with a view to adopting a similar national marketing scheme or schemes for the marketing of livestock, dairy, poultry and other agricultural products, and that this marketing policy be part of a permanent programme to stabilize the agricultural economy of Canada.”

Mr. R.H. Wooff (Turtleford): — Mr. Speaker, in introducing this motion, I feel it is an issue that not only every member is interested in, but it is an issue they should be deeply concerned about. I feel that the livestock industry of the Dominion of Canada is a big enough business to warrant such an approach. In 1952, the national income from livestock and livestock products, as mentioned in the resolution, amounted to \$1,272,245,000. I think that speaks for itself with regard to the magnitude of the problem.

With your permission, Mr. Speaker, I would like to reminisce a little on the motion. I have been closely associated with the livestock

business in a small way almost all my life, and I remember very well, in the pioneer days, the time when we had to market our hogs by slaughtering them on the farm. I well remember the cold winter days when we butchered hogs all day long, because I think you realize that, with a perishable product such as meat, it could only be handled during the cold weather. This butchering was done in preparation for a trip of anywhere up to 80 miles to market, and when you got there it was not the easy thing that it is today when you can back up to the stockyards and unload. You tried the local butcher first to see how many, or whether he would take all your load; you tried to trade them to some of the businessmen of the day, and if you could not do that, or if the price was too low, you resorted to peddling around the town or city. And you could not take them back home, Mr. Speaker, because it was a perishable product and you had no market at home if you did take them back. There was one other reason why you simply had to get rid of them, and that was because there were certain things that had to be taken back for the home and for the family. I remember, along with many others, some very heartbreaking experiences of working six or eight months for little or no return.

Then came the period, Mr. Speaker – and I think you will all remember it – when the stock drover was in the saddle. He came out through the country where there were no radios, no telephones, not even a weekly mail service to keep the farmer in contact with the markets. There are many cases I remember where the drover made a deal for you to deliver hogs 30 or 40 miles away on a certain day, and a token payment was given to cinch the deal; and when you got there the price of hogs may have been much lower than that quoted to you the day that the drover made the deal. I remember one instance – speaking of cattle – where a drover made \$125 between the purchase and the sale price of one single steer. It may be an extreme case, but nevertheless it was the truth.

Now, Mr. Speaker, we do have improvements in the marketing technique of our livestock. The co-operative movement came into the field and, by the combined efforts of the stock producers, we did get such things as union stockyards; we did finally get to the point where our stock was sold by auction. All those things helped to improve the producer's position and to guarantee to him a fair return of prevailing prices. But, Mr. Speaker, from the pioneer days until now, I submit that the livestock industry has taken a terrific beating from the violent fluctuations of the present uncontrolled marketing system.

There are several factors, I think, that lend themselves to that kind of thing: our climatic conditions, the uncertainty of our rainfall that makes our feed and pasture conditions equally uncertain and there are certain periods when the marketing of livestock is exceedingly heavy in the markets of the west especially. These conditions make the marketing not only seasonal, but very often play havoc with the price structure. The fall season of the year has always been one of the times of the year when there is a heavy run. It depends some on crop returns. If crop returns are light and our stock population is up, there is a tendency to get them away to market before the cold weather sets in. That is equally true of some of our extreme drought periods when people have been forced to market large quantities of stock, and in some cases received very little in return.

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And all the time, Mr. Speaker, we have had a private processing industry in the position to take advantage of the dilemma in which the producer all too often finds himself. These conditions have added up to that saying which you sometimes hear, that when there are no pigs there is a market, but when there are pigs there is no market. I do not think I have to go back very far to remind you of a drop in hog prices that caused the producers a great deal of heartache and terrific losses. In the early months of 1951, I think you will remember that hog prices were excessively high; I think they were possibly too high, ranging from \$36 to, I think, a peak of \$39 a hundred. But, Mr. Speaker, that was through May, June and July. By the middle of August, before even the earliest litters of pigs could reach the market, the prices began to decline. I know, because I was feeding some pigs, and I was pushing them for all I was worth to try and beat the market to it. I missed. From the middle of August to October, Mr. Speaker, the price of hogs dropped from 36 to 23 cents, or in other words, dropped one-third in value, and any profit that the producers had hoped to make was absolutely wiped out. There would have been one redeeming feature in it if the drop of hogs had been reflected in the price to the consumer, but it was not. I well remember too, in 1917, when the banker would follow you down the street to loan you money to go into cattle, build up your herd that you already had. You all know the story – the bottom went out of cattle, and the livestock producer in many cases was brought to ruin or was loaded with debt and hardship that it took years to overcome.

Only last year, cattle prices dropped by one-third in a few months, and I have heard those who are feeding cattle for the spring markets, this winter, say that they are very much afraid that they will get nothing for either their feed or their winter's work when springtime rolls around.

I think the necessity for some kind of stabilizing factor in the marketing of livestock has been borne out by these violent fluctuations. Not only has the price of stock gone down, but, once again, the increase in the cost of production affects one of the major industries of agriculture.

I have some figures here that I would like to give the House. The decline has been particularly severe so far as purchasing power is concerned. From 1945, the index of commodities that the producer must purchase had gone up from 137.6, in 1945, to 236.6 in 1952 – that is taking 1935-39 base as 100; or, in other words, Mr. Speaker, the cost of production has gone up 72 per cent. In 1945, the value of income from livestock, in Saskatchewan, was \$126,729,000; that dropped, in 1952, by \$25 million, or in other words about 65.7 less purchasing power.

If the producer was only getting it one way it would not be so bad, but when the value of his product goes down and the cost of producing it goes up, then it is doubly severe. The result has been, Mr. Speaker, that the producer in Saskatchewan has had a tendency to resort to the single crop type of farming.

I think I have said enough to prove even to those who are not too closely associated with the livestock industry, that there is a great need for some national agency that is going to put greater stability under the livestock business. I said a little while ago that much has been done over the years to improve marketing facilities, but the greatest problem

is still with us – that of an over-all marketing agency which, I believe, must be at the highest level of government supervision.

In seeking a solution to this problem I think we, naturally, look for parallels, and the motion as it reads turns to the Wheat Board system of marketing to find that parallel. I think we are all familiar more or less with the history of the grain marketing business. I think we all remember and have all read of that period when the grain trade was virtually a law unto itself. There are those who can tell the story, too, of the days when the conductor would stand up on a boxcar and auction it off to the highest bidder. I think the standardizing of grades, the setting up of a Board of Grain Commissioners that operated under the Canada Grain Act, did a great deal to facilitate fairness in the marketing of grain. Then, too, you will remember, in 1917, during the war, when the allies were buying grain through a Central Agency, the Canadian Government came into the marketing field and set up what was known as the Board of Grain Supervisors. They bought grain outright at a given price. Incidentally, I think that that particular organization was set up to keep the price down rather than to raise it, but nevertheless it did help to teach grain growers certain lessons.

Then we had the first experience of the Grain Board type of marketing in 1919-20, when an initial payment was made and participation certificates issued; and again I remember (as I guess a lot more of you do) the way those participation certificates were received and the carelessness with which they are handled. Some farmers, I remember, said “they are not worth anything.” I believe some people even opened the stove lid and burned them while others gave them away; but when the final payment was made there were some heartaches amongst those who had treated them so lightly. It was after that experience, Mr. Speaker, that the demand came for a national Wheat Board. I think, again, I only need remind you of the demands of the farmers in that period in the early ‘twenties, for a Wheat Board to be set up, and because they were refused that, we turned to organizing the Wheat Pool. The Wheat Pool came into being in about 1923 and was set up not only as a buying agency but also did its own selling both here and overseas.

Then there was the variation, in the ‘thirties, where you had a voluntary Wheat Board, and you also had a Wheat Board that operated on the understanding that it would buy when wheat dropped below a certain figure. It was not until 1943 that you had an all-out compulsory Wheat marketing board, and not until 1949 that oats and barley were bought by the Wheat Board. In other words, Mr. Speaker, we had a 25-year battle to get what we wanted and what we had asked the Government for, in 1921 and 1922.

A few moments ago I gave you some figures covering the fluctuation and the disastrous effect on livestock. I would just like to draw your attention now to some figures covering grain operations under the Wheat Board. In 1945, we received \$1.60; in 1946, \$1.60; in 1947, \$1.62; in 1948, \$1.66; in 1949, \$1.61. You will notice how even the returns to the producer of wheat were, under the operation of the Wheat Board. In 1919 and 1920, wheat was \$2.37; in 1920-21, it had already dropped to \$1.62 and in 1922, it had dropped to 85 cents; or you can take the period of 1929, when it was \$1.05, and one year later it was 49 cents. Many people sold it for as low as 17 cents.

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The other question that confronts us is, what would we have done in the years 1950-51-52 with what we might speak of as abnormally large crops, if we had been trying to market them under the old system? How would we ever have handled all the damp grain of 1951, if there had not been an orderly marketing system? I think that one of the great features of the present marketing system of wheat is not only these large quantities which have been marketed without breaking the price structure, but every individual producer has received the same price for the same quality of grain.

Now I would just like to quote from the Regina 'Leader-Post' of October 30, 1952, something that Mr. Howe had to say about the Wheat Board. Remember that it had taken a great deal of pressure from the growers of western Canada before we got to the point where we had a national wheat marketing agency such as the Canadian Wheat Board. Mr. Howe was addressing the Junior Investment Dealers' Association of Canada and he had this to say, as reported:

"Mr. Howe spoke to the Junior Investment Dealers' Association of Canada and in addition to his intensive discussion of the Wheat Board, the Trade Minister said the Federal Government would continue to support the principle of an international wheat agreement aimed at giving stability of prices and marketing."

"Mr. Howe noted that, in mid-1949, the Canadian Wheat Board became the sole marketing agency of wheat, oats and barley grown in western Canada. In a year like the present, when handling facilities are congested, you can well imagine what an advantage it is for one marketing agency to have full control over the main western grain crops. The great advantages of this system were demonstrated, last year, when farmers delivered a large volume of relatively low quality grain, much of which was damp or tough, on top of the low quality crop of 1950. By careful management a very high proportion of what weather-beaten grain was put into condition, moved to market and sold at good prices. This was one of the most remarkable achievements in the history of the Canadian grain trade. Mr. Howe conceded that there were some people who sincerely held the view that the Government should not enter into the grain trade, or that the Wheat Board should operate on a voluntary basis. However, he said, 'western farmers are getting strong support to the present set-up and because of this there is a good case for continuing.'"

Now listen to this last short paragraph:

"In addition, we will find that the Wheat Board has been able, in the period following the second world war, to do a better crop handling job than would have resulted from any other method."

That, Mr. Speaker, is Mr. Howe's opinion of the Wheat Board, and I do not think that was always the way he looked at it. It is quite true that the producers could possibly set up a marketing agency under, I think what is known as 'The Products Marketing Act', but it would necessitate not only organizing the farmers and farm movements, but you would have to get an agreement between nine or ten provincial governments, and some of

these governments, Mr. Speaker, have no such legislation on their books. I suggest that a scheme similar to that of the Wheat Board, operated under the Federal Government, would be much less complicated and certainly would have a greater chance of success, not only in marketing our products at home, but certainly in going out into the world markets.

I know that some will want to argue that livestock products are much more difficult to handle than grain, and I grant that, Mr. Speaker, but to me, that is one of the greatest reasons why it is the responsibility of the Federal Government to give leadership in improving the marketing facilities and to get away from this hit-and-miss and terrible fluctuation in the livestock market, and to plan this in the same way that we have planned an orderly system of marketing grain would mean an orderly system of marketing livestock. The need is evident. The Wheat Board has furnished a guide and a possible solution to this problem, and all I have to say is, 'let us get on with the job'.

You will notice, Mr. Speaker, that the heart of the motion is that the Federal Government call a conference in order to discuss this matter and find ways and means of setting up such a national marketing. Mr. Speaker, I have great pleasure, this afternoon, in moving this motion, seconded by the hon. member for Shellbrook (Mr. Larsen).

Mr. Louis W. Larsen (Shellbrook): — Mr. Speaker, in seconding this motion, I know there are thousands of farmers out in the country who would like to have that privilege here, this afternoon. It is a question that is just as important and just as serious as it was in the wheat growers' minds before we got the Wheat Board. There is the fear that they do not know what is coming tomorrow and the livestock raisers nowadays have seen the livestock market go through a slump and to get that fear away from our livestock producers, to save the little farmer on his half-section of land, I do not think we are asking for anything unreasonable in asking for a plan similar to that which is used for the handling of grain. Particularly, when we come to beef, we only produce about 20 per cent for export, and it should not be a burden for the Federal Government to handle, particularly when we consider there are people in the world starving to death for lack of something to eat.

The same thing applies to hogs. We know they took quite a slump. The previous speaker mentioned that they were up to 37 and 39 cents. I quite recall the day we imported half of one per cent from the United States, and they set the price for our hogs that were raised in this country. Perhaps we should only raise 99 per cent of the hogs we need in this country to get a decent price, and let the 1 per cent imported set our price on hogs raised.

I also heard two speakers tell that our bacon was higher than the United Kingdom could get it for from Denmark. Well, facts do not bear that out, because they are only getting two ounces a week, and when I feed a man on the farm he needs ten times that much for one or two meals. So there must still be lots of room for bacon from Canada, and all we need is to have a scheme set up whereby we could trade back and forth between one country and another.

We all know, from experience, that the Wheat Pool found themselves in difficulties handling it their way, and I am afraid a Provincial

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marketing scheme would have the same difficulties. There is only one place it can be handled, and that is by the Federal Government where it can give and take regarding imports and exports, on account of tariffs. I should imagine, Mr. Speaker, that I could trade two or three of our hogs for a good Scotch tweed suit, which would be pretty nice; or another hog for a pair of boots – and I would be willing to trade but there is a Liberal Party sitting down there in Ottawa who won't let us deal. Something like when I went to school; if you had a jackknife you could trade all day, but if you had no jackknife we would not be dealing at all; of course we were 'broke' and didn't have any money. I say now we should take that fear off the livestock producers, particularly the small farmer on a quarter or half-section where he cannot raise much grain so he must milk cows at nine or ten o'clock at night, and feed a few hogs and so on down the line and I cannot see anything unreasonable about trading, since the Liberal Party are out for private enterprise. We are not trying to beat anybody, but we do know that, last fall, it took three cows to bring the same price that one had 12 months prior, and the consumers got very little benefit from it; I didn't see much change in the butcher shop. I do not know who got it, whether it was the packers or the retailers, and I am not going to argue that point out; but I think we would do a good thing for livestock producers in our province and all of Canada if we could get away from that fear that runs through their minds today, the same fear that the grain growers had prior to the Wheat Board.

We are not asking for anybody to subsidize us; we just want to deal with the world at large. We have lots of friends overseas, and they are crying for the very thing we have a surplus of; so I think this question, Mr. Speaker, should have a lot more debate in this House than we are able to give tonight, so with these few words I would like to adjourn the debate.

(Adjournment agreed to)

The Assembly adjourned at 6:00 o'clock p.m.