

**LEGISLATIVE ASSEMBLY OF SASKATCHEWAN
SECOND SESSION — FOURTEENTH LEGISLATURE
4th Day**

Monday, October 16th, 1961

The House met at 2:30 o'clock p.m.

On the Orders of the Day:

QUESTION RE IPSCO

Mr. W. Ross Thatcher (Leader of the Opposition): — Mr. Speaker, before the Orders of the Day are called I should like to direct a question to the Provincial Treasurer. Has the government received any recent request for additional financial assistance, either in the form of loans or guarantees from Ipsco, and if so has it taken any action on such request?

Hon. W.S. Lloyd (Provincial Treasurer): — Mr. Speaker, I think there is a question of this exact intent on the Order Paper, but I may say that the Order for Return which was passed on Friday, I believe, requests the information with regard to loans and guarantees which have been made. This will be the complete list. To the best of my knowledge nothing further has been received by way of requests.

Mr. Thatcher: — Mr. Speaker, might I ask a supplementary question of the minister? Is the minister aware of another resignation by an Ipsco director over the week-end. If so, could he tell the House what the significance of the resignation is?

Hon. Mr. Lloyd: — Mr. Speaker, I read in the newspaper, as the hon. member did, apparently, that one member had resigned. The newspaper report said the resignation was due to pressure of other duties. I have no additional information.

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QUESTION RE WATER PUMPING UNITS

Mr. Douglas T. McFarlane (Qu'Appelle-Wolseley): — Mr. Speaker, I would like to direct a question to the Minister of Agriculture. I was wondering if he could give this side of the House any information as to whether there are any water pumping units in the vicinity of Yorkton district available to farm dug-outs?

Hon. Mr. Nollet: — There are three units in the field operating at the present time. I don't know how many there are in the Yorkton district, but in that general area I believe there are two units.

SPEECH FROM THE THRONE

Debate on Address-in-Reply

The House resumed from Friday, October 13th, 1961, the debate on the proposed motion of Mrs. Cooper for the Address-in-Reply, and the proposed amendment of Mr. Thatcher to the Speech from the Throne:

Mr. J.W. Gardiner (Melville): — Mr. Speaker, in continuing my remarks with regard to the Speech from the Throne, I would first this afternoon like to spend just one moment dealing with one of the arguments advanced by the Premier in his address, with regard to the New Democratic Party that has been formed in Canada. It has to do with his reference to the fact that he was going to attempt to have various groups in the country support the New Democratic Party. Well, I believe that most of us who have read history realize that in countries and nations that have tried the system of group government, or group politics, it has always resulted in chaos and eventually in dictatorship. That rule holds true throughout the entire history of the world up to the present time. Any nation that has tried or attempted to carry out group government, has failed in that purpose, and it has usually resulted in dictatorship being formed in those nations.

I believe I would be quite correct in saying for the Liberal party either the present or in the past, that

if any leader of the political party that I belong to approached any group or organization which should have membership of every political party in this country in its organization, and asked them as a group to support the political party, or the Liberal party, I would no longer belong to this political party, on this side of the House. Because, as a matter of fact, Mr. Speaker, I believe all of us should enjoy the right and opportunity to belong to any organization in this country, made up of groups of individuals and people, such as co-operative organizations, such as union organizations and farm organizations. Everyone of us, no matter what political party we belong to, has every right to belong to those organizations, and retain the political ideals we believe in, and see to it that those organizations remain free from political control. Only when we have organizations such as these, made up of all people of our country, can we hope to preserve the democracy that we have in this country, and the democracy that we have in the western world.

Once we accept the philosophy that one or two leaders of any of these groups can dictate to their fellow members, that that group as such is going to support any political party, then democracy is going to be at an end in this country. I say as a member of the Liberal party that I would be ashamed if my political leader would rise and try to influence, as a group, any organization that has members of every political party, to endorse his political party or to join it as a unit. So I say here in regard to group government, I cannot support the view of the Premier of this province, that he would like to go out and interfere with the work and organization of groups in this province and country, that for years I have been proud to be a member of in my own community life, of which I am quite certain there are many other people of other political parties who would have to divorce themselves from most organizations, if they were to support as a unit any political party in this country.

I think in dealing with the Throne Speech which has been presented by the government, every member of this House would be remiss in his duty in this particular year, if he did not speak out on behalf of the people he represents. We have had the Premier of the province tell us that after all the Throne Speech only mentions two items, and he says you can talk about anything else but there is no particular reason for doing it. I am going to remind the Premier that three months ago the Liberal party at its executive meeting in Saskatoon, asked the Premier to hold a special

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session at that time to consider the problems of the farm people of this province, and he turned a deaf ear to that request. So I think it is only right that now that this session has been called, we should, representing the rural people of this province, bring before the government the problems facing the people that we represent.

So this afternoon I make no apology for the fact that I am going to speak about other matters besides those relating to the two subjects mentioned in the Throne Speech, because this particular document will never be particularly famous for what it contains, but for what it did not contain, and of course that is what the majority of the people of this province are going to remember in the next few months. They are going to remember that none of the problems which faces them today — not one single one — has been dealt with by the government in this session of the legislature. They are not ready to consider a solution of assistance to the people of this province in meeting those problems.

All of us realize that the major problems to be met during the coming winter are to be found in the rural areas of the province. Most of us who live in smaller communities or farms realize the many problems we are facing this coming winter. Never before have most of our people faced many of the problems, particularly in our part of Saskatchewan, that they will face during the coming winter months. I can see in my home-town where the dugouts for fire protection are down to the danger point, where if we had a fire of any size in that community in the next few days, there wouldn't be enough water in the whole community to put that fire out. I can also realize there are many people there today who are finding it very difficult to find proper drinking facilities in that area. Dozens upon dozens of farm people are coming into our little community and trying to get enough drinking water out of one well that cannot hope to supply the people of that particular district. Think of the farm people themselves, with their own particular problems.

I think of an area of the province which has never experienced what they are going to go through in the next few months — an area of Saskatchewan where I think every single township in my constituency will apply and I think the great majority of them will be accepted for P.F.A.A. payments, and that will be the first time, as I say, in the history of most of the area I represent that that has been a fact.

So these people are facing new difficulties that have never been faced before, and when we come into this legislature, and state that we don't think, or the government states they don't think we should deal with these problems, they don't think we should have any special sessions to deal with problems of this type, then I think they are divorcing themselves from the great group of people in this province who at the present time require assistance from those of us who are sitting in this legislature.

So I say in this Throne Speech debate, that I think the government should be coming to us as members, and indicating what they propose to do in the next three or four months, for bringing if necessary, legislation into this House, in order to meet the many and varied problems that we will be facing in the next few months. How about the question alone, which is going to be a big one in the rural areas of the province this year, of social welfare? The social welfare policy of this government has been changed so often during the last six or seven years that I doubt if the minister himself would have an easy time deciding how to carry out the administration of that particular department, if he were out in the country at the present time.

When we find examples of many people during the past year having been cut off mothers' allowance, having been cut off supplementary allowance, having been cut off of old-age assistance, and then told to go to their municipalities if they are in difficulties, and seek assistance from them. Surely, Mr. Speaker, if the government of this province say to our people that they no longer need assistance as social aid cases from the provincial government and then send them to the municipality, surely that is shifting a good deal of the responsibility that this government has accepted.

Why do I say that? I say that because of this, mothers' allowance cases in the past have had their medical welfare taken care of by the government of this province, and the minute that that mothers' allowance is cancelled, their medical benefits go along with it, and of course if they go to the municipality and apply for social welfare from the municipality, it is quite true that the government will refund the actual payment of social welfare, but the municipalities could find themselves burdened with a great deal of expense with regard to the medical care of the individual pensioner.

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So I say here that it appears to me that our government today is trying to shift much of its responsibility in the field of social welfare, at a time when this could be a very severe problem, trying to shift a great deal of its responsibilities on to our municipalities. I know that the Premier in his address the other day, said the leader of this party had expressed ideas which would cost the government money; he more or less scoffed at him because of that fact, and then said that it was going to be difficult to carry out the provisions of any medical bill that might be presented to this House. I am going to remind the Premier and his government that during the last session, and during this past summer, time after time we pleaded with him to put aside some of the unnecessary expenditures of government in this province, in order to take care of those things that are absolutely necessary.

One of those would be, of course, the building that is presently going on in the city of Regina — a building which is going to cost taxpayers between \$7 million and \$8 million. Of course, the saving of the delay of this building would have brought about and the provision of those funds to more necessary needs would have provided great benefits to the people of this province, instead of the brick and stone monument it is going to erect in the city of Regina.

So, I say there are many ways in which the opposition has continually brought to the attention of this government that they could save money, to provide the services needed for the people, and they have refused to take this action. So I say to the Premier, when he scoffs at the Leader of the Opposition for asking for further expenditures, we could find a way to find the money. We have suggested plenty of methods in which that money can be found, so I think there is no excuse on the government side of the House. It is either that they are short of money or they cannot find the money in order to carry out the benefits needed for the people of this province.

I want to relate one or two items of particular interest in my own constituency. One has to do with the Department of Telephones. The member for Regina is the minister (Mr. Williams). During the last few months it has been announced that the telephone exchange in the city of Melville is to be closed as such at the present time, and the service will be given from the city of Yorkton. I am quite certain anyone here knowing the competition that has taken place between Yorkton and Melville over the years can quite realize

why the people of Melville, if they had no other reason whatsoever, would be quite incensed at the fact that they are going to be joined up with the city of Yorkton, which they consider is the suburb of Melville — they are going to be joined up and they are going to receive their telephone service through the city of Yorkton. I believe in that regard, perhaps it is fairly amusing, but when a city in this province has to have its telephone service coming through another point in this province rather than having direct service in their own community, then I think it comes to the time when that particular city, and the members of this government, have to start giving a little consideration to the people of the Melville district and the city of Melville, equal to that given to the people of Yorkton.

I can assure the Premier and the members of his government that the city of Melville does deserve this, if not for any other reason but because of the reason they have continually supported the candidate that he has placed before them in the constituency of Melville, and I don't think that can be said of the city of Yorkton. So I would say for that reason alone, I think the Premier and our government across the way should give at least a little consideration to the people of Melville when they carry out actions in various departments. I do want to say to the minister that I hope the matter I brought to his attention yesterday, will be taken care of. In the past, most of our communities through their telephone have had warnings for both fire and for police protection. The people of Melville are worried for fear they will not have the continued protection they have had in the past, through the telephone office, and I hope the minister will see fit to use all the influence he has in his department to see to it that proper protection is given to the people of Melville.

I don't want to leave my friend, the Minister of Highways out completely. He leaves us out pretty well completely, but I don't want to forget him when I am dealing with the problems of my constituency. I had thought maybe he wasn't going to be here during this session, and I wouldn't have the opportunity to say anything in regard to his department, so I am happy to see that he is back with us in the House today, so I have the opportunity of bringing these matters to his attention.

Last year when I brought a delegation from our constituency to the minister's office, of course the usual reply was given to them that there was a shortage of money

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and we can't find enough money to do all these jobs, so very sorry — I cannot accommodate you this time, but we'll keep it in mind and see what we can do in the future. Anyone driving into Regina either from the north or the east would just begin to wonder if this statement was true. If anyone in Saskatchewan in this present day and age, were to ever think that a Minister of Highways in his department would go into the ridiculous extravagance that has taken place during this last year, both east and north of the city of Regina, I don't believe the average person in Saskatchewan would have believed him, if he had suggested that we would see the construction that is taking place, at a time when there are thousands of people in this province going without decent roads of any description, and we find millions of dollars being extravagantly spent to bring people into the city of Regina at the present time.

I am prepared to say this; I have been in Winnipeg, Calgary, Edmonton — many cities in western Canada, but I have never seen anything to equal what is taking place around the city of Regina at the present time. I am quite certain — I think I drive the road as often as anyone — I have driven it quite often on a Sunday night when it is at its worst, and I think the average traveller — if they had widened the road out in the first instance — could have found his way into the city of Regina without endangering life and limb of the people of this province, or himself. If that had been done in a proper fashion there would have been funds available to take care of some of the problems in other areas of the province.

So I say today that the wasteful expenditures of the department at the present time have been one of the reasons why his department has not been able to look after some of the real problems that are facing the people of Saskatchewan with regard to roads and highways.

During the past few months there has been continued discussion with regard to the question of municipal affairs in the province. We find that our government has made suggestions to municipal organizations with regard to the question of municipal reorganization in our province. I am going to give this warning to my friends across the way, that I am quite certain if they think they are going to sneak in the back door, they had better take a second guess with regard to destroying the municipal system in the province of Saskatchewan. If they think they're going to sneak is through any back door, they're badly mistaken.

I can assure the minister, although he isn't bringing in the legislation this session, that if there is any attempt in the future in the next session to bring in legislation, to bring in his change in municipal boundaries in through the back door, at least he can expect the wholehearted opposition of myself, representing the people of the constituency of Melville, and I am quite certain he can expect the same opposition from other members on this side of the House.

With these problems, during the last few months have had one that is even more serious. We have had a problem with regard to education, a problem which, some years ago the Premier of this province and his supporters on the other side pleaded with the people of this province, to give them the right to represent them in the legislature as the government of this province and they would accept full responsibility for education. Well, I don't doubt for a moment that the school boards in this province in the next few months are going to have to budget for increases, and they are also going to have to budget for an increased tax rate this coming year, in order to carry on education in this province. Our leader, and many other people in this province, leaders in the field of education, leaders in the field of municipal affairs, have told this government time after time that no longer can we stand the tax increases on property in this province. This is a problem which is important; this is a problem which we should be dealing with today instead of the expected tax increases that we are going to be faced with in this legislature in the next few days. This is the type of problem the people of this province are facing at the present time — not one of being able to pay increased taxes, but one of whether or not they can pay the taxes they already are charged with; whether they can make up the arrears of taxes they weren't able to pay last year. That is the question, and the problem which is facing particularly the rural people of this province, because of the crop situation in this province during the summer. Yet this government comes before us, as members representing our people, and tells us that we should only discuss two problems, and we shouldn't worry about the conditions of the people out in the country; we shouldn't worry about those matters — they're going to leave those off until next spring.

I suppose when we come to the session next spring most of them will be left off at that time, too, with the same old excuse, that this government cannot find the money in order to provide benefits to the people of this province.

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Then I come down to one which may be a smaller matter — the minister is still out of his chair but I will relate to it anyway. It has to do with the Department of Industry and Information. During the past number of sessions we have heard a great deal of talk of the expansion of tourist facilities in the province. (Excuse me, Mr. Minister, I am dealing with the wrong one — it used to be under the Minister of Industry and Information; it's under the Department of Natural Resources at the present time, and the Minister is in his seat, so I can deal with this particular matter here.)

We have heard a great deal in past sessions about the expenditures to be made to improve the tourist facilities in Saskatchewan by the present government across the way. During last summer some of these changes were put into effect; the minister spoke of them at different times, and he has undertaken the same policy this government has always followed, and that is even if you haven't got the services to give to the people, let's at least fool them into thinking they're there, anyway. Practically everything this government has done has been done at a time when they weren't prepared to offer their services to the public.

In the case of our summer resorts, this actually took place during this past summer, and I told the minister about it. It had to do with Katepwa Park, which is in my constituency. Hundreds of tourists came down with their trailers and their camps this past summer, and found when they had travelled, some of them from the United States, that brochures from the government of this province told them that there were camping and trailer facilities at Katepwa Park. When they arrived at that point they found that the officer came up and told them there had been a change in government policy. They could no longer put up their tents, they could no longer park their trailers; and all the area was saved for people to park their cars on Sunday afternoon. That is about the only day that parking space is needed for cars — one day in the week. Hundreds of people came down there and were turned away, and were told to go down to Pasqua Park on the other side of Fort Qu'Appelle. I have been told by some of them they went down there and spent one night; there were no services or facilities available for them so they took off, and that cost the people of the resort at Katepwa hundreds of dollars this past summer. It caused inconvenience to travellers and tourists coming into our province, and I told the minister about it. He didn't have very much to say about it. When I phoned he said, "It's a little bit too late now. We've taken down the trailer

and tenting facilities. We're very sorry, but I don't think we can do anything about it."

Surely the minister does a little better planning than that. We've heard about planned economy in this House. Surely if he can't plan the tourist branch of his department just a little better than that, then I say even the planning that he would do, if he left out all his high-paid advisers, would even be better than what was done this last summer with regard to tourist facilities in this province — at least in the area I represent.

Mr. Speaker, in closing my remarks on Friday, I indicated that the majority of my address today would deal with questions relating to the health of the people of this province, and I intend to do just that. I am going to apologize to the House at this time for using notes perhaps more extensively than I have in the past, during this part of my address, but I hope hon. members will abide with me, if I have to read to a certain extent the information which I would like to place before the House.

Because of the remarks of the lady member from Regina (Mrs. Cooper) in opening this debate, I feel that it is almost necessary that someone lay before this House and the people of this province, and particularly the people of Canada at this present time, the truth about health services in the province of Saskatchewan. Just so the record is clear, and that the Premier of this province, as he departs to go to warmer climates, will not be able to fool the rest of the people of Canada with regard to who has provided health services to the people of this province. Unfortunately, possibly for us and other political parties, until the present government came into office, health was not regarded as a political football in this province. For this reason, many people in Saskatchewan today believe that nothing was done in this field of health until the election of the now dead CCF party.

The lady member for Regina, in her usual pleasant and convincing style, once again attempted to leave a false impression in people's minds with regard to progress in the field of health in Saskatchewan. The record since 1905 has been a proud one under all governments, and I hereby give credit to this government as well for the action they have taken in the field of health.

But the greatest part of the credit is not due to the government that sits across the way. The organization of the medical health office was the beginning, in 1909 and the field of health in this province shortly after the formation of the province of Saskatchewan, and also the establishment of the Bureau of Public Health in 1910.

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From 1910 to 1930 continual progress was made in the provision of medical services to the people of this province. With the establishment of a bureau in 1910, a council of public health was established, and every municipality was organized as a health district, with the requirement they appoint a medical health officer.

One of the first actions by a Liberal government of that day was the passing of the first legislation in Canada to control the construction of water and sewage systems in order to safe-guard the health of our people in this province.

Saskatchewan in 1911 became the second province in Canada to undertake the free distribution of public health biological products beginning with typhoid fever vaccine in 1911. Distribution of diphtheria anti-toxin was begun in 1917, along with vaccine for small-pox, whooping-cough, scarlet fever and polio serum. Diphtheria toxoid distribution was begun in 1923. As early as 1908 (this is something that I would like to remind the Premier particularly of because I heard him make an address on this particular subject this last summer) — as early as 1908 an anti-tuberculosis campaign was undertaken. Finally, in 1911 the efforts culminated in the formation of the Saskatchewan Anti-Tuberculosis League, which has up until the present time led the way in the prevention and cure of this dread disease. The league, since its inception, has always received full co-operation from governments in this province, were they Liberal, Conservative, or CCF.

The construction of the sanatorium at Fort Qu'Appelle was made possible by contributions, and also sizeable grants from the Liberal government of the day. As well, the government at that time instituted a plan towards the care of T.B. patients in this province. That was away back in the year 1911 long before many of us in this House were born, and long before most of us in this House were taking any interest whatsoever in public affairs of this province. But there is no mention made of this fact by the lady member for Regina, speaking in the opening debate when she was giving praise to the government and to the CCF for what they had done since they came into office in 1944.

Subsequent to this beginning, the sanatoria in Saskatoon in 1925 and Prince Albert, 1930 — all three before we ever heard of the CCF party in Saskatchewan — rounded out the major tuberculosis facilities provided in Saskatchewan up to the present day. The major change has been the desired position that we have found ourselves in during the past few years of being able to close one of those hospitals and to turn it over to the care and treatment of

other patients, because of the fact that there has been an advance in the field of tuberculosis care that has made it possible for many patients to be released, and many people never to come into the sanatoria in this province, because of the advance made by medical science in the tuberculosis field.

So we find ourselves in the happy position that today we have only two sanatoria operating in the province, instead of three, and as I mentioned before, those three were built before the present CCF party was even heard of here in Saskatchewan. In the year 1929, treatment for tuberculosis was made free for all, due to action of the government in instituting legislation so that the cost of the service could be met through general taxation. The system of financing has remained virtually unchanged up to the present time, although two years ago the provincial share of the cost decreased, and the share of local governments increased.

I was very pleased to hear the Premier, speaking at the anniversary of the Saskatchewan Anti-Tuberculosis League this summer, praise that League for the type of operation they had instituted with regard to medical care, because there is a program which is written in history, a program of co-operation, not force, not the hard steel hand of the government, but the true co-operation of people, of doctors who have an interest in people, and of government working hand in hand.

The Premier stood up and praised that kind of activity, and I quite often wonder when I hear him make a speech like that, why he cannot, as the great co-operator, bring about in a voluntary way this type of co-operation that he spoke of that day, to bring about other advances in the field of health services to the people of this province.

The next move in the field of public health services took place in the organization of the first health region. Here again the lady member for Regina gave credit to the Health Services Committee, appointed by a CCF government, for the fact that we have health regions in the province today. But the first health region, was formed in 1928 in the Gravelbourg area of this province. Here, the local government paid half the cost and the province and the Rockefeller Institute accepted the balance of the cost. So the first health region was formed and operated until 1932, when depression depleted funds and the experiment was discontinued.

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Health regions were first organized under legislation passed by a Liberal government in amendment to the Public Health Act of 1924, in the year 1928. This idea was further extended through the report of the Haggerty Commission, and subsequently the passage of the Health Insurance Act, by the Liberal government in April, 1944, and further in the Health Services Act by the CCF in a special session of 1944.

I'm afraid in her remarks, the lady member for Regina was just 16 or 20 years behind the times in the provision of medical services and the history of provision of medical services to the people of this province. The recommendation was originally made (let me read this) in 1914, and a major recommendation made by a legislative committee on which the member for Kelsey and the member for Arm River both sat, was made by a legislative committee which reported to the legislature in 1944, made up of a majority of Liberals, with CCF members on the committee. It was as a result of this report — the report of this committee to the House — that the Health Insurance Act was placed on the statute books by a Liberal government in April, 1944. Prior to this, the first municipal medical service had been established in the rural municipality of Sarnia in 1915, and was embodied in legislation passed in 1919. In that year as well municipalities began a program of provision of hospital services. In the year 1927 such programs were approved by the government passing legislation, making it possible for such programs to be supported by a tax program, and at a later date a personal tax principle was also included.

So all the principles that we have with regard to our hospitalization at the present time were instituted in legislation long before the present CCF government was ever heard of.

Then comes the program for the mentally ill. The first mental hospital was opened in the year 1914, and the second in 1921, both under Liberal governments again. To all intents and purposes, prior to 1945, mental health treatment in Saskatchewan was free. This was formally acknowledged by legislation passed by the present government in 1945. I might just state in passing with regard to the care of the mentally ill in this province, that we have heard a great deal and they have heard about it in other parts of Canada, about Saskatchewan's scheme for taking care of mental patients. The other day there was a member of the legislature visiting this assembly from the province of Ontario. He said, "Do you know that we have a Saskatchewan hospital down in the Guelph area in the province of Ontario

for the care of our mentally ill?” I said to him, “What’s that for?” He said that suggestion was supposed to have come from the province of Saskatchewan. I said, “You’re away ahead of us. If the suggestion came from here, there’s never been one built. At the last election the government told us there was going to be one built in Yorkton, but for some reason or other (there are suspicions in various directions) that program has been delayed because the minister states he hasn’t got the money to go ahead at the present time.”

Cancer is another field the lady member from Regina would like to make people believe that credit is due to the present government. Again she was this time 15 years late. In 1929, the Saskatchewan College of Physicians and Surgeons appointed a cancer committee to bring in a recommendation to the government that a cancer commission be appointed in this province. In 1930, under a Conservative government the Cancer Commission Act was passed, and the following year clinics were opened in both Regina and Saskatoon. A full-time medical staff was appointed to the Regina clinic in 1939, and to the Saskatoon clinic in 1945. In April, 1944 the Liberal government passed the Cancer Control Act, which provided for the diagnosis, treatment and hospitalization of all cancer patients without charge to the patient. So up to the present day that legislation still remains on the statute books, almost unchanged except for the necessary changes that are needed in administration, with the exception of one thing — since the time that Act was passed there has only been one real change made in the Act, and that was with regard to a \$10 fee, if it was found the patient who entered the clinic was found to be free from the dread disease of cancer. That is about the only material change that has been made in the Act since it was passed by a Liberal government in 1944.

So I say again to my friend, the member for Regina, that she was many years behind, and I am quite certain that in making her remarks she was quite well aware, or should have been aware, of the services that had been provided down through the years by all previous governments in office in this province. But that hull-a-baloo — I bet that’s one of the reasons why today many people are to be fooled by the statements of the Premier of this province, that he deserves the credit for all the advances made in the field of health in this province, since the province came into being. That’s the reason, because previous governments felt that the field of health was one field that should be

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kept free of politics, free of political control and until this present government came into office, that was the case, Mr. Speaker.

We therefore arrive at the year 1944. At this time the federal government of the day, and I think I should say in passing, that I am only touching on the key parts of the health program of this province — if I were to relate the work in the field of public health, which was carried on down from 1905 to 1944, I would need a much longer period of time to explain the work that was done by both governments, some of it during very difficult times — some of it through the type of conditions we would never want to see exist in our province again, but there is the danger sign here that we may be facing conditions of that type. It came through years which this government would hope that it would never have to face in its history, and of course it is facing at the present time and it is finding that it is having to tie up the purse strings — tighten up the purse strings, and tighten up on many necessary services to the people of this province because of the financial situation we are facing at the present time.

So I am not going to take the time to review the work in public health itself, in dental work, in every field of public health by other governments, which this government and the premier of this province would indicate to the people of Canada wasn't here until 1944.

We now arrive at the year 1944. At this time the federal government of the day shortly before 1944 intimated to the provinces that it was prepared to join with them in a national health scheme. The only difficulty was this, that at the time that proposal was first made, most of the major governments in Canada were Liberal governments, and unfortunately between the time when those suggestions were made, and the time the final conference was held, a Liberal government in Ontario and a Liberal government in Quebec went down to defeat, and that is the only reason why we didn't have medical care federally many years ago. Anyone who reasons at all knows that no federal administration can operate any type of plan, in spite of the reference of the Premier to the fact that the Conservative government did it after they came into office in 1957. It is quite easy when they already knew the province of Ontario was going to come in. It was quite easy for them to take that provision out, because they knew it would never have to be used, because the Premier of Ontario had already indicated his province was going to join the scheme. So I don't think there is too much credit coming to the Conservative government

today for having made that change in the Act when they came into office.

But at that time the Haggerty Commission had reported and with Liberal governments in office in the majority of provinces, it was considered almost a certainty that this legislation would be approved, but as I stated earlier, a change took place over a period of two years which made it very difficult for any federal government to carry out provisions without the support of the majority of the people of this country. A committee was established by this legislature upon which I mentioned before the member for Kelsey and the member for Arm River happened to be members, to draw up recommendations to be written into a bill to provide a complete system of medical services to the people of this province. This committee reported in the spring of 1944; some of the recommendations of this committee are very interesting, in the light of statements made by the Premier and others during the last few days. Following are the major recommendations of the committee:

“That the Assembly (this Assembly in which we are sitting today) endorse the principle of health insurance for all the people of the province of Saskatchewan to provide:

- (1) for the prevention of disease and for the application of all necessary and diagnostic and curative procedures and treatments, including all the benefits set forth in the draft bill now being considered by a Select Special Committee of the House of Commons; namely any medical, surgical and obstetrical benefits;
 - (b) dental benefits
 - (c) pharmaceutical benefits
 - (d) hospital benefits
- (3) nursing benefits
- (2) such special and technical procedures and ancillary services as may be prescribed and as may be deemed necessary to make effective the said benefits.

Then the committee realized that it could possibly be that some time might elapse before the federal scheme of health insurance would be adopted and put into operation, and this comes from the report of the committee — it is not my words:

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“It therefore gives consideration to steps which the province might take:

- (1) to prepare for the institution of a health insurance scheme so that advantage might be taken of federal assistance immediately the necessary legislation becomes effective;
- (2) to extend existing facilities and services so that adequate health services might be the more evenly distributed throughout Saskatchewan, and medical care and hospitalization made more equitably available to residents of the province.

As a preparatory measure, to application of whatever scheme is evolved at Ottawa, the committee recommends as follows: —

This is a committee made up of a majority of Liberal members, with C.C.F. members on it. It was finally passed unanimously; there was no divided report such as we have placed before us at the present time by the medical committee in this province. This was a report that was approved by every member who sat on that committee, and was signed by the chairman of that committee.

“The committee recommended as follows: That for the purpose of making the benefits and services enumerated in the draft bill, available to all people of Saskatchewan at the earliest possible moment after the necessary federal legislation is enacted, the assembly requests the government:

- (1) to set up a commission to study the matter of sub-dividing the province into suitable health districts for administrative purposes, with a view to utilizing available facilities to the best possible advantage, and
- (2) to give early consideration to all steps necessary to expedite the institution in Saskatchewan of a province-wide health insurance scheme.

With regard to the extension (and I want you to hear this) of existing facilities and services, the committee was of the opinion that should enactment of the proposed health insurance legislation at Ottawa be unduly delayed, consideration

should be given to practical steps whereby medical and hospital schemes now operating in Saskatchewan might be extended to cover the populated area of this province. The committee in this regard had in mind the following:

- (1) Municipal medical or hospital schemes operating under provisions of the Rural Municipality Act and related statutes.
- (2) Municipal medical and hospital schemes operating under the Municipal Medical and Hospital Services Act.
- (3) Co-operative schemes, operating under the provisions of The Mutual Medical and Hospital Benefit Associations Act.
- (4) Schemes operating under The Benevolent Societies Act in this province.

In this connection this committee recommends to the assembly that pending action of federal legislation, giving effect to a national health and insurance plan, any commission appointed to prepare for the institution of such national plan in Saskatchewan, be requested as an interim step:

- (1) to give consideration to the extension of municipal and medical and hospitalization schemes to those municipalities and local improvement districts that do not now have those services.
- (2) to collect all statistical data from those municipal units now operating medical or hospital schemes with a view to making such schemes compulsory in all municipalities and local improvement districts of this province.
- (3) to give careful consideration to all medical health schemes, now operating in the province, with a view to extensions.

Now the wording of this can be taken as something that was only going to be put into effect if a federal plan came in. Why would the members on the other side of the House — the one member that sits there now and his fellow colleagues, vote for a report that they felt meant nothing,

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and why would they vote for the legislation as they did unanimously in this House, that was passed in the session of 1944?

Maybe that was more of their window-dressing; more of the sort of stuff that they wanted to tell the people that they were in favour of health services, and if they didn't vote for the report of this committee, the people wouldn't vote for them at election time. That's what it looks like to me. From the suggestions made by the Premier now, this Act wasn't law and wasn't ever put into law in this province. It was passed by the members including members of his own party, right on the floor of this legislature. It was given royal assent by the Lieutenant Governor of this province. The only reason it wasn't put into effect was because the government of this province never had the courage to put it into effect.

The final recommendation (and this is another thing with regard to the history of health services) of the committee had to do with the training of personnel, away back 18 years ago. Here again our present government likes to take the full credit. However, for sometime before 1944 plans were under way for the establishment in Saskatchewan of a medical college and this was a recommendation of that committee to the legislature in 1944, April. This assembly endorsed the steps already taken. Surely members of the CCF on the other side of the House would not have given their support to this if measures had never been taken before that time to begin a medical college in this province.

“That this assembly endorse the steps already taken towards the establishment of a fully equipped medical college as part of the University of Saskatchewan, and recommend to the government that every possible assistance be offered to encourage students to attend. This was in the legislation of April, 1944 — before the present government came into office.

According to the report of the committee it was unanimously agreed upon, and there were five members of the CCF party on that committee. Immediately following receipt of the report, the Liberal government presented to the legislature a health insurance program and a Health Insurance Act, which is still on the statute books of this province, under which all the measures which have been undertaken by this government could have been undertaken but because of the fact they wanted to be able to applaud their political

popularity in the health field, they passed act after act — if they had put it under the Liberal Act somebody might have given credit to the Liberals for something that had been done by the Liberal party, so every time they had to put in a provision that had actually been passed by a Liberal government, they had to bring in a new bill, with all the flourishing, all the opportunity for the Premier to say, “Look what I have done — look what we have done for the people of Saskatchewan.” But the truth comes out in these things, and I think the people of Canada when they know the true facts with regard to the provision of health services in this province, won’t pay very much attention to the addresses of the Premier of this province when he takes credit for everything that has been done in the province of Saskatchewan.

Now, the Premier doubts whether this ever was a legal bill. However, the government still feels that it is law in the province, because they have retained it on the statutes of the province since that date. The Health Services Act of 1944 that was passed by this government was not as comprehensive as the Liberal legislation, and dealt largely with the question of health regions as was referred to by the member for Regina in her address. However, if anyone accused the government of not favouring a full program of health services, they could turn to the health insurance bill and say, we are proceeding to carry out the terms of that bill as passed by the previous government. They had a way out in both directions.

However, as I mentioned before, instead of a series of Acts, all the legislation that has been placed on the statute books of this province could have been evolved under the Health Insurance Act passed by a Liberal government in 1944.

However, we find that the Premier, following the institution of hospital services, and I want to give the Premier credit here for the institution of that particular program — there is no one in the province of Saskatchewan today, or I believe then, because of the previous record of the Liberal party, that was opposed to hospitalization. Many members on this side of the House — oh yes, there were some members who were opposed to certain parts of the Act and opposed those parts in this House, as maybe did members on both sides of the House, who did not agree with every clause in the present bill that will be presented by this government. Certainly there were men that had the courage of their convictions to stand up and say what they thought would be better with regard to certain provisions

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in that Act, but I am quite certain that the history of the party I represent in this House is clear enough on the question of the provision of medical services to the people of this province, or any place in Canada, that I need not have to take a second seat to anyone in this House, but at the same time let me say this to the government: that any bill or legislation that is brought down in this House will at all times, because I represent the people of the Melville constituency, receive the scrutiny and receive the opposition in some detail if necessary, that I feel that it requires. I will do it, no matter whether the Premier of this province stands up and laughs, and says: "Oh yes, wait until the people get a chance at the next election." Mr. Speaker, I am not afraid of the voice of the people of my particular area of the province. I know whether it is on this Act or any other, if I stand up and speak my convictions I have no fear of returning to ask for the support of my people in an election whenever it is held.

The report of 1944 which I have just mentioned, by a legislative committee, was the type of report I think we should have a little more often. Today the idea seems to be to get a bunch of experts together and have them make a report. I think it is about time the members of this legislature once again got down to business and did a little bit of this committee work, a little bit of this investigation work for themselves. Let them make their own reports, and not have to have somebody outside this House who is not responsible to the people of this province, telling us what we should be doing, and how we should be doing it.

Since 1944, we have had three investigations of our health services in this province. We have had three committee reports at the expense of thousands of dollars of the taxpayers' money in this province. First the Sigerist commission made its report. It was the smallest and I think the cheapest of the whole works. And the government of course, after he had complimented previous governments on what they had done, were glad that it was so small and it wasn't a very big report, because it could be hidden better in the drawers in the legislative library and somebody might not happen to drag it out.

The second report was a big one. They would find it a little harder to hide. It was a report which fortunately for the province of Saskatchewan, didn't cost this legislature, or the members didn't have to vote money in order to carry it out. It was paid for by the federal government. But nevertheless, it was a committee. It investigated the full health services of this province, and strange as it may seem,

one of the members on that committee in 1950, today sits on the health committee of this province, doing it all over again. That man must be about the most amazed person in Saskatchewan, to sit on a committee to investigate the same problems twice in eleven years, he must be wondering if this is just a dream or if the government actually does intend to take any action after this committee report has been presented. Of course that gentleman is Dr. Houston of the city of Yorkton, who was on the committee that reported to this government and to the federal government at Ottawa on the conditions of health in this province. The recommendations of the report, most of the evidence of the report that is being presented to us today, in this present year is not very much different from the report that was made by the committee in 1950, and after all why should it be slightly in this province. Nothing much else has since 1950, so why should the report be very much different. It isn't. The recommendations of that report are much the same, and many of its details are much the same as the report that is being presented here today.

What I can't understand Mr. Speaker, as I stated the other day, is why with the unanimous report that that was, with doctors sitting on it and other individuals — why in the world the government didn't in 1950 put into effect the recommendations of that committee instead of waiting until 1959 and appointing another committee and spending another \$50 or \$100 thousand to have another investigation of the health services of the people of the province of Saskatchewan. I say the work of this committee has been a waste and has only been a door for the government of this province to hide behind for the last three years, in order to wait until the Premier was ready to take over the new party leadership and try to proceed to Ottawa with the support of the people behind his great medical care program. This is the only reason. No other reason has been given by anyone in this House that is reasonable and even sensible as to why this government didn't put into effect hospital insurance following the report of the commission in 1950.

Now of course there may be another reason in the fact that they wanted to appoint a committee. It may have been that they wanted to have a job for a few of their political friends, and of course as well . . .

Mr. Speaker: — Order! If you don't mind sitting down. There is something in parliamentary rules about imputing motives . . .

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Mr. Gardiner: — About which?

Mr. Speaker: — Imputing motives . . . It is not to be done.

Mr. Gardiner: — Well, if it is a matter of imputing motives, Mr. Speaker, I will be prepared to withdraw it. I have heard from both sides of this House, particularly the other side, more motives imputed in this House than from any other direction. But if that is your ruling Mr. Speaker, I will withdraw, but when you look at this list of the public representatives on this particular committee, you find that those who were representing the public, I am not speaking about the different sections that were appointed by themselves, but this was supposed to be the public: Mrs. Trew, an ex CCF member of this very legislature, and Mr. Whiting who is also an active supporter of the party across the way. They represented the public along with Dr. Thompson, the former head of the university in this province. Dr. Thompson is probably a very capable man, but I am quite sure from some of his statements in the two or three years since he retired as head of the university, it is quite clear where his sympathies lie in the political field with the Premier and former Minister of Education.

Those were the individuals who were appointed by this government, on that committee. When we look at the report as it was finally published the only members on that committee who voted for the majority report, and the report that has been presented to this legislature were all the appointments of the provincial government of this province. The four that presented the minority report, represented organizations and groups in the province of Saskatchewan, the one member who on his own placed the report before that committee was also representing an independent organization. Otherwise every member is either a paid employee of the government, or were directly appointed by the government of this province to the positions that they hold on that particular committee. So it is not very strange that we find that the majority report is supported by those appointed by the government, while other others even one of their own supporters representing another organization in this province, presented minority reports to the government.

Eighteen years ago Mr. Speaker, the CCF party drew up a program for the provision of complete medical services without charge. I know that this statement has been made before in this session, but I believe it bears repetition — without charge. In the pamphlet “Let there

be no blackout of health" issued by the CCF party in the election of 1944, very little was left to the imagination about what would take place under a CCF administration. There was no question at that time of committees to consider the matter. Everyone was going to enter a paradise following the election of 1944, and medical bills would be a thing of the past. I have no doubt that the average citizen has paid much more since the advent of the CCF for medical bills than he did prior to the election of the CCF to the government of this province in 1944.

The health insurance bill was passed by a Liberal government in 1944, and since that time only one small part of the program suggested in that legislation has been put into effect and that was the hospital program of the present government which was instituted in 1947. However, it was not without charge as promised by the party across the way. It was not without charge as promised by the Premier, but with an ever-increasing charge from 1947 down to the present day. Not only were those who could afford to pay hospital bills, not only were they charged but the so-called friend of the Premier, the little man found that he had to pay exactly the same amount of the bill. He found that his premium was exactly the same.

But as I have stated in this House before, and I know that many speakers, particularly across the way will get up and talk about the poor in this province, and I am going to make this statement, that no matter what legislation we pass here in this session, no matter what kind of legislation the government could have passed for hospitalization, I will bet you today, although the little man surely has to pay his share of the cost, he hasn't got the same opportunity, the same advantage of making use of those services, as have those that the Premier claims to be trying to trod into the earth, the wealthy people in the province of Saskatchewan.

I would like to ask the Premier, how often he thinks, no matter what medical services we put in here, the man who is working, whether he has a small farm that he has to look after, and the big farmer who can maybe hire help, does he think the little farmer is going to take off just because he happens to have a sore toe, or happens to have a sick stomach, and go to the hospital. No he isn't going to because he can't afford the time off. He can't take the time off from his business and work to enjoy the possibilities of having those services, so it doesn't matter what type of services we establish for either health or hospitalization, the poor man that the Premier speaks of will never have the same opportunity as the wealthy man. Neither will the man that is fifty or a hundred miles removed from a hospital,

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or maybe two or three hundred miles removed from the nearest doctor have the same opportunity as the person that is ensconced in a nice house in the city, or ensconced in a nice house in a small town. But he will pay the same amount. He will pay the same premium but he won't receive the same in services. Oh yes the Premier will say, he will receive the same opportunities. Yes, in a sense he will receive the same opportunities, but at the same time he won't have the same possibilities of receiving the services that we are asking him to pay an equal amount for in order to provide those services to the people of this province.

So when the Premier talks about the little man, I don't think he's fooling very many people in this province. The little man realized that he can't afford sickness. In most cases the Premier says the wealthy man gets the majority of the health treatment at the present time. I am quite certain that under this act or any other act, he will find that the wealthy person still will be receiving the lion's share of the health treatment, because the time is available to him to accept the privileges that are given him of having health services provided to him.

I might say that not only has it fallen on the little man to pay his share — the same share of costs for hospital cards to the government of this province, but through the education and hospital tax which was increased to include one per cent for the cost of hospitalization in this province, through that tax the little man when he goes to buy his things at the store, he again pays exactly the same as the one that can afford a greater payment for these services.

Then of course we come down to the question of the small businessman. It is the businessman, particularly the small one who suffered by having to collect this particular tax. Of course at the time of the election in 1944 I remember the former federal leader of the CCF party calling this the abominable tax that was placed on the statute books by the Liberal party, and today it must be just fifty per cent more abominable and if they increase it to five per cent at this present session it is going to be all the more abominable, but it is still going to be the little man, the little businessman that is going to suffer through having to be a collector for the government of this province in order to make these various schemes possible.

Through Liberal legislation in Ottawa a federal plan was finally approved, which accepted half the cost of the province for hospital services. In spite of this fact

even, the provincial government of this province has since increased hospital premiums to the highest point since the implementation of the plan. As a matter of record in this present year, and this may be out a dollar or two or a few cents, the minister can correct me in his address if it is out a few cents or a few dollars, but as a matter of record in this present year, not one penny will come from the general revenues of this province to provide hospital services to the people of the province of Saskatchewan. Not one cent, and if the minister desires I can tell him why I make that statement.

Mr. McFarlane: — Better explain it to them. They don't know.

Mr. Gardiner: — They spoke of \$35 million the other day being the amount that would be paid to provide hospital services to the people of this province. Fourteen million dollars of that amount will be paid by the federal government in Ottawa and possibly slightly more than that. It will probably come closer to \$16 million if the total bill is \$35 million. It will be slightly less than the 50 per cent or around 44 per cent of the total bill has been suggested in the past by the Minister of Health.

Hon. Mr. Erb: — Forty one per cent.

Mr. Gardiner: — Well even 41 per cent. I will take your figure at 41 per cent and we'll leave it at \$15 million. Well then take the education and hospital tax, even taking it at the minimum that we should receive from that tax — \$7 million, which brings it up to \$22 million. Then we have our hospital cards. Well nobody can say exactly what we're going to get this year, but on the basis of what we collected the previous year, there should be an increase collected through that tax, another \$12 million, which brings us up to a total of \$34 million. The balance of the money will come from the Cancer Control Act, which has always been paid out for the care of cancer patients in this province. So there will not be one solitary five-cent piece come out of the general revenues of this province for hospitalization purposes.

Opposition Members: — Hear! Hear!

Mr. Gardiner: — I am sure the Premier has always regretted the haste with which he entered into this hospital plan. You know I am sure he felt in 1947 that he was going to have the federal

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government in the next year, or I am quite certain he would never have proposed a hospital scheme for the people of this province. There is little doubt that the Premier decided at that date that he would never be caught again until it was absolutely necessary. He waited and waited until 1959 and with a change in the political wind sighted on all sides he found himself too late. Almost seventy per cent of the people of Saskatchewan had decided they could find ways of providing medical services for themselves. Following the Premier's refusal to implement an earlier plan the profession introduced on a bigger scale their own plan which has been in force for some years, and as well the Swift Current health region was introduced.

The lady member for Regina again takes credit for the government across the way for the implementation of that plan. The success and implementation of the Swift Current health region plan, deserves no credit from the government across the way. It was a plan formulated by the people of that area, an independent plan formed at the desire of the people of that area, and controlled and operated by them ever since, without the government sticking its fingers in.

Opposition Members: — Hear! Hear!

Mr. Gardiner: — Since the formation of the Swift Current regional services, two more areas have been given the opportunity of approving a similar plan. For one reason or another they were defeated, the one reason they were defeated was because in the meantime the government of this province had tried to worm its way in to the operation of health regions and the people of Saskatchewan in those other two regions wouldn't have anything to do with any plan formulated by the government across the way.

What is the reason for this opposition by the public in these areas. The basic reason is that our Premier has used medical services as a political football for so long that many of the people are suspicious the minute you mention this government handling medical services. The experience of the use of the Saskatchewan hospital plan for political purposes has left a vivid picture in the people's minds. This action has not been too serious because the government cannot move hospitals of stone and mortar out of the province of Saskatchewan. However, many of the people have wondered what doctors would do under a plan where before every election one action was taken, and after the election was over another action would be taken. If doctors

want to move away, no one can prevent them, at least in this democracy of ours.

This same type of action by the Premier during the last two or three years has added to the confusion in our province. In 1959 he declared that a plan for prepaid medical services was to be implemented immediately, and that legislation would be presented at the next session to make this a reality. The members met and the Throne Speech was read in February 1960, and lo and behold it stated that before the session ended the government would present legislation to make this a reality.

Long before this however, during the preceding months the Premier had been subtly laying the ground-work for a fight with the medical profession, which he could accuse them of starting when the time came. The Premier continually left the idea in the minds of his listeners that he was promoting complete state medicine, which very few in a true democracy would approve. This brought opposition and by the time the session ended he had many people thinking that the doctors had started the fight. There followed a slug fest which cannot help but leave a bad taste in everyone's mouth in the province of Saskatchewan. This has resulted in the fact that the profession that must provide the services to make a medical plan operate, cannot trust a man of the calibre of our Premier. For this reason more than any other, we must give thanks that he will no longer be with us to put in this medical plan when and if it is passed by this House.

During the campaign the Premier and others left the impression with the public that in spite of the fact that they were paying thousands of dollars towards the cost of the committee to investigate prepaid medical schemes, that his party still had a plan, and immediately the election was over they would proceed to provide medical services. I know that many faithful members of the CCF party blinded by the Premier were led to cancel existing medical plans following the election, and have been since without protection because the Premier failed to carry out his task as quickly as they thought he would.

Following the election the committee was finally formed and after a great deal of delay got down to the work at hand. Now, many months later, and after the expenditure of thousands of dollars, we have received a report which contains very little new after one has read the previous reports of committees which have examined this matter in the past. The report that has been handed down by the committee

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is not the important part of the document. The most important comment in the report is the reference in the letter by the chairman to the fact that insufficient time had been allotted to the committee to present a full report. Therefore the report presented is useless to the members of this legislature because as they point out as you read the document, very little unanimity was found on most of the items in this report. In other words this was a hurriedly-prepared document handed to the government under duress and without the committee having the opportunity to express its opinion as to whether this was a major deficiency in our health system at the present time.

I would gather from reading the report that most members, or many of the members of the committee feel that there are more pressing problems in the field of health services than the completion of prepaid medical services to 30 per cent of the people of this province. I would presume from remarks made by the lady member from Regina that she feels that many of the wealthy would not take advantage of the government plan on a voluntary basis, so that I would presume that she would feel the largest group that are not covered at the present time with medical services, are those who can afford to pay their own bills.

Many problems are referred to in the report which loom very large in the thoughts of most interested people at the present time. Of course these might not have the same national appeal to assist the Premier as he leaves Saskatchewan. The problems of the mentally ill and the aged can be forgotten for the moment in order to provide the Premier with a popular election cry. For years we have been promised improved mental care for patients with the suggested small mental hospital program which I referred to earlier in my address. Also an extension to the geriatric centres program has been rejected for the present because, as stated, of a lack of funds. As well the general hospital program in the province has been threatened and a cutback in hospital services has resulted due to a lack of finance to maintain these programs at the present standards. The completion of proper facilities in order to make possible a complete health system would appear to be a first charge on present finances reading between the lines of the committee's report.

The lady member for Regina in her address appeared to support the formula put forward by Mr. Smishek the representative of the labour organizations in this province, and that is to be expected. As usual she spoke about the pride of people on means tests. I wonder where she was a

few years ago, four or five years ago when the old age pensioners, those over seventy years of age, those under unfortunate circumstances were herded like cattle by this government into buildings that were in many cases not much better than barns in centres in this province and had to stand up before their fellow citizens and ask and plead for more assistance from the government of this province. Is that the type of pride she was speaking about the other day when she said here somebody is asking us, asking this government that is the protector of the poor, asking us to put on another means test.

That was the most shameful exhibition that was ever put on by any government in this country, or I think any place else in the world, except possibly communist Russia. It is something that you would expect there. Old ladies and old men, some of them on crutches, some of them that had legs amputated. I saw some of them in communities around this province — having to climb steps into halls in order to meet with officials of the Department of Social Welfare, and they weren't even officials. They were students that had been hired out of the university to go out and take down the facts from the old age people to see whether or not they could obtain a few dollars more assistance from the government of this province. Yet the lady member from Regina would chastise the opposition or chastise anyone else that mentions means tests and say, oh that would be terrible, how about the pride of individuals? I am quite sure after eighteen years of this government there is very little pride left in most of the people of this province.

It was very difficult to decide after listening to the member for Regina, where she stood on the question of payment of doctors. She spoke of three suggested methods and then tended to personally favour the salary plan. There again that is to be expected. A true socialist's eyes see everyone under the control and as paid servants of the state. I wonder what many members of our trade unions would say to the lady member if she were to suggest that the government place all electricians, plumbers, carpenters — on a straight salary under the control of the government. I don't think she would get too ready a response to the introduction of a motion of that type, or in a motion of that type in regard to any class of individuals in our country. On the other hand, everyone including in the medical profession realizes that if they have their bills collected and paid for them, they cannot receive the same type of payment as they would if they were looking after those various problems themselves. The doctors have realized that long ago citizens in this

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country realize that fact. However, I am wondering what would happen if the doctors were on salary and then demanded a five day, forty hour week. If we think we have a shortage of doctors today, I am wondering what we would think if the doctors did demand that they were placed on salary.

Besides the fact of insufficient time given to consideration of the report, through government haste, the next most important statement which should be brought to the attention of the members of this House is the fact that the committee was widely divided in opinion on many of the recommendations. The second paragraph on page 5 should be considered by all members and having read that and then the report itself, decide whether on the basis of that report they can sensibly arrive at a decision which will prove of the greatest benefit to this province. The paragraph reads as follows, I think this is a gem as far as the writing of the English language, and I think it should be put in the future English books in this province as a great understatement of the confusion that exists in the minds of everyone, including the committee that carried out this investigation. This is the statement:

“Most members of the committee approve most of the numerous recommendations in this report. But most or perhaps all (listen to this) but most or perhaps all members disapprove of some of them.”

Now I don't know how you can put those two statements together. I would be confused myself as to just exactly what the members of the committee thought.

“In order to produce a report which would be reasonably acceptable to all of us, it has therefore been necessary to compromise.”

Well there were seven that decided to compromise, and the other five decided to run amuck and write their own report. So there wasn't too much compromise when they got all through.

Mr. McFarlane: — The Premier would say they're all against it.

Mr. Gardiner: — Then it says: “Each of us is prepared to accept the views of the committee as a whole with respect to all minor issues.” I don't know what those minor issues were after reading the report. Then: “Most of us with respect to the few major issues in which we differ from the majority.” You

would have to be a Philadelphia lawyer Mr. Speaker, to figure out what that sentence means.

“Some members however who were strongly opposed to certain major recommendations have felt compelled to record their dissent respecting those recommendations. But the absence of a statement of dissent by any particular member (this is another gem) but the absence of a statement of dissent by any particular member on any particular issue does not necessarily mean that the member in question agrees with the majority of the committee on that issue.”

Well Mr. Speaker, I am sure that even the Premier of this province can see the ridiculousness of the situation he is placing members of this legislature in today. This matter is a complete joke. The members of this legislature have no more idea about the wishes of the medical committee that has reported to us, has no more idea than any dog that is running out in the street at the preset time. Not any more.

It would appear that the only members of the committee that were prepared to agree with the report, as finally presented, were the members who were actually appointed by the government of this province. Of course that was under duress as well, in order to get this report before the members of this legislature.

As well I would imagine that in speaking of a compromise, the report indicates that many decisions that are registered as decisions of the committee were possibly as a result of tie votes or very close votes in the committee, which the chairman would have the right to a tie-breaking vote in the decision on various matters. It would be interesting I am sure to the members of this committee, to know just how the chairman did cast his vote, because in most cases on a committee of this type the chairman would be expected to cast a negative vote in the question of a tie in problems of this type. So I think it would be very interesting to the members of this committee to know just whether the chairman of that committee assented to most of the items that are in this report, in order to bring down a majority report at this time. Those are questions that no member in this legislature knows the answer to at the present time. Those are questions that the committee has put doubt into the minds not only of the members of this legislature but every person in the province of Saskatchewan, as to what this committee felt itself with regard to the inclusion of medical services in the province of Saskatchewan.

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I think that the suggestion made the other day, that the members should appear before the members of this legislature is a very sound one, in order that the doubt in the minds of perhaps all members be cleared up as to how decisions were arrived at and as to how the final report was laid before the members of this House.

The only major recommendation that appears to be fairly well accepted is the idea of a program of health insurance available to all the residents of this province. That seems to be about the only thing that they were all agreed on, and I am sure it is the same thing that every one in this House, probably everyone in this province is agreed to is a system of health insurance that is available to every citizen of our province. With this general view we can all agree that it is after we have decided on this premise that this agreement sets in. A universal plan does not necessarily mean a compulsory plan. Benefits of health insurance can be made available to all without being compulsory. The major issue at stake is the question as to whether or not the best service can be obtained under certain circumstances. The lady member for Regina and the labour representative on the committee agree that doctors should be on salary. The members of this profession on the committee disagree. After all, it is the doctors that are going to have to provide the service if it is to be made available to all the people of this province. I have little doubt that if the government offers an attractive salary they may be able to get enough doctors to give service, but we must also ask whether this will be the best service that is available for the people of our province.

Mrs. Cooper: — On a point of privilege, I believe I am being misquoted by the hon. member. He suggests that I said . . .

Mr. Speaker: — Is the hon. member prepared to accept this correction at this time.

Mr. Gardiner: — Yes, I will accept it.

Mrs. Cooper: — He said that I said all the doctors should be put on a salary. I outlined strengths and weaknesses of three methods, and I ended by saying I thought the doctors should have a free choice as to which method they should choose. In that way we would get a better idea of which in the long run would be the best method.

Mr. Gardiner: — I think if I actually made that statement Mr. Speaker, I think the member for Regina will find that what I said was ‘that she appeared to agree with Mr. Smishek.’ As far as my listening to her address was concerned, I took it from her address that she favoured herself, doctors on salaries. I am not taking that she said that was what should be done, but from her remarks my impression was that she favoured the plan of doctors being placed on salaries.

I have little doubt that if the government offers an attractive salary they may be able to get enough doctors to give service to the people of this province, if the doctors were to go on salary. But I am not sure if would be the best service that could be available for our people. That in the final analysis is what must decide for each and every one of us the question of what type of prepaid services plan we are going to have — the one that will provide the best service to the people of our province.

We all realize I am sure, and I am sure hon. members across the way realize, I am sure that the Premier of the province realizes that medicine under the control of many governments throughout the world, and I am speaking about actual control of medicine itself, has been greatly abused in the past history of the world. I am certain Saskatchewan that I would never want to put the matter of life or death of myself or anyone else in the hands of the government that sits across the way, or in the hands of any government in this country, whether it happens to be the Liberal party or the Conservative party.

Opposition Members: — Hear! Hear!

Mr. Gardiner: — Such a threat to the general welfare of the public must always be kept in mind. Personally, as a member of this legislature I do not desire to have control over life or death of the people of this province. Medicine is one profession, where the laymen no matter how brilliant, should not interfere. There is no assurance given, except in lip service by the committee, to convince me that under a program such as has been suggested in the minority report and is suggested in certain recommendations and under that they would provide that we would have protection from political lay control over the practice of medicine in this province.

Another issue is whether this program should be controlled by the government or by non-political agencies.

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A truly government administration could endanger the freedom of all and the health of all. Medical ethics do not allow the amount of red tape and exposure of patients to the public eye that would be permitted under a government-controlled scheme. We have seen the effect of government control through the present hospital plan. Although the original idea of hospital services was good, it has since become a controlling factor in the practice of good medicine and the democratic control of our hospitals. This in itself cannot do too much harm because brick and stone, as I stated before are not too much influenced by government actions.

However, this approach to control over operations of our hospitals has in the first analysis brought about increased costs, and then when costs have increased the politicians come along and say there is not enough money to go around, so that either service will have to be reduced or curtailed or else the hospitals will have to find other methods of increasing revenues. At the present time the average person does not realize what has happened in the field of hospital costs. When the hospital plan was put into effect, many believed that the complete cost of hospital operation would be paid for by the plan. However, today approximately one-half the cost of the scheme, as I stated earlier, is paid from the federal treasury and the majority of the rest through direct taxes either in the payment of hospital card tax or through the education and hospital tax. As well since the change in construction grants and the acceptance of principal payments on capital debt, and the refusal of the government to accept the depreciation costs as an item of expense, many hospitals have had to place a property tax on their residence in order to meet operating expenses, not capital expenses, Mr. Speaker. In order to meet operating deficits in their hospitals, they've had to place an extra tax burden on their taxpayers, which is something they were never supposed to do when this plan was first put into operation.

What would happen if the same thing took place with regard to the operation of a politically controlled health insurance scheme. I can visualize the government saying that finances did not permit — that either doctors had to decrease their services or money would have to be found through other channels. This would throw the practice of medicine into complete confusion and could result in severe effects as far as the health of our people is concerned.

The method of payment appears to be one of the major issues in the debate. Everyone knows that the profession itself and probably no one in this province is opposed to health insurance, as I could show you if I wanted to take time and pull my own wallet out and show you the card that I hold in Medical Services Incorporated at the present time, as they have well exhibited in their organization of Medical Services Incorporated and Group Medical Services in this province, and also in accepting contracts from other insuring agencies. It is the duty of each of us to assure ourselves that the government is able to provide through their scheme, proper medical attention to the public. This should be guaranteed by a contract signed and agreed to by those who have to provide the service, before any taxes are collected and before individuals are asked to drop plans already providing them with medical care.

Other technical features are not as important as the ones that I have just made reference to. We all realize, at least I hope we do, that this service will not be free if it is put in, no matter what type of service is instituted by this legislature. It will have to be paid for. Let us tell the people of this province, in no uncertain terms, that they are paying for this. Nothing is being given to them by Tommy Douglas and the CCF party. The people themselves are going to pay every cent of medical costs. You know that and we know that and there is no credit coming to anyone in this House for the implementation of medical services.

This House must accept responsibility for deciding whether at this time we can ask the people to pay more compulsory taxes, for any purpose no matter how important it might be. If the government were to cancel the building as I mentioned a few moments ago, of the Power Corporation building, and were to review other expenses as to reduction of unnecessary costs in government and spend that money to provide the service until the province and the people are in a better financial position, then the government could take some credit at this time for suggesting this plan. However as near as I can see the government is pledged to collect the cost of the complete program straight from the recipient in one form or another and not a five cent piece will be contributed from present provincial and general revenues. The government under these circumstances cannot accept any credit for establishing a plan which is already supplied in various forms to almost 70 per cent of the people of our province. As a matter of fact the government plan, suggested by some, as I have stated before, could dislocate the practice of medicine at the present time in such a way that it could bring untold suffering to many of our people

in this province.

A plan of assistance from the public revenues to already proven plans, which would organize, and I might say here, that I impressed on the government that they could do this under existing legislation some three years ago, and I urged them to do that until such time as this committee that they were thinking of appointing could be appointed and bring down a report. Of course the government refused to do that at that time — if they would provide funds from public revenues to already proven plans, which would organize on a universal basis with one premium rate for all, would not cause any disruption of service to our people and would at the same time provide universal coverage at a rate that all people except indigents, who are already covered, could afford to pay.

Under the Australian plan in that country, under a voluntary plan 90 per cent of the population in Australia today are covered under a voluntary plan of complete medical services including hospital, medical, dental, pharmaceutical and nursing services in that country. Those who do not pay a fee to a voluntary health organization, not only have to take care of their own medical needs but also have to contribute to the general taxes to the subsidy program for other citizens in that country. As well the needy and less fortunate are taken care of much as in Canada, and other countries throughout the western world.

The other major recommendation found in the report has to do with other medical services. We are all aware of the increasing need for further expenditures in the field of mental health care, cancer control care, care for the aged and chronically ill and many other fields of public health. The government has already, through various actions indicated that we must hold up expansion in the field of mental health care and the care of the aged. Also the government has denied services to the people of Saskatchewan because of a refusal to accept federal offers of assistance in fields which would be a benefit. Grants of close to a quarter million dollars are available to the province for an expenditure of \$50 thousand under the Emergency Measures Organization legislation setup by the federal government. A complete mobile hospital unit for emergency purposes and many other medical stockpiles will be available when the government agrees to appoint a medical health officer under the plan.

Early in the summer I urged the Minister of Health in a telephone conversation to take immediate action to do this. However he pleaded that he hoped that he would be able to do so at an early date, but up until that time he had not been able to get the approval of cabinet. It appears that approval is still being withheld and that Saskatchewan is losing a great deal of benefit that could be obtained from taking a full part in this program.

I can assure you Mr. Speaker, that in relation to the question of medical care that I intend to give the bill which has been presented to the House, and other bills that might be associated with it, my earnest consideration. But I honestly feel that much more information is needed by the members if their decision is to be based on the report of the committee which we have on hand. However before discussing the bill itself I feel that we should all await the report on second reading by the minister.

The other item Mr. Speaker which is mentioned in the Throne Speech debate, I do not intend to take but a moment to refer to and that is the question of the fiscal arrangements that must be adopted by this legislature because of action taken by the federal government in Ottawa under the leadership of Prime Minister Diefenbaker. During the course of the last federal election in 1958, I warned people at every public meeting that I attended, that if they saw the election of a Conservative government in this country, every act that had ever been placed on the statute books of Canada to give advance and advantage to the people of western Canada, would be threatened before that government was defeated. I think I have been borne out through that statement because since that election every one of the things that has granted advances and advantage to the people of western Canada, have not been done away with but every one of them has been threatened since the present government came into office, right from the dominion-provincial fiscal arrangements, which were originally placed on the statute books to assist the poorer provinces. It was a starting point; it wasn't expected ever to be an ending or a solution to the whole problem when it was put in originally; or a solution to the whole problem when it was put in originally; it was built on, and it was even built on by the present government for one year in order to make the people of Canada believe that they were going to go ahead with the progressive improvement of dominion fiscal arrangements between the provinces and the dominion of Canada. But we have found out since that this agreement, questions such as the Crow's Nest Pass Agreement, P.F.A.A., freer trade with other nations of the world, and so we could go through every act of previous governments in Canada, and my statement will be born out, that under the present government we have seen the threatening of

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almost every act of legislation that has been passed that was of benefit to the people of western Canada. Sometimes it has been a little bit like the government across the way. If you change the name of something it seems to give you credit rather than the other fellow. The present federal government has been very good at doing that. They have changed the name of a number of different acts that they placed in the statute books, trying to indicate to the people of Canada that they did something in place of the previous government. So we find today that there are farm people in this province giving credit to the federal government for the fact that they are receiving P.F.A.A. payments in this present year under this crop disaster condition. Yet it was under legislation that was passed many years ago by another government, legislation which they have actually threatened rather than help to retain on the statute books since they have been there.

So we find today that we come into this legislature and we are asked to approve — I think each one of us should be a little ashamed to sit in the legislature and approve — this second act that is being presented by the provincial government.

As stated by our leader in his address, ‘There are no people that are any more responsible for this fact than the present government of the province of Saskatchewan and particularly the Premier and the former Provincial Treasurer, for the circumstances under which we find ourselves at the present time. No one more responsible. So I say that we as members of this legislature should in a way hang our heads in shame, for today we are seeing brought about the end of something that could have brought great advantage to the people of our province and to the people of many provinces who have not got the wherewithal to provide services of the right type to their own people.

So I say here today with regard to that legislation, possibly there is no one here who can actually oppose it. We know we have to have some system if the federal government isn’t going to carry on under the present arrangements. We are going to need the money that we will lose if we don’t accept the provisions of this particular bill, but it would be my wish personally that every member in this legislature could stand and vote against this provision and attempt to force the federal government to continue and type of agreement we had previously and to continue to approve, not under duress but with the recognition that the people of Canada all deserve, as equal as possible,

rights to health, rights to education, rights to social welfare. Only under an enlightened form of financial legislation in this country can that be possible without placing on the people of our province in particular, a burden which they cannot afford to carry.

So Mr. Speaker, in concluding my remarks, I want to say that I definitely will support the amendment that has been moved by the Leader of the Opposition, because at a time of great difficulty to our people, and the people particularly that I represent in my area of the province, I feel that this is almost a wasted session to come in and to have the government tell us that we are not being given the opportunity to properly look into the problems of our people, and see to at least part of the solution to those problems in this present session, and then continue that work next spring. So Mr. Speaker for that reason I will support the amendment to the Address-in-Reply.

Hon. Mr. Erb: — On a point of order, I didn't wish to interrupt the member while he was speaking but I gathered he had said that we had asked the hospitals to cut-back on their services. Now if this is what he said, I want to say that this is not true.

Mr. Gardiner: — I didn't say that you had asked them. I said that they would have to cut-back on services because of actions of your department.

Hon. Mr. Erb: — I understood that you said we had asked them.

Mr. Gardiner: — I don't know what difference it makes, they still have to do it because of actions of yours.

Mr. Speaker: — Order!

Hon. Mr. Erb: — That is not true.

Mr. Gardiner: — Mr. Speaker, if you want me to read the letter I will.

Mr. Gordon T. Snyder (Moose Jaw City): — Mr. Speaker, it is with considerable pleasure that I take part in this debate on this particular occasion. I wish first of all Mr. Speaker to congratulate the hon.

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lady member for Regina on an excellent presentation in her reply to the Speech from the Throne. We've come to expect fine things from her and as yet she has never disappointed us.

I feel compelled at this time to associate myself with some of the remarks which she made and for the pleasure of the hon. gentleman who has spoken before me, I would like to make my position clear in respect to two points in particular.

I wish at this time to go on record as opposing the fee-for-service type of remuneration, and I believe Mr. Speaker that the reasons have been expounded to quite a degree, and I believe the reasons by and large are obvious to many people. This is mainly due to the fact, from my point of view, that this emphasizes a quantity of work rather than a quality of work and I would like to go on record as preferring a combination of salary plus capitation. I believe that this would present the most equitable manner, as I have said, for reasons which are obvious.

I wish also at this time to express my disapproval of the recommendation of the interim report in respect to the deterrent or the utilization fee. I contend, Mr. Speaker, that this disregards the ability of the individual to pay for such services, and my feeling is that while we do have evidence to indicate that the utilization fee has been effective in those areas where it has been used, we have no way of knowing whether it is the frivolous person, the person who over-utilizes the medical care plan, who is deterred or whether it is the person who is genuinely in need of medical care. I feel very strongly that the present deterrent which is ever-present, is one which is adequate to keep people from over-utilizing a medical care plan. By that deterrent I mean the ever-present fear in people that when they seek the service of a medical practitioner they will receive a prescription for medication which will in itself be a sizeable cost to the individual. So I contend that the present deterrent is sufficient.

I wish also at this time to congratulate the hon. member for Touchwood for a very able presentation of a very complex subject. I believe I for one appreciate the amount of time and the amount of study which was necessary to enable him to speak with authority on a subject as involved as the tax sharing agreements.

Now I submit Mr. Speaker that this is a special session of the legislature, in spite of the fact that we are told that this is merely the second session of the fourteenth legislature. I suggest that in view of the vital business for which the session was primarily called, and the impact which Saskatchewan's medical care plan will have on the health and security and the welfare of the people of Saskatchewan that, this could then be appropriately referred to as a "special regular session".

Before making any detailed remarks in respect to medical care or the proposed medical care plan, I feel compelled to remark on the performance of the hon. member for Melville on Friday afternoon last. Following the Premier's speech on Friday afternoon, which was on an intellectual level which caused each member on this side of the House to be deeply proud of the association that we have had with him, we were subjected to a low-grade performance completely void of any element of good taste, completely lacking in any amount of integrity or discretion, and even void of any political perception. I maintain, Mr. Speaker, that it is regrettable that each member of his constituency could not have listened to the performance and sat in and heard a verbatim report of the remarks of the hon. member on Friday afternoon last.

Now I suggest Mr. Speaker, that from all indications of past performances that this has apparently become a stock-in-trade of the hon. member for Melville. Many members will recall a recent release in the April 28th issue of the Regina Leader Post, at which time the member for Melville was quoted as having said the 'the Premier was the Red's best weapon in Canada'. Now in that same issue, in the April 28th issue he was quoted as having said that

"the Premier sees himself as a leader of the American world making way for the Communist dictatorship which many of his followers say is coming. He is all for the butchery in Cuba as he was a few years ago for the Communist butchery in Hungary."

Now Mr. Speaker, these remarks have caused a good deal of concern. They have raised the ire, not only of friends and government supporters but also of a good many of his own Liberal colleagues. Not the least of these was the executive editor of the Moose Jaw Times Herald, who felt compelled to reply on May 12th, 1961 in his editorial column. At that time he wrote:

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“It might be well if the veteran of public affairs Jimmy Gardiner had a word with this son Wilfred. Now while the junior Gardiner has achieved some political prominence politically through elections to the legislature, his recent utterances are unlikely to win friends or influence voters in favour of the party through which they seek to render service. From his lifetime of experience the politically astute senior Gardiner could surely advise him to attempt to substantiate his charges or else temper his speeches lest the party alienate whatever support it may have. Heaven knows, Premier Douglas is capable of taking care of himself. He needs no defence here. It is the insult to the intelligence of the rest of us which is of concern. Those are serious allegations. If the member could back them up, he should do so. If he cannot he should not make them.”

He concludes by saying:

“We voters may be a gullible lot, but few of us can stand red baiting.”

Now Mr. Speaker, there are a great many of us who . . .

Premier Douglas: — The member for Melville is not in his seat.

Mr. Snyder: — I noticed his absence Mr. Premier.

Hon. Mr. Walker: — The best he can do for this chamber is to be out of it.

Mr. Speaker: — Order!

Mr. Snyder: — Mr. Speaker, there are many of us who are still wondering as to the motivation behind the remarks of the hon. member and I think perhaps in this instance he may be excused. It may be that he has merely been trying to establish his eligibility to join the John Birch society. Mr. Speaker these reckless statements appear to represent a case of mental frostbite which may have resulted from the general palsied-condition of the Liberal party, as it was described by the Leader of the Opposition in a speech which he made in Calgary not too long ago. At that time he was reported to have said

that when he became leader of the Liberals they were demoralized, they were frustrated, and pathetic. Now it would appear that at that time the Liberals were floundering in a heavy sea with neither propeller, chart, nor compass. If they had been able to move they wouldn't have known in which direction to travel. Now I have no way of knowing to what extent the hon. member for Moosomin or the other hon. members opposite agree with the Leader of the Opposition in that remark, but I do say this, that whatever their position was at that time it has improved very little in the past number of months.

Now in connection with the prepaid medical care plan Mr. Speaker, the Liberals know that they are running against the tide. They have found that it is very awkward to reverse their position, and the matter has however received some consideration over the past number of months. We've been given to understand that the Leader of the Opposition is in favour of a health insurance plank in the federal Liberal platform. I want to suggest to him at this time that this is completely unnecessary in view of the fact that the Liberals had this plank in their platform as early as 1919, and while it is an old plank it has never been used and should therefore be almost as good as new.

Now changing courses in mid-stream does present some difficulties. As we all know the free-enterprise government of British Columbia has recently taken over the B.C. Electric, in spite of the fact that they opposed all efforts of the CCF opposition in British Columbia to have this utility operated as a publicly owned concern. Now, in a recent T.V. interview Premier Bennett said that the B.C. Electric had been taken over in the interests of all the people of British Columbia and he also said that this would not destroy the confidence in the province because his government didn't believe in public ownership.

Now it seems, Mr. Speaker, that confidence is only destroyed when public ownership is put in by a government that believes in public ownership. It is obvious that in the question of medical care our Liberal friends don't want to be caught up in this very delicate kind of a situation. Now it is claimed by members opposite, and the claim was repeated today by the hon. member for Melville, who is not in his seat, it has been claimed by opposition members, by members of the medical profession, by insurance companies and by certain anti-social-security business concerns that the majority of the people of Saskatchewan are already covered by some type of medical care plan. They also contend that the government should insure those

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people who cannot receive coverage through private insurance plans and they should leave the rest to good old free enterprise. It is also claimed Mr. Speaker, that a government-operated plan would be costly. I suggest Mr. Speaker, that these arguments seem to ignore the present cost that the people of Saskatchewan and indeed the people of Canada are paying for partial coverage for medical care.

Now one of the arguments that was used against the Kennedy administration's medical care plan for the aged was the fact that a great number of Americans, some 130 million of them already have some type of medical care plan. The conservative magazine "Business Week" went about very systematically proving this argument to be a fraud by merely applying the very simple and familiar yardstick of dollars and cents. They went on to show where 130 million people, the policy holders in the United States now pay \$5.5 billion for the care of their health, and they receive in benefits some \$4.5 billion annually. But, the people of the United States spend some \$20 billion annually on the care of their health. Now for 175 million people, this works out at \$114 per capita or \$456 for a family of four. Now more important yet, "Business Week" goes on to say that only 20 per cent of the people of the United States have any broad coverage whatsoever, and 40 million people have no coverage of any description, and that 100 million people are covered only for hospital bills and have no insurance whatsoever against the cost of doctors' services. It also goes on to say that the growth of private plans has slowed to almost a stand-still, and this is attributed mainly to the premium increases of upwards of seven per cent a year over the past decade.

Now the point I wish to make Mr. Speaker is that medical care is now being regarded as a right, in the same way as clothing, food, shelter and free elementary education are rights not to be compromised by economic adversity or the limited ability of the individual to pay for such services. If there is an increase in the cost of this proposed medical care plan then surely it will not be because doctors are placing patients in the hospitals who do not require medical treatment. If there is an increase in the cost because of the backlog of previously untreated patients who heretofore could not afford medical care, or if there is an increase in the cost because of the general rise in all price levels, then I believe we can be assured that we are still receiving medical care at cost and we can hardly hope for better terms.

Now the medical profession should, I believe, and I believe will, in increasing measures, give this medical care plan their support. Especially in view of the fact that the medical profession is unique in that they are one of the few professions with a work shop provided at the expense of the general public.

Now it is being recognized today by people in all walks of life that we can do collectively the things which it is impossible for us to do on an individual basis. From his recent encyclical, His Holiness Pope John said, and I quote in part:

“Socialization is the fruit and the expression of the natural tendency almost irrepressible in human beings, the tendency to join together to attain objectives which are beyond the capacity and the means at the disposal of single individuals. It is clear that socialization so understood brings many advantages. It makes possible in fact the satisfaction of many personal rights, especially those called economic-social, such as for example the indispensable means of human maintenance, to health services, to instruction at a higher level, to a more thorough professional formation, to housing, to work, to suitable leisure, to recreation. Social planning, morally conceived and executed to the common good, will do much to improve both the general welfare and the freedom of the individual. So long as socialization confines its activities within the moral order along the lines indicated it does not of its nature, entail serious dangers of restriction to the detriment of individual human beings. Rather it helps to promote in them the expression and development of truly personal characteristics. It produces too, an organic reconstruction of society.”

Now I suggest Mr. Speaker that this message, pointing out and emphasizing the significance of social planning should be given the thoughtful consideration of all members of this assembly. I suggest too, that if those members opposite are genuinely interested in the cost of a medical care plan then they should not fail to investigate the free enterprise price fixing and profiteering, particularly in those industries where the products enter into the cost of medical care.

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A recent report by Senator Kefauver on the findings of the U.S. anti-trust and monopoly sub committee, deals with steel, one of the basic commodities which enters into the cost of hospital construction, and it also deals with drugs which enter into the cost of medical care. Now in September 1959, the committee held hearings on identical bids on the purchase of electrical equipment by the Tennessee Valley Authority. This resulted in the filing of 20 criminal charges involving 29 corporations and 44 individuals. They were charged with conspiracy to fix prices on electrical equipment. Well this not only resulted in fines and jail sentences for leading company officials, but it also had the very desirable effect of lowering the prices substantially to the consumer. The "Knoxville Sentinel" reported late in 1960, that the bid on a single T.V. generator had been reduced by more than \$5 million below the 1959 bid.

Now in respect to the drug industry Mr. Speaker, Senator Kefauver's committee reported once again saying:

"From our hearings it has become obvious that by any standard, drug prices are excessive and in some cases outrageous. This is made possible by a tight control of the market by a few big drug companies."

Well this report went on to show that a hormone preparation which cost the manufacturer \$1.57 was sold to the retail druggist for \$17.90, who in turn sold it to the consumer for \$29.83. Now this report shows once again that drugs under their generic name can be purchased for a fraction of the cost of the drug under its trade name. The arthritic drug, prednisone, which under its trade name of meticorten sells for nearly thirty cents a pill, under its generic name can be purchased for less than four cents a pill. Now Senator Kefauver states in conclusion:

"My own prediction, and I stress that I am predicting not prescribing, is that the years ahead will see a great increase in conscious collective government controls and of government enterprise. The development will reflect a growing intensified concern over the private possession of economic power so vast that even its possessors are frightened by the implication of their holdings. Events will count more heavily than fine logic in determining the action, that events would surely occur and public action to repossess the power to economize will surely follow."

Now Mr. Speaker, in giving consideration to the adoption of a medical care plan, I wish at this time to remind the members that in Canada, a wealthy country where we boast one of the highest standards of living on the face of the earth, we are trailing far behind other countries in the field of social welfare spending. According to the International Labour Organization, Geneva, on social security spending, Canada is way down in eighteenth place, and spends only 8.7 per cent of her national income on social welfare, while the five leading European countries spend between 16.3 per cent and 20 per cent.

I want to suggest in closing, Mr. Speaker, that those people who attempt to erect road blocks against what can best be described as a basic social right, are merely conducting a campaign against common sense, and before very long they will be hoping that the people of Saskatchewan have short memories and will have forgotten the stand which they have taken on this issue. It will not be surprising then, to us on this side of the House Mr. Speaker, if after a few years of successful operation, those members opposite then attempt to take credit for a victory that was won in a battle which they lost.

Mr. J.W. Horsman (Wilkie): — Mr. Speaker, I haven't anything to say against the medical services plan, if it is the right plan, properly organized, properly carried out and properly administered. I have been connected with medical services for about the last thirty years and probably know considerably more about it than the average person does. I may have a little more to say about it later on.

We meet here in this legislature this year at this session, during one of the most critical periods in the history of Saskatchewan agriculture. I know my friend the Minister of Agriculture thinks the same as I do in this respect. I have farmed in Saskatchewan, Mr. Speaker, for more than half a century, and I have never seen the drought as widespread over this province as it is this year. We know also that most of the grain that formed the great surplus of a few years ago is pretty well out of the hands of the farmers right now. What is left in the hands of the farmers is in the hands of very few. Empty granaries are becoming more and more the order of the day. Whatever grain there is left, as I said a moment ago, is in the hands of a very few farmers, except the few that happen to be fortunate enough to be in an area this year where there was some crop, but granaries are getting emptier as time

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goes on. Drought conditions Mr. Speaker, are nothing new to me. I farmed through the 1930's, and I certainly know what it means to have a continuing drought. But, I would like to point out to the hon. members of this House that there is a great difference between the 1930's and 1961. During the 1930's the cost of living was about one-third of what it is today, and this fact will make it much more difficult for farmers to live on the very small incomes that they will have this year, that is those who are in the drought areas.

I also would like to point out that bad as the situation is now, it will become much worse as time goes on, and many of the farmers in the drought area will be compelled to seek social welfare. Any small income that the farmers may have from the sale of grain, P.F.A.A. payments, etc., will soon be exhausted and farmers in the drought areas, which comprises most of the province will be in a very critical condition financially.

I also wish to state something else that everyone should know and that is to my knowledge we have never gone into the winter with as little moisture in the ground as there is at the present time, and unless we receive an abundance of moisture next year, many farmers will find themselves bankrupt. I wish to say also that this is the first time in the history of the CCF Saskatchewan government that they have been faced with this kind of a crisis. If the drought continues for another year or perhaps more than a year, you can imagine what the situation will be with the high cost of living that we now have to aggravate the situation. Has the government of Saskatchewan any plans to cope with this situation? If they have there is no evidence of it in the Throne Speech. I would like to warn the government that this situation will become worse as time goes on.

Along with other living expenses Mr. Speaker, taxes are getting higher and higher all the time. At the present time just about one-half of the tax dollar goes for education. That is true in most of the towns and also out in the rural municipalities. Building costs for school buildings and equipment for school buildings are sky-rocketing all the time and labour is at an all-time high. Yet in spite of these conditions which are well known to everyone in this province, school teachers are demanding higher salaries, and in some cases have threatened to go on strike. The strike in the Rosetown unit was just averted Saturday, and it was said the teachers settled very reluctantly.

Now I would think, Mr. Speaker, that in view of the fact that the people who face this great crisis are the people who are responsible for the payment of teachers' salaries, that the demand of teachers for higher salaries could have been postponed until a later date, when the present critical condition of agriculture might have eased off, or might have been over.

I remember and I think it has been mentioned here today, when Premier Douglas, the present Premier said, that the cost of education in a province was the responsibility of the provincial government, and rested squarely on their shoulders. Yet after seventeen years of this government being in power we find that about fifty per cent of the cost of education is being paid by the government. I think it is about fifty per cent, I am not just sure about that. When this socialist movement first started in Saskatchewan, Mr. Speaker, they said that all these services such as schools, hospitals etc. would be paid for from the profit they would receive from the crown corporations that they were going to bring into effect. After seventeen years of this government being in office we see the wreckage of these crown corporations scattered all over the province. Most of them have been dismal failures and many millions of dollars of the taxpayers' money has gone down the drain. They remind me, Mr. Speaker, of Sir Walter Scott's reference to King Richard's gallant army, how they whitened the plains of Palestine after the Crusade.

Those crown corporations that are still existent, I think everyone will agree when I say that they are monopolies. The Saskatchewan Power Corporation is a complete monopoly; the distribution of gas under that company is a monopoly. What about the telephone company? That is another monopoly. When you have a monopoly it isn't any trouble to make money. All you have to do is set your charges high enough and you are bound to make a profit. I think the history of the crown corporations shows that government business in the main, where they have to get out and compete with private enterprise, usually turns out to be a failure.

Now this so-called new party, or the New Democratic Party has at last come into existence and they have a new leader, and I want to congratulate them on the very able leader they have. I wonder though if the change in name from the CCF, the name under which the socialist party of Saskatchewan and Canada was formed, if changing away from that name will cause them any more success as time goes on. I believe that this party, composed as it is of the labour unions principally, should come out under their right

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name and call themselves the labour party of Canada. Now this CCF-labour group are asking farmers to join this political venture. As we know the Saskatchewan Farmers Union did not see fit to lend their support as a body to this CCF-labour merger. They knew that their influence in the councils of this party would be so over-shadowed by the influence of the labour unions that they would be in a minority and would quite likely lose their identity completely as a farm group. This CCF new party movement would like the farmers to join with them, but labour wants to write the terms Mr. Speaker. That is the reason why I think they will have an awful lot of trouble getting very many farmers to join this New Democratic Party.

Now I have no criticism to offer against the labour unions. If they decide to go into politics, that is fine; that is their business. But I do think they should come up under their proper name and call themselves a labour party. Now this party as far as I can see is just another political party. They will do anything to get votes that they can, just the same as any other political party. Another thing, they are not ordained by God to cure all the ills that beset the people of this country. They are just a common political party.

Now, I wonder when any labour group ever showed any sympathy for a farmer. Some of the things they have done are still so fresh in the memories of the farmers, and other groups in this province, that they won't be forgotten for some time. I refer to the grain handlers' strike at the Pacific coast. It happened not once but twice. We have no assurance that the same thing won't happen again this fall, or any fall, or every fall. There is no assurance whatever that it won't happen again. I think the conflict of interests between these groups is too great to be resolved in any short space of time.

Now if farmers get organized to the extent that industrial workers do, things might be different. But it is a well-known fact that farmers never have been organized on that basis, never have organized effectively. Even if they did, I think this conflict of interests between farmer and labourer would still exist. Farming is done on too much of an individual basis, Mr. Speaker, to be strongly organized.

Now the strike is the great weapon of labour. Everyone knows that farmers can't go on strike. It is absolutely impossible. The same, however, does not apply

to farm workers. Suppose that farm workers were organized and joined one of these big unions. How would a farmer like it if he had a man running his combine, and he went out in the morning and this man said, "Look mister, I am going on strike today. I want more wages. I want a better bed. I want better food. I want better everything, and I am going to go on strike," and all his fellow farm workers would do the same. What would the farmer do in that case? If it worked out like other strikes do under the labour unions, the farmer wouldn't be able to hire another man to take this man's place. He wouldn't even be allowed to go out and do the work himself because they would put pickets out to prevent it. Now that is the way it is done in other labour organizations, and it could be done with farm workers too. The only way I see out for the farmers is for them to form a bigger and a better union than the other fellows have.

I wonder what dues farmers would have to pay in order to form an effective union. One that would let them go out and do the things that labour unions do. I suppose they'd hire a president for about \$75 thousand a year, hire at about \$20 thousand a piece a bunch of smart young men about the calibre of the people who have organized labour, good smart talkers, to go out and sell the idea of the union to every farmer. Then make it compulsory for every farmer to join. When a strike was voted, one out of two farmers must leave home, picket the Canadian-U.S. border to see that no food was being shipped in. Even though the Premier and other dignitaries might be eating margarine on their bread, on his one slice of bread, and the babies in the cities might be getting thinner by the day and crying for milk. Yet, in common with other strikes, the strike would have to go on.

Labour by going on strike, or even the threat of a strike usually get what they want. A raise in pay is most always accompanied by a rise in the cost of the product they produce, and it is passed on to the consumer including the labour men themselves. But labour would at least have their raise in pay to offset the raise in price of the things they have to buy. The same would not apply to the farmer, nor other groups. They would just be at the mercy of labour and the other people that produce the stuff. Now I have never yet heard of labour unions coming out with any plan or suggestion that was in the interests of the farmer. I have never heard any of them say that butter, milk, meat, vegetables, even bread was too cheap, and they would like to pay a little more for it in order to help the farmers out. I have never heard that said yet.

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If anyone wonders why labour should look for favours in a new party such as this one that they have suggested they should join, I would just like to point out that labour is after all only supposed to pay the shot to put the show on the road and then to help to pay their expenses from that time on, with the money to be taken from their paycheck.

Now Mr. Speaker, I don't believe in a system like that. I don't believe that fees should be deducted from any man's paycheck for any political party, unless he asks it to be done. I don't think it is right. In a case like this, where fees are deducted from employee's salaries, if a man doesn't want to contribute he has to contract out, and he is a marked man. I know a little about some of the labour unions and how they work, and I think he might be discriminated against and might even lose his job, if he didn't line up and do what the other fellows did.

Now I have another little matter to bring to the attention of this House. It is very short. I might say that I am not as long-winded as my friend from Melville and I won't keep the House in suspense for that long. But I have a word to say about preservation of the family farm. You have heard a lot about it in recent years. We know that farms are getting larger and larger and that the small farmer, as the so-called small farmer, is gradually passing out of existence. As time goes on it will be completely in the hands of a few large corporations, and farming in this country as we have known it will cease to exist. Now there is over-crowding in the cities. It is already becoming a problem, and the shift in population from the farms to the cities will make the problem more acute. This shift in population will aggravate the unemployment problem which has already reached stupendous proportions.

The family farm is a way of life as well as a means of earning a living. Surely three hundred and twenty acres of good land, properly handled, should make a good living for an average family. I have known many farms of that size in the past on which families have lived and prospered, educated their children and have saved considerable money. But under present conditions, with the high cost of living, high operational costs and low prices for grain in comparison with other products, it seems almost impossible today to operate a small farm successfully.

The question in my mind is this. Can the country afford to see the family farm as we have known it, pass out of existence? I believe that the best plan to accomplish this result is to pay every bona fide farmer in the west, or in Canada for that matter a parity price for the first thousand bushels of wheat marketed or a comparable price for coarse grains to an amount equal to the value of one thousand bushels of wheat. This plan could be partly financed by a parity price for the wheat consumed in Canada. The price could be a direct charge on the Canadian consumer by an increase in the price of bread, which would be the result of course of an increase in the price of home-consumed flour. This would leave the federal government free to apply the \$42 million which they have been paying in recent years on acreage payments for the balance of the cost of this plan. Any balance left over of course would have to come from the federal treasury. Surely the people of Canada would not object to this plan, as the farmers pay the price charged by producers for the goods and services required to operate a farm at the price set by these people. Surely labour unions, who say they are the farmer's friend, and who are already in politics, and who are anxious to have the support of farmers to help bolster this new party, would not object to a plan such as this, even if it did increase the price of a loaf of bread by one or two cents a loaf. There is at present, at the present price of wheat, about 3½ cents worth of wheat in a loaf of bread, and most of the balance of the cost is labour. I hope that no labour man at least will oppose a plan like that, and I wouldn't think he would.

But to return and say a little more about the medical plan. As I said a moment ago, I have been connected with medical services in our municipality since back in the thirties. We had at one time a hospitalization plan too, before the Saskatchewan hospitalization plan came into effect. We still have our medical services plan there. It works well. It always has. But you will find when you get into a medical services plan that there are some things that must be guarded against. We found that out in our experience there. It is only one municipality, just a small unit yet, with the satisfaction that little plan has shown over the years — it had careful administration of course, administered by the municipal council at no cost — that is one reason it is cheap. We pay for it out of taxes according to the assessment of each farm, and there is no personal contribution or anything like that. We did find though that we had to put on a deterrent charge.

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This is one thing that any medical plan will find necessary when they get going. Now I am not here to tell the government how to establish its medical services plan. I wouldn't want anyone to think that I was against medical services because I have been connected with it, for the last thirty years. This plan will have to be carefully handled. It will have to be handled in a way that will satisfy the medical profession and the people in this province besides. It will have to be done on some equitable basis. I don't think anyone should ride free on anything like this; I don't think they should. To pay in accordance with your ability to pay is one thing, but for anybody to ride free is a different proposition, and I think you will find that this plan will have to be made that way, and deterrent charges will have to be put on.

Now to return to the Throne Speech. As it has been pointed out there are only two items in the Throne Speech. I am not opposing the Throne Speech or what is in it. I oppose it for what is not in it. I think that in this year when the agricultural industry of this province faces perhaps the worst crisis in its history, and I believe they do and I know they do in many areas, principally because of the high prices when you have no income and your income is completely cut off. It seems to me that in an agricultural province such as this where agriculture certainly is the basic industry, regardless of what they say about industrial goods and the value of industrial certainly is the basic industry, regardless of what they say about industrial goods and the value of industrial goods exceeding the value of agricultural products. The value of industrial products may at the present time in dollars and cents come to more value than agricultural products but let me point this out, that industrial goods are at an all time high. Fifty per cent higher probably than they were ten years ago, while agricultural products have gone the other way. Naturally in a situation like that industrial products may be worth more than agricultural products. But Mr. Speaker, put agriculture on a fair basis and give them a fair price, a price in relation to the things they have to buy, and you will find, probably not this year, but on an average year in Saskatchewan, that the products of the farms will far outweigh industry.

Mr. Speaker, I will support the amendment.

Mr. W.J. Berezowsky (Cumberland): — Mr. Speaker, firstly I desire to associate myself with those who have preceded me in this debate to congratulate

the mover and seconder of the motion. The need for legislation was well analyzed and explained in simple language by the members for Regina and Touchwood (Mrs. Cooper and Mr. Meakes). Admittedly much research must have been done by both the mover and seconder on the subject matter contained in the Throne Speech, and their speeches have given all members of the House an excellent opening to debate the pros and cons of the proposed legislation.

We have been called to this special session to think about and talk about, and finally to decide how we can best meet the medical needs of the people of Saskatchewan. Our concern is with the ways in which a physician may best and most expeditiously use his skills in healing members of our society, and more generally in solving health problems of the community, at a cost to the individual or family which will be reasonable and possible to pay.

We all know that the proposal made by the government has been approved by the people through re-election of the CCF government, with which I am associated. I can assure the hon. members opposite that I speak with the voice of the vast majority of people in Cumberland when I say that we are happy with the proposed plan and furthermore, that we commend this government for its courage in the face of much opposition from certain sources, for bringing in this challenging and progressive change in medical services.

I am happy that the Liberals have taken note of the public's wishes, and as has been stated by their hon. leader, agree that a medical plan should be legislated. This is a somewhat different story than what we have heard heretofore.

But as is usual with the opposition, though they may indicate favour of popular measures, it is always conditional and with an "if". So, they have now agreed to a medical plan, but it shouldn't have to be paid through some form of direct taxes only — if the doctors completely control it — only if it is in line with private enterprise thinking; only if it can be held up for a few more years. Only if we can pay for it!

Mr. Speaker, this is a time of ferment! This is a time of economic upheaval! This is a time of crisis in countries and in the world. Never has a Saskatchewan parliament been convened at a more demanding time. Today our people have a good understanding of the purposes, the functions and prerogatives of government, and so their

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demands for a better life must be expeditiously and sincerely considered by those of us who have the honour to sit in this law-making chamber. Not only do our people demand more, but their expectations are greater than ever before, because advances in science and technology are brought to them via radio, press and TV programs. Never has a challenge such as we are today considering been more immediate; never have the problems of medical education and medical service been more urgent than in this technocratic age. And so there is much understanding of national potentiality and for advancing health measures in our country.

Even the Liberal opposition have discovered that they cannot say “no” to the people, but modify their “yes” with so many “ifs”. Yet it is gratifying to the government that the opposition is aware of this responsibility for more and better security for its people.

Edmund Burke said, (and I paraphrase in my own words) — that society is a contract. It cannot be dissolved as some people think, by and at the fancy of a political party. It is a partnership in science, in virtue and in perfection, and this goal cannot be obtained for many generations. It is a partnership of the living, and those who died, and those who are yet unborn. Mr. Speaker, if Burke was right, then let us give the people good legislation and government and work towards such perfect goals.

Mr. Speaker, at this time I would like to quote excerpts out of the Encyclical of His Holiness Pope John as published in the Jubilee Magazine which indicate that the leader of the largest Christian church is in agreement with the philosophies which we practice on this side of the House. I quote:

“Socialization is, at one and the same time, an effect and a cause of growing intervention of the public authorities in even the most crucial matters, such as those concerning the care of health, the instruction and education of the younger generation, and the controlling of professional careers and the methods of care and rehabilitation of those variously handicapped, and rehabilitation of those variously handicapped, but it is also the fruit and expression of a natural tendency, almost irrepressible in human beings — the tendency to join together to attain objectives which are beyond the capacity and means at the disposal of single individuals.

“A tendency of this sort has given life, especially in these last decades, to a wide range of groups, movements, associations and institutions with economic, cultural, social, sporting, recreational, professional and political ends, both within single national communities and on an international level.

“Ought it to be concluded then, that socialization, growing in extent and depth, necessarily reduces men to automations? It is a question which must be answered negatively.”

It has been argued that governments must not involve themselves in medical care, because to the extent that governments impose regulations, to that extent the medical services will suffer. Such an argument, in my opinion, is a slur on the medical profession as a whole. It is absolutely fallacious thinking with no foundation in fact. For example, we regulate certain medical or healing services now, such as mental cases, tuberculosis and cancer with optimum results. The state and the medical profession carefully choose the medical students, and together with universities guarantee that persons who practise in the field of medicine be qualified, capable and responsible characters. As in other professions there may be an occasional misfit or failure but such is disposed of in time. For good service to the public, it may be necessary to license medical graduates, but I do not believe that such a course would be required, except under extraordinary circumstances.

Notwithstanding arguments to the contrary, I am personally aware that there is need for more medical attention and service than appears to us on the surface. Let us not fool ourselves that all our people go to a doctor when a disability or sickness attacks them.

Money, yes, money has been a deterrent, and so the incidence of serious illness has remained heavy in our society. A plan of universal coverage should help in correcting such cases before they have gone too far or a long way towards no return.

I realize that much of the medical work in future should be and will be health education (keeping people well instead of wasting or allowing them to get sick.) Many of the present day disabilities are psychic or mental. Education and medicine will bring about more

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understanding and happiness. Happiness can only come with health. Health can only be universal if everyone has access to those who are qualified to heal, and our job as legislators is to do just that — to try and bring health and happiness to our people as best we can.

I am quite sure that the principle of health services has general approval of this House and the people of Saskatchewan. I believe that the majority of doctors, or at least all those who have dedicated themselves to serving humanity by relieving pain and suffering, and in building healthy bodies, will co-operate in bringing about a program that will allow them to do the best job possible for the community. Doctors have an enviable record in providing services . . .

Mr. Thatcher: — What if they won't? What would the government do if they won't.

Mr. Speaker: — Order!

Mr. Berezowsky: — I can answer that.

Mr. Thatcher: — Well, would you?

Mr. Berezowsky: — I think most doctors are not only learned, but sensitive, wise and understanding of their place in society. If this be the case, then it is difficult to understand the statement made by the hon. members that doctors may refuse to co-operate in the plan.

Mr. Thatcher: — They have stated that they won't co-operate in a scheme of this kind. What do you propose to do?

Mr. Speaker: — Order!

Mr. Berezowsky: — It is hard for me to believe, Mr. Speaker. There may be some selfish members of the profession as there are everywhere, but I believe these would be so few and far between, and if doctors did boycott or strike against the public, as has been suggested, then I would have to admit that I was wrong in saying all the nice things I have said about the medical men.

Mr. Thatcher: — What would you do though?

Mr. Berezowsky: — They are no different, Mr. Speaker, than teachers or lawyers or anybody else. On top of that they are dedicated by oath to serve to what they have been getting. And I say that if doctors fail to co-operate with the people of Saskatchewan they don't deserve to be called medical doctors.

Mr. Thatcher: — You say you're going to put them on salary now?

Mr. Speaker: — Order! If the hon. member wishes to ask a question he may do so; if the hon. member speaking signifies he may by sitting down.

Mr. Thatcher: — Thank you. May I ask the hon. member a question then?

Mr. Berezowsky: — When I am through! Mr. Speaker, insofar as this proposed medical legislation is concerned, if the doctors are selfish (as has been suggested by the other side of the House) . . .

Mr. Thatcher: — I have never suggested that at all.

Mr. Speaker: — Order!

Mr. Berezowsky: — Mr. Speaker, I see that it is now 5:30.

The Assembly recessed at 5:30 p.m.

The Assembly resumed at 7:30 o'clock p.m.

Mr. Berezowsky: — Mr. Speaker, when I sat down at 5:30, I think the Leader of the Opposition had said the doctors would go on strike — at least I gathered he hoped they would go on strike, and I said at that time that there may be some selfish members of the profession, as there are everywhere, but I said I believed that they were very few and far between.

Mr. Foley (Turtleford): — Mr. Speaker, on a point of order, I think you ruled this afternoon something concerning imputation of motives, and I think this is a fraudulent violation of that. I don't think the Leader of the Opposition said any such thing and I demand that he withdraw that statement.

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Mr. Speaker: — I don't think this is an imputation of motives here.

Mr. Berezowsky: — I didn't impute any motive. I gave the impression, and I said if doctors did strike or boycott the public, then I would have to admit that I was wrong in saying all the fine things I have said about them this afternoon. I have said, and I believe the doctors are fine men. We have many of them, such as Albert Schweitzer, in medicine, and I think there are very few who would want to give up their faith in humanity and very few who would want to give up their faith in God, and certainly there are very few who would give up their faith and respect for the oath that they made. So I'm not too worried about doctors going on strike, or boycotting a plan which the public would like to have.

I would like to point out another fact, Mr. Speaker, and that is this. I want to say that when we as a government are prepared to provide remuneration sufficient for any doctors need, (I think I said that before), it is hard to believe that this proposal would be turned down because of any doctor's personal greed. I cannot believe this, knowing the concern of medicine through the ages for the sick, be they poor or rich, young or old, black or white, and because medicine like faith has been dispensed to all in tolerance, faith and with love of humanity.

What I fear more than what the doctors may or may not do (as apparently the opposition are worried about) is what may happen in maladministration, (particularly local administration,) because I have had some experience in what happens out in my part of the country. I would like to illustrate by a specific situation, and I don't say that it pertains the same way exactly in a medical plan, but it could happen in some part of the administration. For instance, in the Prince Albert Union Hospital there is a program approved by the hospital board, where a form of extortion is practised on the families of the sick, if not on the person who is ill. In this case if hon. members are interested there is an old wing and a new wing. The administrator in charge has decided to charge \$1 a day extra to the patient to keep the old wing in use. In itself I think this is a poor excuse, and I am sure a patient should receive the best accommodation a hospital can provide, and particularly this year when times are tough I think many of them just can't find an extra two dollar bill. I say that probably the government should have more control over these local administrations, or even suggest to them to forbid such policies or programs.

I do think there is a possibility that there might be some local chiselling, and that is why we have a Department of Public Health and a minister to whom we can go to from time to time to see that the administration is carried out properly.

The other thing that worries me is that, after listening to the hon. member for Melville, apparently the Liberal party is now going to compete in providing medical services. I understood him to say that these should be free, and that we shouldn't collect taxes for them — that it is not fair for people to pay any kind of tax, because we are taxing them all alike. Unfortunately apparently he doesn't want it that way. He understands, I think, but he wants to make us think, or make everybody think that when you apply a certain minimum tax on every family in the province, that they are all paying the same proportion of tax. He also admitted later on that you might have some other tax like say a medical tax of some kind — I think he suggested 5 per cent, but he says that would be the same load on everyone.

Now, I don't think anybody is going to accept that kind of malarkey, because if a lawyer or some big business man buys himself a Cadillac for \$10,000 and pays say 5 per cent tax, he would probably pay \$500, whereas the poor man that buys the cheap car will pay very little. So I cannot see where they are paying the same tax into the revenues of Saskatchewan, but that is what he said, and he wants to leave us with that impression.

The thing that I am concerned with the bill in particular — and I would like to speak to the government on this, is the matter of coverage. I note the plan exempts those who are covered by provincial and federal government plans. This would mean, I suppose, that a good number of the natives of Saskatchewan would be exempted from the provisions of this act, at least in the beginning. I would like to see, as time goes on, as soon as possible, that they can be included; because this is disturbing to me, when one considers that the Saskatchewan Federation of Indians (last year, I think it was), passed a resolution asking that the government include them in any kind of program they might implement.

I do understand, and I think every member of the House understands that it is not so easy to get the native people, the Treaty Indians, included in a plan such as we are proposing. I think there has to be some negotiation

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with the dominion government, of course, but I do think that I speak for the people of Saskatchewan, that for all the Indians we have in Saskatchewan — about 18,000 to 20,000 of them, surely even if it had to cost us a fifty-cent piece or one dollar more per family, I think we would prefer to bring these people into one family, to see that there are not two standards of medical progress. Because I have lived in this country a long time; I have seen double standards under the Liberals (and I mentioned this in the House a number of times) where private companies exploited the native people, and I just hate double standards. I would like to see the same standard for every one of us whether it is in education, social welfare or other government programs. If it is a government program, then I suggest we can do something about it, so let us keep faith with the native people who have faith in us. I don't like to see two systems, or a special caste system in this province.

Let it be remembered too, Mr. Speaker, that the native people have the right to vote and many of them have voted for this medical plan by voting for the CCF and even if they voted for the other parties, they would hope to be included in this plan, and this again is a good reason why I think they should be included in this program. I suggest that the government negotiate with the federal government to see if some plan could be brought about under which they could be included, and give them the same benefits which are going to be provided for the rest of the people of Saskatchewan.

Another thing too, if we believe in integration and raising standards of living for these under-privileged people of this country, then I think this is a further reason why we should bring about my suggestion.

Mr. Speaker, at this time I would also like to discuss a few other matters which I think are timely and worthy of consideration by the government. As all members know, I have always considered that we are only the instruments of human welfare, and the fact that we are proposing this legislation at this time indicates that's why we are, but I also think of myself as a servant of the people. With this in mind I cannot agree with the Leader of the Opposition and others on the other side of the House who try to serve two masters — or so they tell us. I believe they serve one master, but it is not the same master that I serve. I serve the people on the land, the people who work in the factories, the people who own little stores,

I serve the men who have built Saskatchewan, but I do not serve big corporations. I think there are many Liberals who agree with that kind of a principle and philosophy, and they certainly cannot agree with what the hon. Leader of the Opposition said the other day, when he suggested in this House that if we are going to have industrial development, a pulp mill, high standards of living, all we have to do is give special privileges to big corporations, invite them to come down here and suggest to the government that they (the government cannot do very much — not the provincial but the municipal governments could) exempt them from taxes for about ten years. I called across the House to the hon. Leader of the Opposition at that time, Mr. Speaker, and I said, “Who then would be paying the taxes?”

An Hon. Member: — You might as well leave it the way it is.

Mr. Berezowsky: — It is all right to talk about industrialization. I would like to point out this to the hon. leader and some of his friends on the other side, that whatever industry we have in this province is in spite of them because they have been running up and down this country, as has been said in this House — I don't have to repeat and dig out the papers — where they made statements derogatory to the government of this province and running down the government of this province, and scaring the people that had money that would have come to Saskatchewan . . .

Mr. Thatcher: — Another pulp mill was announced for Alberta just recently.

Opposition Member: — We're waiting for the first.

Mr. Speaker: — Order!

Mr. Berezowsky: — It may be true, Mr. Speaker, that a pulp mill would come into this province under a Liberal government, for the simple reason that the history of the Liberal government of this province is that they would be giving away the natural resources of this province as they did before.

Timber, oil, \$1.00 for a million acres. That is the policy of the Liberal party.

Mr. McDonald: — You gave away 14 million acres, to your friends.

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Mr. Berezowsky: — We are responsible to protect people's resources. We have no right to turn around and give away those resources for nothing — neither have we the right to suggest or to reduce any of the taxes which these people are supposed to have paid. After all, if they have profits, it isn't profits just printed on paper. Those profits came from the work and the labour of people who worked in those factories, so why would you tax the working people and not tax the company?

Mr. McDonald: — Can't tax them if they're not working, Bill.

Mr. Berezowsky: — I agree, of course, that this legislature has the right and prerogative to tax, and to relieve people from taxation, and we have the right to give local governments the right to tax and relieve them from taxing people but no government has the right to relieve any corporation or any company from taxation, or any individual; neither has any local government that right, unless it is considered in the public interest.

When the hon. Leader of the Opposition spoke, he said we should relieve them from taxes, and if the companies didn't pay a tax for 10 or 20 years, maybe forever then . . .

Mr. Thatcher: — Five or ten, I said.

Mr. Berezowsky: — . . . he was not considering the public interest. I am saying that it appears he is not considering the public interest; he is considering the interest of the companies, and the records show — anyone who picks up the Financial News can see that the big corporations today are not suffering — bread companies splitting shares three to one; Canada Packers — 4½ million. Are the hon. members on the opposite side sorry for those people?

Mr. Thatcher: — We're sorry we haven't got them here yet.

Mr. Speaker: — Order!

Mr. Berezowsky: — And you're sorry that you would keep them free from taxation. Surely the Leader of the Opposition does not suggest that we turn the clock of history back, or if he does, then I

can only conclude that when he talks that way to the House, and when it is published in the press, that all they are doing is insulting the intelligence of the people of Saskatchewan with such idle nonsense.

While on taxes, Mr. Speaker, I cannot but think that there is no difference in direct or indirect taxes. All taxes must be returned to the people in services. It may be for capital construction, for education or roads, or for providing for social welfare or for health benefits. But it is no use in trying to collect taxes from people who cannot pay.

Mr. Thatcher: — Hear! You propose to.

Mr. Berezowsky: — We must collect taxes from the people that can pay. If people have exploited others, those are the people who should pay taxes, and that is the principle that is adopted in this country, whether it is income tax, or corporation tax. The more you make the more you pay. That is the principle that the federal Liberal government, the Conservative federal government carried out — that the people who make more money will pay more, and it has been suggested in this House time and time again, and I am getting tired of listening to it, that the people who make more should pay less.

I was listening the other day to the hon. leader speaking about the provincial debt, and of course he always wants to misrepresent, or if he does represent the truth, it is cock-eyed, because he doesn't know the difference between gross debt and net debt. I would only suggest to him — and he can point out where I am wrong — that if we took only two of the crown corporations that we have today, the Power Corporation and the Telephone Company, and if we sold them to private enterprise —

Mr. Thatcher: — Are you going to?

Mr. Berezowsky: — I am certain that we would get enough to clean up our total gross debts, and probably leave us with about \$50 million besides. Another question I am going to pose to the hon. member of the opposition, and that is this. Until recently we had British Columbia, as was pointed out by my colleague, the member for Moose Jaw this evening, boasting about having no debts. Now they have expropriated the power company there in B.C., and if anybody suggests they are not going to be in debt by hundreds of millions of dollars . . .

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Mr. MacDougall: — They're socialists, too.

Mr. McDonald: — They're worse than you fellows.

Mr. Berezowsky: — Having said that much, I would like to say this. I am disappointed as all members in the House apparently are, at the steps taken by the federal government by departing from the principle of equity. We believe, and even the Liberals, I am sure, believe to some extent that equalization is a good thing; otherwise we would not have enacted the provincial-federal agreement. We would not have brought that into effect. I think this is a backward step as some of the other steps which we have discussed here are backward steps. I think we cannot depart from the principle of equalization. Just imagine what would happen to Saskatchewan today. I know what would happen to my part of the country if this government did not have an equalization program for education. In the Prince Albert school unit, and I appreciate what the government has done — the government provides 76 per cent of the cost of education, and we provide the other 24 per cent. Even at that we still have about a 34 mill rate on our land, and it is very difficult to pay the taxes, but you can imagine, Mr. Speaker, what would happen if we did not have equalization.

The same thing with roads in municipalities. There was a time under Liberal governments where there was no equalization, where we had no grant except in election years, and that has been mentioned many, many times here before. Last year, looking over the statement of one little municipality, I don't believe this is the grant for that one year, but in that year and part of the previous year they received contributions from this government of \$52,000 which is about \$8,000 more than the actual municipal tax. Those are the kind of things which we have to carry on, because we won't be able to build a province as we should be doing, if we don't; therefore I think when you compare that principle and carry it out into the Dominion of Canada, you must agree that it is a backward step by getting away from it, and I think it is not fair to the people of Canada, and certainly not fair to the people of Saskatchewan.

As the Premier has said, we're going back into the tax jungle, and I noticed in the Financial Post today, they say the same thing. "What's Ahead in the Tax Jungle?" I suggest the hon. members read it and you will find out that even the big interests are not too happy with the proposal. So nobody is happy. We don't know why the dominion government has taken the step they have. Maybe we'll find out in due course of time?

I would like to mention one more point, and that is also a point which was raised by the hon. Leader of the Opposition, who said the government should cut down expenditures at this time because we have had crop failure. All of us who are farmers know what a crop failure means, but on the other hand we do not see the picture in the same light as the hon. leader does. We feel that if you cut down progress and services, commence dismissing and laying off staff, then what are you actually doing? You are forcing hundreds and thousands of people into the unemployment ranks. That's what you're going to do. You're going to have civil servants taking unemployment; you're going to have working men taking unemployment or social aid; you're going to have exactly the same kind of situation you had in the thirties when medical doctors — and I recall when I was here in this House and it was reported by the Minister of Public Health (Dr. Uhrich at that time) — I was sitting in the gallery, when he pointed out how many doctors they had been paying \$75 a month to because of unemployment in the country and relief, and I suggest to the Leader of the Opposition that he is wrong, and if his colleagues think his suggestion is the answer, they are wrong. They can take another look at it, and find out that we on this side are right.

I would like to point out, and I am very happy at what is happening right now in the north. I wish to thank the Minister of Natural Resources and the government for their program of summer work. They are able to carry on some work during the winter-time, and I understand they are going to continue to build as long as they can, to provide work for many of these people who are basically farmers and working folk, on the roads in the north. That is the kind of thing that has to be done — not dismissing people; not firing people; not cutting down expenses; not cutting down services. The more you do that, the sooner you are going to go ahead and 'bust' as we did in the thirties.

I don't know whether I should mention this point, for I think it is irrelevant, but I think we should have the record straight, and that is the reference to West Germany, and how wonderful the country was there. Well, the hon. member should have mentioned that had it not been for the Marshall Plan — had it not been for the fact that the United States had been pushing money into West Germany to prove to Europe that capitalism is a wonderful system, West Germany today wouldn't be anywhere near where it is.

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Mr. Thatcher: — I wish we could get some of those American dollars in this province, and maybe we could show them the same as West Germany . . .

Mr. Berezowsky: — I have a friend who came back from West Germany, and I would like to take his word for this fact. He says the only difference between West Germany and East Germany is this:

Mr. Thatcher: — Everyone wants to get out of East Germany.

Mr. Speaker: — Order!

Mr. Berezowsky: — The only difference is that the Russian Communists in East Germany say to the German people; “You got us involved in the war; if you want to get on your feet you pull yourself up by your own bootstraps.” And in the west they said the west is pushing money into West Germany, and they have had wonderful progress and on that kind of reasoning I would say maybe somebody should have come into Saskatchewan; whether it is American capitalists, or any other kind of capitalists, and maybe they could have gone ahead and subsidized this province, as they did in West Germany, and then maybe we would be just as fortunate.

Mr. Thatcher: — Well, we’ll get rid of this government and then maybe we can get some American dollars!

Mr. Berezowsky: — However, we must remember, Mr. Speaker, that anytime you accept that kind of assistance from anybody, be it Americans or British, or anybody else, you are behaving as a colonial dependent. I think the people of Saskatchewan would like to stand on their own feet and build their own economy, and that is exactly what we are doing.

Government Members: — Hear! Hear!

Mr. Berezowsky: — This time I would like to join with many co-operatives in having succeeded in organizing a co-operative in the co-op fur trapping area. Tomorrow they are opening up a store in Pelican Narrows. I think the people of that area should be congratulated. I cannot congratulate the hon. member from Athabasca, because he has

indicated, he is opposed to co-operatives. Last year he took a slam at the fishing co-operatives, and just to show you how the people in his community appreciated what he said, the next day they had a meeting and they sent a resolution in here to the Department of Co-operatives, saying they are fully behind the policies and program of the fisheries co-op, so he can decide for himself whether he represented they people who voted for him or not!

Mr. Guy: — That's your story, Bill.

Mr. Berezowsky: — Mr. Speaker, I regret to say that for the first time in my memory we have had a crop failure and a drought in the northern part of Saskatchewan, that is on the marginal area of farmlands in the north. We have been hard-hit, and I would like to point out at this time that I appreciate, because I have been in contact with the Minister of Agriculture and other members, and I appreciate that the government has taken every possible step to try and alleviate the distress. There are some things I would like to point out. Firstly, I am very happy that the minister and the government had the foresight to establish many forage areas, and pasture areas — because this year we found they were very, very beneficial. We often got criticized for them but we found them very beneficial. Considerable hay has been taken out of that area, which has not only helped the farmers in the north, but it has also helped many of the farmers in the south. It has been a good program, and as I have said in the past I am glad that we had it; I hope you will expand it. The ready assistance which you have granted for the movement of fodder also is appreciated, I am sure, and the arrangement of the payment of \$5.00 for each ton of cereal that is cut off farmlands is also appreciated by many people.

I would like to mention this point. Our main difficulty is not with the government, as in the other case I mentioned. We have some difficulty at times with local administration. I don't know whether the government can do anything about it; I hope they can, but to illustrate a case I had a party come to me only the day before yesterday, where she made an application for this assistance that is being provided by this government — \$5.00 a ton for cereal hay. She made an application in July to the municipality. She was there four times asking for an inspection and to this date the hay has not been inspected. Last Friday the official in charge gave his word of honour that he would go and inspect the hay; it hasn't been inspected; she will never be able to sell it at this late

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date. Anyway she took it up with the reeve and the reeve, I think is taking it up with your officials.

Now what can be done about situations like that, I don't know, but we do have some difficulties of that nature in our part of the country. I hope it isn't general but as I said we appreciate all you have done to date in trying to help us to pull through this winter.

I do think there is something the government can do that maybe hasn't been done, and one of the things is, and I had hoped the Minister of Social Welfare would be here to hear me. For a long time I have thought about and discussed the problem of social aid programs in the province of Saskatchewan. I know that we have a responsibility to see that people have a decent standard of living, but certainly the governments concerned — the federal and provincial — instead of having this money paid out to individuals, and getting nothing back in return, or as somebody said, going down the drain, I wonder if there is any possibility for this government to negotiate with the federal government to provide some works program, and in that way this assistance would not be going down the drain.

Let me illustrate, Mr. Speaker. Take a community such as I have, or any of the northern communities, and even along the fringe of settlements, people haven't a decent house. Can we not provide instead of a shack for a person sitting around home doing nothing, suitable work. We could say to anyone who is healthy — (I'm not talking about the ill or the aged) — but anyone who is healthy — we can say to these people: We are offering you a job in the woods to cut timber. Other people could be employed to work in sawmills or in building homes and we could pay them. We would get many homes in due course of time. I don't know how you could work it out, but there are people who could work this out. You eventually might have to charge a little rent; when times get better maybe we could sell the house for a cheap price, but what we would be doing would be paying these wages for building a house, and when the job is finished, the money hasn't gone down the drain. You've got a house to show for it, and I'm using that only as an illustration, Mr. Speaker.

Government Members: — Hear! Hear!

Mr. Berezowsky: — There are so many things of that nature that we could do in this province with the healthy people, instead of just handing out some straight social welfare.

I think things like an increase in fire rates could be warranted. We now pay \$4 a day to firefighters, and a lot of my people are farmers — I know they don't work very hard at times, but other times they work very hard. But this \$4 has to keep the man's family. I know there is always the argument, "Well, if we raise the rates there would be more fires so we would have to pay out more money." That may be true, but at the same time it doesn't seem to be right if we don't pay a reasonable amount, or a comparable amount to people who after all, have families at home and have to buy clothing and food for them. So I hope the minister can find a little bit in the next budget to do that.

I would like to see in the north more participation in the communities. I would like every community to have an advisory committee. They don't have to be officials of the government, but they could tell the officials of the government what they think should be done in their community; what kind of programs, who could go out and work on social aid which I have suggested — all kinds of things like that. Maybe they could even arrange to help to collect some of the taxes we were talking about during the last session.

I think it has been demonstrated very well in the L.I.D.'s when the hon. Minister of Municipal Affairs had a regulation passed wherein each township they appointed a representative. From then on they had local participation, and I think half the worries of government disappeared when that was done. I hope something can be worked out like that.

There are many, many things, Mr. Speaker, that I could talk about, but I will leave it for some other occasion. I think I should mention something about the cost of the relief and medical care as mentioned by the hon. member for Melville (Mr. Gardiner) this afternoon. He left the impression this government was a terrible government — not assisting municipalities with the cost of medical care, and I would just like to point out to him that this government has done much, much more than ever the government which was under the leadership of his father ever did, because in those days — I happened to be secretary of the municipality — I hate to repeat this, but I will say it again. In those days when a person got sick if the municipality didn't provide him with medical care or social welfare, he just died, and today this government pays somewhere over 90 per cent of the cost of social aid to municipalities, and they (the municipalities) pay for the

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medical. So there is a tremendous amount of saving there. I would like to point out that if he votes with us for this bill and this program that we are talking about today, these municipalities won't have to worry about the medical bill either, so they will have social welfare and a medical plan.

I will wholeheartedly support the motion and oppose the amendment.

Mr. James E. Snedker (Saltcoats): — Mr. Speaker, first I wish to associate myself with those words of welcome expressed by my colleagues upon your return to Canada from your tour with the Commonwealth Parliamentary Association, and express to you our appreciation for the honour and dignity with which you so ably represented our legislature and our province at that time. The mother of parliaments was I am sure, indeed honoured by the presence of one who so ably upheld her great traditions.

Well Mr. Speaker, I was a little surprised at a remark made by the gentleman who has just taken his seat. Although I hadn't intended to say anything to any great extent about remarks made by members on the opposite side of the House at this time, I am not going to let that remark go by. I refer to the statement that he made in regard to East Germany and the communist dictatorship as it stands in that country at the present time. The gentlemen on the other side of the House Mr. Speaker, are about twenty years behind the times and so are a lot of the other people in Canada and the rest of this world. The question in the world today isn't who owns the natural resources, it isn't who owns the banks, the question before the people in the world isn't who is going to own the wealth-producing affairs of this world, the question before the people of this world is whether we are going to be slave or free. That is the question before the people of the world today, Mr. Speaker, and I was astounded to hear anybody in this legislature get up and give even half support to a regime from which people are escaping right now, shot and sniped at by bullets of a communist regime.

Hon. Mr. Nollet: — . . . careful you don't scare yourself.

Mr. Snedker: — You are having a pretty hard time to live with your convictions, my friend.

Having said this, Mr. Speaker, I wish to turn to the matter which we have at hand, and that is the report of the medical commission. We are called into this special session at great expense to the people of this province, in one of the worst agricultural years in history, to implement a medical scheme in this province on the basis of a report which is only an interim report. I propose to discuss and to quote from some of the passages which are in the report of the Advisory Planning Committee on Medical Care. This is the report I presume, Mr. Speaker, on which the legislation which we are going to be called upon to debate is going to be based.

The report was received by me on the fourth day or pardon me, the fifth day of October. It was postmarked the fourth, and while I admit I have had adequate time to read the report, I would draw attention to all hon. members of this House that I don't consider this has given adequate time to the other people in the rest of the province, people who are not members of the legislature, who probably haven't had the privilege or the advantage of receiving a report as soon as we received it, and of course it is right that we should; it hasn't given them the opportunity to read the findings of the committee in the interim report before the legislation is brought down in the House.

This legislation, Mr. Speaker, has all the earmarks of a crash program for the purpose of political expediency. I would just like to say a few words in connection with the composition of the committee. I think I drew a certain amount of attention to this matter at the last session of the House, in the debate on the Speech from the Throne. I would draw the attention of all hon. members and of the people of this province, that when this committee was set up to study an entire medical care plan for all the people in the province of Saskatchewan, the government saw fit to place but one woman on that committee. Only one! There are four thousand registered nurses in this province; also eight hundred registered nurses' assistants in this province, or a total of 4800 registered nurses or registered nurses' assistants, as the case may be. Probably half of the population of our province is of the female gender, and who are more interested in sickness than women? When any of us are ill, who ministers unto us? Yet on that committee, but one lonely woman did sit. Could it be that the hon. members on the other side of the House couldn't find a sufficiently supine or servile woman among their CCF cohorts,

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so that they could put another one on. Well, that is quite a reflection on some of your female CCF supporters. I think that the committee could have done with at least three women on it. I will have something to say about that at the time when we discuss the Bill.

Now I quote, Mr. Speaker, from the letter of transmittal: (This is the letter of transmittal from the interim committee to the government):

“Dear Mr. Erb:

In accordance with your request of June 8th, I have the honour, on behalf of the Advisory Planning Committee on Medical Care, to transmit herewith an interim report which is devoted chiefly to a plan of medical care insurance.”

(An interim report, Mr. Speaker — let us make no mistake about it and get that all on the record):

“A full presentation of our views on other aspects, and their relationship to the insurance plan will be made in our final report. I have been directed by the members of the committee to express to you their regret that lack of time has been responsible for the incompleteness and other imperfections of this report.

Yours, faithfully,
W.P. Thompson, Chairman.”

We are called into this House, Mr. Speaker, to pass legislation, based on a report which the Chairman of the commission admits that due to lack of time is incomplete and has imperfections. I don't think the government should have lacked time to bring in a report Mr. Speaker, they have had seventeen years.

How well I remember the promises that were made by some of the gentlemen opposite, and the Premier of the province in particular, who over seventeen years ago said that they would bring in a complete plan of medical and health services for the province, and it would all be free. It would be financed by the natural resources of the province and the factories and the industries. We would have production for use instead of

for profit. We didn't even get a report that the legislation could be based on.

Now on page one, chapter one in the introduction — here is what the committee was told to do: Here is the first term of reference):

“To study and report to the Minister of Public Health on: the extent of public need in the various fields of health care as related to a medical care program.”

Now, they weren't limited in any way as to what they could study. They could study the whole field. A little later on, and I quote again from the report:

“Our task in this connection is by no means complete, and the full presentation of our views and recommendations on many facets of the provision of health care must wait our final report.”

And we are told to legislate on that basis.

“It should not be inferred from the fact that we have, at this time upon request, made certain recommendations on a prepaid medical care plan, that this subject represents the only aspect of health care requiring extension and improvement.”

Upon request, Mr. Speaker, for the sake of political expediency and nothing else.

Then here we have the studies and activities of the committee. They go into that quite fully on page two, Chapter one. It is headed “Studies and Activities of the Committee.”

“Over the past sixteen months, the committee has held twenty meetings for a total of 37 days, and has conducted 33 public and seven private hearings.”

Right about now I want to say that I attended as many of the public hearings that were held in the city of Regina as I was able to attend. It was highly interesting. I want to pay tribute to all those people in the province who went to tremendous pains and effort at their own expense to present their briefs to the committee. The amount of work that these people went to, who took the

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trouble, the time and the pains to present briefs to the medical care committee was stupendous. Mr. Speaker, I don't think all the work they did should be sloughed off with an interim report. I have read the report and I can see where there are certain subjects that should have been discussed further. I can very well remember because I have read the briefs that were presented by people, that covered those very subjects. I might also add that when I attended the public hearings I never saw one member from the other side of the House at them.

Now I quote from the studies and activities of the committee:

“Our agreed plan of work has required us to examine and discuss over 50 study documents, which were prepared to assist the committee to achieve an understanding of the range and operations of existing health service programs; to examine the problems and issues inherent in the field of medical care insurance, and to develop and appraise the nature and alternative methods to achieve, over time, a sound and balanced health care plan for Saskatchewan.

In addition to these activities, two teams of committee members visited seven foreign countries. Their tours were designed to assist the committee to observe health care programs in Australia, New Zealand, Great Britain, Holland, the Scandinavian countries: to learn of the experience of these countries in technical matters of organization and financing of health programs and, most important, to obtain authoritative opinions from informed persons in these countries, and to observe the actual operation of programs and their impact on the public and the health professions.”

Well, they went all over the Scandinavian countries — to Europe, Australia and New Zealand; Dr. F.B. Roth, Deputy Minister of Public Health; Dr. J.F.C. Anderson, Mr. C. Whiting visited Australia and New Zealand for a period of three weeks. Mrs. B. Trew, Dr V.L. Matthews, Dr. I. Hilliard, Mr. W. Smishek visited Great Britain, Norway, Sweden, Denmark and Holland for a period of four weeks. In addition, Dr. Houston made a separate tour of the Scandinavian countries. The entire expense, as far as I can calculate it to date, of this committee that has produced the interim report is as follows: In 1960, the public accounts showed an expenditure of \$6,899.61.

In 1961 the budgetary expenditure budgeted for was \$42,310.00 and in 1962 the budgetary expenditure budgeted for was \$55,160 for a total, Mr. Speaker, of \$104,369.61.

I am not going to criticize the expenditure, Mr. Speaker. It might have been spent for good purpose. These people possibly came back with a lot of good ideas and some new ones, but the body of information developed from these activities, as it said in the report, and I quote again:

“The body of information developed from these activities will be made available as a part of our final report.”

Now, these people went all over the world, if they learned all these things — surely they should have collated all the information they gathered and placed it in a report that would come before us before we passed the legislation.

Hon. gentlemen opposite, Mr. Speaker, live in an ‘Alice in Wonderland’ world. Sentence first, verdict afterwards, and the evidence last.

Now, from page 5, Chapter 11, I quote again from the interim report: (This is a dilly; this is a gem. It has been mentioned before):

“Most members of the committee approve most of the numerous recommendations in this report, but most, or perhaps all, members disapprove some of them. In order to produce a report which would be reasonably acceptable to all of us, it has therefore been necessary to compromise. Each of us is prepared to accept the views of the committee as a whole with respect to all the minor issues, and most of us with respect to the few major issues, in which we may differ from the majority.

Some members, however, are strongly opposed to certain major recommendations and have felt compelled to record their dissent respecting those recommendations.

A statement of dissent will be found in Chapter 7, and a minority report in Chapter 8. But the absence of a statement of dissent by any particular member of any particular

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issue does not necessarily mean that the member in question agrees with the majority of the committee on that issue.”

I think my colleague down at the far end covered that very ably. Of twelve members of the committee, five wrote minority reports, so almost a majority wrote minority reports. They were getting pretty close. A recommendation of bits and pieces, of rags and tatters, and we're called upon to legislate an entire medical care program for all the people of this province (it may be in existence 100 years from now) on the basis of this. It is no unanimous recommendation, the whole thing was hustled and bustled with lack of time for the committee members to resolve their differences. I don't altogether blame the committee, except in this; that they allowed themselves to be hustled and bundled for the sake of political expediency.

Members on the other side of the House arrogantly demanded a report. Bring it on . . .

Hon. Mr. Erb: — Better than waiting since 1919 . . .

Mr. Snedker: — Now I continue from the report, Mr. Speaker, quoting from Page 10 of the report, Section D — summary of number of persons enrolled under voluntary, private or commercial and public medical care insurance plans and programs. I quote what the committee had to say about them:

“The above brief and necessarily incomplete descriptions cover private and public programs in the field of health care services and insurance for the general population, and for specific groups whose maintenance and health care have been accepted as a public responsibility.”

Now who are they brushing off so nonchalantly? Medical Services Incorporated, Group Medical Services, private and commercial insurance, the co-operative plan, Mr. Speaker, of which I would dearly love to learn more, got only five lines because it was hustled and bundled along by the gentlemen on the other side of the House. The Swift Current plan received little but a courtesy treatment, still a little more fully, and so it should have been, than some of the rest of the plans. Again I will quote from the report:

“Private non-profit and commercial insurance is estimated to cover almost 370,000 persons or 40 per cent of the total population of the province, and public schemes, supported by compulsory property taxes and premiums cover an additional 242,000 persons or 27 per cent of the population.”

Mr. Speaker, that is 67 per cent of our population, which the survey says and they say themselves in their report, are covered in one form of plan or another. Yet they admit themselves that their study of these plans is brief and incomplete.

Then they go on to the discussion on mental health, on page 23:

The committee wishes to record its concern with the slow progress being made in implementing the so-called “Saskatchewan plan” of community mental health facilities, and hopes that the government will increase its efforts in this regard as a matter of the highest priority.”

Well, I agree with the committee, and I hope that the government will pay some attention to it, particularly if it relates to the proposed mental hospital at Yorkton, which was recently promised and commenced. Then we had the Premier or somebody else over there telling us that it would be proceeded with if, as and when funds were available. That has a pretty old ring to it. Mr. Speaker, mental health is all part of the future health care of this province. Health is indivisible. It doesn't matter whether a fellow is sick in his stomach or crazy in his head; he is still sick. Naturally it warrants consideration. But the committee goes along and says:

“The committee is hesitant, in the light of this new information and the rapid developments in the field of psychiatric treatment, to make their recommendations without an opportunity to devote more time to study of mental disease problems.”

I would suggest, Mr. Speaker, that the study of mental disease and its relationship to the people of this province, and the relationship of the people of the province to the method of caring for these mental people is

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just as important as a medical plan, or any other plan in the field of medical health in the province. Here we find the committee pleading for time again. They go on to say, and I quote:

“The committee will deal with this matter more fully in its final report.”

I will be quite interested to see the final report. I wonder when we're going to get it, and I hope it won't be too long delayed. I hope that the work of the committee will not be suspended immediately this legislation is passed.

There is something they say in regard to mental health:

“Nevertheless, we state most forcefully that the people of this province must be made aware of the great need here as elsewhere, for more adequate psychiatric services. We point out that the needs which are apparent in terms of facilities, personnel and operating funds are considerable.”

I had something to say in regard to that in the Speech from the Throne in the last session of the House, Mr. Speaker. I pointed out some of the deficiencies that existed in this province, and read some excerpts from the brief on treatment of psychiatric patients in Saskatchewan, submitted by the Canadian Mental Health Association to the committee. The deficiency in personnel, the crowding in our mental institutions — I brought that to the attention of the gentlemen on the other side of the House, and the Minister of Health in particular, and in the lapse of time since I did that, I fail to see that very much or anything has been done. Overcrowding of our mental institutions, Mr. Speaker, and the under-staffing of our mental institutions is something which simply must not be allowed to continue. Now who knows — who knows but what that tragedy which occurred there the other week might not have been avoided had they had the necessary personnel and if they had not been overcrowded. I want to pay tribute to the people who are working in those institutions, under trying conditions, trying to do the best they can for these poor suffering people who are unfortunately deranged in their minds.

Again on page 36 of the report of the committee they are referring to the availability of doctors for the proposed plan. Here is something they have to say in regard to the study of doctor availability. Everybody knows that if we're to have a medical plan in this province, or if we're to have any kind of a plan or no plan at all, it is absolutely necessary that doctors be available. Here is what they have to say in regard to their studies of the availability of doctors and physicians in the province of Saskatchewan. They dealt with it extensively, and then they said:

“It is hoped that further study of the adequacy of physician supply will be carried out by the committee for its final report.”

If there was anything in the world that should have appeared in its final form in the report it was the question as to whether or not we have the necessary number of medical personnel, both doctors and surgeons to carry out the plan. That should have appeared in the report in its entirety, but it has been casually brushed off by the government as a matter of little important. Get the plan; get the report!

On page 100 they refer to a medical care insurance fund, and here is what they say in regard to this in their closing passages:

“The committee has had little opportunity to study and discuss the subject of a special medical care insurance fund, and any special means by which the fund would receive the revenues raised to finance the program.

As mentioned, we have not had the opportunity to consider this subject in any detail and we therefore recommend that since this matter has serious implications, the commission should give serious study to the usefulness and application of a fund.”

This refers to the manner in which money is to be handled to look after the financial affairs of the plan and it certainly should have received the fullest and most complete study.

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Then on page 121 they refer to pharmaceutical services in the province. I don't think anybody in this House is going to question the impact which any plan will have on the pharmacists and on the demand for services from pharmaceutical people, but here is what they have to say in regard to that:

“We propose to continue studies of this important segment of health services and to report more fully in our final report.”

Once again, Mr. Speaker, all the evidence is of having this report thrown hastily together, without sufficient consideration of those other services in the province which are going to be needed and which are going to be affected by the implementation of a plan of this kind.

Similarly in regard to dental services, on page 122 of the report, I quote:

“Further consideration will be given to this matter in the final report of the committee.”

Well, dentistry is of importance. If we put a medical care plan into effect in this province, it might include dentistry and it might not. If it doesn't, the dentists are going to be affected by reason of referrals, which will be made by doctors to dentists for the purpose of additional care.

The committee was sent out to study the whole field of medicine, and its application to people. That is a pretty tremendous field, Mr. Speaker, that the committee was called upon to study. It covers the whole field of medicine, surgery, nursing, psychiatric treatment pharmaceutical services, dental treatment, chiropractic treatment, chiropody and optical services. Yet they weren't allowed sufficient time to make a full and complete study of the thing which they were set up to study.

Then I come now to the minority report. The gentlemen submitting their minority report at the back of the report of the committee have this to say — those signing the minority report said:

“It was therefore with some misgivings that we assented to your request for an interim report on the provision of medical services insurance. It would have been

preferable in our view if the Advisory Planning Committee had been permitted to complete its studies, thus enabling it to assign to its proper priority the need for the provision of personal health services by medical care insurance.”

And on page 143:

“In our opinion study should have first been given to all alternative types of plans for providing government assistance in the field of medical care.”

They go on:

“Likewise, we regret that time did not permit study of the details, implications, and costs of the type of plan suggested by the Canadian Federation of Labour.”

I agree with them and what they have said in that time should have been allowed to study the implications and the costs, of the type of plan suggested by the Canadian Federation of Labour, because the members of the Federation are numerous, and they are one of the largest groups of individuals that are going to be covered by any plan that is enacted by this province. I quote again:

“However, once the committee decided to limit consideration to one rather narrow approach, we have co-operated with the committee in the study of the means of supplying medical care insurance within the limits prescribed.”

In other words, “Hurry up and get the report in here.” Why all this haste, Mr. Speaker? What about all the bodies in this province who are going to be affected by the implementation of any kind or no kind of medical plan. The Saskatchewan Pharmaceutical Association, the government Urban Municipal Association — they haven’t had an opportunity to study and digest this report and then present their views to the government or to the opposition as the case may be.

The Saskatchewan School Trustees Association are going to be intimately associated with any health plan that is enacted in this province. Our trustees are vitally interested in the health of the children that go to the schools which they are administering. They haven’t

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had an opportunity to study the report of this commission, and say what they think to the fullest extent. The Saskatchewan Federation of Agriculture and the Association of Rural Municipalities find themselves in the same boat. The Saskatchewan Hospital Association and all the people who are administering hospitals in this province are bound to be affected by any medical care plan that is instituted. Chambers of Commerce, the Civil Service Association — all these people are going to be closely associated with this plan.

The Saskatchewan Wheat Pool — I understand all their employees are already covered with a private plan. There are numerous other organizations. They haven't had the proper opportunity, in my opinion, to present their opinions to this legislature, to the members who sit here, elected by and representing the people of the province. There was lack of time for all of this, Mr. Speaker.

Here we have a committee, under the chairmanship of a person who is recognized to be one of the most learned men in the province of Saskatchewan, or probably in western Canada. What a picture it presents. Here we have the good Dr. Thompson, just imagine, galloping madly down a road towards a goal labelled 'interim report', whilst he is pursued by the Premier of the province wielding a pitchfork labelled 'political expediency' with which he jabs the erudite professor in the pants and says, 'Faster, Doctor, faster — I've got to have the report; Diefenbaker might call a fall election'. What an example for a pack of humanity firsters to set.

Incidentally, what a way to treat the gentlemen on the committee, our learned friend the doctor — appointed because he was considered to have the necessary qualifications and I am sure he has, and all the other members of the committee. It showed absolute and complete disregard and disrespect for the whole lot of them.

I turn now, Mr. Speaker, to the report in regard to administration. There are many other things that I would like to deal with in the report, but to me the question of administration is the crux of the whole thing. The recommendation of the Committee, whether done in haste or in leisure, the recommendation of the committee was that this thing would be set up and operated by a commission. Let's see what they have to say in regard to that. On Page 101, Clause (b), and I am quoting again from the report:

“The administration of the program must, to the widest possible extent, be protected from political patronage (and I understand why they put that in there when we consider the government of the province in which we live) political expediency and damaging overemphasis of bureaucratic centralization.”

They say it must be avoided, and I agree with them. But then they proceeded to recommend doing the very thing which they have already deplored, because they go on to say:

“The committee shall be appointed by the government. Persons providing service under the program should have a voice in and the opportunity to express expert opinion on the formation of management policies.”

So far so good. That is what they say about the people who are providing the service, but what do they say about the people who are getting the service. Well in (d) they say:

“There should be some opportunity for receivers of service under the program to make known their views about the program.”

Just some — the people who are getting the operations and having the pills poured down their throats — just get some opportunity. I think they were in a hurry when they wrote that.

Under the heading “Alternative Forms of Administration”:

“The Committee then considered three alternative forms of administration for a medical care insurance program: Administration by some form of a quasi-public insurance agency or agencies; administration as a ‘line’ function of the department of public health and administration by some form of public commission.”

They had not given any consideration to the question of regional boards, and I’ll have something to say about that a little later on. They had very little to say and no recommendations to make with regard to the Board of the Swift Current Health Region.

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On page 102 they say:

“In further discussions of administration through the Department of Public Health, as compared to some form of commission, it was argued that a commission will be no less immune to both political and ‘interest group’ pressures.”

They have got a few internal contradictions in here, Mr. Speaker. Somebody is going to have to iron them out. On page 103, paragraph 3:

“The alternative which found most support in the committee, and the one which the committee recommends, is administration by a public commission. The advocates of the commission form of administration contended that a commission could be designed which would not compromise the principles of ministerial responsibility. Moreover, the legitimate rights of those whose livelihood would be intimately affected by the introduction of a universal medical care insurance program to participate in the formulation of policy and in making of administration decisions could be recognized and respected. It was also contended that a commission form of administration would offer better protection against political patronage and political expediency.”

Then they go ahead to recommend that the commission be appointed by the government, and Mr. Speaker, they won't be anything less than just political appointees. If this government sets up a commission as is recommended in the committee's interim report they are just constructing another organization for socialist patronage — that is all they are doing, and also giving the government an opportunity to hide any of their shortcomings, to hide behind the skirts of a commission. It is a convenient thing for governments to hide behind.

Now on page 105 — recommendations on a medical care insurance commission, and these are the recommendations:

“That a universal medical care insurance plan in the province of Saskatchewan should be administered by a commission which should be free from political interference and influence.”

Then:

“The Commission should be established by statute, with the members being appointed by the Lieutenant Governor in Council.”

In other words the members are going to be appointed by the government. Well, if they are going to be appointed by the government they are not going to be free of political interference and influence. You can just bet your bottom dollar on that one.

I quote again, regarding the Commission chairman:

(a) A Chairman who should, preferably be a physician, legally licensed and in good standing in the province, who should hold office at the pleasure of the Lieutenant-Governor in Council.”

That’s the recommendation. How are you going to keep political patronage and politics and interference and influence out of that set-up?

Page 106: “7. There should be a chief executive officer of the commission, subject to the approval of the Lieutenant Governor in Council.”

In other words he’s subject to the approval of the government, too. I am quoting again:

“9. The Powers of the Commission should include the following:

- (a) all the authority necessary to carry out the objects of the Act and to administer the medical care insurance plan for Saskatchewan.”
- (b) the authority, subject to the approval of the Lieutenant Governor in Council, to make regulations as are necessary to give effect to the medical care insurance plan.”

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All the regulations are going to be subject to the approval of the government. The whole thing is government from end to end. There is no independent commission here. They advocated one, but it is not going to be one, if it is set up as they recommend in the interim report.

One Page 111, sub-section (4):

“Decentralization to Regional Administration:

The Committee gave careful study to the possibility and desirability of decentralizing the administration of the plan to a regional basis. The belief was expressed that decentralization would establish a more intimate relationship between the people of the region and the regional administrative body, (and I heartily agree with the committee that it would), and would be in keeping with our democratic traditions and would result in a more satisfying and satisfactory service without impairment of efficiency.”

I will have more to say about that as time goes on.

Mr. Speaker, if we set up this Commission — this Commission as they recommend it in the interim report it will just become another hide-bound socialist hierarchy without a chance in the world of it ever reverting to regional boards. The people will never have a chance to run their own scheme their own way, or participate in the democratic life of our province to the extent that I think they should. I quote:

“The Committee was impressed with the merits of decentralization and was cognizant of the 15 years of successful operation of the program in the Swift Current health region.”

If they weren't cognizant of it, it wasn't the fault of the people in Swift Current who came up here and gave the committee all the information it was possible to give. They went to a vast amount of trouble and expense to do so, and I was most interested in listening to all their submissions. Again I quote:

“However, as only the Swift Current region has had overall experience in the administration of a medical plan, the Committee

believes it is unrealistic to expect the inexperienced areas of the province to develop the techniques and acquire the personnel necessary for a successful operation in the near future.”

They have just about written the rest of the province off as a bunch of morons. Apparently they believe there aren't enough CCF personnel in the rest of the province to operate a health region such as they have in Swift Current. I am not assured, and I don't believe, that all the members of the board on the Swift Current health region are supporters of the CCF. They may or they may not be, that's their privilege, but I am firmly convinced, and I do believe that they have made a wonderful job of administering their region. I am equally convinced, Mr. Speaker that there are other people who are just as capable in other parts of the province — just as capable, to administer a region such as that, if given the opportunity.

Then they mention some form of duplication which they say is going to be expensive. I don't think the regionalization of a health scheme would be expensive. I don't think it would be more expensive than a government scheme operated by a commission. I am sure it would not, in the long run. But let me say this, that if it was going to be more expensive I would prefer a regionally administered scheme in preference to one administered by a government commission purely and solely because it would be administered by the people, and they would have a chance to participate in self-government and in the health care of the province to the fullest extent. I believe in regard to self-government that no sacrifice and no expense is too great not only to maintain, but to extend self-government anywhere, and everywhere wherever it can be done.

Hon. Mr. Erb: — Your party didn't give much encouragement when they had the opportunity in Gravelbourg.

Mr. Snedker: — The remarks made by the hon. gentleman on the other side, Mr. Speaker, which I cannot hear too well, but I gather by the smile on his face that they were derogatory, are indicative of the contempt with which people of socialist belief hold freedom and self-government. It's all very well for my hon. friend over there to sit and smile like a Cheshire cat. There he sits. Let him consider his mental institutions, Mr. Speaker. There he sits — rotund of paunch and heavy of jowl — the walking, talking, living, breathing image of more abundant living! More abundant living for socialists — more abundant

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living for all of your 10,000 employees and another 2,000 when you get this going. This horde of locusts which fattens and feeds on the people of this province and sucks the very marrow out of our bones. Now grin that one off!

Premier Douglas: — Your head is going to shrink when they do that!

Mr. Snedker: — I made considerable mention, Mr. Speaker, of the Swift Current health plan, and for the benefit of those hon. members who are not too well acquainted with the operation of that plan, and I understand several members of the House come from that area and are very well acquainted with how it operates, I am now going to quote from the interim report regarding the Swift Current plan:

“The well-known Swift Current medical-dental program is unique in North America in that it brings together some 75 urban and rural municipalities with a covered population of 53,169 in one regional program with 44 doctors providing a broad range of medical, surgical and obstetrical services.

In additional, the program provides a full X-Ray and laboratory diagnostic service, mainly through hospital out-patient departments, plus limited referred specialist care (including specified surgery) and emergency medical care outside the region. Dental services of a limited nature, with emphasis on prevention are made available to some 10,000 eligible children under 12 years of age, by four dentists on the regional staff, operating out of three permanent dental clinics.”

I might say, Mr. Speaker, this is all quite correct, as the commission has said here, for I spent sometime in the Swift Current area myself, looking that particular plan over. I continue the quotation:

“The program is financed by personal taxes, or premiums, and a property tax, supplemented by provincial grants. Approximately 70% of the plan’s revenues in 1960 were raised through the compulsory premiums required of all persons with 90 days’ residence in the region. Premium rates since 1960 have been as follows:

“Single — \$24.00; family of two \$40.00; family of three or more, \$50.00 plus 2.7 mills on property tax.

Premium revenues total \$759,484 in 1960 and the property taxes yielded \$250,000.”

I want particularly to draw the attention of the members of this House to this final paragraph in the committee’s description of the Swift Current plan, and I think this is the crux of any medical program anywhere in this country.

“There are several unique features of the Swift Current program, now 15 years old, which caused the committee to examine it in great detail:

- (a) It is a public program which combines several notable features among which are: universal coverage on a regional basis; a compulsory tax program to meet the costs; the provision of service by individual contracts with physicians in private practice who are remunerated on an agreed-fee-for-item-of-service basis, and administration by a regional board of 12 elected community leaders which is a board of health for public health purposes and a “Board of Directors” for the medical care program.”

In other words, people are elected to run the plan themselves. The report is not quite correct, Mr. Speaker — there are some forty odd members on the regional board and the 12 members that they are referring to are the executive elected by the whole board.

If we institute the plan as the commission has outlined, that will destroy that region and self-government in that region, and if I ever stand up in this House and fight for anything in this world, Mr. Speaker, I intend to stand in this House and fight for the right of people to run their own affairs in their own way, in Swift Current or anywhere else. I will stand up and fight for the right of the people in Swift Current to run their own plan — to run it their own way, and I will also fight for the right of other people in the rest of this province to democratically elect their own people to run their own affairs in their own way in various other regions. I hope a lot of them will be set up, but I don’t think they will be as long as this government is in office.

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Now, having said that, Mr. Speaker, and having mentioned the recommendations of the committee, which is that this plan should be administered by a commission, and I think I have made it reasonably clear that I oppose any administration by a commission appointed by the government; and not just because it happens to be this government. I would oppose it regardless of what government it was. I believe in the alternative of regional administration as they have it in Swift Current, and I quoted the report and gave you a pretty fair description as to how that area is administered. I believe that the regions should be established by a vote of the people — in or out, and if the people vote they're out, then they're out; if they vote they're in; they're in, and if they vote they are in the region, then they administer their own region and elect their own people to do it.

I believe each region should be administered by an elected board. Whether it should be entirely elected by the people, or whether it should be elected half by the people and one-half appointed by the municipalities in the area, as is done in the administration of union hospitals under the Union Hospitals Act, I haven't quite made up my mind, but in one form or another.

You would have people administering their own affairs in their own way; you would have representatives of people available to the people; when the people need somebody to turn to, they would not have to come all the way up to Regina and chase some cabinet minister up and down the corridors until they found him, or be shuffled from one to the other down an assembly line of civil servants.

The obligations of the regional board, in my opinion, should be to provide complete medical care, diagnostic treatment, surgery, specialists, etc. The method of payment to doctors, in my opinion, should be at the option of the board, and I want to make that thoroughly clear. I want to make that thoroughly clear — it would be up to them if they put the doctors on salary as the present municipal doctors are, or whether they would pay fee-for-service as they do in Swift Current, or whether they should use a combination of both.

It would similarly be up to the local regionally-elected board as to whether they would operate the organization themselves directly, or make a deal with some group such as MSI or Group Medical, which is possibly what a regional board would do in the city, as opposed to what boards in the country would do.

The provision of dental, optical and pharmaceutical supplies would be at the option of the board. They would do what they thought they could afford to do, and what they thought was right, and the financing would be by capitation, or by property tax at the option of the board, or by a combination of both, supplemented by grants from the provincial government, which would certainly not cost the people any more than what this scheme is going to cost. It would be a lot less, because the boards would cut out a whale of a lot of red tape and employees.

The position of the government in relation to the regions would be to assist them in every way. A vote would be conducted by the Department of Municipal Affairs; a supervisory audit would have to be conducted by the Local Government Board, or the Department of Health; grants would be payable by the provincial government, but one region should not be favoured as opposed to any other. Government would not be limited in any way except the grants which would be available to one must be available to all. Any scheme such as that would dovetail into a federal scheme by reason of the fact that any federal scheme would probably be on a grant basis to the provinces.

What we are faced with is that the commission recommends a medical plan administered by a commission, plus the cost of patronage. What I believe in is a medical plan administered by people themselves, less the cost of patronage.

Similarly, if we have a number of regions within the province there will be checks and balances as to the efficiency of the regions. It should be reasonably obvious that all boards and all regions are not going to administer their regions exactly alike, and we will have a check and a balance as to the economy of one region as against another and the efficiency of one region as against another and the efficiency of one region as opposed to another. I think that is worth something.

But if you set up a plan administered by a government commission, you will have no check or balance. You will have nothing by which to gauge its efficiency or its economy, and its operation will be fogged by a cloud of government propaganda, and that goes for any government, regardless of party.

This, Mr. Speaker, the program I have proposed, is an extension of self-government. I think it is right and wise that we give great attention to that at the present time, at a time when freedom is on trial the world over;

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when self-government is on trial the world over, that we here in the province of Saskatchewan, instead of curtailing it should extend it, that instead of extending bureaucracy, we should extend self-government; that we should make ourselves in this province a beacon for those emerging nations in Africa, who are slowly groping their way and having a pretty tough time to do it, towards self-government. Who knows? We might do something here that might be of assistance to them.

In regard to the proposal that I have made, and the arguments that I have put forth, I conducted a whole election campaign in 1960 on the basis of this and I never held one single meeting in my own seat or anybody else's, where I didn't tell the people that if I ever stood in this House representing them, that I would recommend a medical plan on a regional basis instituted by a vote of the people. I am not saying anything here that I did not receive a mandate from my people to say. They all thoroughly understood it before I ever landed in here. Regardless of whether anyone else agreed with it or whether they didn't.

Lack of time precludes my saying some of the things about the Bill that I would like to say, and in possibly working out some of the amendments, that I would like to work out. But in closing, Mr. Speaker, I would like to say this, in all sincerity: We live here in Canada under a system of parliamentary democracy. Sometimes we treat it pretty nonchalantly. When I think we should appreciate it with every fibre of our being and maintain it with every means at our disposal. Although we live in a country which is fortunately administered by a system of parliamentary self-government, we haven't begun to scratch the surface of self-government. It is something that must be used to be maintained; neglected it dies. I don't accept the recommendations of the committee regarding administration and I want to make it perfectly clear, Mr. Speaker, that I believe a plan should be instituted, the administration of which should be regional, inaugurated by regional plebiscites, and administered by elected regional boards. I hope I have made myself perfectly clear — if anybody would like to argue that such a scheme would be inefficient, if anybody would like to argue that it would be more costly, then I would disagree, but even though they proved their point, I have said it before and I will say it again, that a few dollars here or something else there — that tome, no sacrifice is too great for an extension of self-government amongst the people of this country and amongst the peoples of the world.

Mrs. Gladys Strum (Saskatoon): — I beg leave to adjourn the debate.

(Debate adjourned)

MOTION RE SITTINGS OF THE HOUSE

Premier Douglas: — Mr. Speaker, on Friday it was agreed that I would be granted permission by the House to withdraw a motion, and that I would be provided with an opportunity to reintroduce it, and it would come normally under 'Government Motions'. Government Motions on a Monday would normally follow the special order. If I am in order I would like to present that motion at this time.

I am going to suggest, Mr. Speaker, the same motion which I suggested on Friday. The only difference is that it would become effective tomorrow morning instead of this morning, as the other motion would have provided. If I may be permitted by the House, this might just be a good time to take a moment to explain the general procedure which the government has in mind, so that no one will be under any misapprehension, and so that we will have a clear idea as to what the work of the session is to be about. It's the government's thought that we would not proceed with any second readings, or any legislation until the Speech from the Throne has been disposed of. We think that to do so, first of all, is not really parliamentary, although I know it is done from time to time. Normally it would not be parliamentary to proceed with any other legislation. Secondly it would lead to endless confusion to have the Speech from the Throne going on, which will contain among other things, medical care and the tax collection agreement, and then be discussing the legislation at the same time. It would be almost impossible to keep from quoting from one debate to another.

So what the government has in mind is that we would deal with the Speech from the Throne which, under the Standing Orders, has to wind up by next Friday night. If we get through earlier than that, then of course we can proceed with legislation. If we don't get through, but take the full eight days which are provided under the Standing Orders, then we would proceed with legislation next Monday.

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Our idea is that there will be legislation which will come in two categories. There will be legislation which is now on the Order Paper — the Saskatchewan Medical Care Insurance Act, 1961, which deals with the rough outline of the medical care plan itself. Then there would be legislation dealing with matters of taxation. In order to have the whole parcel together so that members can discuss the medical care plan intelligently, I believe the Provincial Treasurer plans in the medical care debate, to outline the financial measures for financing the plan, rather than trying to do it on a piece-meal basis.

I thought that explanation might be of some use to the members, so that everyone will know what we are planning to do. That is, we will not discuss the financial matters until the financial bills come up. The other bills will come in, of course, and there will be every opportunity to discuss them as well, but we think that it is only fair if members are going to be asked to vote on the medical care plan, that they should have all the information that it is possible to give them at this particular time.

With that explanation, I would like to move, seconded by Mr. Lloyd:

“That notwithstanding Standing Order 2, this House shall, commencing Tuesday, October 17, 1961, meet at 10:00 o’clock a.m., each sitting day, and there shall be a recess from 12:30 o’clock p.m. until 2:30 o’clock p.m.”

On Friday I made a proposal, because of the very proper concern which some members had, that when we get into the medical care legislation members may feel that they will want more time. My suggestion was that if we agree to sit mornings, afternoons and evenings, except, of course, on Wednesday, on the Speech from the Throne, and then get into legislation and the members on either side feel that they want more time, then the Whips could arrange it, and we would bring in a motion either not to sit mornings, or to adjourn some evenings at 5:30, so the members would have the evening to work it over. Actually the members have the Bill before them now, and will have most of this week to study it, but they may want some time after the financial measures have been outlined by the Provincial Treasurer. If the Whips would come to that

conclusion, I would be happy on behalf of the government either to adjourn for some evening sittings, or introduce a motion to discontinue morning sittings, if that be the wish of the members.

Mr. Thatcher: — Mr. Speaker, I wonder if I could direct one question to the hon. Premier before he takes his seat. As far as these financial Bills which he mentioned are concerned, do I take it there will be no supplementary budget this year? In other words, these Bills — am I being fair in asking whether the dates are six months hence, or something? There is nothing that has to be debated that would require a budget at the present time. Is it fair to ask that?

Premier Douglas: — No, we will not require a budget in the sense that there is no outline of revenue and expenditures, as you would have in a budget, but there will be financial measures. For instance, as hon. members know, one of the reasons for calling the session at this particular season of the year is that we are now back in the income and corporation tax field, and we must let the federal government know — we're supposed to let them know before the first of November, or around this time, so that they can send out their forms to the taxpayers, particularly those taxpayers who pay on salary deduction basis, so they can fill out their forms, start having their income tax deducted from the first of January on. So this legislation has to be introduced.

Mr. Thatcher: — Mr. Speaker, the opposition is quite prepared to go along with the suggestion of the Premier, with the one proviso that when the medical bill does come in, if we feel the work is a little too onerous sitting both mornings and evenings, we will have the privilege of . . .

Mr. Speaker: — Order! The question is in order, but if you want to make a speech — I haven't yet proposed the motion.

(Motion agreed to.)

The Assembly adjourned at 9:18 o'clock p.m.