

**LEGISLATIVE ASSEMBLY OF SASKATCHEWAN**  
**Second Session — Fourteenth Legislature**  
**9th Day**

**Monday, October 23, 1961.**

The House met at 10:00 o'clock a.m.

On the Orders of the Day

**QUESTION RE HOUSE PROCEDURE**

**Mr. Ross Thatcher (Leader of the Opposition):** — Mr. Speaker, before the orders of the day I would like to direct a question to the Premier. We have several of our members that have phoned in that they are being held up by this storm. We are just hoping they will get here to talk on the bill. What will be the position of those members if they cannot get in here by noon, or one or two o'clock? Could we have some assurance that they still will have the privilege to speak?

**Premier Douglas:** — Mr. Speaker, of course I have no control over the procedure of the House. The House itself has to decide its own procedure. I would think there are enough of us here to keep the debate going until noon; as a matter of fact the entire day if necessary. I look around at a lot of very likely prospects, so I think there would be no absence of words and I feel this is a problem we can face when we come to it.

**ADJOURNED DEBATES**

The Assembly resumed the adjourned debate on the proposed motion of the Hon. Mr. Erb:

That Bill No. 1 — An Act to provide for Payment for Services rendered to Certain Persons by Physicians and Certain other Persons —be now read the second time.

And the proposed amendment thereto moved by Mr. Gardiner, seconded by Mr. McFarlane:

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That all the words after the word “That” be deleted, and the following substituted therefore:

“this Bill be not now read a second time, but that the subject matter thereof be referred to the Select Standing Committee on Law Amendments and Delegated Powers.”

**Mr. J.W. Gardiner (Melville):** — Mr. Speaker, when I adjourned the debate on Friday I just opened my remarks with regard to the bill that has been placed before us, and had suggested in amendment that this bill be sent to the Law Amendments Committee for a further opportunity to review the circumstances leading up to the bill that has been presented to us, to provide for medical care to the people of this province.

I believe that for a few moments I should just repeat the reasons that were given on Friday for the moving of this amendment. First, that I believe after reading the report, we have received very little information for much of the expenditure that was made necessary by the appointment of the medical care committee. We are all very well aware that the members of this committee — some of the members made extensive trips abroad to inspect plans that have been put into effect in other countries of the world. I believe that in the report we have before us, there is very little concrete information provided to us by members of this committee as to the defects and advantages of the various systems in the countries which they visited. I think it would be well worth the while of the members of this legislative assembly to have the opportunity to hear from members of this committee their individual ideas and impressions which they gained from visiting other countries where medical plans have been put into effect by governments of those countries.

So, because of the fact of the information that has been given to us, and I want to relate here, with regard to other committees that have been asked to report either to the government or to this legislature, action has not been taken in most cases, until the full information was before us; until voluminous briefs were presented to us by members of those committees with full information as to how their decisions were arrived at.

I think we, as members here, with expenditure of public funds at stake, have every right to every bit of information that this committee has been able to receive

through the weeks that it has spent working on this — the weeks they have spent visiting other countries. We are entitled, as members of the legislature, to the fullest information possible before we are asked to vote on any definite part of it that is being presented to us by the government of this province. We have a right, because of the fact that we have expended money, to vote in this legislature for the appointment of this committee, so that they might carry out their work and report to you and I as members of this legislature, and to the government, in order to make it possible to bring in improvements to the health system of this province.

So I would appeal to the government and to the members of this legislature to approve the suggestion that we have the opportunity. Not only do we desire to hear from the committee itself, but possibly to hear from other interested parties, possibly to give us an opportunity to find out definitely for ourselves (and I think this is an important factor) whether or not the service that we are providing through this bill will be available to the people of this province when the bill is passed by this legislature, and when taxes are passed and when we are prepared to vote taxes for a service that you and I cannot guarantee will be provided at the present time.

I think the fact that we placed this before the Law Amendments Committee isn't going to be any particular delay in the provision of medical services to the people of this province, but it will enable each and every one of us to decide on every term of the bill, to make certain that the taxpayers of this province have the best possible form of medical service legislation that they can possibly have. So I sincerely say to every member of this House that there is no reason why we, as members, cannot sit in the Law Amendments Committee and receive the necessary information that I think should be available to each and every one of us before we make a decision on this matter.

As well, one of the other reasons for asking that this be placed before the Law Amendments Committee is this, that one of the great deficiencies in this report (and I think all members will agree with this) is the fact that we have no definite decision by the members of the committee as to the relative needs in relation to the medical care of the people of this province; the relative needs as to the implementation of a medical care plan, such as we have been asked to pass and other very important problems in the field of medical care in this province. We have no definite decision from this committee which was appointed by this government, to tell the members of this legislature whether they feel the expenditure of the funds we are being asked

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to establish for the creation of this plan are actually the first call, or should be the first call, on the taxpayers' dollar in this province at the present time, to make possible the implementation of the best possible medical services to our people

I think that is the second reason why we should have an opportunity of questioning this committee in determining for ourselves whether perhaps the cart is being placed before the horse.

The third, of course, is the inconsistencies of the report which has been handed to us, and the wide and various opinions on major decisions. I know this has been said often throughout the province during the last few days, and there has been much comment in the past, but there was not too much unanimity in this report, and I think for that reason more than any others, we should have the opportunity to question the members of the committee, and then determine for ourselves which of the groups definitely that presented the report — there is the minority group; the report that was presented by the representative of the Saskatchewan Federation of Labour, then there was the majority report that was passed.

But I think the only way we can determine for ourselves as to which of these reports would be best for the people of this province is to have the opportunity to question each of the members of this committee, and possibly ask for others to appear that we feel have not had an opportunity, or presented perhaps all the case, even before this committee at the present time, and have the members of the legislature question them.

I think, Mr. Speaker, that in relationship to the amendment any hon. member of this House can support his right to have this placed before the Law Amendments Committee, so that not only the committee, but anyone else that feels that he would like to receive further information from them before casting his vote, that he will have an opportunity to do so. I solicit here this morning the support of every member of this legislature; for the amendment that has been presented to the bill to provide medical services in this province.

I want now to spend a few moments dealing with the legislation that has been presented to us. I think rather than using the method that was used by the Minister of Health the other day, when he started, I believe, from the centre and worked up, I am going to try to start from

the beginning of this bill and work into it as I go along. I think probably one of the most important aspects of this act is the fact that the government is determined to have it operated by a commission. There has been two or three different suggestions made by members who were on the medical committee. There were some members who asked and felt that any commission, if appointed, should be an independent or non-partisan commission. There were those on the committee, particularly those representing the Saskatchewan Federation of Labour, that felt there was no great need for a commission to administrate this, but it should be as closely as possible controlled by the Department of Public Health and the government of this province. Then there was the middle course — I think we can probably say the majority took the middle course, and that was a commission should operate the plan, and that as nearly as possible this commission should be divorced from partisan control.

I think the final draft we have here of the commission, as established under this act, doesn't satisfy the majority report of the commission because of the fact it is definitely a political commission. As a matter of fact, when we read the act we might as well not have any commission at all, because to all intents and purposes, this act — the important provisions in this act are not going to be administered by a commission, but are going to be administered by the Lieutenant Governor in Council.

So I say the commission in this province is only being placed there as a scapegoat and something for the government to hide behind. If the act does not prove successful — and the government would like to think at the moment that it will be, after it is put into effect — then they can perhaps hide behind that commission if there are any barriers in the act as presented to this legislature. At the same time the government retains the control to appoint to the commission itself every member — there is no right of any independent organization to make appointments to this commission. It is strictly a commission that is going to — every member of it is going to be appointed by the government of this province.

I say if the government is going to control it to that extent, why have a commission at all? This isn't a commission that is speaking on behalf of the people of this province; this isn't a commission just to protect the interests of the people of this people; this is strictly a commission appointed by the government of this province, under the strict control of the government of this province,

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so I say once more, the appointment of a commission is a waste of the taxpayers' money in this province, because it does not provide any non-partisan or any independent control whatsoever over the medical care program in this province.

I realize, Mr. Speaker, that in the committee's report they indicate defects in the commission form of administration; they did indicate some advantages that might be gained from the fact that we have a commission form of administration of a medical care plan, but I don't think there has been any definite leadership given to the members of the legislature by the committee so as to investigate as to whether or not the committee recommendations will provide the greatest advantages to the people of this province. I say again that is an added reason why, in this legislature at the present time, we should ask for the right to hear the views — the individual views of the members of the committee that was appointed to bring this information to us.

The powers of the commission, as I stated a moment ago, are quite broad. In some regards they are given powers of putting into effect many of the provisions of the medical care legislation, which I think most hon. members in this legislature will admit should be left to the legislature of this province, and ours alone to legislate in that regard. So I say that the powers that have been given to this committee are powers that you and I should have, as members of this legislature, and must of the regulatory powers — so-called — actually hold the key to whether or not medical services can be provided in a way which will bring the greatest benefit to all the people of this province.

I would say that is another consideration that each of us must make in deciding on whether to support the bill as it is, or take a further look at the problems that might come to the fore after this plan is put into effect, with the great powers that are given to this commission.

Practically all those things that are hanging in the air at the present time are left unsaid at this time; in other words, providing a blank cheque as I said Friday, a blank cheque to this government to put into effect a medical care plan.

So I think that each of us should be prepared for that reason, to take a second look at the report of the advisory committee, and to have them appear before this legislature.

In the actual form of administration we find, as we said before, that the commission will be appointed entirely by the government of this province; also so-called advisory council which can be called in by the commission to undertake certain investigations for the commission, or to give consideration to any problems which might be presented to them by the commission that has been appointed by the government. Even the advisory council will be appointed by the government. Oh yes, it says certain nominations made by various medical organizations, but there is nothing in the bill that states that the advisory council has to be selected on the recommendation on these various organizations.

Once again this puts it in the control of the government — the actual appointment of the members of the advisory council. The only place in the entire administration of this medical care plan, where other organizations outside the political realm are going to have a right to appoint their own representatives, and have them sit on that body is the medical advisory committee; and of course this organization, when you read the bill, is going to have absolutely no power; it will have only opportunities to make recommendations, and those recommendations of course do not have to be accepted by the commission itself. So it comes down in the final analysis that the whole administration of this plan is strictly a politically controlled administration, and not even are they going to leave the control up to this commission that is being appointed.

Most of the important parts in this bill you find in the major parts of the administration of this plan. The Lieutenant Governor in Council must approve the various actions of the committee in almost every regard of every importance of this bill, which more than ever makes this a political committee, and whose assumptions the government doesn't even have to accept at all, but under which the government is still going to be making the majority of the decisions with regard to administration of the plan.

In other words we are going to have under this plan, rule by order-in-council, rule by the government of this province.

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A few moments ago I mentioned that there were a number of matters that are being left up in the air that are going to have more to do with the success or failure of a medical care plan in this province than anything else. We find matters such as the establishment of the Saskatchewan Medical Care Insurance Plan, which is going to be left up to the Lieutenant Governor in Council; we find the powers to exempt various classes of people in this province, again to be left up to the Lieutenant Governor in Council.

We find the method of payment to physicians and surgeons for services rendered is going to be left up to the committee, to decide after we pass this bill — the rates of payment for services rendered. How in the world we can draw up taxes in order to cover a plan under which we have no idea what the charges are going to be from those taxes, and under this plan — I cannot understand any member of this legislature voting for a bill that would give a blank cheque to any government or any commission to expend the monies of the people of this province without control of the legislature. I say there is one thing, if this bill were to be passed, it should be completely under the control of the members of this legislature, and we should know before we put our stamp of approval on it, exactly what the costs are going to be; how services are going to be paid for; how services are going to be provided, if they are going to be provided, and what the rates of payments are going to be for those services to the doctors. Otherwise I don't know how we can sensibly say that we have presented to us a program by this government that indicates what this plan is going to cost at all.

I don't think you and I, as sensible men, can sit here and say today, even after hearing the Provincial Treasurer and the Minister of Health, speak in debate, that we can honestly say that we know today when we leave this House what this plan is going to cost. How much taxes are necessary in order to put this plan into effect. We do not know the answers to these questions, even after hearing the two ministers that presented the plan of the government of this province. I say we should, as members of this legislature, know these facts before we pass this bill, and before we place this legislation into the [position where any commission or any government can expend the monies of the people of this province without the proper controls by the legislature.

Then we come down to the question of whether doctors will accept the plan at all, and whether they will take part in it. This is a question that no one knows the answer



to in this legislature today, that no one can say whether the service is going to be available, and the date of the commencement of the plan.

There has been some indication through speeches made the other day that the date might be April 1, but it wasn't definitely stated that that was definitely the date on which benefits would be available to the people of this province. It was indicated that there was a hope the plan would go into effect on April 1 as far as the benefits of the plan were concerned. I did not see nor hear any definite announcement that that would be the case. Of course, I can well see that arrangements will possibly not be made by that date; perhaps services won't be available by that date, but we have no information as members of this legislature when that service is going to be available in the way we are establishing it in this bill.

Then we have the question of deterrent fees. Once again it is left up in the air, and which is again one of the major principles in any medical plan, and was studied by the committee in their report. That has been left up in the air, and has again been left to the Lieutenant Governor in Council to decide. Surely we have enough intestinal fortitude as members of this legislature if we feel that a deterrent fee is the best possible way in which operate a plan, surely the members of this legislature have the right and should accept the responsibility to say whether or not there should be a deterrent fee for the people of this province. But we are not accepting this responsibility; what we are saying is that the commission or the Lieutenant Governor in Council should have the right to make the decision in this regard.

**Mrs. Cooper:** — Mr. Speaker, may I ask the hon. member a question? Are you in favour of a deterrent fee?

**Mr. Gardiner:** — Well, I don't think anybody has been asked that in this bill, whether I'm in favour of it or not, so nobody is going to have a vote on it.

**Mrs. Cooper:** — You tell us . . .

**Mr. Gardiner:** — After hearing the committee I would be in a much better position to make that decision as to whether I should be in favour of a deterrent fee or not. But under this bill

we haven't even the opportunity to decide that, or to tell you whether we are in favour or not of a deterrent fee, because it has been left up to a commission to make the decision.

**Hon. Mr. Walker:** — You tell us — you tell us.

**Mr. Gardiner:** — Mr. Speaker, we come down to the important part of the announcements that were made by the Minister of Public Health, and the Provincial Treasurer on Friday last, and that is as to the cost and how we are going to pay for this plan. The Provincial Treasurer has indicated, as many others, that the medical care plan will cost in the neighbourhood of \$21 million to possibly \$22 million, and that is being presented to us in this legislature at the present time, in the first year of operation. He has broken down the total costs of that plan into new taxes — and I want to mention this fact again, that prior to 1944 all members will remember the party that sits across the way, stating they were going to provide medical services without charge to the people of this province.

Mr. Speaker, we already realize the people are paying money for hospitalization, and as I indicated the other day there has not been one cent provided in this present year, out of the socialist experiments; out of the natural resources of this province and money from corporations towards the payment of the hospital plan in this province. Not only this, but now the legislature — this new legislation is brought into effect; new taxes are going to be placed on people of this province. The people themselves, with the exception of \$1 million of the \$21 million; the individual people in this province are being asked to put up every cent of the cost of this plan in entirely new taxation, and I defy even the Provincial Treasurer — he gets up and says, “Oh, it's going to reduce taxes in some places.” Well, I haven't seen any taxes reduced in this province yet, and I am quite certain that in his remarks that he made the other day he said this isn't going to take any new money out of the pockets of the people. In other words, it's not going to save the people any money; it's not actually going to be any cheaper according to the words of the Provincial Treasurer. What are people to do? Operate in the manner that they are at the moment, or under the plan that he is presenting to them and to this legislature? But we have to find out where he is going to get the money.

I would have no objection to the address by the Provincial Treasurer the other day if he had presented a proposal to this legislature which indicated the government of this province was going to take any responsibility whatsoever in a financial way for the cost of medical services to the people of this province; if the Provincial Treasurer had accepted one cent of the financial responsibility upon the shoulders of the government that he represents, then I would say there would be some credit coming if this present plan is put into effect, then there would be some credit coming to the Premier and the Provincial Treasurer, and the government that sits across the way.

But every cent of the operation of this plan is going to come directly out of the pocketbooks of every taxpayer of this province in the form of new taxation. The only portion of it which they might say is going to come from big business (that's the way they used to talk prior to 1944) —they said, "There were a bunch of big shots around this country and when we get into office that's where we're going to get our money to provide all these services to the people of Saskatchewan."

You know, these so-called big shots are going to pay for the \$1 million of the \$21 million which is going to be paid through corporation taxes. Then there's another small amount, \$3,600,000 that is going to be collected, which is based on the ability of the person to pay, and that is the income tax. In other words, only \$4,600,000 of the entire costs of this plan are going to be based on taxes which can strictly be based on the ability of the people of this province to pay. Yes, there are some who will pay the sales tax. It might be equal to some people, but it isn't equal for the rural people of this province. Practically every farmer in Saskatchewan today finds it almost necessary to own and operate a car, and in most cases to own and operate a truck. Anyone here knows how often, with the mileage the farmer has to put on his car, to trade it in and has to purchase new cars and trucks.

This is one of the biggest items with regard to the Education and Health Tax, is the tax that goes on to cars and trucks, and the farm and rural people of this province who need both cars and trucks in order to carry on their work, definitely are the ones who are going to be hit the hardest with regard to the sales tax. Then we know that many other forms of operation of our farms — again it is going to be the rural people as I have stated in the past, the rural people who are paying the shot for the present medical care plan being presented by this government.

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What do we find at the present time? We find that the Minister of Agriculture has put into effect a plan which will assist the rural people of this province — to have the amenities of life that many of the rest of us have in towns and cities, in the way of waterworks, water and sewage facilities in their homes — all these people in the next two or three years, in order to have the equal services of people in towns and cities will have to pay education tax in order to have the same amenities that you and I enjoy at the present time. They will have added to the cost of that equipment the 2 per cent that is going to be added to the education and health tax at the present time.

I say again that, in every case, we are going to find that the rural people are going to again be stuck for the major part of the cost of this medical care plan, and of course the members across the way knew 17 years ago, they actually looked at the history of this province — the only big shots who were in Saskatchewan were little fellows like ourselves who were out on the farm. They knew that was the only tax there, but they told them there was some one else — some mysterious person who was going to provide health and social welfare services if they elected this government to office.

So we find today that \$10,500,000 of the increase in the Education and Health Tax is going to go to the provision of medical services. We find therefore at the present time, if we want to add on our health services, and the new medical plan which is being proposed by this government, that out of the total cost of these two operations, the largest share is going to come from a method of taxation which was severely criticized some years ago; by members of the party who sit across from me, and I want to quote from a recommendation of a CCF convention which was made in 1943, before this government took office — a statement which appeared in the Saskatchewan Commonwealth, following the CCF convention of 1943, and it was August 2nd issue, 1943:

“The convention recommended funds for health and social services should be paid out of consolidated revenue.”

That was the statement that was made by that convention.

“Certain corporations and individuals contribute on a basis of ability to pay, together with such funds as are made available for the total development of our natural resources.”

This was the final part of the statement:

“Recognizing that any form of flat burden contribution is, in reality, a poll tax, and as such largely means the distribution of the income of the needy among themselves.”

This isn't a statement by the Liberal party; this isn't a statement by the Conservative party; this is a statement by my friends who sit across the way — “any form of flat contribution is in reality a poll tax, and as such largely means the distribution of the income of the needy among themselves.” This places the responsibility for the care upon those least able to provide it, and relieving to considerable extent those in more favourable circumstances financially from even their present contribution. That is their statement of policy — the statement of faith that was made by the party that sits across the way — 17 years ago.

Yesterday when the hospital plan and the new plan that is being presented to us, \$18 million — the largest share — the largest individual share of the cost of these two plans — \$18 million — will be the tax which the party which sits across the way says should be implemented in order to carry out this plan.

**Mrs. Cooper:** — Are you opposed to it?

**Mr. Gardiner:** — That's the largest part; the sales tax will contribute almost as much, and the corporation taxes — the two sources which they told the people of this province they were going to get the money to provide these services — are only going to contribute \$4,600,000 of the total cost towards hospital and medical services in this province in the years to come.

I ask the members across the way — some of them were probably at the convention and supported this resolution — how in the world, after supporting the recommendations of their own party in convention in 1943, they can sit here and defend the policy of the present government, which will put on a poll tax of \$18 million? Not one that is decided on a basis of ability to pay, but one in which the poor must pay equally with the wealthy; a program which is

not based in any sense on ability to pay, but strictly on a basis of everybody paying the same, whether they have the means or not.

**Hon. Mr. Nollet:** — I don't know what you're so concerned about.

**Mr. Gardiner:** — Mr. Speaker, we find the people of this province are being asked by the Provincial Treasurer to pay new taxes of \$22 million next year. I want to indicate this to the people: I notice a report in the Leader-Post, which leaves the impression that the people of the province are going to get medical care without paying an individual payment for a period of nine months; the government is going to be very generous with them for that period. You know, the three month that the plan won't be in operation, if it goes into effect April 1, would cost exactly the same amount and the amount that will not be charged to the people of this province — the \$6 million is an individual tax, so actually the people haven't been given anything by this action of the Provincial Treasurer. If he did charge tax, it would just mean they would pay more through taxes that are being charged by this legislature than the plan is going to cost — that is actually what the Provincial Treasurer would be saying. But there are some people who have been left with the impression that he is doing a very generous thing by not having the people charged any individual payment for next year, and they are going to get free services for nine months of the year without paying an individual tax.

I want to make that very clear to the taxpayers of this province, that the Provincial Treasurer is not providing them with one cent; he's only letting them off the hook for the amount of service they won't receive if the plan goes into effect April 1.

But if the plan doesn't go into effect April 1, the Provincial Treasurer is going to be taking taxes out of the pockets of the people of this province for a service which is not provided; for something which I think every member of this legislature will have to accept responsibility. If this plan is passed as has been presented to this legislature, and the government fails to provide the service, and we are collecting monies from the people of this province through taxation — it will be your responsibility and mine for the fact that taxes are being collected, as I would claim, illegally by the government of this province over that period of time.

I don't think there is anyone over on the other side who can give me assurance, and can give any other member assurance that this plan will go into effect, and the services will be available.

I think the request that has been made by the Leader of the Opposition that no increases should go into effect with regard to a medical care plan until the government is in a position to guarantee every man, woman and child in this province, protection in the field of medical care, and the value for the money that he is going to be charged in taxes is very reasonable.

This goes back to the question once again as to what voice the people of this province should have in the implementation of a medical plan. Our friends across the way have heard at least two suggestions from this side of the House as to how plans might be put into effect (and they were also presented to the committee by various people in this province). One suggestion has been put forward — has the government considered any regional method of administration for any medical care program giving the people of this province a voice in their own affairs? As well, it was suggested to the committee, and I am quite certain they had the opportunity of reviewing the Australian plan, which is a voluntary medical care plan, not only in relation to medical services but in relation to hospital services, which has proved effective and acceptable, not only by the people of that country, but by group medical profession in Australia. It has operated very satisfactorily up to the present time, over a period of eight years, and there has been very little said about that particular plan from the other side of the House — there has been very little comment on it. I for one would like to find out why the committee didn't give more emphasis to the Australian plan, and exactly what the medical care committee really feels after seeing that plan in operation — and what they actually did about the implementation of a plan of that type.

So I say again that deficiencies in this report again present to each and every one of us as members of this legislature a challenge as to whether or not we should give the government of this province a blank cheque without further information over tax collection authority and to provide authority to the government of this province, and to the commission that will be established under this legislation.

Mr. Speaker, I think probably the most important factor in relationship to any medical care plan is the fact

that each and every one of us know today; I know, and I think probably every member of this legislature, belongs to some medical care plan at the present time. There should be in the operation of this plan, some assurance that all those plans that have been put into effect over the years in this province are not going to be destroyed, and that the people will have something to return to, if the plan of the present government fails, goes into bankruptcy, or they find they are unable to provide the service. I think again that is something that each one of us as members owe most of the people we represent — we owe them the safeguarding of the present protection which they already have in this province, in the light of the fact that you and I cannot say today that this service will be available at any particular time.

I know, because of the fact that I collect medical services premiums, I also collect Saskatchewan Hospital Services premiums, and I know in the next three or four months, when the partial quarterly payments come up, these people are going to start to ask me, they are going to start asking every collection in this province — I don't think I should pay this because there might be services coming from the government in two or three months. We should have some protection . . .

**Hon. Mr. Nollet:** — Nuts!

**Mr. Gardiner:** — . . . It is up to the government to tell the people whether or not for certain the plan is going into effect; to assure them the services are going to be available, and how it is going to affect the protection they already have; and work out their costs with them in the matter of taxes from the government of this province.

I think that is the least we owe the people we represent, that we see they are safeguarded at the present time under the plans they already have, that are providing them with service, and not destroying them before we are certain that we ourselves are prepared and able to offer an equal service to the people of this province.

So, Mr. Speaker, with those remarks I believe I have definitely indicated a reason why every member of this legislature should support the amendment that has been presented to the bill, so that we can come back after meeting in committee; we can come back to this legislature feeling that we have all the information we should have; feeling we have done everything possible to protect the



interests of the people we represent. We could then come back into this legislature, decide on whether or not the bill that is now presented to us is the bill we should pass in order to provide medical services to the people of this province.

I think if we are unwilling to accept the responsibility to provide that protection, to sit in committee for a few days of the life of this present session; if we are unwilling to provide that service to the people we represent, then we are unwilling to provide them with the protection against unnecessary taxation; we are unwilling to protect them or provide them with some kind of safeguard against losses of present protection which they have today, in relationship to their present medical care program — whatever they might have.

I challenge the members opposite, and all members of this House, to vote for the amendment and let us hear from the members of the medical care committee, and anyone else we might choose to call; let us get the evidence first-hand and then we can go back to our people and say, “We’ve looked into this thing; we took every possible measure of safeguarding your interests; and then we passed what we felt was the best legislation that we could pass as your members.”

I think with that, Mr. Speaker, I can say that I hope every member of this legislature will consider the amendment, and let us go into committee where we can receive this information, and then come back to this House and make a decision in the way that we feel will provide the greatest benefit to the people of this province.

**Hon. Mr. Nicholson:** — Mr. Speaker, before the hon. member sits down, since he won’t be able to speak again, would he be good enough to indicate whether he is for or against the bill which is before us?

**Mr. Gardiner:** — I have already told the minister that I will decide that after the committee hearing.

The question being put on the amendment, it was negatived on the following recorded division:

**YEAS — 15**  
**Messieurs**

Thatcher	Danielson	Boldt
Batten (Mrs.)	Cameron	Klein
McCarthy	McFarlane	Coderre
Barrie	Gardiner	Snedker
McDonald	Guy	Gallagher

**NAYS — 24**  
**Messieurs**

Douglas	Strum (Mrs.)	Turnbull
Williams	Davies	Stone
McIntosh	Willis	Whelan
Brockelbank	Brown	Johnson
Lloyd	Thurston	Snyder
Walker	Blakeney	Stevens
Nollet	Erb	Dahlman
Cooper (Mrs.)	Nicholson	Semchuk

**Mr. Speaker:** — The debate will not be on the motion.

**Mrs. Mary J. Batten (Humboldt):** — Mr. Speaker, it is surprising to me indeed, that all the hon. members on the other side are not anxious to participate in this debate. Surely this should be the crowning touch to their Premier's career as he leaves for new fields; surely they should all be very happy to get up and explain to the people of Saskatchewan just what a wonderful thing they are doing for them in this bill. Therefore, it is rather sombre silence and certainly a little worrisome to the opposition, and I am sure it must be to the people of Saskatchewan.

The bill before us, Mr. Speaker, is certainly a very bare outline, and most inadequate for a thorough knowledge of what it is that we are giving to the people of Saskatchewan. If the principle of the bill, Mr. Speaker, is universal medical services coverage for the people of Saskatchewan, there is no one in Saskatchewan that would oppose it. I don't think that we can say at this point, without some further work from the government, exactly what more this bill says. I have read it very carefully; I am

sure the members on this side of the House have studied it very carefully, yet I find it most difficult to get up and debate this bill, even in principle.

We have in our home a little habit — a little ceremony when anything happens, such as a birthday, or somebody gets a good examination mark — we put on a very fancy dinner, and have flowers and candles. This is sort of a tradition in our household, and before I was leaving for the legislature I was putting flowers on the table and lighting the candles, when my little girl came in and said, “Oh, what’s going on today. What are we celebrating?” I said, “This is our last supper”. She looked at me and said, “Oh who is going to be crucified?” Well, Mr. Speaker, I hope it won’t be the people of Saskatchewan that are going to be crucified during this legislative session, because it doesn’t matter too much if the government is crucified; it doesn’t matter too much if the opposition is crucified; it doesn’t even matter too much if the medical profession is hurt and even dishonoured, but it does matter very much, Mr. Speaker, that the people of Saskatchewan are not crucified for anyone’s political advantage.

It does matter, Mr. Speaker, that the people of Saskatchewan get the very best that they can afford and therefore I think that every member in this House has an obligation to those people to try and seek out from this bill, to see what it means, and to see that whatever it does embody is the best that we can give the people of Saskatchewan. This, I think, is one of the most serious things that have come up before the legislature, certainly as long as I have been here, because we’re not playing politics here, Mr. Speaker, — at least we shouldn’t be playing politics. We are touching the health of the people of Saskatchewan. Surely there is nothing more important for a government to do than to look after properly the health of the people.

I agree, and I am sure all members of this House agree with that preamble to the constitution of the World Health Organization which says, “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without suspicion of race, religion, political belief, economic or social condition.” I want only the best for our people. The question is, how are we going to achieve it?

I don’t want to take you into a long history of medical insurance, Mr. Speaker, but I do want to remind

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this House that the opposition has for years asked this government to extend health insurance; has asked this government to give more aid to people so that they can look after their health needs. Instead of that, this government has not advanced those needs, those supplies, but has curtailed them, and to me it is truly amazing that in this year, with depressed farming conditions, with certainly depressed business conditions, this government can suddenly because it is politically advantageous for the new part to do so, announce that this plan must go through, whether the medical profession is prepared to co-operated, whether the people of Saskatchewan want it. Those are minor details; they don't seem to concern this government. They are going to railroad it through whether the people of Saskatchewan want it or not.

This is the government who, two years ago, curtailed the medical care that our old people were getting, that the senior citizens of this people were entitled to. They cut that down to only 50 per cent of the cost of drugs; they took away the service of those people's physician after 14 days in the hospital. Surely, Mr. Speaker, if there is any segment of our society that needs medical insurance; that needs prepaid medical care, it is our senior citizens. It is those who are ill and suffering from things such as mental illness, tuberculosis and cancer. Surely, Mr. Speaker, we have asked over and over again that our senior citizens, especially those who have passed the means test are the people who must first be looked after, and yet this government curtailed their services, and what kind of an opinion can these people and others in Saskatchewan have, when they listen to us in this House, being pushed into putting a blank cheque (as the hon. member for Melville said) into the hands of the government, without seeking from this government answers to the questions that are worrying every person in Saskatchewan.

It is very fine to have good legislation on the books; we have much good legislation on our statute books. We have a Bill of Rights, but unless people want to commission-operate with that legislation, unless people believe in that legislation, those are simply words on paper, Mr. Speaker. They don't contribute to the happiness or welfare of one person in this province.

I say that the people of Saskatchewan are waiting today — waiting most anxiously to know what we are going to do about this election promise made not in 1960, but made by the Premier in 1944. But he was far more explicit

in 1944. He told them then where the money would come from, and it was going to come (as the hon. member from Melville said) from some of the big shots; it was going to come from the wealthy. He didn't explain to them that after 17 years there would be few wealthy in Saskatchewan. He didn't explain to them that because of this socialist type of government, industry would stay out of this province. Instead of that he promised that wheat could be made into plastics, and I don't remember all the other miraculous things that science was going to do for us, and he would supply the wherewithal to pay for all these services. These were election promises — the government was elected on those promises, and the government has failed to carry them out. So the government has now become more honest, and has said to the people, "You have to pay for the services."

The government is justifying this by saying, "All right — it's going to cost somewhere around \$25 million, but that money is today being spent by the people anyway on their health needs." This, Mr. Speaker, is exactly the thinking of the socialists, and this is exactly why the rest of us are opposing socialism, because socialists really believe that the government has an inherent right to the money and the earnings and the production of its people; and that it is up to the people then to beg the government to have a few services or to have a little slice of this money that they themselves earned and produced. Free enterprise parties on the other hands, believe, and I think the people of Saskatchewan basically believe, that we have a right to private property; we have a right to make our own decisions; we have a responsibility to make our decisions about how that money is to be spent. Certainly some of it can be spent better by government than it can be by the individual. There is simply no doubt in the minds of free enterprise parties that many public utilities should be controlled by the government. There is no doubt in my mind that education has to be supported by the government. There is not doubt in my mind, or in the minds of anyone in the opposition, that the people of Saskatchewan have to have the aid of the government, in order to prepay their medical services. The question is, how is this to be done?

Mr. Speaker, many years ago there was a very thorough health survey report made and given to this government. The representatives on this board (this committee) included a member of the Saskatchewan Association of Rural Municipalities; the Saskatchewan Federation of Labour; the College of Physicians and Surgeons,

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the Saskatchewan College of Dental Surgeons; farmers' unions; Saskatchewan Urban Municipalities Association; health regions; Health Service Planning Commission; Saskatchewan Registered Nurses' Association; and the Saskatchewan Hospital Association.

In addition to this, Health Survey Committee, 1950, there was also a sub-committee on hospitals. This committee made a report which I think should have been compulsory for each member of the government to read and understand, and dedicate some time and effort to. If the report of that committee had been followed, we today would not have found ourselves in the predicament that we are in. We would have prepaid medical services to a very large extent, and our people would not now today be worried about what is going to happen to the voluntary services they now have; to the municipal services which they now have; and for regional health services which they now have.

This produced a snicker from the hon. members on the other side when the hon. member from Melville brought it up. This is not funny, Mr. Speaker. I know numerous people who have paid for years into voluntary health schemes. They have now reached either the age or the stage of health where they would no longer be eligible to enter into these health schemes. They can only have the assurance that they will be covered if they keep on and continue as members, and paid-up members in this health scheme. What do these people do today? Do they continue to pay for this voluntary health insurance, or do they rely on this government, and say, "Well, the government is going to look after my health services because I have to pay the taxes whether I want to or not."

This is a decision that people have to make. Numerous people; not wealthy millionaires to whom it doesn't matter whether they pay \$60 or \$70 every year, but ordinary working people in the twilight years of their working days. This is a decision that people who are not in the best of health have to make, not only for themselves but for their families. What guarantee have they from this government that they will be able to carry on and to put this scheme into effect? First of all, what guarantee have any of us, Mr. Speaker, from this government that we are going to have the doctors to give us the health services that we need?

Surely this is the main ingredient. We can have nurses, hospitals, every other type of auxiliary services, but if we don't have doctors, not only in the cities, but doctors where we have them today, in the outlying districts,

the rural districts, the small towns, people simply cannot afford today, trained as we have been to rely on medical services, to live in places where we do not have access to medical care.

No one can rely, if they are living 100 or 200 miles, or 300 miles from a large city, on the services being limited to that city and having to take a child, or someone in the family to that city that distance, and then not knowing whether they would be able to see a doctor or not. Surely if this government is going to drive out the medical profession from this province, with the exception of a few maybe hundred or two or three hundred doctors which they can employ on a salary basis, surely that is no guarantee of medical assistance to people who live outside the main centres of this province. This is truly something that worries us.

Mr. Speaker, I am vitally interested, and I want to help pay for medical services for other people in this province. I want everybody to be able to get all the medical care they want, irrespective of their financial position. I am quite willing to sacrifice my own resources in order to do this. I am sure there is no one in Saskatchewan who would not contribute to such a scheme, but I want to make sure that that scheme has advantages for the people of Saskatchewan. I want to make sure that people are going to be better for it than they are today, and not in a worse position.

What about the people of my constituency, Mr. Speaker? People in my own municipality are today getting 90 per cent of their complete medical expenses paid for \$10 per head. That is all it costs them; not one cent for administration. Every cent they pay is levied on the land, and goes into the hands of the doctors to whom they go for advice, or for surgical work or for whatever they happen to need. I proposed this scheme to this government last year; I went into detail. These people in my rural municipality were able to get together to formulate a scheme that is satisfactory to every doctor that has had any contact with them. My people can go any place in this province or any other province, and know that 90 per cent of whatever the charges the doctor makes will be paid for out of our municipal scheme. Are these people going to take kindly to spending a million dollars for administration? Surely this is going to be a very mild estimate of what it will eventually cost. Are these people who today simply have to go to the municipality and hand in their bill and know that 90 per cent of that will be paid (they merely have

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to pay the other 10 per cent) — are they going to take kindly to the red tape, the antagonism of the doctors to the disadvantages that are inherent in a scheme of this kind? I am sure they will not.

It's fine for the Minister of Education to indicate that taxes will be lower. My people do not mind paying taxes if they know they are getting their money's worth, any more than they mind paying income tax, when they have incomes. I think that would have been the fairest way of assessing medical costs.

I want to put before the House, Mr. Speaker, a few aspects of the national Liberal plan of prepaid medical health insurance which I think certainly "out-humanitizes" the socialist concept, if nothing else. It certainly is a far fairer way of assessing the costs, and collecting the costs of prepaid medical than what the socialists are giving us today, because as has already been indicated by the hon. member from Melville (Mr. Gardiner) the way we are going to raise this money is going to hurt the poor far more than it is going to hurt the wealthy. It is going to hurt the people who simply cannot pay their medical costs today and will not be able to pay their medical insurance next year. It is going to hurt the already overburdened municipalities, — the national Liberal health plan does not do this.

The Liberal plan says that it is to be universally available to all residents. It covers the major areas of health costs; namely, doctor bills and drug costs. It also meets the statement of conditions set by the Canadian Medical Association, and I cannot imagine anything more important than that, because without the co-operation of the doctors we have nothing. This is easy to administer; this gives great freedom to patient, doctors and to private insurance, and it is a statement of future goals. This plan, Mr. Speaker, is merely a step to where we eventually want to get, because we know that ill health, illness, extensive surgery hurts not only the immediate pocket book, but it hurts the future earning power and in many cases entirely removes the money on which the family and patient should be relying. Of course, eventually I am sure it is the intention of the Liberal party and the other political parties that these people could have some assistance while the wage earner is suffering from illness. This is something of course, that is now to some degree looked after illegally, by the Unemployment Insurance Bill, but of course it was intended for that purpose, and the bill itself prohibits payment to anyone who was ill.



Most important — this plan, Mr. Speaker, imposes financial responsibility for medical bills according to ability to pay. There is no deterrent — I point this out to the hon. lady member from Regina (Mrs. Cooper); there is no deterrent fee under our scheme; nobody is going to be stopped from looking for whatever medical help they want or need. It covers all major health costs, and I won't go into detail, but I am sure all members will be very interested and perhaps it will bring us quite a few converts. I am sure if this were the only plan in the platforms of the political parties, this would be one that would attract most of the people. There is no reason why this government cannot pull out parts from this plan that it finds good and necessary to this particular situation that it finds itself in, without adopting all of it. This is the only part I'm going to stress, Mr. Speaker; this is the financial liability according to ability to pay. (Pardon me if I read this — I don't want to make an error in it):

“The objectives of the Liberal health plan is to ensure that to the greatest extent that is practicable, the major part of medical care is rendered according to people's needs, irrespective of financial status. For that reason most of the cost of the Liberal plan will be a charge in the community as a whole. That is, it will be paid out of general revenue.

“At the same time it is important to preserve a sense of financial ability in the individual. Those who can afford to do so should make some contribution, related to the extent to which they use the plan. The fairest practicable way of achieving this is through the existing mechanism of the income tax.

“Under the Liberal plan, the person receiving doctors' care, drugs paid for by the plan will accumulate his records of the charges at the yearend and will attach them to his income tax form. An individual whose income is too small to be taxable will pay nothing towards his medical expenses, as long as his income remains below the taxable level.

“If an individual's income is just large enough to be taxable —that is, if he pays tax at the lowest rate, presently 13 ½ per cent, on the taxable part of his income, he will pay in addition,

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13 ½ per cent of the accumulated doctor and drug charges that the plan has met on his behalf during the year.

“A richer individual who has to pay a tax-rate of say, 49 per cent on his income, would pay his present tax plus 49 per cent of his accumulative doctor and drug charges.”

Sure you couldn't find a fairer way of paying part of this cost of medical coverage. It goes further:

“Income tax is used here as a yardstick of ability to pay. It is by much the fairest general yardstick, but there will be a few exceptional cases, when because the family has needed particularly costly treatment of a severe illness, even the contribution required of it under this scheme would be too great a burden. For this reason an upper limit will be placed on the proportionate increase in the person's tax liability that can arise from the plan.”

Mr. Speaker, the Premier has in the past made a lot of the survey that was made, indicating that although the lower wage scale people lose more time due to illness, those in the upper regions of wages or income pay far more for medical care. Of course there are many explanations for this, aside from the one the Premier gave. It may be (I don't know) that there is more illness in the lower income brackets. The truth is, of course, that in the upper brackets for one thing, the manager of a business can easily take half a day off when he isn't feeling up to particularly; it doesn't show up the way it does with ordinary wages.

Secondly, we know of course that many people are far more neurotic than the ordinary person. We know that people in executive positions, and perhaps more among the wealthy than the poor, have time to look after their neuroses — they can afford to go to the doctor with every ache and pain. During the past few days, if I had gone to a doctor for every ache and pain I've got, I would have been there all the time. I simply cannot afford it, and this is what happens to us in the lower income brackets.

Of course there is another thing I don't think the Premier brought out, and this is the fact that the doctors, too, have and use the discretion under the present

system. they simply don't charge poor people the same fees that they charge the wealthy, and I am sure all of you know this is true — I know this is true. After all, they are human; they practice with people; they know people and I know that I don't charge a client who comes in and has a quarter section of land the type of fee that I charge the Prudential Trust Company. I am sure this is true in every profession — your fees are scaled to meet the financial circumstances of your patient, or your client or your customer.

This, too, is something which we realize if a plan comes into effect — it takes away the personal responsibility for payment. This the Humboldt plan does not do. In that plan as I pointed out people pick up their own medical bills. A doctor has to face his patient, give him the bill, give him the charges. They are not sent into a special agency. There is a personal relationship there that is bound to be taken away if this plan is to go into effect. Perhaps it is worth it. Perhaps in the long run it doesn't matter, but let's not think that any government could possibly implement a plan without removing some aspects of the personal relationship that now exists. This simply cannot be done.

What worries me, I think, more than anything else, Mr. Speaker, is the fact that first of all are we going to be able to guarantee these services to the people of Saskatchewan, and if so, how? The Premier indicated last year that — I don't know if I have his exact words here, that he made it very clear that he would not implement this scheme unless the medical profession was in favour of it. He also said in the debate on the Speech from the Throne last session — and I quote here:

“I notice there is a tendency in some quarters to suggest that the doctors are opposed to this plan, but that is not quite fair to them. I wish to point out to the College of Physicians and Surgeons of Saskatchewan at their annual convention in 1948, they passed a resolution which reads as follows:

“Be it resolved that the College of Physicians and Surgeons of Saskatchewan at this annual meeting go on record and instruct our council that we are in favour of a state-aided contributory health insurance on a reasonable fee-for-service basis, which shall include every resident of the

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province provided that the administration of such arrangement is put in the hands of a non-political independent commission, on which the medical profession is adequately represented by its own representatives, elected by the College of Physicians and Surgeons.”

Surely, if back in 1948 the College of Physicians and Surgeons of this province were willing to enter into some such scheme, and when your own committee came out on this health survey, and recommended an extension of medical services, surely there is little excuse for waiting this long period of time — waiting until we hit a depressed year such as we have; when we are going to face our second deficit budget, to bring in this kind of a scheme, implemented in a manner that is revolting and repulsive and with which the doctors will not co-operate.

Surely it was not necessary to antagonize the doctors. Surely it wasn't necessary to write a script in which they were the bad villains of the piece. The only reason for that, of course, was to win the election, and surely even socialists shouldn't be so desperate to win an election that they would jeopardize a scheme of this kind for purely political expediency. Yet I can see no other reason or answer to what has happened. Today the Premier can still say, in answer to a question on this side of the House, that the doctors are going to come around when they understand all the implications. Yet the Premier hasn't stood up to tell us what those implications are. Is there something hidden in this bill that will suddenly make all sweetness and light? What are these implications that are going to give you the confidence of the doctors and their co-operation? Surely we s members who have to vote on this bill are entitled to know this.

All the sentiment and all the good will, if it isn't assisted by some concrete motivation, by some concrete resolution, some plan that will bring the doctors into co-operation with this scheme, will not help the people of Saskatchewan. I, for one, am very much against taxing the people — taxing the poor people who are ill equipped right now to pay these additional taxes — to pay administration charges; a million dollars at the minimum; and perhaps not give them any real medical care.

Certainly this government has not given the opposition any assurance that the welfare of the people is going to be aided by this legislation. Up to now all we know is that the government is going to push through a

medical care insurance act; that they are going to tax us in order to pay for it; that they are going to set up a commission appointed by themselves, and this commission will decide how this legislation is going to be worked.

Mr. Speaker, when the people who sat on this commission, who studied this plan on medical care, were themselves as divided as they were; when four of them entered a separate report and another entered a dissenting minority report; surely we are in a very poor position without further information, to put this plan into effect. We are not being asked, Mr. Speaker, to put this plan into effect. We are merely asked to sit here and rubber-stamp a plan which the government has not yet decided on. The government doesn't today know — or at least they certainly have not seen fit to tell us how the doctors are going to be paid, and all the other very vital and important details of this plan. We are asking our people to jeopardize and throw away the plans that they already have; the insurance that they themselves, through co-operation with other people, have put on their lives and the lives of their children, and take the word of this government that they are going to be looked after.

Yet how did this same government look after our senior citizens? They told them, "We'll look after you. We'll pay your doctor for 14 days, but after 14 days in the hospital you're on your own. We know that you passed a means test; we know that you have no income, but you can pay 50 per cent of your own drugs, and after 14 days in the hospital you look after your doctor." Is this what you are going to do to the other people of Saskatchewan? Is this the kind of faith that we can have in you? Is this what we're being asked to vote for? Mr. Speaker, I don't know. I don't think anybody else in Saskatchewan knows, and you can understand how disquietening this is? How disquietening to pick up the newspaper to find out that various people in the provinces are worried, and for very good reasons, that the care we are supposed to be receiving today is not being given to our people.

I don't like to keep harping about the Minister of Social Welfare. I carry on a voluminous correspondence with him. If I got paid for all the letters wrote to him, my income tax would certainly soar.

The hon. minister had it pointed out to him time and time again how neglected the people in the geriatric centre in Saskatoon were, and he told us — or at least he

told the newspapers that they were going to build a new geriatric centre, and I for one was very happy. I thought those people in Saskatoon who had worked so hard on their various committees for the aged and the chronically ill should be satisfied; at least they have achieved this much for those poor people. Now, of course, I find out from some of the members of the committee that there has been no site chosen; and as a matter of fact they are going to wait until the one in Swift Current is finished.

We asked the Minister of Health as well, and they sort of volleyball this question between them. It's a good thing they are seatmates, because I don't think either one of them could catch a ball if it had to go too far.

On this matter of caring for the chronically ill and the aged — they set up a committee. This is the most committee-minded government that everyone has ever heard of. This committee has never reported, apparently, or certainly there has been no report tabled or made public. Surely, Mr. Speaker, the care of the aged and chronically ill is a vital part of this whole question of medical insurance. What are they going to do about this? They haven't decided. Oh, they love them dearly. They are going to give them tender, loving care — (and I'm quoting the minister). The mere fact that this tender, loving care is given on a hard, not medically-approved bed in a draft between two doors, in constant danger of fire, without adequate nursing care or any physiotherapy, does not both the minister at all, because he has such good loving intentions. Well, there have been divorces granted for less than that.

Mr. Speaker, we simply have not had an adequate plan put before us, and I want to point out another aspect of this inadequacy. This government made great propaganda — not only in Saskatchewan, because that is all socialist — they are not interested in one jurisdiction. They are a worldwide organization; they pride themselves on their international flavour and they have sent out propaganda all over the world, stating they have this tremendous Saskatchewan plan; the tremendous things they were going to do for the mentally ill. I know that at heart the hon. lady member of Regina is with me when I say that all the talking in the world wouldn't budge the minister into implementing this plan, because he has certainly heard enough talking, not only from the members of this legislature, but even from the psychiatrists in his own department.

The immovable attitude, the mulish attitude of this government, the desire to profit from propaganda, to gain votes for promises, and yet to do nothing concrete is illustrated by the fact that a member of his own department gave a press statement, and I quote:

“The future of a Saskatchewan plan for psychiatric care for regional community mental hospitals was discussed Thursday by Dr. Sam Lawson, of Regina, Director of Psychiatric Services, Department of Health.

“Speaking to the College of Physicians and Surgeons of Saskatchewan, Dr. Lawson likened the plan to the prophet who is not without honour, save in his own country.

“He said it had been six years now since a group of psychiatrists in the provinces had conceived the plan, now officially named the Saskatchewan plan, and still there has been no statement of approval by the government.

“During this period . . .

(and this is a direct quotation from the doctor):

“ . . . of fruitless efforts to gain acceptance by the government of the Saskatchewan plan, psychiatrists in England had studied it; it had been discussed in the United States; Nova Scotia has adopted a local compromise of many of its principles; Ontario has completed one community plan, started one other and planned two more; and Saskatchewan has built a four-land highway from Regina to Lumsden.”:

This is the way you treat your own province. You get propaganda back out of the work the doctors do, and then you haven't got the courage to go ahead and implement these things, yet you talk about humanity first. Who needs humanity and the feeling of kinship more than these people who are mentally disturbed; these people whose interests the doctors have had at heart, and all you wanted out of them were votes.

**Opposition Members:** — Hear! Hear!

**Mr. Batten:** — You can go from place to place and find the same thing. This government takes a great deal of credit for the hospitalization

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scheme in effect. It is a wonderful thing that we have prepaid hospital care.

**Hon. Mr. Walker:** — Your party opposed it before it was put into effect.

**Mr. McCarthy:** — That's a lie.

**Mrs. Batten:** — Our party did not oppose it.

**Mr. Speaker:** — Order! Order!

**Mrs. Batten:** — It's amazing, Mr. Speaker, but it is humiliating as well as amazing that a member of my profession could sit there and deliberately lie.

**Opposition Members:** — Hear! Hear!

**Mrs. Batten:** — I can understand him leaving it to his clients to do, but when he does it voluntarily, that's going a little too far.

For years since I have come into this House I heard that the Liberals voted against the hospitalization plan, and you know, Mr. Speaker, I actually began to believe it. I couldn't understand why they had; I knew that the conventions had been in favour of it, and finally the hon. member from Moosomin (Mr. McDonald) and I check the other day and found out that on both second and third readings, this legislature had voted unanimously in favour of the Hospitalization Act.

**Hon. Mr. Walker:** — You probably won't vote against this one either.

**Mr. Speaker:** — Order!

**Mrs. Batten:** — You really don't know. It doesn't really matter how we vote because these people are going to go out and tell people that we were against it, or for it, just wherever it suits them. The truth simply is not in them.

**Mr. Snedker:** — Socialist tactics! If they repeat a lie often enough, people will believe it.

**Mrs. Batten:** — Now, I have put some of the questions before this House that I for one would like to have answered, and I think maybe



this is a good time to tell a little story about the Attorney General. You know, the Attorney General has been very fond of having these economy-priced cars. He likes everybody in every department apparently to use one, no matter how many miles they have to travel. Somebody once asked him the price of his economy-priced car, and they were quite scandalized at it. They said, "That's a terribly high price — why does it cost so much?" Well, the Attorney General said, "If you want to have economy, you've got to pay for it."

This is the way the Attorney General has operated for a long time. I wasn't amazed . . .

**Hon. Mr. Nollet:** — Twenty-nine hundred bucks — that's not very much.

**Mrs. Batten:** — . . . that we have to levy Saskatchewan succession duty, because after all the Attorney General started levying it some time ago. I find now when I take things to the Land Titles Office, for instance, quite often the fees at the Land Titles charges, merely for issuing a new title, is more than what I have charged for sitting with two parties, deciding on a transaction, drawing the necessary papers, putting the cheques through and looking after the interests of the two parties.

But this, of course, is economy which you've got to pay for, if you want it, and the people of Saskatchewan have been paying ever since this government came in. Now we're really going to pay for this economy. Mr. Speaker, I don't resent one cent of money that is going to be paid for actual medical care for the needy. I resent every cent that is going to go into administration, especially when the administration in many cases is merely red tape.

I would like to take the Department of Social Welfare, and overhaul it, and I am sure it wouldn't take much administrative ability on my part to do so. Give the people, the social welfare inspectors, some authority instead of tying up every action they are able to take with red tape. You would have services to the people without the administration costs that are simply killing all effort in every deterrent in this province.

**Opposition Members:** — Hear! Hear!

**Mrs. Batten:** — I hope, Mr. Speaker, that I have made some small contribution to this debate. I hope I have raised some questions that

are in the minds of the people of Saskatchewan, and I trust that someone on the other side who is in a position to answer these questions, can get up and give the legislature the answers to the questions that are bothering every person in Saskatchewan. I hope we can do so without throwing up to us lack of courage. We have courage, Mr. Speaker, or else we would not even have to enter into this debate. This bill is the responsibility of the government. We can sit back and let the government go ahead and get itself out of the mess that it has got the people of Saskatchewan into. We know the people of Saskatchewan are today shocked and scandalized at the increased taxes; we know the people of Saskatchewan are today shocked and scandalized at the attitude of the doctors and the attitude that has been precipitated by the actions of this government. Surely a man who is versed in diplomacy, who aspires to the highest post in Canada, is able to look after the few doctors in Saskatchewan that he says are adverse to the plan. Surely with all that wit and ability that he has at his disposal, Mr. Speaker, he would be able to convince them that this was in their interest, and in the interest of their patients. Yes, I was amazed; I surely thought the Premier would assume the portfolio and take over the administration of Public Health in order to bring in this act, and implement it. Instead of course, last year he took on the Liquor Board. It seemed a strange choice. Surely in this important day, when this question is in the minds of all the people of Saskatchewan, The Premier will see fit to answer some of our questions, and make available the plans that he has — his final bequest to the people of Saskatchewan, as he leaves this province.

**Mr. Eldon A. Johnson (Kerrobot-Kindersley):** — Mr. Speaker, I have listened with a good deal of interest to the address of the member from Humboldt (Mrs. Batten). I always appreciate the member's addresses, and I have a great admiration for the ability of the member from Humboldt. I find that I can agree with her on a good many things, and I had hoped from her address to find a good deal more that I could agree with. I find a good deal of rather special optimism. I think that a plan that would have a minimum of administration costs would certainly be desirable, just as in the same way it would be desirable to have an automobile to run without fuel. But it is nevertheless desirable to have economy in these things, and it doesn't mean in any respect that because the plan would be put in it would be unnecessarily burdensome in administration costs.

I was pleased that the member mentioned her local medical plan and I wish she had spent more time on it. Perhaps she has said all that needs to be said in that respect. I myself would like to dwell briefly with the medical plan that is in existence in the vicinity of Kindersley, and may I draw to the attention of the House that this plan was instituted in the year of 1929. That was not one of these affluent years; as a matter of fact there is very considerable difficulty in the community and may I say there are two main reasons for initiating this plan. One of these was for the basic purpose of maintaining a doctor in that area. The doctors were having great difficulty with collections, and in order to ensure themselves of the services of a doctor, it was the decision of the people of the R.M. of Kindersley to initiate the municipal doctor plan.

This plan also had the benefit of providing quite a low cost service. At that time the benefit of providing quite a low cost service. At that time the cost was on a per capita basis of \$6, and a doctor was paid on that basis. I am not going to weary the House with too many of the details of this plan, except to say that it is still in existence in that area; and that it is providing low cost medical care. The present agreement with the Kindersley clinic is, I am told, on the capitation basis of \$11 per person, which is quite modest. This is collected in various ways. There is no uniformity throughout the area, but the means of collection is the R.M. of Kindersley charges \$14 for a single person; \$28 for a couple and \$34 for a family. This cost is modest and the people who find difficulty in paying it are very few. In fact, may I add that the municipality is very pleased to have the opportunity to purchase for people who may be indigent, a medical card as they call it, and thus they assure themselves that they will not have any overwhelming bill, which is possible.

The town method is somewhat different, and they now charge \$22 per person; \$34 per couple; a couple and one dependent, \$41 and a maximum family rate of \$48. May I again add that this is not regarded as burdensome by the people of the community. Collections are not particularly difficult, and here again the municipality is pleased to have the opportunity to buy this sort of insurance for people who may be indigent.

Regarding the quality of service may I say that my family and I have lived in Saskatoon for considerable periods of time, and my wife says there is no comparison between the quality of service we get under our municipal doctor plan and that which we obtained under a private practitioner

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in Saskatoon. That may just be good or bad, but whichever way a person may wish to look at it. I think this attitude is quite general.

Regarding the type of people we have been able to obtain, may I say that one of our doctors has been there since 19432, and this does not indicate to me that he finds this scheme unsatisfactory. I should add, however, that even though most of the surrounding areas have joined a municipal plan as such, there is still considerable private practice. Nevertheless, the major part of the service is provided under municipal schemes.

I have indicated that the general feeling is one of satisfaction. However, I should also indicate there are limitations, as all people here will be aware of. The limitation of areas — the area of the scheme had not until recently, covered referrals. However, in the last two years, the R.M. of Kindersley and the town of Kindersley have also under different methods, set up a fund which would cover certain surgical referrals. This is by no means complete but it does go a long way towards making up for one of the inherent deficiencies of a municipal plan. There again, is a step in the right direction.

I should add that the levy that I indicated was paid by town people includes \$2 per person for this referral fund. The R.M. of Kindersley pays 75 per cent of referrals. However, one of the disadvantages, or limitations I should say of the municipal plan is becoming increasingly apparent. This is due to the increased mobility of people. The municipal plan is quite well adapted to an agricultural community where people are stable. However, the R.M. of Kindersley now has a good many employees of oil companies, Saskatchewan Power Corporation, telephones, and so on. Many of these people have come to Kindersley and have been covered under Group Medical Services Inc. Medical Co-op., and so on. This provides a problem, because these people who come to Kindersley have preferred this type of insurance. Some of them have the insurance as a fringe benefit, taken out with their employment company. They do not wish to relinquish it, because if they should, then they have a waiting period in which they fear they may have some illness, which they will wish to guard against costly catastrophic expense; therefore they wish to maintain coverage, no matter where they should go, and yet these people find themselves obliged by a municipal act, pertaining to doctor plans, that they shall pay to the scheme.

This seems rather difficult, and this is certainly a dilemma that the province is in, if we are going to tolerate a number of different schemes. As I see it, it is very difficult to integrate and interlock a multitude of different schemes. We certainly have this problem in Kindersley, and as all members will recognize, it has caused considerable hard feelings. Naturally no person enjoys paying for the same service twice. I would say the salt is rubbed in the wound because when people who are covered under M.S.I., and receive treatment, they have already contributed due to their residence in this area — they have contributed to M.S.I., and the doctor has received payment under the municipal scheme for them by virtue of the patient's existence in that area, and the doctors again are paid by the Medical Services scheme. This is one of the conflicts that arise in a situation such as this.

My own view is that some compromise might have been possible. However, I do believe that a municipal scheme has priority; it certainly has, in our case, chronological priority and in my own view, social priority. Yet the medical insurance schemes have not apparently taken any recognition whatsoever of the existence of municipal plans, unless there has been something relatively recent on that matter.

These are some of the difficulties that we find arising. I should also add regarding a matter that may be controversial — that of utilization fee. The municipal plan has operated until the last two years without a so-called utilization fee, and in recent circumstances in the town of Kindersley part of their decision was in an effort to raise more revenue, so that they would not exceed the \$50 as stipulated by the act as being the family maximum.

I myself don't feel strongly about this one way or the other; as a basis of principle I think it should not be — but as I say I personally don't feel too strongly about that particular matter.

Some reference has been made to the difficulty in instituting a plan when times are difficult. Our experience has certainly been that the more difficult times, the more desirable it is to have a comprehensive plan which will take into consideration the medical needs of all people. I would like to draw the attention of the House to a book in the library — "Social Security Programs Throughout the World, 1958". This is by the U.S. Department of Health, Education and Welfare. This contains, among

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many other things, outlines of health schemes throughout the world. I would like to draw the attention of members to one little Scandinavian country which we recognize as far from being wealthy — the country of Iceland, now an independent nation, which has an area of less than 40,000 square miles. Six-sevenths of the area is not arable; the income of the nation is mainly derived from fishing and pastoral activities of various types.

May I draw your attention to the scheme which they have instituted as of 1956. The coverage indicates here all residents are required to become members of a sick club — that is the coverage. The source of funds is from the insured persons, and subsidized by the government. There are sickness benefits, and the sickness coverage is, as it is here, general and specialized service, hospitalisation, full cost of vital medicines, and 50 per cent to 75 per cent of the cost of other essential medicines. It says that services are provided by doctors under control of sick clubs.

This scheme also provides maternity cash benefits, and under certain circumstances, actual cash benefits. This scheme is administered by the Minister of Social Affairs, which provides general supervision and the sick clubs, in which membership is compulsory, administered under supervision of district clubs, and state security institution.

Here is a little country — very far from wealthy and yet according to this, providing a high degree of medical care. I thought the House would be interested in this little Scandinavian country which we don't hear very much about.

This matter of payment is, of course, important. I find some disagreement with the member from Melville (Mr. Gardiner). He is, of course, pretending to take the viewpoint of a farmer who apparently buys a new car or a new truck practically every year. Mr. Speaker, I myself am a farmer, and as far as buying trucks and so on are concerned, I make a truck do ten years, and my automobile I turn it over at a somewhat shorter interval of time. Certainly I don't find this too burdensome, and if I did I would have no difficulty in buying a good quality second-hand vehicle. His argument there is entirely without base, and it is one of the things he wishes to drag up, trying to pretend that the proposal by the Provincial Treasurer was not satisfactory. But as a farmer, of course, I expect to pay taxes, but I certainly can manage my affairs so as to keep any expenditures within reason.

Something has also been made by the member from Humboldt (Mrs. Batten) and of course we all know that in many circumstances, the doctors have been very generous. Very often we hear of doctors who have failed to bill their patients — that is, they have deliberately not billed the patients, and especially those who they suspect may be in difficult circumstances. However, that is a question — how competent is a doctor to be an assessor and a tax collector? I think to provide those services along with being a medical practitioner, it is putting the doctor in a rather invidious position. If I should go in with an old suit of clothes to see the doctor, does he assume that I am impecunious, or vice versa? How is the doctor equipped to be an assessor, and if he is going to be a tax collector, why shouldn't I pay a tax as well as other people?

I believe the proposals put down by the Provincial Treasurer are very progressive to a very high degree. Certainly the income tax levy is of a progressive nature, and the sales tax act is generally of a progressive nature. The per capita or family fee is modest.

Mr. Speaker, I don't intend to prolong this. I believe that it is within the capabilities of this legislature to provide a workable scheme which will provide improved satisfaction for the people of this province, and certainly I am devoting myself in that direction. The fine sentiments of members opposite is often obscured by the scraping sound of dragging of feet, when it comes to medical care programs. Mr. Speaker, I'm not dragging my feet on this issue. I am very much for it, and as a matter of fact, this is the way that most of my constituents feel, and practically everyone I have met on the street has asked medical this question: "When will your medical plan be going into operation?" They have expressed an interest in it as a community as a whole that already has better-than-average medical care. Of course we pay for it, Mr. Speaker, and we are pleased to.

May I say there is something that I urge all of us — that is the consideration for remoter areas. The member for Humboldt (Mrs. Batten) mentioned this, and I certainly hope that we can devise a plan that can give better medical services to areas which are remote from centres. The tendency of all services is to congregate themselves in the larger communities; often to the disadvantage of those communities that are more remote. I have some remote communities in my constituency, and I hope that we can give them better medical care than they are now getting. Mr. Speaker, I shall support the motion.

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**Mr. Allan R. Guy (Athabasca):** — Mr. Speaker, first of all I would like to say that I find it extremely difficult to see how a man can stand up in his seat and praise a scheme that has been in effect for many years; admit that it is a very efficient scheme; admit that it has chronological and social priority; admit that the government has not given any consideration to absorbing these schemes, or taking care of these schemes in their plan, and yet before he sits down he says he will sabotage his community plan, and support this government plan which at present has no one to provide any services.

It is obvious that the members opposite do have some very definite feelings against the passing of this bill. Their silence, I suppose, must be the result either from ignorance or from a guilty conscience. Surely they must have some responsibility to their constituencies when they sit in those benches opposite, and the utmost should be done by them to see that the people of this province receive a medical care plan that will not tax them unduly; that will provide them with the services they need, and everything else in the way of proper care.

This plan will not come from the silence of those people opposite. It will not come from those that are continually crying that the opposition are opposed to such a medical care plan. I can tell you that it will go down on the record of this House, that the opposition, in a wise and logical way, did all they could to secure a plan that would be agreeable to all the people of this province, while the cabinet ministers and the backbenchers were willing to sacrifice the health of every person on this province for furthering a political career for their leader.

To my mind we are sitting in these chambers at this time, charged with a responsibility of dealing with the most important piece of legislation which has come into this House in the 18 years we have had this government in this province.

It should be a piece of legislation that this House — that all members of the House can vote for unanimously. It should have been one that the people of Saskatchewan would rejoice in. Instead, we are being forced to deal with a piece of diabolic legislation which may well tear the province from one end to the other. This has all been wrought by a government because of its bureaucratic dictatorship and lack of common sense.



This is not the first time, Mr. Speaker, that such an event has occurred and that such a situation such as this has developed. Last year you will recall we had a similar situation, when the government was prepared to force a plan of municipal reorganization against the wishes of the rural municipalities, who were to provide the services, and the general public who were to receive them. Now they are trying to force a medical care program through this legislature against the wishes of those who much necessarily provide the service, and a public who are not sure they want such a plan at this time. This government's record is a continual one of broken promises, and back-to-front reasoning. Before the election the Premier (not in his seat, as usual) admitted publicly and stated publicly that no plan would be considered unless it was agreeable to those providing the services, and those who were receiving them. Now we are being asked to consider a plan for which at present there is no one to provide the services, and a considerable doubt by those who are to receive them, as to whether they can afford it at this time.

My biggest objection to being asked to consider a medical care plan at this time is that medical care is, and should be considered as only a portion of a much wider field. It is obvious from the Order-in-Council and the terms of reference, which set up the advisory medical care committee, that the government was desirous of a study, not only of a medical care plan for the residents of Saskatchewan, but they were concerned with all aspects of health services. The fact that no deadline was placed on the issuing of interim or final reports, shows to my mind at least, that they were prepared at that time to give the committee the time to complete such a comprehensive and exhaustive report.

The fact that the terms of reference read as follows:

“The committee may make interim reports to the Minister of Public Health, and at the conclusion of its deliberations, shall make a final report, is further proof of this desire.”

I would have thought more highly of the committee if they had resisted the persistent urging of the government for an interim report, and held out until they are in a position to make a final report based on all the facts. The fact that this interim report emphasizes the need for concertive action in all fields of health services, and their stated regret that they did not have sufficient time to compile and complete their report, would have justified their refusal to concur in the presentation of an interim report at this time.

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How much easier it would have been to study intelligently a final report, that included all fields of health care in this province. The committee knows, the doctors know, the government knows, the opposition knows, and the public knows that there are many gaps in the existing service, and that they must all be considered in relation to each other, as well as to the whole field of health care. I am sure when the final report is received, that all concerned will view a medical care plan in a very different light than they do today.

I am not afraid to suggest to the government opposite that their act of setting up a medical care plan by lifting it out of its complete setting, will mean that instead of this province going forward with a streamlined plan, based on the actual needs of the people in regard to all services, and in perfect perspective, that we will be left with nothing more than a patch-work quilt of health services. It is quite possible that their medical care program will prove so costly that the province will be in no position to consider improving any other fields of health care, including dental, optometric, mental or other services, with the result that these services which are behind now, will fall even further behind.

To medical, being the pioneer or leader, laying the groundwork securely and firmly in all fields of medical care would be a much greater accomplishment than being first in one only and that for political convenience.

I'm not sure medical care is the only field where people may need help with their bills. I know many families, where dental costs, optometric costs, pharmaceutical costs, are a much greater burden than medical care. Some help in these fields, rather than putting all their eggs in one basket, might be more advisable, but of course this is impossible to determine until the full and final report of the committee is received.

So I cannot help but ask, why the rush? The answers given have a phoney ring to me. The reply that during a bad year people need more protection may be true, but in this case when the committee was told to have an interim report ready for this fall, there was no sign of a crop failure, so that doesn't hold water. The reply that it is a person's right to have medical care is perhaps also true; but if it is true today it was also true 18 years ago, and nothing has been done until now.

Even the answer that it was an election promise that must be kept, doesn't seem to me to be the answer, for I can recall many promises from the socialists on the other side that have never been carried out.

**Opposition Members:** — Hear! Hear!

**Mr. Guy:** — I am sure that all people in Saskatchewan are interested in a medical care plan. I am sure also that there are many who are well satisfied with what they now have, whether it is medical services, group medical, members of the Swift Current health region, Kindersley plan, or any other municipal plan in effect. As far as my area is concerned, and we are perhaps different than most areas in this province. We have three distinct groups that must be cared for — our treaty Indians, our Metis population, and our white population. At the present time our white population — a good percentage of them are covered by private plans. Our treaty Indians are covered by the federal government, although I hope arrangements will be made and carried out as promised by the Premier, to take the treaty Indians into this plan, should it pass. It is the Metis who are definitely in need of a health plan at this time. Their income in most cases is so low that they cannot pay doctor bills, and with this they become the responsibility of the village council, or the Northern Administrative Region. However, Mr. Speaker, before any plan will be of any benefit to them, the services must be available for them to receive, or for them to go to. I cannot see that by merely passing a medical care bill in this House, it is going to provide any extra service for this people. We need more doctors and nurses in the north; we need more hospitals; we need the services of dentists, optometrists, psychiatrists, pharmacists and so on, and unless we can get these services, this plan is going to be very empty to them.

The method of paying, regardless of what the Provincial Treasurer says, is not an equitable one for these people. It is true they will contribute little through income tax. However, the two per cent increase in sales tax on their clothing, fishing and trapping supplies will cost them very dearly. The \$24 per head tax per family will hit them as hard as it would a millionaire. It is the cost of transportation by air or bus, and board and room while in the city, or towns; the costs of their drugs — those are the big costs of medical care for these people. The increased charge for air ambulance services that was levied by this government not so very long ago, did not help

them one little bit. So, although they may well approve at this time of a medical care plan, the facts are, Mr. Speaker, that they will likely pay much more for no greater increase in service.

This, of course, is only one area, but I am sure there are other areas in the province which have similar or other circumstances, which would make the consideration of this bill at the present time ill advisable. Again I say I cannot understand how members across the way can carry out their responsibilities to their constituencies, by standing up like sheep and reciting one after the other, "I like this plan". Rather, they should be joining with members of the opposition in trying to point out that there are glaring weaknesses — believe me, there are many — in this act which is placed before us at this time.

It is very difficult to see how a government across the way can be so bold as to place a document like this in front of this assembly, because it is obvious this was drawn up many months ago. The report of the advisory planning committee had little to do with the drawing up of this bill; they have ignored the committee almost completely — particularly for their request for more time. They have ignored the medical profession, who must provide the services and who because they saw the need of a low-cost medical care plan long before this government did, started M.S.I. — their own non-profit plan, and as I say, this plan was one which was started from the real needs of this province, rather than for political expediency.

They ignored the Swift Current Health Region and other areas and other plans which are providing good services, and finally, they ignored the general public — the beneficiaries of the plan, by refusing them a plebiscite on the matter. With one stroke of a printing press they have wiped out the contributions, the hard work and services of the many persons responsible for the work already done in the field of medical care. In its place they are trying to force through this legislature a bill whose only principles are regimentation and compulsion.

Before closing I would like to make reference to this question of a plebiscite. We have heard emanating from the other side of the House such statements as: "We are the elected representatives of the people; we are not going to abrogate our powers to the doctors; we have the responsibility to speak for the people of the province." I would like to remind the people opposite, Mr. Speaker, that this is quite a different tune that we heard a few years ago when the time question was up for discussion. At that time

they did all in their power to abrogate power; they did all in their power to resolve themselves of their responsibility, and to throw the whole discussion in the laps of the voting public. This, when it wouldn't cost the citizens of Saskatchewan one plug nickel whether they voted for or against. The only cost that might have been involved at that time would have been the purchase of an alarm clock! Now, when \$20 million is involved, the government opposite says it is none of the public's business, and they are quite capable of fashioning their figures.

**Opposition Members:** — Hear! Hear!

**Mr. Guy:** — So, Mr. Speaker, I have very grave doubts as to the advisability of supporting this particular bill. There are so many things involved; there is such a lack of advice or information from the other side, and before the hon. Minister of Social Welfare has the opportunity to ask me whether I am going to support this bill or not, I will say, Mr. Speaker, — well, it's close enough to 12:30, so I will call it 12:30 — I will save it until I come back after lunch.

### STATEMENT RE RUSSIAN 50-MEGATON BOMB

**Premier Douglas:** — Mr. Speaker, may I make a brief statement just before we break up. The news has just come over the air that the Soviet Union has exploded the 50-megaton bomb, which I am sure will cause a chill in the hearts of the people all over the world — not only because of this demonstration of power which threatens the future of peace, but also because of the health hazards which are involved.

I am told that the Voice of Women of Canada are making at the present time, representations to the Soviet Embassy in Ottawa for permission to have a delegation of Canadian women sent to see Mr. Khrushchev. They have already permission to have a delegation sent to see President Kennedy. If permission is granted, I understand it is the intention of the Voice of Women to have a delegation in Moscow by this weekend. I raise the matter simply for the purpose of saying that I am sure I am speaking for all members of this House, in saying that if the Voice of Women and their representatives are permitted to visit President Kennedy and Premier Khrushchev, that I am sure they will take with them the good wishes and the prayers of all the members of this legislature.

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The Assembly recessed at 12:30 o'clock p.m.

The Assembly resumed at 2:30 o'clock p.m.

**Mr. Allan R. Guy (Athabasca):** When 12:30 was called I left the members on the other side of the House in suspense as to whether I was going to support this motion. I wish to apologize to them if this suspense did interfere with the enjoyment of their dinner.

In view of my belief that before the vote is taken on this motion that members from the other side of this House will show courage and avail themselves the opportunity to speak to this bill, to provide us with some of the information which is lacking in the bill, to assure us that other health services will not suffer as a result of the passing of this bill, and they are prepared to tell us who is going to provide the services that are being promised in this bill, therefore, I shall reserve my right to wait until the motion is called before making a final decision.

**Mr. A.T. Stone (Saskatoon City):** Mr. Speaker, it is a pleasure for me to have an opportunity to say a few words in support of this very important bill. I am very proud to be a member of a government that has brought in so many important measures for the enrichment of the people of this province, and especially in the field of health. I don't think anybody will deny that the security which was given to our old age pensioners, mothers on allowance, and related groups when they were given free medical, hospital and nursing care. I don't think anybody will deny the relief to those suffering from mental sickness, cancer, polio when they were relieved of the financial burden of those long and protracted illnesses.

My experience has been that nothing appeals to the people more than matters affecting their health, and we find large groups of people attracted to other phases of medicine such as mental hygiene and the heart foundation, cancer research, muscular dystrophy and crippled children and so on. It is more than emotional appeal, Mr. Speaker, they are sincere, and they often do a lot of their own initiative to forward these particular ventures that they enter into. I am sure that nobody will disagree with me when I say that

no other measure has received more enthusiasm and support from all sections of society than has our hospitalization plan. I can always remember going back a few years, when this province and possibly Alberta were the only two that had ventured into the hospitalisation plan. I was invited to a group of the elite in Saskatoon, once in a while they do invite me in a sort of patronizing way to mix with them, and I was speaking with a small group and along came an elderly lady. The other members of the group knew her quite well and asked her how she was getting along. "Oh," she said, "I'm getting along fine. I'm having a wonderful time, I'm working for the Conservative party." And she said, "You know George (I imagine that was her late husband) was a strong Liberal, but my side of the family were all Conservative." And the conversation went on and finally somebody asked her what her plans were for the future — was she going back home? I think her home was in the Maritimes. She said, "Oh dear no, what would happen to me if I had to go to the hospital." The ironic part of course was, she had shown her appreciation to this government by working her head off for the Conservative party.

A little while after the last election, I was walking along the streets of Saskatoon, and a lawyer there caught up with me and walked for two or three blocks, unsolicited he was carrying on a verbal blast against the doctors of this province. "Who do they think they are" he said, "We need this medical care plan and I hope that you fellows down there will get busy and put it in as soon as possible." I don't know what this particular man's political affiliations are, but I do know that during the hungry thirties he was a very prominent Liberal. He made a violent attack on the Liberal government for their handling of the relief situation and he was taken by the ear and regulated to a position where his mouth was sealed. I say these things, Mr. Speaker, because I hear from the opposition one or two members at least say, they never heard any request or demand for a medical health program. It seems to me that I hear it quite often. People have asked me and sometimes I am a little embarrassed when they ask me when this government is going to bring in this medical care bed the experience of the hospitalization plan has been so wonderful that they feel sure that a medical care plan can bring equally as good results.

**Mr. Foley:** — Mr. Speaker, on a point of order. I didn't just get, sir, who you were quoting. Would you mind repeating the author of that quotation?

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**Mr. Speaker:** — I don't think he was quoting anyone. He was referring to conversations that he had held with different people.

**Mr. Foley:** — He suggested, to me, that he was repeating a conversation of a supporter of the Liberal party, one of the speakers in the House, I understood.

**Mr. Speaker:** — I don't think he was referring to any speeches that were made in the House.

**Mr. Stone:** — It was just a conversation that I had on a street in Saskatoon. I mentioned that I didn't know this gentlemen's political affiliation.

I was impressed, Mr. Speaker, with the concern of the member for Maple Creek (Mr. Cameron) and the member for Humboldt (Mrs. Batten) in their concern for their people with their apparently well-worked medical care program that they have. It impresses me that the people of this province are interested and do want a medical care program. I can quite understand why some of the Liberal M.L.A.'s suggest . . .

**Mr. Speaker:** — Order! I might point out that the reference you may be making to the hon. member from Maple Creek was not in this debate. You may be referring to remarks by the hon. member for Humboldt, but reference to remarks made in the other debate are not quite in order here.

**Mr. Stone:** — Thank you, Mr. Speaker, I didn't intend to use any contents of the speeches.

I can understand why people will not approach some of the Liberal members because it is hardly worthwhile, and it would be futile as they wouldn't expect them to do anything anyway.

Mr. Speaker, the principle of the bill, definitely is one that we as the members of this House should support the proposal of the government to bring in a government sponsored prepaid medical care program. I think . . .

**Mr. MacDougall:** — What kind of plan? Free? Who are you kidding?



**Mr. Stone:** — I think, Mr. Speaker, either there is something wrong with their hearing aid or the member should get a hearing aid of their own.

I think, Mr. Speaker, the committee studied the various plans put forward for them and gave a very exhaustive explanation of the various plans in the report, and it should be easy to follow by all the members if they read these reports. I read the minority report several times to try and get the argument for suggesting the plan that they do. And I could only find one argument that they suggest, and that is that under a government-sponsored plan the tendency would be for mediocre medical care. But they do not back that statement up with any proof, in spite of the fact that I think most of the members had the opportunity to travel pretty well the world over to get first hand experience about various schemes in different parts of the world. If their experience was that where there was a government sponsored plan, that medicine suffered because of it, I think they should have at least backed up their argument in their report.

I happened, last year, to pay a visit to the British Isles, and I can't recall any experience or hearing anyone say that the calibre of medicine had deteriorated in any way, shape or form, in fact I think they would be quite concerned and I think the medical profession over there would be quite concerned, if anyone suggested that that is the case.

One thing that stood out very prominently to me, and I am sure, Mr. Speaker, in your short stay over there, that it must have been obvious to you, was the wonderful standard of the babies, the bright wonderful looking babies that they have. My wife and my daughter both commented on this particular fact. Everywhere we went, you have never seen such a wonderful lot of babies as they have in the old country. I think, Mr. Speaker, we'd be well advised in this country to copy some of the programs that they have in the British Isles. They pay more attention to the young infants and that would possibly minimize the suffering that does take place in the later years.

I want to say one thing, if for no other reason at all and there are many reasons, but if for no other reason because of its prenatal and mother's care and its care of infants in the old country — this plan alone has proved its value.

I think the advisory planning committee made a study of the plan submitted by the minority report, and I read it three or four times because it did look quite nice, at least the way it was put in the press, a plan which would only cost the government, I believe, they suggest \$3,600,000. But the committee suggests that of course there was no assurance that this would be universal; there was no assurance that everybody although they might have the financial means would take out insurance, and then there were difficulties of course of subsidizing the plan, where do you begin. A means test of course is necessary, and undoubtedly today we have workers with low incomes who belong to group insurance plans, shared of course by the employers and possibly they would see others in the higher income brackets who are being subsidized by the government, and they would be justified too in expecting to be helped by subsidization from the government. There are many pitfalls in the scheme, and for that reason the committee could not go along with the plan.

They also studied the regional plan idea, which I believe has been mentioned here. Here again they could not favour such a plan because there would be a variety of medical care programs throughout the province, according to the economic standard of the region. There would be difficulties of course of complicated equalization grants to different regions. They also suggest that there are regions in the province where possibly the people are not ready to take on a plan of this kind. There are also difficulties of course with people moving around the province from one region to another, having paid their premium in one region and expecting benefits from another region. For these discrepancies the committee did not go along with the regional plan idea.

So, Mr. Speaker, I believe, that they did come up with the best possible solution to bring about a universal comprehensive prepaid medical care program.

I want to just touch on one or two of the sections of the bill as the minister has opened it up. I might say that I am opposed to the setting up of a commission, not because I wish to hide behind any political screen. That is the silliest idea that I think has ever been advanced in this House. Certainly we, as a government, will have to take the responsibility and I am sure that the opposition will see to it that we accept that responsibility. But, I am opposed to the set-up of a commission. I have to be frank. I think I realize what is in the mind of the minister

when he suggested that medical doctors on that commission could make a wonderful contribution to such a plan, if they were sincere. But actually I haven't confidence that, up to now at least, that any doctors on the commission would make such a contribution. I have fears that they would sabotage such a plan.

I want to say although I favour salary payments to doctors and I think the arguments are in favour of it, especially as I feel a fee for service basis tends towards quantity rather than quality, and that is especially true in surgery. But although I favour salary payment, I realize it is impractical to bring it in at this particular time. I say that because knowing human beings as I do, in all modes of employment you have one individual who is sincere and wants to give a good day's work, and will possibly earn more than he is being paid; while there are others that will just drag along and pick up their cheque on payday. I wouldn't know how a medical man could be disciplined. I don't know what measure you could establish. It is not good enough to say that doctors who turn a number of patients a day out of their office are the ones who are doing the most work, because some patients of course — their mental attitude has to be appealed to and has to be changed and the doctor does have to spend a lot of time with some patients to try and change the mental attitude of the patient. Where some doctors would merely scribble out a prescription for some wonder drugs and get rid of them. I think, Mr. Speaker, that salary payment is impractical at this time, and this is something to my mind that has to be left for negotiation and it might be part salary, part fee-for-services, some utilization fee and so on. This is a matter that I do believe has to be left to negotiations.

I want to say right now that I am unalterably opposed to deterrent charges. I definitely see no place for a deterrent charge in a comprehensive medical care program. I think this puts the onus on the individual to decide for him or herself whether they need medical care. It was realized in our hospitalization plan that the people who have abused the plan have not been many. In fact the last Minister of Health, I think told us in the House, that it was so small that it didn't warrant the inclusion of a deterrent charge. I think that will be true in a medical care program. I think there will be a very small percentage indeed, and we are going to penalize the great majority just for a few! Now we always will have people who have a phobia for calling the doctor up on the pretence of any paid or ache, and any deterrent charges we might put on still won't stop those people from doing as they have done in

the past. I think the deterrent charges, are one thing that should have been put in the act. I believe that we as members in this legislature should take the responsibility of saying whether we want this deterrent charge or we don't want one, and if we have to have one, just what that deterrent charge should be. I say that because it means a great deal in our spending on this medical care program, and I think we should accept the responsibility.

I might say that I'm not too happy with section 31, but I think I can leave this until it gets into committee, and voice my opposition to that section at that time.

I might say, Mr. Speaker, one can almost see the glee of delight on the opposition at the stand the doctors took last week. To me, Mr. Speaker, this is a very serious matter. I still believe in the democratic rights of parliament. I say it is a serious matter when a small section of society can flaunt constituted authority. Governments do a lot of things that I don't like, but I don't rebel against them. I do try to defeat them when the opportunity arises, and the doctors definitely did try to defeat this government. They used everything in the books and a lot of things that weren't in the books and I can't believe that the great majority of doctors are serious about what we read in the paper last week.

A lot has been said about the timing of bringing this plan in. Well I think everybody knows, and we told the people in the last election that we would institute the medical care program. I can just see the Leader of the Opposition, waiting for the next election, if we don't bring in such a plan, how he would go to town talking about the socialist government and our promises. I think that about outlines my reasons, and I will be proud to support this bill.

**Mrs. Gladys Strum (Saskatoon City):** — Mr. Speaker, there have been some points in this debate that have not been covered and some arguments that I believe must be met. Before I discuss this bill I wish to express my appreciation of the value of this legislature, not only to our own province, but as a pacesetter for the rest of Canada. This piece of legislation is a fitting companion-piece to the hospital services act, introduced in this House, by this government, and passed some years ago. The government is to be commended for inviting

representation from so many interested groups and responsible bodies. Surely the time and trouble taken by the commission to hear the considered opinions and the evidence from so many responsible bodies in Saskatchewan, and the investigations of the medical care plans of other countries as carried out by the members of the commission, surely this is to be highly commended.

There is some additional evidence that I wish to place on the record to substantiate the validity of our assertions on this side of the House that this is a good bill. That it is the best bill, the cheapest bill and gives the best coverage possible under the circumstances. I want to commend to your attention this publication, it is 'Look' of April 11, and I remember reading it at the time and I looked it up again today, and I thought there was some very valuable evidence in this because if it comes from the United States, from people who have nothing to do with us, from people who are in the field — in the business of buying and paying for and administering and seeking out the best possible plans for medical health care. This is called 'The Battle for your Health Dollar' and it is by Roland H. Berg, the medical editor of 'Look.' It starts off:

“Prepaid medical care is here to stay. The question now is, who will get your health insurance dollar? The blue cross — blue shield, the commercial insurance companies, or the federal government and what does each offer in return? The current debate over medical care for the aged will be long and bitter because it affects not only those over 65. The decision congress reaches may determine whether medical care for everyone will be tied to social security. That is the real issue.”

And I submit, Mr. Speaker, that that is the real issue before the House. How shall we pay for and how shall we meet the medical needs of our people. This is a very exhaustive report and it brings to light some evidence that I hadn't seen anywhere else. It compares these different schemes. The Blue Cross, which is something like our medical services, a non-profit organization only it services hospitals; and commercial private insurance companies who are in it on a purely actuarial basis. Summing up, it points this out that in spite of all the sums paid out they find that a great deal has been left uninsured and a great many costs had to be made good by the people who thought they were

insured under these various plans. They found out that in this age group of 65 and over, only 35 per cent had health insurance, while 75 per cent under 65 were insured in various medical plans. That is those people were dropped, or were unable to buy insurance when they reached the age of 65 years. Only 35 per cent still had health insurance at that age. In ten years the numbers under the voluntary plan had grown. These had become very popular. In the ten-year survey, at the beginning there were 76 million, at the end 128 million were enrolled in these plans. It had almost doubled in ten years. But they found out that although 72 per cent of all Americans have health insurance, these policies paid only 24 per cent of the medical bills. The total bill for medical care of Americans in 1959 (these are billions not millions) was \$18.3 billion. I wish you would put these figures down, I was staggered by them. \$18.3 billion but the benefits paid out were only \$4.4 billion. The money paid privately in addition to the \$4.4 billion paid out by the plan, totalled \$13.9 billion. Although 7 out of 10 were insured these 7 plus the 3 uninsured paid the medical bills indicated \$13.9 billion — privately paid, \$4.4 billion paid by the plan, although 72 per cent thought they were insured. These are some of the reasons why we can't afford to go on with private plans.

Now there were some very interesting conclusions that these people came to, and I think that we should pay some attention to what they have found in investigating their own plans, in a place where they have nothing to do with politics, and where they are not introducing legislation. It further points out that the plight of the doctor in private practice puts him in a very unenviable situation.

This morning the hon. member for Humboldt (Mrs. Batten) pointed out that doctors out of the kindness of their hearts often did not send bills. That is true. But I don't think that is a good position for a doctor to be in. This article points out that the doctor was forced into the position of being an assessor of income, a tax collected as it were. He has to apply the means test to his patients to try and make a guess as to how much they are worth and how much they can pay. Now I think that puts the doctor in a very bad position, and it interferes with his practice of medicine. True the doctors haven't turned people away, but I don't think the doctors should have to bear the load of unpaid medical bills. I think doctors should be returned to the practice of medicine and that they should be paid out of an insurance fund. Surely, Mr. Speaker, this is the day of the insured risk. We have learned to insure our homes because we can't afford to replace them

privately and individually. We have learned to insure our cars, because we can scrape up the few dollars for insurance but we can't afford to buy new vehicles if our vehicle is stolen or wrecked in a car accident. Well then surely if we apply the insured risk to cars and houses, it is about time that we applied the insurance principle to something that is even more vital — human life itself.

In the United States two groups have been competing for health insurance patrons, and this article goes quite fully into the rivalry between the regular insurance companies who operate on an actuarial basis, and the non-profit organizations, like the Blue Cross. I don't think I need to go into this but you might be interested in it. I merely wish to quote the opinion of Dr. Basil McLean, the former president of both the American Hospital Association and the Blue Cross Association. The article says that when interviewed by Medical World News he said this:

“What is required instead is a single national institution with the boldness and imagination to serve the best interests of the public.”

To him that means eliminating all of the various limitations and extending the benefits. In the interests of providing the best medical care for the least cost only one age group was studied. This group had a special claim in that they had the greatest need, and they had the least resources because they had left the labour field and were not earning. This report was the subject of a study made by the federal government in 1959. This is a separate quote here: It was made by a joint committee of health, education and welfare and in the preface of the report Arthur S. Fleming the secretary of the inter-departmental committee points out something that I think we should be interested in. The question of financing medical care specifically for the aged was thoroughly studied in 1959 by the Department of Health Education and Welfare and this is what it said:

“In his 117 page report Arthur S. Fleming, then secretary pointed out that all methods of providing such benefits had been explored including the purchase of insurance from private companies and from Blue Cross and the payment of benefits to social security as well. In presenting the findings he emphasized — we have attempted to present the most important functional information bearing on this subject in the most objective possible manner.”

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Here is where he comes to the costs of administration, and I think this is important to use because we're contemplating having to spend some money to administer this plan and we want to get the most value for it. A million dollars looks like a lot of money and it is, but this is what he says about the cost between private and publicly administered plans.

"The study showed that if the benefits were paid by social security through an increased tax, the administrative costs would be lower than through Blue Cross or commercial companies. Through social security (that is the government plan) 95 to 98 cents of every dollar paid in would be returned as benefits."

This compares very well with our experience in our hospital services and our medical insurance schemes here. And he says this:

"The state public welfare agencies that have tried to purchase hospital insurance covering the public assistance recipients (as has been suggested by some of the members of the opposition) have found either that no carrier was willing to write such a policy, or that the rates were so much above the costs of self-insuring that there was no justification for such use of public money."

Surely this bears out our contention that a publicly administered all-inclusive plan is the most efficient and the most economical.

It has been argued that the ideal method would be to leave the present plans undisturbed and to pay the costs out of public revenues. This is an argument I have heard several times. To pay for the medically indigent, those whose incomes would not permit the payment of their own fees, and the medically rejected, those who are written out by contract in the family plans taken up through medical insurance. I had this, Mr. Speaker, presented to me again and again, during the campaign last June. People would come to me and they would say, "I hope you'll hurry up with your medical care plan, because the one that I belong to M.S.I. does not include my child with a weak heart, or it does not include some other member of a family and they would name some disability that was a chronic ailment and for which they had to pay outside of the plan, because no plan



can afford these chronic cases. It would ruin the plan and put the rates at such a level that no one could buy them. It has to be that way. The medically rejected because of chronic ailments number many, many thousands. Families who just can't buy medical care for the people who need it most because they are not covered, and the aging whom the plan will not accept because usually your medical costs go up with age.

Now the report has something to say on this and I have quoted it just now and I am repeating:

“There is no justification for the use of public funds with this sort of method (because it is so costly).

Now, on both sides of the House we agree on various aspects of this. We agree that this is a number one question today. The costs of treatment have gone beyond the reach of the ordinary individual to meet as an individual. We don't think that you should die quietly any more. There was a time when that was quite fashionable. Mr. Speaker, I remember being part of a delegation, a long time ago. I may be a newcomer to this House but I am not a newcomer to politics. About 1937 I think it was, I came in here with a delegation and we were met by the then Premier and his cabinet and we were treated like the scum of the earth. We were treated with the greatest contempt and I will never forget or forgive that administration for the contempt in which they held human life.

I went with a number of speakers to a convention in the Premier's riding. We went to Oungre, the town of Oungre in the year 1937, and at that time there was a very active homemaker's group, and having been a homemaker for many years I talked to these women who were serving a turkey supper. Do you know the medical services they had? They had one pair of sheets and pillow cases that the homemakers lent out to the different mothers as they were confined, and so she would have bedding. That was the medical services plan of the Liberal party. No hospitals — no doctors — no plan. You had to promise to die quietly . . .

**Mr. McDonald:** — . . . terrible, terrible.

**Mrs. Strum:** — It was terrible and you should blush, this was your policy. This was your program. These were your sins of omission. You have no shame and you have no memory or you would blush

at the conditions that you left unremedied when you left office. And I am proud that my government immediately moved to bring in hospital services. In our area, and the member for Moosomin (Mr. McDonald) will know this, and the member for Qu'Appelle-Wolseley (Mr. McFarlane) will know this, and the member for Cannington (Mr. McCarthy) will know it, we were all sent to Brandon in those days. We had a great list of patients at the Biglow clinic. There were no hospitals in our part of the country. Indian Head was the closest, and Regina was the next.

**Mr. McDonald:** — That is nuts. We've had a hospital since before the province was formed. What are you talking about?

**Mrs. Strum:** — At Moosomin — we weren't on that railway line, we were on the Reston-Wolseley branch line. I don't wonder that you don't like to hear this but it is true. There were no hospitals. There was no hospital at Kipling, there now is. There was no hospital at Grenfell. There now is. There are hospitals everywhere now and no one is very many miles from a hospital, and this was the type of thing that your government tolerated, and when any sort of committee came to the government they were treated with the greatest of contempt and discouraged from every coming back. That is why after the count in 1944, you had only 5 seats after that election, because so many people had suffered as a result of your politics. You are the last people who should talk about medical services in this House, because they were non-existent under your administration.

When I was a federal member we had a field day one day, reading from the report of your convention held in 1919. We passed it around and we read your platform and put it on the record of the House and asked your government why they were still just talking about it. And you have the very same tactics today. The delaying, objecting and trying to keep out of any scheme of medical services. That is why I am proud to be on this side of the House. I would be ashamed to sit over there and try to delay still further this measure that is so long overdue.

**Mr. McDonald:** — The people down there . . .

**Mrs. Strum:** — The people of this province want this and they want it very badly. I was home over the weekend to Saskatoon and

my phone rang constantly and one person rang me and said, "Why did the doctors take a standing vote when they passed that resolution? Who do they want to know who is for it and who is against it?" And I thought that was a very interesting question, that they have given up the secret ballot, and that now they can put the bee on anyone who is not with them and who might oppose them. And you are on the side of the people who have done all these things and you are defending that sort of stand.

Now this report is for your policy. It is against that sort of nonsense, and I just want to in closing put a few more words on the record. There was another committee, a self-appointed committee, and you should read this article, you might learn something and heaven knows you need to. Now the four men who were a self-appointed committee were people who were all in the administration field: Dr. Martin Kaufman, director of a hospital in New York City; David W. Stewart, managing director of Rochester, New York hospital service, Blue Cross; and John W. Kaufman, administrator of Princeton hospital in Princeton, New Jersey. These men were attending a convention, the American Hospital Association convention, and these people at the convention were like you fellows, they couldn't make up their minds you see. They were for it and they were against it at the same time. So these boys got together and said somebody has to make up his mind about this, and they, a self-appointed committee came to some conclusions, and I would like to put this on the record. Kaufman at the end of his investigation, reluctantly acknowledged that social security seemed the only answer and he said this:

"I am certainly not an exponent of socialized medicine but I personally can't see any other answer than taxation for the care of the aged through the social security mechanism. If someone had told me ten years ago that I would sit at this table and say this I wouldn't have believed it."

The four men discussed what effort, accepting social security funds would have on a medical care plan and this is what we're interested in too. And they said that by helping the plan to use such funds, instead of blindly opposing the social security proposal, the medical and hospital profession were assured that the programs would be sound. And that, Mr. Speaker, is what we had hoped the medical profession would do.

**Government Members:** — Hear! Hear!

**Mrs. Strum:** — We had hoped that they would come with us and help us to form a plan that would give the best possible services for the least expenditure of money. Just let me finish this please. Kaufman reminded the others that the opposition came from the organized leaders in the hospital and medical fields, specifically the American Hospital Association, and the American Medical Association. He pointed out that he couldn't understand why the American Hospital Association at the present meeting rejected the suggestion made by many members that had proved the social security method and instead backed the American Medical Association's condemnation of the plan. Dr. Kaufman expressed surprise that the American Hospital Association in particular should oppose the social security mechanism, since member hospitals are the ones who bear the burden of paying for the medical needs of the aged. However, he went on to say the reason is that the hospitals are overwhelmingly influenced by the physicians, and frankly, it is not always true that what is good for the physicians is good for the hospital or the community. This was what this man was reluctantly forced to conclude at the end of his investigation.

Now in closing, Mr. Speaker, I merely wish to say this, that under this act there is a choice. There are various methods suggested for the payment of physicians. I can see that in the country, with which I am very familiar, there are many doctors who would be glad to accept the substantial salaries and then have fee for service payments for various kinds of surgery or other things. This year the doctor is going to have a very difficult time collecting, and these doctors who have bought homes and have established places in the community would be very pleased to have a substantial part of their salaries underwritten by the plan, I am sure. But, there are places where that is inappropriate. There are many places that have municipal schemes. I am sure that those doctors would be very glad to sit down and discuss what would be acceptable to them. There are all health units and government services where doctors are on salary; all the mental hospitals, the jails. All of these people are already under contract. I can't imagine them wanting to raise any objection to this plan. I am sure that if reasonable people wish to do a reasonable thing in a fair minded way, that it is not impossible for them to get together, and I am looking forward to this happening

in this province. I can't think that the doctors of this province are any different from the doctors in New Zealand, or Australia, or Europe, or Great Britain. I can't think that their job is much different, or that the problem is much different. In those countries, many of which I have visited, they have been glad to serve the community for the tax dollar as well as for the individual dollar paid by the patient. What difference does it make if we pool our medical needs and pay for them in the method suggested by this bill. Surely as reasonable people we could do a reasonable thing and I am hoping that we will have unanimity when the vote is taken. Surely there are some things that can't be settled at this point, but we can accept the principle of prepaid medical services, for the same reason that we accept the insurance principle in all of the other areas that I have suggested.

Mr. Speaker, I will vote for the bill.

**Mr. McDonald:** — I wonder if the hon. member will permit a question. Did she say to this House that M.S.I. does not include under their plan, a pre-insurance condition of a patient?

**Hon. Mr. Walker:** — That's right.

**Mr. McDonald:** — It is not right.

**Mrs. Strum:** — Mr. Speaker, I wish I had a contract before me. I have gone into this very carefully. I am one of the people that can't buy it as a family because of a previous medical condition. I was particularly interested in this. My husband had T.B. Six different times he was at the San. He is not a good medical risk. As a family we cannot be covered, and there are many families with exclusions written into the bill, all covered but the person who needs it most, and I do not blame M.S.I. for this. It is the only way they can stay solvent and they have had to continually withdraw privileges and make you pay for them privately and restrict coverage for the same reason, and they are not to be blamed for this.

**Mr. Speaker:** — Order!

**Mr. McDonald:** — I have an M.S.I. card in my hand and I happen to be a member of M.S.I. who has had tuberculosis for over 20 years, but this year M.S.I. paid all my expenses, every nickel of them

**Mrs. Strum:** — I just know that I can't get it that's all.

**Mr. L.P. Coderre (Gravelbourg):** — I would like to make a few corrections from the gentleman that spoke from Saskatoon (Mr. Stone), and the lady from Saskatoon (Mrs. Strum). I can assure both members from Saskatoon that under the group medical, when a group is under a medical plan of either M.S.I. or Group Medical, on a municipal basis, you are completely covered regardless of previous conditions, under group plans.

**Opposition Members:** — Hear! Hear!

**Mr. Coderre:** — Under an individual plan there may be some exemptions because quite often people might come into the plan or may come into an area and ask for insurance, where they have a chronic ailment, and I think it is understandable that this would not be completely covered.

I was rather disappointed, Mr. Speaker, in hearing the lady from Saskatoon (Mrs. Strum) say that she would never forgive the previous administration for some of the things that have happened. Surely she does not build a political philosophy on hate. What has happened, Mr. Speaker, to the sense of trust and well being that has been built in this province, between patient and doctors? In a few short months for the sake of political expediency, the government and many members of the government, have thrown away all this sense of trust and well being. Distrust is being built right now on a basis of cold war. Co-operation, mutual understanding have been replaced with hatred, and the patient himself in many cases has found himself bewildered and somewhat in the middle of a conflict. What has happened? But this is not the important thing. The tragedy of this situation is what has happened to the relationship between the profession and the government of this province, when this need never have happened. For months the Premier of this province announced his platform before the election and of his political platform seeking the leadership of the new party based on a medical plan. The leaders of the medical profession have never been consulted. They have constantly asked the government what their plans would be so they could work a comprehensive agreement between the two. During all this time, Mr. Speaker, I believe, a little bit of honesty — a little bit of integrity on the part of

the leaders of the government might have resulted in the development of a plan that would have been acceptable to all. A plan that had been acceptable by every man, woman and child in this province. This was not forthcoming. Until the day that the leader of the government produced his political medical plank, the doctors were unable to get any information whatever about what they were faced with.

I am under no illusion whatever as to the extent of the rift and the conflict that has spread within the ranks of the profession and the government. For political expediency only, Mr. Speaker, the socialists have put the health and the lives of the people of Saskatchewan on the auction block.

**Opposition Members:** — Hear! Hear!

**Mr. Coderre:** — It reminds me somewhat of a football team on the football field. One yard to go, and that is just about the position they are in. They have their heads down, they're going to buck that line regardless of what happens. Let's bully it and push it through regardless of what good could come out of reasonable and sensible discussions. Is their plan good enough? Are they actually convinced that their plan is good enough? Is it their plan? Is it the commission's plan? Is it a patient's plan or is it a doctor's plan? Whose plan is it? They haven't followed completely the commission's ideas. There are many, many things missing out of their reports which could have been brought in. The time was not available to finish it.

I was rather amused when I went home on the weekend and went on coffee row before I left. A lot of them say (that is a slogan that is sort of developing) it is Tommy's farewell present. It is not a medical plan. The Premier of this province in 1943 in a radio broadcast on January 19 said and for the record I will just change a few words in it: We feel that the health is being used as an excuse for fastening upon the people of Saskatchewan a semi-totalitarian state, in which the control is from the top and in which the workers, farmers and small businessmen are denied the voice of functioning in our health plan.

**Premier Douglas:** — Is the hon. member . . .

**Mr. Coderre:** — No. I said you have made a statement similar to that and I have just changed two words out of the context to show you . . .

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**Premier Douglas:** — You can't change things and then attribute them to me. Please have the courage to . . .

**Mr. Coderre:** — I shall give the actual statement of the Premier then. He said:

“We feel that war is being used for an excuse for fastening upon the people a semi-totalitarian state, in which control is from the top and in which the workers, the farmers and the small businessmen are denied a voice in the functioning of a national plan.”

Now as I said, for my purposes I will use almost the same quote, and I don't believe that the Premier will . . .

**Mr. Berezowsky:** — Liberal trickery.

**Mr. Coderre:** — I think what is good for Peter is also good for Paul.

We have been discussing this question of a medical plan, Mr. Speaker, and I believe this is from ‘The Dome’ March 1960, in which it mentions the number of places in the province who have medical plans. I am not going to take the time of the House to read all of the municipality, the towns and the villages that have some form of medical services. It is not ‘The Dome’, I am sorry, it is a teacher's magazine. Here is what it says here:

“In the doctor's plan we realize that a number of teachers carry health insurance and they were having their problems and they wanted to know what it was all about. This also applies to a number of other groups such as engineers, oilmen, government employees, railway employees, — municipal plans and non-profit community projects developed through local initiative and organized and operated locally to provide services for the people of the community. In order to be successful they must, like any project have the support of the whole community.”

I should like to draw to the attention of the government this last sentence and this is what they say:

“In order to be successful they must like every other project have the support of the whole community.”



I ask the government, have you really got the support of the whole community, in what you are undertaking? Some mention has been made of the fact that when the doctors in Saskatoon, had said that they would not co-operate with the plan, that some mention was made in the House by the Liberal opposition. Maybe there was some mention made to that effect, but the only reason there was mention made, is that we were very, very concerned that we had the complete co-operation of everyone. The government has proclaimed itself to be a co-operative government, but you are going contrary to the dictates of your own thinking if you go ahead and bully your way through. Are you sure that you have the co-operation of everyone in what you are undertaking? It has been mentioned time and again that we should have complete co-operation, we should have everyone participate in it. We must know all these answers that we have to have in this respect.

I believe that all persons rendering services should be legally qualified physicians and surgeons. I also believe that every resident in the country should be free to select his doctor and that each doctor should be free to select his patients. To some degree you have that in your bill, but there is a lot of it missing, which I hope to be able to bring out before I am finished. The competence and ability of any doctor is determined only by the professional self-discipline within their ranks. As we permit labour unions for self-discipline, as we permit all professional groups to have their own self-discipline within their ranks, they have this and they should be permitted to have this and not be dictated to or told by a set of regulations from a government. Each doctor should be permitted and have the privilege to treat his patients wherever he wishes, in or out of the hospital. These are opinions which I voice which I believe and I am sure that the Liberal party as a whole supports. Each patient has the right to have all information pertaining to his medical condition kept confidential, except where the public interest is paramount. Very confidential. If you're going to have a bunch of inspectors around to see that everything is going on in order — the ministers across the floor, Mr. Speaker, are shaking their heads in the negative. How do we know whether they intend to do that. What are the regulations governing that? You expect us to come into this House to reasonably assess a plan when there are no regulations for us. I'll have more to say on that in a few moments.

The duty of the physician to his individual patient takes precedence over his obligation to any medical

service insurance program. That is very important to maintain. That every resident, whether a recipient or a provider of services has the right of recourse to the courts in all disputes. Is provision made? That the medical programs do not in any way preclude the private practices of medicine. I am always very happy to see the affirmative or assenting nod when you see some good points, Mr. Speaker, that we are in complete agreement. That the administration and finances of medical service insurance programs are completely separate from any other program, and that any board, commission or agency to administer any medical services insurance program has the fiscal authority and autonomy, completely independent of political interference. That members of the medical profession as the providers of medical services have the right to determine the method of their remuneration. I think that they should have that right. I can take for an example that if you have a little bolt loose on your carburettor you might go to one garage and he would charge you 50¢ and you might go to the other one and he might charge you \$2 or \$3 and I think that is their right to do so. That should apply in this particular respect. That the amount of remuneration between the patient and the doctor is a question of mutual understanding between both doctor and patient — the medical plan could pay the amount necessary. These things I have just mentioned, Mr. Speaker, have been taken out of the platform for the Liberal party.

**Hon. Mr. Blakeney** — Which one? 1919.

**Mr. Coderre:** — The federal Liberal party.

Now I am sure, Mr. Speaker, that I will hear mention of the 1914 profession. They seem to take great delight in bringing this 1919 affair into the forefront whenever discussions arise on what has happened. Economic conditions will alter cases as time goes on, but if it were necessary to have a medical plan it would have been brought in. In 1919 we did not have the medical practitioners available; we did not have the hospitals. Gradually and surely plans have been brought in. The Premier of this province and his government know only too well that the previous Liberal administration, in this province, and other administrations have certainly, and should be given full credit for the new professions which have been brought into being in the province. We could mention many of them. The members of this House know all of them, so I don't believe it is necessary to name them.

I believe, Mr. Speaker, that one of the most important things to maintain is the relationship between doctor and patient, and that is most essential. In view of the bewilderment that has been created, during the political campaign particularly some of that relation that we've had between doctors and patients has been somewhat less, and it is most important that it is dispelled. That the government should be everything possible to assist, not put a cold shoulder or have a closed door approach to any approaches that should be made. It is the duty of the government, Mr. Speaker, to go out of this House and bend backwards in every effort to assure the people of the province that we'll have the utmost co-operation between all concerned in this respect. It is a government's duty to lead, not minority groups to lead, Mr. Speaker. It is the government's and that is why they are elected.

One of the concerns of many of the people I have met has been what will happen to the corporations that are contributing to a medical plan, where you have members who through their union organizations have been able to establish a medical plan where they pay part of it and the corporation pay another part. It was mentioned the other day that the government has the authority to do something about it, and that the companies will pay the difference or something.

**Premier Douglas:** — It is in section 31 of the act.

**Mr. Coderre:** — Under what jurisdiction or by what right (and that has not been answered to us yet) can the government of Saskatchewan tell a corporation that the amount that they are paying into a plan, where their office is not in Saskatchewan, but where they have employees, how? We should know that. This is a question that should be answered. This is a question that many of the wage earners want to know. Let us take a corporation that the people employed in this province, are being paid say from a head office in Winnipeg, Toronto or elsewhere. They are residents in this province. The corporation or company that they work for are paying a share of the medical services they are receiving. Where can you tell a firm outside the bounds of this province, what they shall do? These are questions that should be answered. I would like to know. Many of my friends have asked me what can you do. The commission's report has been presented to the government. I feel that the report is not unanimous enough (if that is the way to put it) or not close enough in accord to be a good factual and a true profession that should be brought in. I think we need a tremendous amount of study and we'll have a lot more to say when the bills come into committee of the whole.

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But for the information of the lady member from Saskatoon (Mrs. Strum) when she got onto her high horse, if I may use that term, a moment ago to say what have those wicked Liberals of the previous administration ever done for health. I should like to refer her, and say that many of the things that she has said have been probably utter falsehoods or it could have been ignorance. I have here from 1928-1929 and 1932 photostat copies that have been taken from the records of this House of the first full time health unit that we ever had in the province of Saskatchewan and on unit No. 1 in Gravelbourg, where she said all they had were a couple of sheets and a pillow for health. I could go on and on. If situations or conditions are bad in any particular area, the people gathered together co-operatively to solve any problems that may arise. This was established on March 12, 1929. These are reports that go on and on and I would suggest that the lady member read them. We have 197 home visits; babies — 892 and there is a whole bunch of it and what has happened to our milk supplies, investigation of milk supplies, communicable diseases, homes visited, the number of children born and everything else, and all throughout this report and I suggest that the lady member read them and familiarize herself with the fact that when health is threatened, people will get together and provide services. The duty of a government is to assist, direct and not take over and monopolize and take away the freedom of people.

I believe in a steady extension in co-operation with municipality and federal governments of the existing health agencies; of contributory health insurance with the ultimate objective of providing a profession-wide scheme of medical, surgical, nursing, dental, pharmaceutical and optometry. This is a Liberal platform that was established in this province in 1944, reaffirmed in 1952, reaffirmed in 1956. These are just some of the professions of the Liberal party in this province. Never once speaking against the idea of prepaid medical services.

As I said a moment ago, it was under a Liberal government in Saskatchewan that our mental hospitals were built, our sanatoria were established and they had the lowest T.B. rate in the world, even before the administration was in. Infantile paralysis clinics, free diagnosis for other types of communicable disease, hospitals, nursing homes and hospital, dental, optical, drug services were provided free for persons who were in need. For a number of years prior to this administration a Liberal government of the day did provide preventative care. That is very important.

The present administration has not always kept up to its full commitments and dollar for dollar expenditures that were provided by a federal Liberal government.

Since 1944 we have always advocated a health insurance to include not only hospitalization but many of the other fringe benefits required insofar as a profession is concerned. In 1948-49 you didn't even meet up to your commitments that had been provided by a federal government in health expenditures — dollar for dollar expenditure. I said a moment ago that your plan on medical health has been put into the statutes for political expediency only.

Some of the things that I find wrong with the present bill is that it gives you no choice whether you want a compulsory health insurance or whether you pay for it, or whether not. You have no choice whatever. The rights of the individual are somewhat infringed upon. I say this, and I am sure that we will be found correct at some future date, that there is no freedom of selection of doctors. There will be no freedom of selection of doctors — mark my word. I am pretty sure what you are coming up with, assuming that your regulations are such. I say that we will find, when all is said and one, and when your plan is brought in that there will not be complete freedom of selection of doctors, hospitals or nursing facilities. You will have a choice of doctor of those who are presented to you. This is not free choice. I will not have a complete free choice of doctor. I may have a slate of doctors from which to choose. There is no right to have medical care, food, clothing, or other necessities for that matter unless the voters so choose. The search for a better insurance plan for medical care will have to be more thoroughly investigated before a complete plan is brought into effect.

I was rather disappointed when the Minister of Health mentioned that they will have (well it almost amounted to no more coverage). How can we have a better care if we don't search and find out more about it?

I personally favour a prepaid medical care plan. If I didn't I probably wouldn't have an M.S.I. card. I can't altogether say that I'm in complete agreement with a government plan with its many controls. I do not favour a tax system, when there could be so much waste and extravagance in government administrations. I suggested to the treasurer that money could probably have been found in liquor and other luxuries. I believe and I believe this

very sincerely that the rules and regulations governing the medical health plan should form part of the medical bill.

**Opposition Members:** Hear! Hear!

**Mr. Coderre:** — Rules and regulations forming part of the medical bill should be brought into the legislature and approved by the legislature and reviewed every year. Where the health of the people of this province is at stake, I think that we as legislators should have a chance to definitely look at these rules and they should be reviewed by the legislature. There is not enough information in the bill for us. I think that you should have several plans and present them to the public so they would have an opportunity to accept or reject what you have. Plebiscites are the only way that you can find out. It has been mentioned in the House time and again that you saw fit to have plebiscites for insignificant little things, but when the life or the health of people is at stake, you do not see fit for that. I can see that little socialist finger of yours just pressing down and holding it down. That is your idea you're putting through, it is not the ideas of the people of Saskatchewan. It is not the ideas of everybody. It may be good, but let's have everybody's ideas.

We are faced with this profession where all sides don't know where they are. We don't know what level of co-operation that we can expect from anyone. I am in favour of prepaid medical services. I can assure you, Mr. Speaker, that when the bill gets into the House, that any disagreeable clause that we may find in the bill, any regulations that are not in the bill and should be brought in, by gosh in the best way that I can I'll be there thumping my desk and fighting for it, so that we can be sure that in Saskatchewan we probably would have the best plan that could ever be presented anywhere in the world. But it won't be bulldozed through, I can assure you that, even if I have to be here for the next two years. Thank you very much.

**Mr. James E. Snedker (Saltcoats):** — Mr. Speaker, in connection with the bill which is before us, I believe the principle of this bill to be complete universal medical care in the province of Saskatchewan, administered by a commission. Well, I saw the beginnings of the present British health scheme, when I was in England a good many years ago, and while I don't agree with the method

through which that scheme is administered in England, because I don't believe in anything that is dictatorial and arbitrary, and although I don't believe in any scheme as I have previously stated anywhere that is dictatorial and arbitrary, I have always believed in prepaid medical care or health insurance, whichever you care to use.

But I do not believe in socialized medicine, and that is what this bill is. This bill is complete socialist dictatorship from one end to the other as it stands at the present time in relation to the administrative field. Because it is to be administered by a commission, appointed by the government, answerable to the government, if the commissioners are not good friends of the government they are not going to be appointed to the commission; the regulations are all going to be by approval of the government. The government has to approve all the regulations whether the commission makes them or whether they don't, and the whole thing from end to end is government by regulation, and not be the act of this legislature.

This bill is shot and riddled through and through from one end to the other with the word 'regulations'. There is the blankest blank cheque that I have ever seen presented anywhere at any time. I never thought in my wildest dreams that I would ever sit in a legislature anywhere in the British Commonwealth of Nations and see such a blank-blank cheque presented as this one. Now I think I have made myself pretty clear in regard to that.

I want now to get along to the subject of administration, which is the part which I take particular exception to in this bill. The appointment of a chairman is at the will of the government. He also holds office at the will and the pleasure of the government.

**Hon. Mr. Walker:** — The commission appoints him.

**Mr. Snedker:** — Now my friend, if you'll be kind enough to sit quietly for a little while and bear with me, I will explain to you how I think this thing should be administered, and I think I'll find a good many people in the province of Saskatchewan that will agree with me. Certainly all the people in my own country, because I fought an election on just this very issue — administration of a medical care plan, and as the result of that I find myself sitting here, which probably doesn't appeal to hon. members on the other side of the House, but from here on in anyway you are going to have to put up with it.

The chairman, as I said before, holds office at the pleasure of the government. The commission is appointed by the government. The commissioners hold their jobs at the pleasure of the government. They even have a clause in the act, Mr. Speaker, whereby if one of them happens to get out of line, somebody somewhere, I don't know who, could say he is a little bit mentally defective, and hoist him. You'll find it right here in the act, if you take the trouble to look. A nice gentle way of getting rid of somebody that doesn't go along and agree. But it's in there. I understand that I'm out of order if I quote sections on second reading of this — oh, I'm not, well, thank you. I'll start right at the beginning and go through it from end to end.

I wasn't aware of that, Mr. Speaker. I thought we weren't allowed to quote section, chapter and verse of the act in second reading and I was endeavouring to comply with the rules and regulations.

**Mr. Speaker:** — . . . rule on that.

**Mr. Snedker:** — Pending a ruling by you, sir, I will just start at the beginning of the act and go on through.

**Mrs. Batten:** — You asked for it.

**Mr. Snedker:** — Under section 2, subsection 12, we find the definition here of the word “regulations”.

“Regulations, where not specified as being regulations made by the commission, means regulations made under this act by the Lieutenant Governor in Council.”

In other words, the government. It doesn't matter what regulation it is, it is the government's regulation anyway, one way or the other. It is either made by the commission, the creature of the government, or made by the government.

Now the definition of 'resident'. “Resident means a resident as defined in the regulations.”

**Premier Douglas:** — On a point of order, Mr. Speaker, the rules of the House it seems to me are quite clear, that on the second reading one discusses the principle of the bill. Any member may refer to a section to illustrate the point he is making regarding the principle of the bill, but for a member to simply try



to filibuster by starting at the beginning of the act and read through it, as the hon. member is now doing, is certainly not discussing the principle of the bill, and it is in violation of the rules of the House.

**Mr. Speaker:** — It seems to me it is quite clear that the principle of the bill is what we are discussing at this time, not the clauses. I don't think we can discuss clauses at this time.

**Mrs. Batten:** — Advice from the Attorney General.

**Mr. Snedker:** — On a point of order . . .

**Mr. Speaker:** — Order!

**Hon. Mr. Walker:** — On a point of order, Mr. Speaker, I think it is perfectly proper for the hon. member to refer to sections of the act in order to support his arguments. I never suggested, and I don't think anybody has ever suggested that it would be in order to start reading the act in second reading. I would ask that the hon. member now refer to the sections which he just quoted to the effect there is something in the act which allows the government to put people in the mental hospital when they don't agree with the government.

**Mr. Speaker:** — I think the point of order is well taken. I don't think there is anything wrong with referring to a section by way of illustration, but to discuss the thing by clauses, I would say is not in order when the principle is before us. That is the way I would understand it.

**Mr. Snedker:** — Mr. Speaker, in the first instance I haven't begun at the beginning of the act. I started with a clause that was particularly obnoxious to me, and which has reference to regulations. I oppose government by regulation. I always have opposed the principle of government by regulation.

**Premier Douglas:** — What does 'residents' have to do with it?

**Mr. Snedker:** — I wish you would have the courtesy to wait until I tell you, if you will try to be quiet I will tell you now.

**Premier Douglas:** — I still won't know any more if you don't tell me any more than you have.

**Mr. Snedker:** — . . . and I haven't referred to every clause in the act. I don't need to. I only need to refer to those clauses which are particularly repugnant to me, and which are the ones that are related to the commission, that is the form in which this act is to be administered.

**Mr. Speaker:** — As I have previously stated a few minutes ago, I think it is quite in order to refer to any section of the act by way of illustration, to illustrate your argument regarding principle, but not to take the sections of the act and refer separately by themselves in regard to 'that section' and discuss any section, or take a list of sections and go down. I don't think that is permissible at this time, when we are discussing the principle of the act and not the clauses.

**Mr. Snedker:** — Mr. Speaker, I appreciate your ruling, and it was what I had anticipated in the first place. However, my hon. friends over there gave me poorer advice and I accepted it for what it was worth. I will endeavour to confine myself within limits that will be acceptable to you, and I wish to say once more that I oppose government by regulation.

I would draw your attention to subsection (12) which says a resident means a resident as defined in the regulations. How is some regulation written by someone in a backroom going to decide who a resident is, and who is going to get the benefit of this plan? I think I have explained that fairly specifically.

**Hon. Mr. Walker:** — Do you call the cabinet the backroom?

**Mr. Snedker:** — Just a minute. I already made the statement that the government has the power under this bill, if they care to use it, to get rid of a recalcitrant board member. I refer you to subsection (7) of section (4), and I quote:

“Where it appears that a member (they are referring to members of the Commission) other than the Deputy Minister of Public Health, is unable by reason of mental or physical disability, or by reason of his permanently residing outside Saskatchewan, to perform his duties as a member, the Lieutenant Governor in Council (that is the government) may declare that a vacancy in the membership exists.”

Mr. Speaker, this bill says, ‘where it appears’ — where it appears to “who” that he is mentally incompetent. Some joe-boy in the backroom. Who is going to make the big decision, or is somebody just going to decide that John isn’t a very good member of the commission any more; he’s not toeing the party line, and they’ve got to give him the boot. Well, how are they going to give him the boot? Oh, let’s just say he’s mentally disabled.

Now, “other than the Deputy Minister of Public Health.” He can be stark-roaring crazy, but he is going to stay there anyway.

In deference to you, I hope this is the last time I have to refer specifically to this act, although I can do so if I have to.

**Hon. Mr. Walker:** — The quotation didn’t bear out what you said, did it?

**Mr. Snedker:** — Well, I think I got the general idea across. If you haven’t got the mental ability to digest it, I haven’t got the time to repeat it.

This bill also abrogates in one section the power of the legislature of this province to pass laws. I could refer to that clause if I wished to; it is a specific clause in this act that allows the government, by regulation, to change the clauses and sections of the Saskatchewan Hospital Act, thus abrogating the rights and privileges of members of this legislature.

This whole thing, government by regulation, administration by commission, opens the door wide to a system of patronage, to bureaucracy, to regimentation and is straight out and out socialist dictatorship in the field of health. That is my personal opinion of administration by a commission. I don’t think I need to say anything further

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in this House to hon. members in regard to what I consider to be the extent of patronage in this government. I spent some considerable time in the Speech from the Throne last year, explaining what was going on. You didn't appreciate it.

The interim report of the Advisory Planning Committee was very specific in its recommendations that the commission was going to administer the health plan, and should be as free as possible from political patronage and political influence. Then they recommended the very thing that they deplored. Turned right around and recommended the very thing that the government is doing now. One hon. member — and I am sorry to see that he isn't in his seat, had the gall and the audacity to get up the other day and as good as applauded political patronage. Well, Mr. Speaker, if there must be political patronage, if there is going to be political patronage anywhere, then the very least place that it should be is in the field of public health.

**Opposition Members:** — Hear! Hear!

**Mr. Snedker:** — For that reason I oppose most wholeheartedly administration by a commission. I won't oppose it and not express what I think is a suitable alternative, because I don't think a person should just oppose for the sake of opposing. If you can't produce a better alternative, and you think there is any value in the scheme, then you shouldn't say anything.

This whole scheme leads to the destruction of self-government in this province, including destruction of the Swift Current health region.

I want to pay tribute to all those people of Swift Current who in 15 years have built up one of the most efficient, to my mind — one of the most efficient and one of the best health schemes on the North American continent, because it is administered by people; because people there are administering their own affairs. The whole Swift Current scheme is woven into the warp and woof of the everyday life of the people within that area. There you have democracy in action; you have freedom. You have self-government, and if ever this world stood in crying need of more freedom, more self-government, it stands in need of it now. The socialists on the other side of the House can

snicker, Mr. Speaker. They believe in dictatorship. Let them deny it if they will.

**Opposition Members:** — Hear! Hear!

**Mr. Snedker:** — I want to pay tribute to the board of the Swift Current health region. I don't think they received any particular help from the government. They have been a thorn in the side of the government and a standing reproach, because they were administering their own affairs in their own way, and I will fight for their right to continue to administer it in their own way and in their own fashion, and as they see fit. I think they should get more help and not less.

**Opposition Members:** — Hear! Hear!

**Mr. Snedker:** — This whole thing, to be administration by commission is typical of the attitude and feeling and the belief of the people opposite. They seek to destroy our local self-government. They seek to destroy our municipalities. They seek to crowd us into counties and ram that down our throats.

Our hospital boards are now in a squeeze, between the rate board is composed of democratically appointed people on the hospital boards, serving the people, doing the best they can to operate the hospitals of the province efficiently and well. They are now in a squeeze between the rate board and the labour unions. The labour union comes along one day, the right hand of the government, demanding wage increases. The rate board comes around the next day, the left hand of the government, and refuses to allow the expenditure. Bingo — you're in the middle. Deny it if you like.

**Opposition Members:** — Hear! Hear!

**Mr. Snedker:** — The socialists are laying the groundwork for the destruction of our local union hospital boards, in order that they might run all our hospitals, centralize them and run them all directly from the city of Regina. Centralization of government is what these people believe in. They didn't believe in it 25 years ago. How well I remember the Premier of the province, when he went up and down the country 25

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years ago. I believed him most sincerely. He said that people should participate at all times, at all levels of government. Is this participation of the people in government? This administration by commission, is this the participation of the people at all levels of government? Here they might have had an opportunity to participate; here they have the shining example of the Swift Current health scheme, which showed everybody how it could be done, and the rest of the province is denied that privilege and that right. Can't we do the same thing? Cannot other similar regions be set up?

There was no more typical statement, Mr. Speaker, of the socialist stand and belief, than the one which was made last year by the hon. Minister of Mineral Resources. I still have it. I am going to frame it and hang it up some day. Mr. Brockelbank said in 'The Leader Post', December 2, 1960:

"Ineffective local government groups were a nuisance and a trouble to the government at all times."

I believe he thinks all local government is ineffective and all of it is a nuisance. The whole thing. He lumps them all together. I contend they have been effective. They have not been ineffective. They haven't been a nuisance, but it is true they have been a thorn in the side of the socialist dictators because they don't stand idly by and let people ram things down their throats.

**Opposition Members:** — Hear! Hear!

**Mr. Snedker:** — Who knows, Mr. Speaker, if this centralization and bureaucracy continues, who knows but what our hospital boards and yes, our school boards, may be next. The whole thing indicates the socialist lack of faith in people. The same people, Mr. Speaker, who administer school units, are quite capable of administering a health region. Nobody can tell me that the people of our province haven't got the ability. Nobody can tell me that they haven't got the education. Nobody can tell me that they wouldn't have the desire if they are given a chance.

I listened to the Minister of Education. The other day he was eulogizing the school boards. What a wonderful job they were doing, he said, and I agree with him. They

are doing a good job. Then he comes along and supports a piece of legislation such as this and his double number across the way, if I'm not incorrect I think I heard him correctly — got up and said that regional administration wasn't a good thing because he didn't think you could build up the necessary personnel, or personnel would not be available or words to that effect. I didn't hear exactly what he said.

**Mr. Speaker:** — Order! The hon. member is referring to a former debate.

**Mr. Snedker:** — Well, I don't have to refer to it again. I have already done it.

Anybody who indicates that the people wouldn't have the experience to operate health care on a regional basis, only have to go down and look at what they have done and are doing in Swift Current. If it is necessary for people to learn further, there is no better way for people to learn than to learn by doing, and get their results with the hammer of experience on the anvil of time. It will work out all right. Never worry about that. Only socialists deny this because they're afraid of people, because they have no faith in people; because they don't think people can administer their own affairs. That is the difference, Mr. Speaker, between our attitude to people and theirs. They look upon people as masses. We look upon people as individuals. They look upon people as masses of people to be swayed this way or that way by propaganda — to be indoctrinated — to be brainwashed. We believe that people are individuals, that they have minds of their own and can go their own way; that they are not just a great big conglomerate mass. We believe that every person in this world is an individual, with that indefinable thing that we call a soul.

I believe, Mr. Speaker, that the people of this province should have had a vote on this question. I believe it most sincerely. I believe it because I have faith in the ability of people to make the right decisions. We have had votes on liquor questions. We are having one in our town right now as to whether or not we should have liquor in a dining room. We had a vote on the time question. I think we had a vote about eggs or something not so long ago — was it eggs? Yes, eggs. We have had a vote on all those things. Isn't health more important than the time question? Isn't health more important than the liquor question? Isn't health more important than how we are going to market our eggs? Or what we are going to do with them,

whether we're going to have them sunny-side up or turned over. Isn't health more important than that? You put those other questions to a vote of the people of the province because you thought it let you off the political hook, but now when you want some propaganda to go parading around eastern Canada and the Pacific coast with, it is just rammed through the House and you get highly irate if anybody so much as questions or speaks on the subject.

**Mr. Speaker:** — Order! The hon. member is referring to a former debate.

**Mr. Snedker:** — Well, I'm here now and you're going to have to put up with it for the time being.

I believe, Mr. Speaker, most firmly that the administration of this plan should be on a regional basis. I believe that here is a God-given chance for the people and the government of this province to strengthen self-government. Self-government is on trail all over the world. It's on trial in our own province here in the western world. We have people in Poland who would give their lives to come here, living where they could only vote for a dogcatcher. We have people in Hungary who were willing to give their lives for just a little bit of freedom and the streets of Budapest ran red with the blood of the patriots, trampled under by Russian tanks. We have people that are trying to escape from East Germany, just for the privilege of casting a ballot and saying what they think, while here in this province we are willing to let go by default an opportunity to extend self-government, to make it part of our people. Where is our belief in democracy and our belief in freedom? Have we less than the man that escaped from East Germany? Have we less than the Hungarian patriots? Have we less than the man that was shot, hung or otherwise liquidated in Warsaw? Have we less than them? They say that administration by a commission will be more efficient. That is the argument in favour of a commission. I don't believe for one minute, Mr. Speaker, that administration by a commission will be more efficient. I believe it will be less efficient. I believe it will lead to bureaucracy. I believe five years from now we will be erecting another building here to hire a fresh swarm of employees built up over this thing.

If we have regional administration in the province, then we will have a check and a balance as to the efficiency of one region as against the other. Somebody says, "Oh, you won't have the same level of services all across the province." Might be a good thing if you didn't.



We would have a check and a balance, one region is more efficient, the other region is less efficient. The people in the less efficient region would ask their officials "Why so?" There would be a change in officials right off the bat. Similarly, economically as in the services rendered. People in one region might say that people in another region were receiving better services, or it was more economical. They would go right to work and change their administrators. What check and balance have you got if this thing is administered by a government commission? You haven't got any. All you can do is take the say-so of the commissioners that it is 100 per cent, and of course they will say that as long as they have their jobs.

This act sets up appeal boards for people to appeal to if they think they have been unjustly dealt with. I can just imagine people chasing some civil servant or a minister up and down the corridors of the administration building, or wherever they are going to be. But if we had regional administration we would have the administration of the whole thing right down amongst the people where the people can get at the administrators any time they want to, and I firmly believe that administrators should be got at, regardless of what they are administering.

Now coming to the distribution of doctors under centralized administration by a commission. How are they to be distributed? I am very much afraid, Mr. Speaker, that centralized administration under a commission will tend to have our doctors concentrated more and more in the major centres of the province. What about our farm people in the outlying area? How are we going to keep your medical men out in the farm areas and the northern areas, among people who need care. If a man gets his legislature taken off in a mowing machine or in a combine, is he going to have to go to a city centre to get himself patched up? This whole scheme of centralization of administration will tend towards that in no uncertain terms, because doctors will tend to gravitate towards the centre of administration. But bound up in the whole thing to a greater extent than anything else, Mr. Speaker, is the principle of freedom. We have only just begun to scratch the principles of self-government. We haven't used them to the fullest extent, and I believe that we should. I think every opportunity that presents itself — to use self-government, to use democracy, to use freedom for our people — should be used and exploited to the fullest extent.

I propose, Mr. Speaker, to submit an amendment to this bill. An amendment which, if it is accepted, will

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cause the re-drafting of this bill, and its resubmission to this House, with the objectionable clauses taken out — those with regard to administration by a commission. My amendment would replace administration by a commission with administration on a regional basis. I wish only to read now one final argument. A clipping from 'The Leader-Post' of October 21, 1961. The gentleman that they are quoting is a Mr. Adam Schaff, a citizen of Poland:

“Poland’s chief Marxist Communist theoretician, says the restrictions on individual freedom in the communist system are the West’s strongest propaganda trump card against communism and Marxism today. It is beyond doubt that if the capitalist world lost its trump card as the alleged defender of the rights and freedom of the individual in the struggled with communism, it would mean its final defeat.”

Well, here is an opportunity, Mr. Speaker, to put in a plug and strike a blow for freedom and self-government, as opposed to bureaucracy; as opposed to what I firmly believe is gradually becoming, at an accelerated speed, a socialist dictatorship, as far as it can be instituted in the province of Saskatchewan.

I challenge all hon. members in this House, if they believe in the things that I believe in, to support this amendment. I don't think you've got a thing to lose by supporting it. There isn't anybody in this House that, for political purposes or anything else, has a thing to lose. Nobody in this House knows right now but what we might all be a radiated walking death, every one of us. Let's die free if we're going to die at all.

I move, Mr. Speaker, seconded by the hon. member for Notukeu-Willowbunch?

“That all the words after the word ‘that’ be deleted, and the following substituted therefore:

“This bill be not now read a second time because it makes no provision for the holding of a plebiscite on medical care, or for the administration of a medical care plan on a regional basis.”

I reserve the right, Mr. Speaker, I think I am correct in speaking to the amendment when it is put.

**Mr. Speaker:** — We would have to be very careful, it would appear to me, that we do not have a succession of amendments dealing with things that could be handled in committee of the whole. If this could be done by discussion on any given clauses in the bill and changing clauses in the bill, it would be much better done in committee of the whole. However, if it deals with the principle of the bill . . .

**Premier Douglas:** — Before Your Honour gives his ruling may I say a word on a point of order. I would submit that this amendment is out of order, if for no other reason, there are several possibilities, but one it seems to me is crystal clear, that is that it reads as follows: “This bill be not now read a second time, because it makes no provision for the holding of a plebiscite on medical care.” Then I would draw Your Honour’s attention to the last phrase. ‘Or for the administration of a medical care plan on a regional basis.’ I would suggest, Mr. Speaker, that this information is inaccurate, that the plan does make possible administration on a regional basis, and as a matter of fact it is planned so that it can be administered on a regional basis. Therefore the amendment itself is inaccurate, and the House should not be asked to vote on an inaccurate statement.

**Mr. McDonald:** — Mr. Speaker, I would like to say a word or two before you make your decision. I submit to you that the amendment that you have in your hand at the moment is in order for reasons, very different to the reasons that have been given to you by the Premier.

Now in the first place, if we proceed with second reading at this time, then we cannot allow a vote of the people to be taken on this issue. Secondly the Premier has said that the bill provides for regional administration. Mr. Speaker, if you have read this bill, I’m sure the Premier has, although the commission have certain things to say with regard to regional administration versus administration by a commission, the bill points out explicitly that this act will be administered by a commission. Although there are loop holes in the bill where it would probably be possible over a period of years, when we had our fingers burnt off to the elbow, we would probably revert to administration by a commission. That loophole is in the bill, but if we pass the bill in second reading as it exists now, there is no provision for this bill to be administered by regions. For those reasons, if for no other, Mr. Speaker, I am convinced that this amendment is in order.

**Mr. A.C. Cameron (Maple Creek):** — Mr. Speaker, if I may speak a word to the point of order. The Minister of Health when he introduced the bill, I thought brought quite clearly his interpretation that this would be administered strictly by a commission. As I understand it the Minister of Public Health, when interviewed on the news, was asked a direct question — “Does this mean that the Swift Current health region and the other voluntary services would disappear?” His answer was — “Yes, they will go by the board. There was nothing in the legislation by which you could incorporate them into the act.” So I take that as a definite interpretation of the minister who introduced the bill, that there is no provision in this bill under any conditions, for regional operation or administration, contrary to what the Premier has stated here. For that reason, my stand is that this amendment is in order.

**Mrs. Mary J. Batten (Humboldt):** — Mr. Speaker, further to what the hon. members have already said. Although it may be that under the regulations there could be both a plebiscite and regional administration, the bill itself does not make that provision. I think this is the whole point of the hon. member who put in the amendment. He wants this legislation to make provision for a plebiscite for regional administration. It is not good enough to have a bill that says we’ll set up a commission and they can do whatever they like. No matter how wide the powers you give them, that is not his request and it is not the purpose of this amendment. The purpose of the amendment is to make it mandatory that there be first of all a plebiscite and second, regional administration.

**Premier Douglas:** — Of course, that is not what the amendment says. The amendment doesn’t deplore the fact there is no mandatory provision, just says there is no provision. I submit that there is.

**Mr. Speaker:** — I do not think the Speaker can be put in the position of having to make a decision as to what a certain bill means. I cannot interpret an act in this regard. This puts me in a very difficult position to say whether or not this certain sentence is a statement of fact or not. I have to agree that we cannot allow an amendment before the House that is not factual. If in itself the wording of it is controversial, then we cannot have it. This places me in a very difficult position at this time. I feel, possibly it would be well for the amendment to be withdrawn at this time . . .

**Mrs. Batten:** — Mr. Speaker, I wonder if the hon. Premier could point out, on this point of order, exactly where in this bill there is provision for a plebiscite and for regional administration? It was his statement and he says that the bill makes that provision.

**Mr. A.H. McDonald (Moosomin):** — Mr. Speaker, in view of the position in which we find ourselves, I wonder if the hon. member for Saltcoats (Mr. Snedker) could be given permission to adjourn the debate. I don't see how we can carry on this House until you have made your decision, and yet I am in full accord with you, that some time should be taken for you to make your decision. I think you should be granted that time, and I am wondering if the hon. member for Saltcoats can adjourn the debate.

**Mr. Speaker:** — May I have a few words of discussion in regard to this with the Clerk.

**Premier Douglas:** — Don't worry about me.

**Mr. Thatcher:** — . . . because you'd like to throttle me. Typical socialist dictatorship.

**Mr. Speaker:** — Order! We find ourselves in a very difficult position here, but I am just wondering if the hon. members might be prepared to allow a slightly different wording in this amendment, that would make it clear that the act as it is presently constituted did not carry these certain things. Such as: "this bill be not now read a second time because it makes no provision for the holding of a plebiscite on medical care nor does it insist that the administration of a medical care plan be on a regional basis." Would that be satisfactory? Would that wording be acceptable to both sides of this House? It makes the position a little clearer, I think, than what the original amendment did.

**Premier Douglas:** — I think the mover might be able to get better wording. I think probably if it read: "Nor does it specify that the administration of a medical care plan must be on a regional basis," or something like that. As long as it's perfectly clear that we're not being asked to accept an amendment which says that there is no provision for regional administration.

**Mr. Speaker:** —If it is agreeable to the House, I will leave the Clerk to work out the exact wording so it is agreeable to both sides of the House, and does not infer anything that is not accepted as fact by both sides of the House. In that understanding I would move the amendment in order, and that the debate will continue on the motion and the amendment. It is open to some discussion as far as I'm concerned. I am not too sure that just because all the words after "that" are deleted that it does necessarily constitute a true alternative proposition, but I would have the debate continue on the motion and the amendment, but I would not like to have this taken as a precedent . . .

**Mr. McDonald:** — Mr. Speaker, before we proceed, I think the House is in a very peculiar position now, for we are going to debate something that is not in existence. You said that the Clerk would prepare something that is acceptable to the government and the opposition. Well I knew we have a good Clerk, but whether his abilities go that far or not I do not know. I think this House would be very unwise to proceed with this particular debate until such time as a motion is before us, which you have accepted as in order. I respectfully submit, Sir, that this should be done now, before we proceed any further.

**Premier Douglas:** — It is not Your Honour's responsibility to put amendments in order, therefore, it is the responsibility of the hon. members opposite to move a sub-amendment to correct it. All Your Honour can do is say it is not in order, and that is the simplest way to do it. The Speaker is not responsible, nor is the government for correcting amendments that are not in order.

**Mr. McDonald:** — It isn't up to the opposition to correct something that we have been asked to correct, and I submit that the Premier is entirely wrong in his reason. This is no concern of the oppositions.

**Premier Douglas:** — Nor the governments.

**Mr. McDonald:** — . . . no one knows what we're debating, but the rest of it we'd like to know.

**Premier Douglas:** — It would be a new experience for you, I can assure you.

**Mr. Speaker:** — I did wish to endeavour to work this out by agreement between the two sides of the House. I would not like to be forced into the position of making a ruling in regard to interpreting something in the act. I cannot be put in that position. At the same time, no matter which way I rule on this I am making an interpretation of what is in the act, and I did endeavour to have something which was agreeable. I will put this before you again:

“That all the words after ‘that’ be deleted and the following substituted therefore: ‘That this bill be not now read a second time because it makes no provision for the holding of a plebiscite on medical care, nor does it insist that administration of a medical care plan be on a regional basis.’”

Is that agreeable?

**Mr. McDonald:** — No! It isn't.

**Mr. Speaker:** — It is not agreeable?

**Mr. McDonald:** — No! It is not agreeable.

**Mr. Speaker:** — Of course you were not the mover.

**Mr. McDonald:** — I am a member of this House, and a supporter of the original amendment, and I am certainly not in agreement with the words that you have replaced.

**Mr. Speaker:** — If we cannot arrive at an agreement in regard to this, I would think that we would have to have the motion withdrawn. Possibly it can be resubmitted at a later time. I hate to put myself in this position, but I am forced to it . . .

**Mr. McDonald:** — Is it your ruling that the amendment is out of order.

**Mr. Speaker:** — Yes. I am afraid I will have to take that position. It is a very difficult one to take, but I think under the objection that has been raised, which appear to me to be valid, and under those circumstances I cannot allow the motion to go through at this time. I ask that it be withdrawn and possibly resubmitted.

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**Mr. McDonald:** — I am sorry to see you in that position, and I don't like having to do what I'm going to do now, but I appeal your ruling.

**Mr. Speaker:** — Appeals of the Speaker's ruling are not debatable. I would put the matter to this House. Shall the ruling of the Chair be sustained?

The question being put by Mr. Speaker: Shall the ruling of the Chair be sustained? — it was agreed to on the following recorded division:

**YEAS — 28**  
**Messieurs**

Douglas	Willis	Johnson
Dewhurst	Brown	Snyder
Williams	Thurston	Stevens
McIntosh	Blakeney	Kluzak
Lloyd	Erb	Dahlman
Walker	Nicholson	Michayluk
Nollet	Stone	Semchuk
Cooper (Mrs.)	Whelan	Peterson
Strum (Mrs.)	Berezowsky	Brotten
Davies		

**NAYS — 17**  
**Messieurs**

Thatcher	Cameron	Klein
Batten (Mrs.)	McFarlane	Horsman
McCarthy	Gardiner	MacDougall
Barrie	Foley	Snedker
McDonald	Guy	Gallagher
Danielson	Boldt	

**Mr. James E. Snedker (Saltcoats):** — Mr. Speaker, I consider that under the circumstances it might be possible to submit the amendment that would be acceptable, and I move therefore, seconded by Mr. McDonald:

“That all the words after the word ‘That’ be deleted, and the following substituted therefore:

‘the question of medical care insurance be referred to a plebiscite of the people’.”



**Mr. Speaker:** — I am not too sure that that would stand as a motion. This amendment is an entirely different phraseology than former amendments that we've had to bills on second reading. However, I will read if I may section 382 of Beauchesne's citations.

“It is also competent to a member who desires to place on record any special reasons for not agreeing to the second reading of a bill, to move as an amendment to the question a resolution declaratory of some principle adverse to or differing from the principles, policy, or provisions of the bill, or expressing opinions as to any circumstances connected with its introduction or prosecution or otherwise opposed to its progress, or seeking further information in relation to the bill by committees, commissioners, the production of papers or other evidence or the opinion of judges.”

I could, I believe, accept this as a resolution declaratory of some principle adverse to the principles of the bill, and as such —

**Premier Douglas:** — Will you read the amendment?

**Mr. Speaker:** — The principle being moved is that the question of medical care insurance be referred to a plebiscite of the people.

**Premier Douglas:** — Mr. Speaker, I have no objection on the ground of it being a declaratory principle, I only raise one question as to whether or not the words shouldn't be inserted — ‘that this bill be not now read a second time, but be referred . . . ’ I have never seen an amendment to a second reading . . .

**Mr. Speaker:** — I would rather have had it in that form.

**Premier Douglas:** — I have never seen an amendment to a second reading that did not negative the question of ‘now be read a second time.’ If the hon. member wants to insert that, I think the House would accept it without any question. I think it should be put in order so that we don't get varied records in the journal.

**Hon. Mr. Nicholson:** — Mr. Speaker, on a point of order, I think the point of the Premier is well taken, and one further point, I think that when a member moves an amendment, and takes his seat, he or she has completed his speech and is not freed to take part in the debate on that particular motion, and I think this is a point that Your Honour should take into consideration on these occasions. I don't think one member can speak half a dozen times on the one issue before the House. The member has spoken twice now.

**Mr. Speaker:** — I think we have had these cases many times in the past, when one member has handed in an amendment and continued to speak — not an amendment but a motion, and this is in fact a motion as an amendment. I think they are quite able to consider this a continuation of a speech.

In regard to the question posed by the Premier, I would certainly rather have had this, as I said before, in the ordinary form of an amendment that we usually have.

**Premier Douglas:** — Ask for unanimous consent and everybody will agree and let's get on with it.

**Mr. McDonald:** — We are prepared to accept that. I think it is a good suggestion, and we are prepared if we can be given a few minutes to amend.

Do you want this typed, Mr. Speaker, or will you accept it handwritten?

**Mr. Speaker:** — Moved by Mr. Snedker, seconded by Mr. McDonald:

“That all the words after the word ‘that’ be deleted, and the following substituted therefore:

“this bill be not now read a second time, but that the question of medical care insurance be referred to a plebiscite of the people.”

I am prepared to accept this resolution, and the debate is now on the amendment and the motion.

**Mrs. Cooper:** — Mr. Speaker, could I ask a question on procedure please?

If a member wishes to speak just on this question of a plebiscite, does that mean he would be out of order if he spoke on the bill as a whole?

**Mr. Speaker:** — I would say so. When I rule that the debate is on the motion as well as the amendment, and someone speaks in that debate, they are, as I understand it, speaking to both the amendment and the motion, and would not have another opportunity to speak in that debate. After the amendment is taken off they would not have the opportunity to speak again on the motion by itself.

**Mr. Cameron:** — Supposing you had spoken prior to the amendment, and the amendment injects something new into the discussion, does that mean that if you have spoken prior to the amendment that you now cannot enter the debate on the amendment.

**Mr. Speaker:** — No. Anyone who has spoken in the debate prior to this amendment would have the opportunity to speak to this amendment, but they would have to confine their remarks strictly to the amendment. I think that is quite clear.

**Mr. Karl F. Klein (Notukeu-Willowbunch):** — Mr. Speaker, I had agreed to second the previous resolution, and I still intend to speak to the resolution that now is in front of the House.

Government members of course are saying that because we are offering criticism to this most important bill, a bill that is going to affect all the people in Saskatchewan, a bill that everyone in this House is agreed should be the best possible kind of health insurance we can give to the people, and how the government members can justify that because we are critical of the bill, as it stands in the House, we're opposed to medical insurance, I will never know. But, if they do it, Mr. Speaker, there is only one reason for them doing it, and that is because they are politically dishonest. The fact that they are politically dishonest I know, because of their actions of the past. The CCF have proven themselves to be politically dishonest, and if they continue . . .

**Mr. Speaker:** — Order!

**Premier Douglas:** — To call the members opposite politically dishonest is a violation of the rules. Mr. Speaker, I think we should have a ruling on this; if this is a free field then we'll all get into it. I understood that to call anyone politically dishonest is certainly listed as one of the terms that is unparliamentary.

**Mr. Speaker:** — The hon. Premier has raised a very good question here. I do decry a good deal of the language that has been used in this House. I did call the hon. member for Melville (Mr. Gardiner) to task the other day for adjuring bad motives. I do believe however there is a difference, and at that time I believe he was referring to the government of Saskatchewan and the motives he was imputing of the government of Saskatchewan were not good. I don't think I was quite right in calling him, possibly at that time, because in looking into the rules and looking up some of these things in Hansard, I believe that those insults are necessarily personal insults. I looked up a case the other day in which an hon. member was speaking in the House of Commons, and he was speaking about the Conservative party. They had quite a hassle over it there, in saying that he said these things about Mr. Diefenbaker, and if he had said them about Mr. Diefenbaker they were entirely out of order, and a point of order could be raised on them, but if he said these things concerning the Conservative party, they were not a personal insult and he was allowed to let them stand.

I am not in any way sanctioning the use of this sort of language in the House, but it is not so reprehensible when it is made in regard to the whole government side of the House, as it is when it is made in regard to one certain individual. Nevertheless, I think that the less of this sort of language used in this House, the better it is.

**Hon. Mr. Lloyd:** — Mr. Speaker, on the point of order, the hon. member specifically referred to 'these people over there' which includes each of us as individuals, not just all of us in one group. That is personal reference to each one of us on this side of the legislature.

**Hon. Mr. Walker:** — Mr. Speaker, there is a clear member saying 'members opposite are politically dishonest' and saying that the CCF part or the Conservative party or the Liberal party is politically dishonest. There is quite

a distinction. Here he was attributing dishonesty to the persons sitting on this side of the House and every one of us has a cause for complaint and a question of privilege.

**Mr. Speaker:** — I think the point is well taken, that it was towards these members, although it was not towards any individual member and I am sure that the hon. member speaking did not wish to attribute any personal dishonesty, even to the group.

**Mr. Cameron:** — Mr. Speaker, may I just suggest on this, I understood that once the Speaker had given his ruling, it was not debatable, and I abhor these members getting up all the time trying to correct your interpretation, trying to assist you in interpreting what the ruling should be. Now you have given your ruling, Mr. Speaker, and that is exactly what they're doing every time. They are trying to put the words in your mouth before you have spoken. If you say something wrong, they try and get you to reinterpret it. They should be called to order for doing that.

**Mr. Speaker:** — Order! That is one thing I have to insist on, that members do not interrupt the Speaker when he is speaking. Since becoming the Speaker of this House I have endeavoured as much as possible to take the House's advice in regard to making rulings, and I do not feel that I have upon many occasions made definite rulings in regard to these things. I consider the matter being referred as under discussion by the House and myself, rather than myself making a definite ruling in regard to future conduct in regard to this. I am trying to lay down some rather wide principles that could be carried out here.

**Mr. Klein:** — If, saying that the members of the government are politically dishonest should be withdrawn, I shall do so, and just simply say — the CCF party, who now form the government, have consistently been politically dishonest in trying to say that we, because we offer criticism to this most important plan, and by and large constructive criticism, in the interests of the people we represent, if there is anything wrong with that in this House, then I would like to know what is wrong with it. I listened to a harangue from the lady member from Saskatoon (Mrs. Strum) saying how she deplored the actions, and how we should feel ashamed because we sit on this side of the House, because of some people who are not known to me, nor to any member who sits here today. Yet

she says, we should feel ashamed because we sit representing the party that she said carried on in a shameful manner. She came up with a hypothetical case that shocked her and I imagine I could come up with a dozen similar cases right in Saskatchewan today, and not too far distant from here. It is going on under your nose right now. You don't have to go back to 1937, but now after 18 years of 'humanity first' government, I can tell you it's happening here and now and to a greater extent than it did in 1937. The lady member from Humboldt (Mrs. Batten) pointed out to you what you did with the old age pensioners of the province. If you're not ashamed of that you don't have much sense of shame.

**Opposition Members:** — Hear! Hear!

**Mr. Klein:** — I say again, I am prepared to take part in this debate at this time, regardless of what accusations you people have in mind. You can accuse me of delaying your bill, accuse me of being opposed to medical services coverage, anything you wish, yet if I feel it is in the interests of the people of this province by contributing to the debate, I shall do it. You can go around and tell any story you like and I'll firmly state and put on record a preface to my remarks by saying, I am in favour of the prepaid medical insurance scheme.

**Hon. Mr. Walker:** — Actions speak louder than words.

**Mr. Klein:** — What actions would you like me to take?

**Mr. Speaker:** — Order! I would greatly appreciate it if the hon. member speaking would address the chair, instead of addressing his remarks directly across to the members on the opposite side of the House. It would make things a little more parliamentary to refer to the members opposite in the third person rather than direct.

**Mr. Klein:** — Mr. Speaker, I imagine that applies to those who make the remarks as well as myself doesn't it? Mr. Speaker, will you therefore tell the Attorney General to direct his remarks to you instead of me.

I don't know whether I'm allowed to refer to those remarks. I shouldn't have heard them, but I'd certainly

like to. He said 'actions speak louder than words' to you, Mr. Speaker. Now if I had to go along with this plan, or with the CCF government, or with the thinking of the members of the government, I still wouldn't go along on that basis, because certainly their actions haven't spoken at all. They said that a prepaid medical insurance scheme should be in this province when they took over in 1944. After 18 years of the greatest revenues that this province has ever experienced, and I imagine during that period of increased revenues, something could have been done in the way of a prepaid medical insurance scheme. However, nothing was done until the Premier decided to not fly the coop as one other person did, but to leave the provincial field, into a field where someone said destiny had called him. Now, if this is being done in that manner, for political expediency, I say it is a crying shame, because we who are honest with ourselves, honest with our people, must be concerned that the kind of plan we institute now, which may be on the statute books for the rest of the life of this province, must necessarily take into consideration the most important features of a good medical care plan.

Now the member for Saltcoats (Mr. Snedker) indicated to the members of the government that there are other ways of administering affairs of our province. There are other ways of administering various portions of our government. Now I cannot in my own mind distinguish too much between the type of service that is given in education, than in the type of service you are now proposing to give to the people in the line of medical services. In education they saw fit, several years ago, to administer the affairs of the province of education, through a unit board, of the province of education, through a unit board, locally elected and locally controlled. No one has been more appreciative of this than the members of the government. They feel that this is a good type of administration, and that it is not lacking in too many things, because they themselves have said this kind of administration in education requires little or no assistance from the government.

Now, and I think they're right, if this type of administration is good in school units where you have locally elected and locally controlled policies, then why should it fail in the field of medical insurance? Why should the administration of this thing be in the hands of a commission? Everybody is talking about and wondering why the doctors are in an uproar. Someone else made a few despicable remarks saying, that we were pleased about

the situation.

Just imagine, Mr. Speaker, if the Department of Education came into this House and informed us, out of the blue sky, by means of a bill, that from hereon in a government-appointed commission will regulate all the aspects of education in the province. By means of a bill out of the blue sky, they would tell me that what you will be paid is up to us. Whether we pay you on a fee for service basis is up to us. Whether we pay for services rendered on some other scale, or other means of determining my salary and expect me to go along with that kind of a plan, certainly you'd have all the teachers in the province in an uproar wouldn't you? And if you insisted on pushing it through, in spite of our objections as teachers, to the plan, wouldn't we pack up and to another province? Could you blame us? Now, this is precisely what you are trying to do with another profession. The medical profession. You are trying to say that we're going to administer this thing by a commission, who apparently will know better than any people in the province what is good for the people.

Now if it is as ridiculous to do it in education with the teaching profession, or for that matter any other profession, why didn't you at the time we were discussing the engineer's bill, why didn't you say we'll set up a government commission. It will determine what the engineers will be paid. It will perhaps even determine who will practice under this thing. We don't know. Therefore, if we are going to have a good plan, we must proceed in the best possible and most cautious manner. Before you instituted the school units in this province, you made very certain that you had the support of the teachers, in fact you made certain to come around to your teacher training units and instruct the teachers going to those teacher training institutes to be sure that when they go out into the province they would support and promote the idea of school unit administration. No one can deny that. You went to extreme lengths to get our support for the plan. You went into the normal school, teacher training institutes, to every possible avenue, to see that you had the support of the teachers. Then you didn't keep the intent in the dark either. You informed us what kind of a system we would be working under. If we taught for a unit board you informed us all about all those things. Here you are trying to control an entire profession by keeping them completely in the dark. How much information has been disseminated to the medical profession? I have no idea. Nothing disturbed



me more than to read the big headlines: "There will be no meeting with the cabinet." They weren't even prepared to give the medical profession the same information that you gave to the members of this House, and then prepared to discuss nothing with them. Now if your actions in this government were good, by instituting the school unit system as you did institute it, and I think they were a heck of a lot better than what you're doing now, why aren't you following the same procedure now? Why isn't the medical profession taken into your confidence and told this is what we intend to do; that is what we intend to do. Can't you see how ridiculous it is for anyone to jump into a lake where you don't know where you are going to come out?

**Hon. Mr. Erb:** — On a point of order. I want to say that when I was speaking to the president of the College of Physicians and Surgeons in regard to the matter that we are now discussing . . .

**Mr. Speaker:** — Order! I am afraid that . . .

**Hon. Mr. Erb:** — . . . we stated, Mr. Speaker, that . . .

**Mr. Speaker:** — Order! A correction could be made with the consent of the member speaking or made at the close of his speech.

**Mr. Klein:** — If the minister has anything to say, that he is now enlightening the medical profession about this bill, I will certainly welcome that announcement at any time he makes it. I only hope that the position he is in now, that he finds some way to resolve that difference. It is as bad as teachers and trustees fighting each other, and I personally would be a whole lot happier to support what this government is doing if they could come out and say we have the blessings of the medical profession the same as the then Minister of Education said we have the blessings of the teachers in our administration of schools and the system of school units.

Therefore, there is a lot to be said for what kind of administration is the best possible kind of administration for a prepaid medical insurance scheme. The Minister of Municipal Affairs isn't too sure that the local form of administering the affairs of the municipality is the best form. A lot of us aren't. But, he realized he couldn't ram the county system down our throats; he is going to make some effort to consult with the people; and he is going to make some effort to see to it that people understand what

the county system is and what its implications are. They use democratic means in every area but the field of health, and why they are so obstinate in this area I will never know. Why is it necessary for the premier to come on the front page and say we're proceeding with this legislation — we will not give our authority to govern over to the hands of the doctors — and all this. Why is it so necessary? I am now convinced, a few days ago I was in doubt as to whether the gentleman would use the health of the people for political expediency, but gradually my areas of doubt are becoming smaller and smaller, and ultimately I will have to come to the conclusion that is why it is being done, only for political expediency.

I said before, that in order for the plan to be acceptable, it must be accepted first by the doctors, and secondly by the public. Now again, I am not too sure whether we have public acceptance of this plan. Just as anything else good that is instituted, and for an example I have given the county system, and no matter how good it was, nobody realized this fact better than the Minister of Municipal Affairs. He knew before the thing would have any degree of success, you would have to have the approval of the people who would be in the county. Now then, if this holds true in that area, does it not hold true in the area of prepaid medical insurance? How do you know or how do I know whether we have public acceptance of your type of plan?

The member for Humboldt (Mrs. Batten) outlined some of the things that are disturbing the minds of the public, and there are many that can disturb them. They are disturbed first of all at this battle that this government is now carrying on with the doctors. That is one of the prime concerns, and in our little community, we are just quivering in our boots for fear that when this government imposes their "socialistic attitudes" as some person called it, into this field, the minute you ram this legislation through the House, our doctor will leave and go to another province. That is of vital concern to us, and they won't give you support for your medical plan under those conditions and if those things do happen. That is what they're worried about. Can't you see how disconcerting the whole thing is in the minds of the public? Here we have the doctors saying 'no' and the government saying 'yes'. If you don't get your way, I don't know what you'll do to the doctors if they don't follow your plan — put them in an internment camp or someplace? What are you going to do with them? If they say okay we're leaving, who are you going to replace them

with? What doctor is going to come to Lafleche, to Willowbunch, or Kincaid, to all these communities that are now served by a doctor? When these fellows pack up lock, stock and barrel and leave who is going to come in and take their place?

**Hon. Mr. Erb:** — Who said they're going to leave?

**Mr. Klein:** — They said that themselves.

**Mr. Speaker:** — Order!

**Mr. Klein:** — They may decide to stay with you if you decide to do what is right with them — take them in your confidence and tell them a little about this plan, but until you do that we should not proceed with this legislation.

**Hon. Mr. Erb:** — We are prepared to do that.

**Mr. Klein:** — You are prepared on what basis?

**Mr. Speaker:** — Order! Would the hon. members both please take into consideration what I said previously.

**Mr. Klein:** — You quit yapping over there and I won't reply, but I'm glad he does because it gives me more ammunition to find criticism with this plan as it is now. Apparently the minister is now prepared, but when they talked to him on the phone he said, if you want to come to Regina to be critical of our plan, you might as well stay at home. That is how prepared he is to negotiate with the people that are supposed to carry on this plan. If you told me that I'd stay home too.

Again, I am wondering how consistent the actions of this government are? A year or two ago trading stamps rocked the foundation of the provincial government. Everybody in the whole province, at tremendous expense, hired a lawyer and presented their case. We had co-op consumers, we had mothers, children and everything . . .

**Hon. Mr. Erb:** — He is a little far afield, Mr. Speaker, I would suggest.

**Mr. Speaker:** — I might say that the trading stamps are not under discussion at the present time, although possibly you are discussing the consistency of the government.

**Mr. Klein:** — I am coming up to my next point in this particularly debate to make this plan successful. If they don't want to take good advice they might as well go home too.

The Assembly recessed at 5:30 o'clock p.m.

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

**Mr. Karl F. Klein (Notukeu-Willowbunch):** — Mr. Speaker, when we recessed at 5:30, I had before that time outlined why it was that every member, regardless of his viewpoints, should contribute something in order to derive the best possible medical care plan for the people in this province. The fact that we are participating in the debate means that we have the sincere interest at heart for the best medical plan. I outlined that in order to have an exceptionally good plan, we needed the best possible administration of such a plan in order to arrive and find what is the best possible kind of administration. We can perhaps refer to some of the other areas that are administered differently than is being proposed in this particular health plan.

The second requirement is doctor participation, and again I think I pointed out to the House, and I hope to the government, that they haven't done, anything in order to gain the confidence of the doctors, and to gain their co-operation in this plan. Everything they have done so far is to keep them in the dark, and to agitate them so as not to hold their confidence.

Thirdly, I said it is essential that the public must accept this plan. Thus far the government has no yardstick to measure the public acceptance of this plan we are proposing, and I was about to use some of the government's actions in the past to find out what the public thinking was on important questions, and at that time the Premier interrupted and said, "What has the trading stamp got to do with it?"

I'm pointing out to this House that the government saw fit, in order to hear the views of the public on this little trading stamp issue — they saw fit to have a committee, and to call in people from all walks of life to present to this government, and to the members of that committee, their viewpoint on whether or not this legislation should be proceeded with, and at great expense to the

public, because those people who made their views known, most of them had to retain legal advice in so doing.

I am not convinced yet that we have the right kind of public acceptance, or that we do have the cooperation of the public in this plan. I mentioned there were many areas where the public is a bit concerned and perturbed. The first reason they are perturbed is because if this government continues to bulldoze this legislation through, in spite of the opposition they are receiving from the medical profession, that the doctors may be sufficiently annoyed to pack up and leave the province. If this happens, many of our small communities which are now enjoying the services of a doctor, will be without that service and that is a serious problem, because many communities have put forth tremendous effort to entice doctors to practice in their area. They want the doctor in the community; they don't want to run communities without this kind of help they are now receiving. If you people are guilty of driving those doctors away from our communities, woe betide you, every time a child dies because it could not receive medical attention, it will rest on your conscience, and no one else's.

There are those who are presently covered by Medical Services Insurance — I believe it was mentioned this morning. But what becomes of us when we go to renew our medical services this fall? You are saying this plan may come into effect April 1. What deal do I then make? Do I go down and pay a full year's premium to get coverage from January to April — what kind of a deal can I make for that time to assure coverage from January to April? I don't want to be without coverage of any description, because somewhere in the offing there is a medical insurance plan.

So, what happens to us this fall? Are we going to renew our contracts or won't we? Will we go down and pay another \$84 for three months' coverage? What will happen? You are planning to take over April 1. That is the second area in which the public is a bit disturbed.

The other area was already mentioned by the member from Gravelbourg (Mr. Coderre). What about those people who are participating in a plan whereby the company is paying half of the plan? What happens to those cases? Are you going to legislate that they increase the person's wage by that much? Are they going to tell some corporation in Toronto what they must do? Nobody knows — neither does

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the government. So, because of this lack of information that is given, both to the members and to the medical profession, and to the public, I see no other avenue of finding out what public opinion is without taking a vote of the people concerned. That is the only way you now have of finding out the third requirement of a good plan. Full public acceptance.

I don't think there is anyone silly enough to argue that the plan will work in spite of public acceptance, just as it is silly to say that the plan will work in spite of the fact that the doctors will reject it.

The fourth requirement, of course, for the successful operation of the medical plan is that it will be financed in such a way that it will carry on regardless of the conditions the people happen to be in. If there should happen to be ten years of depression, as has been in the past, will the plan still be able to carry on? That could be of vital concern to us. We don't want a plan that can only carry on when incomes are high. We must be certain this plan will not be destroyed because finances are lacking.

It may be the hope of the government that they want to railroad us through now, and then somebody else will bail them out of the situation in which they are going to leave this province. It is not sound thinking, and every member should make an effort to contribute the best thinking he is capable of, in order to arrive at the best plan. I don't think anybody should cut off negotiations with people who wish to consult or find out more information about it. Just as the members in the House today cannot vote with any degree of intelligence, if they don't know what the regulations are going to be; if they haven't any idea what this commission may come up with, so the people can't decide. We don't know what we might decide at one of their meetings, and how can we, as was mentioned before, give approval of a pig in the poke.

For those reasons, Mr. Speaker, because I believe the only way they can find out whether they will have public acceptance or not is through a vote of the people concerned, and for that reason I will support the amendment.

The question being put on the amendment, it was negatived on the following recorded division:

**YEAS — 18**  
**Messieurs**

Thatcher	Cameron	Klein
Batten (Mrs.)	McFarlane	Horsman
McCarthy	Gardiner	Coderre
Barrie	Foley	MacDougall
McDonald	Guy	Snedker
Danielson	Boldt	Gallagher

**NAYS — 24**  
**Messieurs**

Douglas	Davies	Stevens
Dewhurst	Thurston	Kluzak
Williams	Erb	Dahlman
McIntosh	Stone	Michayluk
Lloyd	Whelan	Semchuk
Nollet	Berezowsky	Perkins
Cooper (Mrs.)	Johnson	Peterson
Strum (Mrs.)	Snyder	Brotten

**Mr. Speaker:** — The debate will now be on the motion.

**Mr. A.C. Cameron (Maple Creek):** — You will notice, Mr. Speaker, that in the act itself it says this is an act to provide for payment for services rendered to certain persons by physicians and certain other persons, so the act in the main is to provide some means of meeting the payments to these physicians. We know, of course, that individuals before you can make commitments and obligations to meet this financial commitment, you have to be quite certain that you have the financial resources with which to do it, and this bill attempts to set out, together with the tax bill that will be brought in by the Provincial Treasurer, how we are to arrange to meet these commitments for these payments to these physicians and certain other persons.

How the province will raise its portion of these costs was fully set out by the Provincial Treasurer, and I

presume by a tax bill that will follow. That is as far as he could go. Then we had to set up machinery in order that we could be assured that the beneficiary who is the private individual, would make his contribution likewise. That is spelled out in detail in this act, as to how the beneficiary will meet his obligation in order that we can guarantee payment. This, as I say, is legislation which had to be set up in the act, and it is set out in the act and spelled out very, very clearly.

For instance, to make sure the beneficiary pays his part of the cost, the first thing under the act that he is required to do is that everyone who is liable as a beneficiary must first register. There are penalties provided if he doesn't register. Then we had to set up collection agencies, and I noticed in the bill it is spelled out who the collection agencies will be, and it defines them as the city, towns, villages and R.M.'s. The bill says "they shall be — (not they may be) the collector for their particular municipality or region," and it sets out very definitely what powers this collector has, and how they must be used. For instance, in a municipality, a rural municipality, the collector will notify his beneficiary of his arrears, and he will take appropriate action under the tax collection act, to be certain these tax arrears are collected.

In other words, they will have the same power as though they were taxes on his property or his land. If necessary, we use the southwest, and I presume in a good many other municipalities, if he has arrears of taxes, they post in the elevator the farmer's name, the amount of arrears and when he comes to sell that grain in the fall he will have to make out his grain cheque. The agent is completed to make out the grain cheque in a joint name, that of the particular farmer and the municipality. Then of course you can't cash your cheque without it being endorsed by the municipality as well, so the municipality is pretty well assured of getting their arrears, or the portion of arrears they wish to have.

That is the same procedure under the bill which will be used in the collection of premiums. It is a strong method of collection; the only difficulty arises, where we sometimes see in social aid that the municipalities is social aid; they should set up a social aid office specifically for that purpose, and the dignity of the individual should be protected to that extent, that even the



municipality does not know who is on social aid, and what he is receiving. There is something to be said for that, but here we are making certain of collections. It doesn't matter about the dignity of the person, if he owes \$24 for health taxes, that is going to be posted up in the elevator in order that the municipality may collect. It is just a change — I'm not objecting to that, but I just point that out.

What about those people, whether they own property or whether they don't, who are indigents, and who cannot take care of themselves, and in south-west Saskatchewan today we have quite a few of them — honest, hard-working farmers, who find themselves in the position where they must go to the municipality to apply for social aid. I'm sorry to report that in a particular municipality in which I farm, that we will have 40 to 50 of our farmers on social aid this winter, and other municipalities will have perhaps a lesser amount, but altogether in the central area of my seat there will be a goodly number of farmers to our regret, that will have to be on social aid, and they are indigents under the Health Services Act.

There is a change in this act, in that it says the municipalities must (not may) pay the premium on behalf of its indigent people — that means the municipality will have to pay the premium on behalf of those people — those good farmers of ours who are on social aid at the present time. If they are on social aid, when this act comes in — so the indigent person is the responsibility of the municipality, and not if he should go to the doctor, or becomes ill and goes to the hospital — but he is the responsibility for his payment, and even if he is an indigent, this act makes sure that his payment is paid, if not by himself, then by the municipality.

What about these people who are not taxpayers, and who are not indigents? Those who work on a salary and rent homes, and so forth. We have plugged that loophole in the act, because under the act, the tax collector who is the municipality, can send a letter to the employer and ask for a list of all his employees. If the employees are delinquent, or even in the current premium, the collector again (which is the municipality) has the right to demand of the employer that he put up the premium for any or all of his employees who are in arrears. So then we plugged that loophole. Income of the taxpayer will be seized, the indigent is the responsibility of the municipality; and those who do not own property and are working are the responsibility of the employer.

In each of these there are penalty clauses to enforce this; for instance, the employer can be prosecuted for not remitting the sum, and the judge may assess him to contribute the sum of each and every one of his employees who are delinquent in their payments. So we have very specific ways of spelling out exactly how this money is to be raised, so that we can be assured that we will have sufficient funds with which to pay those who render the service.

Then we ask under the act, who is to be paid on this plan? Of course, there's your staff and the office and so forth — your personnel, but in the main the bulk of this commitment is to the physicians and certain other persons, according to the heading of the act. They will take the bulk of these payments. In the main, that will be the dentists, the physiotherapists, the physicians who take the bulk of all payments. Then the act was careful to be certain to whom we are paying these payments. It says, for instance, we had better define exactly what we mean by a dentist, so that we are certain to whom we are paying, and no one can surely object to that. So they defined dentists; they defined physiotherapists; they defined physicians. Those people are qualified to be paid under the act who render any service to the medical plan.

They then qualify a dentist as a dentist who holds a valid and subsisting license under the Dental Profession Act, so he is qualified for payment. A physiotherapist — it means a physiotherapist registered under The Physiotherapist Act. When we come to the definition of physician, it means a duly qualified medical practitioner. That is a different interpretation or a different definition than this definition as we understand a physician, as one duly qualified under the College of Physicians and Surgeons. I am wondering why we exempted that when we are defining a physician. We said a dentist is according to the Dental Professional Act; the physiotherapist according to The Physiotherapist Act, but when it comes to the physician, we say mainly a duly qualified medical practitioner — not one necessarily that is qualified for the College of Physicians and Surgeons; because that isn't mentioned . . .

**Mr. Speaker:** — Is the hon. member discussing the principle of this bill . . .

**Mr. Cameron:** — Yes, the principle of how we are raising the tax and who we are going to pay, and then I want to go into the beneficiary

and what he is going to receive, which is the principle of the bill, I think, to firstly set out how we are to raise money, and secondly the beneficiaries and what they qualify for.

That is my thought, Mr. Speaker, in developing this, and I question why these definitions. I think that has possibly led to some misunderstanding. Is it the intention people ask of the government, to by-pass the College of Physicians and Surgeons, or is it the intention to bring in other people who are in the health field, who could not qualify as a physician under their definition? Would it be the matter of bypassing the osteopaths or chiropractors, or any of those? We don't know. Personally, this is my own thought — I think the chiropractors play a very important part in the field of health. I don't feel myself that chiropractors should be left out in a medical care plan, or whether they can be included in this definition. If that is the reason for it being so broad, I don't know, but if not I would suggest that we look at the possibility, of including chiropractors, and some of the others that play an important part in the field of health.

I point out that to show that when we come to the raising of the money, to be certain that we can pay these officials and these professional men, it is all spelled out explicitly in the act with the necessary force of the legislature behind it, to be certain these collections can be made.

When it comes to the beneficiary under the act, we are not so definite — his rights are not spelled out. The man who is to receive the benefits of this service as a result of this raising of these taxes — they're not so sure, because it says that the act, if we pass it in its present form, sets up a commission. It says the commission shall be responsible for the establishing as well as the administering of the plan. I think there has been some misunderstanding here. I think at times we were led to believe that the commission was set up to administer the plan. In the act we are saying the commission was set up in order to establish a plan, and after it has established the plan, then that commission shall administer the plan. Now, that is what my interpretation of it is.

I was in agreement with the Premier the other day, in answer to someone over here, when he got up and said, "I do not believe that this legislature should abrogate

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its right to the medical profession, nor to anyone else.” I said “hear! Hear!” to that, but I find in this act that the Premier and the government are proceeding to do the very thing he said the other day he was opposed to; because he is asking the legislature to abrogate its rights to a commission, and the commission will establish a health plan not the legislature. I would only ask the Premier and the government to be consistent with what they say. If we want to zealously regard our rights in this legislature, and say that we will not abrogate our rights to the medical profession, nor to anyone else, then surely we shall not abrogate our rights to a commission. That should be our privilege, and our responsibility ourselves, to set up a medical plan, and not to say we set up the legislation; we have assured you of the money. We have covered all the loopholes in that, but as to the plan itself we haven’t yet decided. We haven’t set up any legislation. We haven’t spelled out what type of plan it will be, because for some reason or other we are in a hurry. We have other irons in the fire — we have other commitments that must be met, so we can’t take the time in which to do it, so we’ll abrogate the rights of the legislature to a commission, and we hope this commission will bring up a plan that will be acceptable to the medical profession, and to the general public. We hope that we are giving them the responsibility.

That is one of the inherent changes in this bill, as it stands in its present form.

We have talked about prepaid medical plans for a long while, and I set forth in some brevity the other day, the operation of the Swift Current health plan, my strong support for it, and my strong support for prepaid medical plans, or prepaid medical insurance. I had hoped, and had thought that I would come to the legislature, and that there would be presented to us a bill in which the legislature would be exercising its right and responsibility in setting up a prepaid medical plan, and indeed, Mr. Speaker, it is a great disappointment to me, to come here and find that all we are asked to do is to abrogate our rights to a commission, and to establish the commission which will establish the prepaid medical plan which we are to have in this province.

I have been interested for years in prepaid medicine, but I was interested in the viewpoint of the Premier and the heads of the government, because I figured when the Premier speaks on behalf of the government, that is pretty much government policy. Therefore, I read with a great

deal of interest all these political announcements in regard to medical care. I want to quote some of them now. Here is something from The Leader-Post, November 30, 1959:

“Douglas Gives His Views On Health Plan.”

I was interested in that, because his views corresponded so closely to my own. This is what he had to say:

He used the word ‘government-sponsored’. He didn’t say government controlled — he said:

“ . . . a government-sponsored medical care plan should be more on the lines of the Swift Current scheme than on health plans adopted in Europe.”

I can agree with him on that. He went on and said:

“ . . . payments for doctors would be on a fee-for-service basis; not a salary as done in the United Kingdom and Israel.”

I was in agreement with him on that. Then he said:

“after studying these two schemes, (he was over there and had just come back) it is my personal opinion that Swift Current’s type of plan is more suited to our needs.”

I thought that was good. Then he comes to The Leader-Post: Unfortunately I have the clipping, but I neglected to date it, so if you’ll accept that, Mr. Speaker, I will quote from his clipping here:

“ . . . no compulsion upon doctors. Mr. Douglas said one of the functions of the advisory board they were about to set up on medical care will be to integrate existing medical plans with the government one, he said.”

I want to read that again:

“ . . . one of the functions of the advisory board of medical care will be to integrate the existing medical plans with the government one.”

Then he goes on:

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“Medical Services Incorporated, Group Medical Services, are the two biggest medical schemes in the province, and the Premiers said the CCF plan will not put these out of business.”

I agree with that. Then we came into the election — first I should finish my quotation — under the same heading:

“He said although the plan is compulsory, doctors will not be forced to join, he said. Any physician licensed by the College of Physicians and Surgeons will be able to practice; patients can go to such doctors, he said, if they wish, but he doubted if they would pay out of their own funds when they had already paid into the medical plan.”

“The doctors were not to be interfered with; they were not to be compelled to join the plan; they could join the plan, or they could stay out of it.”

Then January 8, 1960, there was another item in The Leader-Post:

“Health Committee . . .

“Mr. Douglas took the occasion to comment there — Premier Douglas has laid down five principles which must be complied with by the committee: (a) a government-sponsored plan;

(Note the word again ‘sponsored’ plan) — (b) high quality service; (c) a plan acceptable to both the medical profession and the public (d) universal coverage; (e) prepayment for services.”

Those were the principles and the expressions of the Premier’s personal opinion, as dated November 30, and to the people of this province. They were in the main acceptable to the medical profession, and thus we went through the election in 1960, talking about the CCF plan in which these so-called guarantees were given. In my constituency we weren’t too much concerned, because we had the Premier’s announcement that he thought the Swift Current

health plan should be the basis of the model on which we should proceed in the province, in setting up of a medical care plan. He thought that the doctors should be paid on a fee-for-service plan; that's what we were doing. He thought the people should have the freedom of choice of doctors; and doctor's freedom of choice of patients, which is what we were doing. Everything was acceptable to us, and therefore there was not too great a controversy on it. The only controversy was, they said that if you elect the Liberals you lose the health region of Swift Current, because (these are Premier Douglas' statements):

“We'll have a medical plan that will be exactly the same as the medical plan in Swift Current, and we will attempt to put this across the province. Any other group medical insurance that is existing in the province today, would be incorporated into the plan.”

Those were the facts that I had in mind when I came down to this session, and I thought that in some small way I could perhaps make some contribution to the legislature, and to the thinking of the government, because I thought I would actively participate in the setting up of a medical care plan. I find to my great disappointment, when we were called into this session to set up the medical care plan, that all we're asked to do after we're sure we can collect the money, is to say we will abrogate our rights, and turn it over to a commission, and the commission shall be responsible for the setting up and the administration of the plan.

I'm sure that is what is wrong today. What will the beneficiaries gain under this plan? They have outlined the type of medical services that will be rendered; but they haven't satisfied us in the Swift Current health region as to how much, or what insurance we have if we take medical care outside the province. We know that in the western portion of the Swift Current health region, that if we take our medical care in the city of Medicine Hat, which is on the south side of the province, we are fully covered — fully covered, under our premium which we pay. Under the commission's plan we don't know whether we will be, because it says that will be set by regulations of the commission. We are not told whether we will still be covered if we take medical services in Medicine Hat. We don't know if we are visiting Manitoba, and are compelled to seek medical services there, whether the commission will have a plan which will pay our

full costs; or whether we will have to pay 50 per cent of the cost if we get medical services outside the province — nothing is answered, because we haven't a plan. The CCF said they had a plan before election, and the Premier — I found myself almost in complete agreement with the Premier, but now the CCF have abandoned their plan and I presume, due to lack of time, they have abrogated the right to give it over to a commission. That is why we're asking — what type of plan are we to have?

We are vitally concerned in that. I don't think it is just sufficient to come to the legislature, and say to the opposition: "You're trying delaying tactics — you're trying to hold up the debate — let's get on this thing." Well, I ask you, Mr. Speaker, what is the rush? This is not a special session. This wasn't called for only two days. They called the responsible members of the legislature into a session of the legislature, and I have always believed, as a member of this legislature, that I have certain commitments and responsibilities to my people and to my constituency. One of my responsibilities is to take part in the debate; to scrutinize legislation and to lend my support in a constructive manner to that legislation, not to attempt to get some legislation which, in my opinion, is not in the interests of my people or the people of this province.

**Opposition Members:** — Hear! Hear!

**Mr. Cameron:** — I am not concerned whether I stay here ten days, or whether I stay here 41 — I'm called for that specific purpose, and I cannot understand, and I resent the implication that because I am prepared to stand up and have my views presented to the legislature, whether they accept it or not, that I should be accused of attempting to hold up the debate. What is the rush in this whole thing? This is only the tenth or eleventh day of the session. I have seen, Mr. Speaker, resolutions on private members' day, in my opinion which were of little consequence, come before the legislature during the session, and have heard of speakers sponsored by the government side of the House; I have seen our leader, or someone else responsible from this side of the House stand up and say, we support this amendment unanimously or we support this resolution; we will support you unanimously in it. It was noted in five minutes that that resolution was going to receive the unanimous approval of this House, and yet I have seen them debate that unanimous



resolution for two full days — everybody wanted to have his say, even though everybody was in complete agreement. There wasn't one member on that side of the House that didn't stand up and give his support to that resolution.

We took two days to debate the resolution which could have been passed in this House in two minutes. Was that holding up the time of the legislature? I am rather surprised, when we were called into session, and among other parts of our work is to prepare plans for medical care — something which has been of interest to the people for a long while — something on which the people have gone ahead on their own, and did something about. We know something about the worries and insecurity without a prepaid medical plan. Those people who pioneered the southwest. We set up our medical plan. We would be happy if the province would take over on a prepaid medical plan, if they gave us the guarantee that our services would not be less than we are receiving today. We are even prepared to give up our dental profession, which says that every mother who has children 12 years and under will receive free dental care for her children, and we saw that we had the dentists with which to do it. This is an important phase of public health; it is vitally important that we use both preventive medicine and corrective steps on those children in the formative years when their teeth can be corrected. We have appreciated that profession no end. That is going to be abandoned under this plan, because the commission says they do not recommend entering into a dental plan.

**Premier Douglas:** — They will not be discouraged from carrying on a profession; as a matter of fact they will be encouraged to carry on a profession.

**Mr. Cameron:** — That is an interesting comment, because here was to be an all-inclusive, universal plan and now the Premier says that if they can do it. Therefore, they will have to go and charge themselves another premium with which to do it, and they will have to go and set up their own board and directors, and run their own plan. They would lead the people to believe by the press statements, that \$12 per single person and \$14 per family is going to cover all of your medical care.

**Premier Douglas:** — It will cover it . . .

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**Mr. Cameron:** — Let's be honest. If that is your thinking, and you are going back to the health regions and say, set up a medical care profession, then have the courage to stand up and tell the health regions that so our people and the rest will know.

**Premier Douglas:** — Mr. Speaker, my hon. friend — may I ask a question?

**Mr. Cameron:** — I'm not answering any more questions.

**Mr. Speaker:** — (inaudible) . . .

**Premier Douglas:** — He prefers to keep on muddying the water.

**Mr. Cameron:** — Muddying the water! No, my hon. friend, just sit down. You're not interfering with my speech; I never interfere with you. You can throw all the dirt over here that you want, and you'll never see me rising on my feet — and believe me, you can do plenty of it.

When I have the courage to stand up in the House and give my convictions, I want at least the courtesy and the right to do it.

**Premier Douglas:** — Oh, courtesy. Nobody is stopping you.

**Mr. Cameron:** — I say, Mr. Speaker, — this whole debate — they are always saying it should be coming to a close. What I cannot understand is, are the members on the government side of the House, who are so vocal in everything — have sat on their seats over in this session, and haven't opened their mouths on any occasion. Now surely these members must have some thoughts on what a prepaid medical plan should be. Nobody can tell me that every one of those members sitting over there think identically the same. I venture to say that if you can quietly take a poll of the individual members over there, if there are 35 members, you would have some 35 variations of what a medical plan should be. I think that is wholesome and right that it should be. But the strange thing to me is why they are not up contributing to the debate, and giving their meaning to it, so we can come up with a medical plan. We, they seem to think, must sit quietly in this legislature, or that we are in a hurry

to do something else, so therefore we are going to turn it over to a commission, and they are going to set up a plan. Therefore, hush! Don't attempt to muddy the waters. Just leave them well enough alone, and if the opposition can't carry the debate . . .

I am surprised, and am more surprised at the member for Shaunavon (Mr. Kluzak), who lives in the Swift Current health region, (actually Mr. Speaker lives in the Swift Current health region, but the Speaker of the House, of course, is restricted from taking part in the debate) — but I never thought that a member whose constituency is in the health region of Swift Current would sit throughout this whole debate, and not contribute anything towards the prepaid medical plan in this debate.

**Opposition Members:** — Hear! Hear!

**Mr. Cameron:** — And I honestly cannot say how he can go back to his constituency, and if he doesn't tell them, I will, that the government was prepared to scuttle our dental plan; this government is prepared to abrogate the rights of this legislature to a commission, and say, you boys go ahead and build us a plan, without taking any steps to safeguard the rights and privileges which we enjoy today, so that they will be protected. Not a word did he say; not a word did he, I believe, intend to say.

I am surprised, too, at the members who have portions of their constituencies in the health region of Swift Current who haven't been on their feet, to say that in our experience in the Swift Current health region we believe we can make some contribution to this debate, and we believe this could be a good thing. We believe this would be a safeguard which should be incorporated in any prepaid medical plan. No — the hon. members sit there and abrogate the rights of this legislature to a commission, and then say their duties and obligations are fulfilled. I wonder why, Mr. Speaker, and I am sure the people of the Swift Current health region will wonder why, too. If they say it is only the members of the opposition that had anything to contribute in support of the Swift Current health plan, and to incorporate its features into the prepaid medical plan . . .

**Premier Douglas:** — You're trying to kill it, in the first place.

**Mr. Cameron:** —I'm going to ask the Premier — why have you changed your thoughts on prepaid medicine? Why were you so explicit in these pronouncements as to your belief — what they should be? Fee-for-service; the physician should be free to come in or stay out; the other schemes should be integrated into a sponsored plan; you didn't say a government-controlled plan. You said a 'government-sponsored plan', and I thought he called the legislature together and we would sponsor a plan in an attempt to integrate these other plans into this overall plan. Why has he run away from those principles which he stated prior to the election? Why is he stating now that he still believes these should be the principles of a prepaid medical plan?

Why doesn't he stand up now and say the doctors (if he believed it then, he believes it now) should be on a fee-for-service; or why should he say that the commission today have not decided how they're going to pay them — they may be paid on a salary; they may be paid on a fee-for-service; they may be paid on a per capitation, part on salary or part on fee-for-service. "We don't know", says the Premier, "because the commission hasn't yet told us."

**Premier Douglas:** — When did I say that?

**Mr. Cameron:** — He doesn't know whether or not the other plans are going to be incorporated into this plan or not, because he says the commission has not yet told us; because we are setting up a commission to establish a plan. The Minister of Health was a little more definite. He must have been prejudging the views of the commission; he seems to think that he will know what the commission is going to bring in, because on TV the other evening he was asked by a commentator if, in the event of this profession coming in, would the Swift Current plan continue to operate, and the Medical Incorporated plan and Group Medical. He said, "By no means — they will go by the board; there will be no other plan. There will be one universal plan." So I say the Minister of Public Health must know more about the thinking of the commission than the Premier does. Frankly, I don't think either one of them know anything about it.

**Opposition Members:** — Hear! Hear!

**Mr. Cameron:** — How can they know, when every second line says it will be by regulations, or Order-in-Council, and by the commission, then the commission shall recommend, and the Order-in-Council

shall regulate. Here is the position where we are getting to the place where we are abrogating our right as the legislature to a commission; we are getting to the state where we have government commission, and government by regulation, and they think we should be happy to go home and say, we've done a good job; we've set up a commission; we've abrogated our right; we've given our responsibility to them, and then on top of that from day to day we've authorized the cabinet, together with the commission, to bring in regulations.

We don't know what the regulations will be. The Premier said on one occasion the regulations will be developed in the light of the plan. That's maybe why we should have a safeguard and have an advisory committee which, at the end of five years, would probably make a report of the whole plan and suggest the changes that should be made. Simply because they have no plan, and they don't know what kind of a plan they're going to have. That in a nutshell is the essence of this bill. I came down here, full of anticipation, and I would be asked to participate in helping to mould the thinking and to build a universal prepaid medical plan for Saskatchewan — a milestone in the history of the province. I thought I would go down in history as having taken part in some of it, and I find that we of the legislature now — all that we are asked to do is to abrogate our rights to a commission and let them assume the responsibility in place of the legislature.

I am going to say this, Mr. Speaker, and I'm going to be very honest about it. No one has ever accused me of ever being against prepaid medicine. We have seen — I have lived in south-west Saskatchewan since 1935 — we've gone through more crop failures and more hardships than any area of the province, and we have survived, and had to — we didn't wait for the rich to carry the poor; we the poor carried ourselves, and we're proud of what we have done. Mr. Speaker, I am going to support this for two reasons: because we have no alternative. We have no alternative. If you are going to have prepaid medicine of some sort, with the thought in mind that the only consoling thought that it won't be long until we have a government that will assume their obligations in this legislature . . .

**Opposition Members:** — Hear! Hear!

**Mr. Cameron:** — . . . and will take this plan, and build it into something that will be a monument to government and to parliamentary

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procedures in this province, and I say, Mr. Speaker, it is with a heavy heart that the best I can do in this legislature is to be a party to abrogating my rights and responsibilities as a member to a commission, not knowing what the commission is going to do; not knowing what they are going to do for the beneficiaries; not knowing what is going to happen to our people in Swift Current or any other area of the province; not knowing what is going to happen to those who have joined some voluntary plan; not knowing what is going to happen to anyone, or anything.

I say it is with a really heavy heart that I go back to my people and say, this is the legislation which we were asked to approve. If we didn't approve it we were against prepaid medical care. We have urged and fought and worked for prepaid medicine, and we would be the last to see that right denied to anyone. We had hoped that the government would have taken an active participation in encouraging — not in forcing or trying to sell, but working in the background, putting out the information, encouraging all other health regions to enter into prepaid medical plans years and years ago, because of the advantages derived from it. It is at least a start. It is a beginning. It may be the opening of the door to allow other people who are not yet covered to come in under some sort of plan, and because that is so essential, and because it is so needed by the people of the province, that even though the plan is not acceptable to me because we have no plan; even though I abhor some of these regulations and restrictions that will be imposed upon us, I say in spite of that, though my heart is heavy when I cannot see a profession that I can wholeheartedly support, and that I can help to encourage the people across the province to support, and ask to give active participation in co-operation of the doctors and of the populace in general — that could have been done. We sacrificed, we abrogated our right and our privilege to bring into this legislature a plan. After all our experiences in Saskatchewan, (because Saskatchewan has lead the way in prepaid medicine); we have led the field for years past; we pioneered every one of these steps in hospitalization, in all of them; in medical plans and municipal plans, in the Swift Current plan, Saskatchewan has led the way. Surely with all the experience behind us, surely we as the legislature must now be in a position to put our heads together, growing from the experience of all of these plans, to be able to devise one that would meet the approval of the doctors and the people of Saskatchewan, and the people of Canada in general. We have missed that opportunity, because the Premier and his cohorts saw fit to

abrogate the powers of the legislature to a commission, and said, you do it for us. That is the part that grieves me, that we should not have the privilege of exercising our responsibility of being still pioneers in setting up a medical care plan that would receive the unanimous approval of every citizen of Saskatchewan.

**Opposition Members:** — Hear! Hear!

**Mr. Douglas T. McFarlane (Qu'Appelle-Wolseley):** — Mr. Speaker, in all the years the members on either this side of the House, or the other side of the House have had the opportunity to represent the people of this province I suggest, Mr. Speaker, this regular session has been the most important session of this province in those years.

I too, like the speaker who was before me, have been very disappointed in the action of the government in bringing the principles of this plan which they have seen fit to embody in this type of legislation at this time. I was very disturbed this afternoon to hear some of the remarks by some of the members speaking from the government side of the House, because after all I think we all recognize that when members from the government side speak, they are in effect, echoing the sentiments and policies of the government. I have never believed in the philosophy the members opposite pretend to believe in. I have always believed in the freest possible society, giving each and every individual the opportunity to live his life the way he or she sees fit.

So this afternoon, in view of recent developments which I think are of most importance, as far as this act is concerned at the present time is the attitude of the government towards the doctors. In view of recent developments on both sides, I think that we, instead of being accused as we have been by the Premier, and other members opposite for several days now, of stalling I think we should be prepared to stay in this House until some concrete assurance is given to us, so that we can take back to the people who are going to be responsible for financing this type of legislation — before we leave this House I think we should have concrete information of the attitude of the government towards the doctors, and the doctors towards the government, and some guarantee before we leave here that these differences are going to be resolved and that we are going to be able to set up a health insurance profession in this province.

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As I see it at the present time, I don't think that assurance is forthcoming, but I know that it is disturbing to the people in the country. I certainly was disappointed this afternoon to hear a member from the government side worrying and wondering what discipline should be placed upon the doctors to bring them into this scheme, worrying at this time in terms of discipline upon the doctors, without whom the scheme isn't worth the paper it is written on.

As I say, I wasn't amazed at that, because I can recall the words in Hansard of one of the founders of the parties he represents, and I quote none other than J.S. Woodworth, who is reported in the House of Commons, February 1, 1933, when he stated: "It may well be that force may prove inevitable."

So, Mr. Speaker, if they are going to resort to the philosophy of some of their own leaders, then I think we are in a sorry state in this province.

I was interested in the remarks made by the lady member from Saskatoon (Mrs. Strum), because it wasn't too many years ago, probably a lesser time than when she was studying the plan in her part of the country at that time — I can only apologize, but probably I haven't had as much experience in years, that is, as she has up until this time, but I can remember very well when the municipality in which I lived set up our first medical care scheme. I can remember the day the vote was taken, and the municipality at that time voted almost overwhelmingly to enter into a municipal medical care scheme.

I remember the attitude at that time of the people towards the doctors, and the doctors towards the people. I can only say that the scheme has been successful all these years, because of the very close relationship. That, I think, is one of the things that is lacking — one of the principles we are lacking in this scheme at the present time.

I didn't pay too much attention to what she said, because I have had the opportunity of hearing her speak on public platforms before, but I was very disappointed in the remarks she made of conditions at that time, and especially the hospital situation. If these plans and these schemes are going to put into effect; if they are to be effective and practical, then allied services must be there to supply these services. I am very sorry indeed, and I am sure the people of that area, especially the



pioneers and other members of this House who lived in the area she spoke of, were very sorry to hear her state that the people in those days had to go to either Brandon or Regina or Indian Head.

Just for the records, Mr. Speaker, I wish to put her statement straight. I check on it; I knew it wasn't correct, and this is what I found: In the period that she referred to, there was a hospital at Moosomin; one at Whitewood; Indian Head; Broadview; a private hospital in Wolseley; there was a home for the infirm at Wolseley; there was an Indian hospital at Fort Qu'Appelle; there was a sanatorium at Fort Qu'Appelle — a magnificent record for the area along the mainline.

In 1944 when this government came into power there were additional hospitals built close to her area in the south, and included in the area that she at one time represented, there were additional hospitals at St. Hubert's Mission and the Whitewood, Joan of Arc Home — a tremendous record, and to give credit where credit is due to the people who built these hospitals, the people of those districts — I think they were slighted when that statement was made by her this afternoon.

I want to go on and tell the lady member from Saskatoon what has happened since her government came into power in this province. We had these hospitals; the people built these hospitals; they assumed responsibility for them, and gave the people who use these hospitals the finest treatment possible under those conditions and at those times. But what has happened since then? Further along the mainline, the little community of Qu'Appelle went to this government, asking permission to set up a hospital in their community, and what was the attitude of the government towards this? They were told that it did not fit into their master plan. Everything this government abides by is a so-called plan. Everything has to fit into a master plan, or if you will, Mr. Speaker, if you wish to call it that — socialist planning.

The district of Qu'Appelle was turned down. They wanted a union hospital. Grants weren't forthcoming, no assistance was given, so in the true spirit of the people in that area, they went ahead and built their own private hospital which is now functioning in Qu'Appelle.

I want to inform the lady member of the situation at Fort Qu'Appelle, and I hope the Minister of Health is listening. Fort Qu'Appelle is the largest area and the

largest town in my constituency, and year after year after year they have sent delegations into this government to the Minister of Public Health, asking that a hospital be set up at Fort Qu'Appelle. You all know that, prior to this year, the sanatorium, or half of it wasn't being used. The people of Fort Qu'Appelle sent delegations to this government asking the government to provide at least half the sanatorium space for the people in that area. That has never been done. Other delegations are going to the federal government to see if something can be done in regard to a portion of the Indian hospital. But all this government could see fit to do, was to erect a little building in the heart of Fort Qu'Appelle and call it a workshop. Mr. Speaker, I don't think any doctor or anyone connected with the medical profession in this province would ever like to work in a building with the sign over the front 'Work Shop'. I think they at least deserve the dignity of a hospital.

So I suggest to the government, and the lady member from Saskatoon, (Mrs. Strum) that the record is not good since they have been in power, and the credit should go in the first place to the people in those area who set up those hospitals, who staffed the hospitals, and who set up the medical care scheme with the doctors in those districts. It is only a reflection of the niggardly attitude of this government that areas, since this government has been in power, have been turned down, and had to set up facilities by themselves.

Mr. Speaker, I was home over the weekend, and was very interested in the attitude of the people I represent and their feelings towards this proposed health scheme — the medical care scheme. I found mixed feelings, and because the area I represent has been severely hit by drought, some of the people were extremely concerned over the policies of this government, not for the reason that they are bringing in a medical care scheme, but they remembered former policies of this government that have tended to get them into the financial condition they are in today. I don't suggest that all the policies of the government which were brought in were not good, but I do condemn the government for bringing in a certain policy, set up some project, and then before they carry it through to its ultimate conclusion, before it could do the people the most good, they abandon that and start off on some other hair-brain scheme. So they have always put the cart before the horse. Instead of setting up the facilities first, and bringing these services through as a uniform policy, so the people can enjoy them, the cart is put before the horse, and before the services

could be appreciated, the costs have almost outweighed any benefits from the schemes.

This is what these people over the weekend in some instances told me. One individual harvested seven bushels of wheat this year. Now he is worried how he is going to get his children to school. We are in the larger school unit. Before roads were built, to get the children to school, or before the policies could be effective and to the benefit of these people, buses and snowmobiles were put on. Now these people find themselves in the position where they have to go and spend whatever money they have available for snowmobile clubs to blow out the roads, in order to get their children to school. They believe after this is done, and after caring for their families over the winter, if conditions remained the same as this, they would not be in a position to pay the medical care dues — the \$24 family premium or whatever it may be.

This is only one instance, but when you add all these services up, you realize the financial position these people are going to find themselves in.

The farmer has always prided himself on being an individual. All through the years, and all through the thirties, if there was one thing a farmer detested, it was the fact or possibility that he may have to go on social aid. That is what is bothering these people today, the possibility of having to accept services at somebody else's expense. When we say as this bill indicates, that there will be a premium of \$24 per family, and the increase in the sales tax, and that there will be a further increase in corporation tax, and income tax, that doesn't mean much to the average farmer because he knows that if his neighbour should have to go on social aid and he is in a position where he has to carry on, he knows that in order to pay for the social aid of his neighbours or the indigents, the municipality will have to levy further taxes to take care of these situations. If crop conditions continue as they did this year, then the municipalities and the farmers who can pay, are going to pay more and more every year. That is why I say in some cases some of the people were seriously concerned.

Another instance which gave the people in the district some reason to wonder whether this was a good policy was this; they know that as far as national parties in Canada are concerned, as far as federal policies and governments are concerned, that policies that are going to be effected at Ottawa, or are going to have an effect on

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the rest of Canada. There are only two national parties — they know, Mr. Speaker, that after the next federal election we will have either a Conservative government or we will have a Liberal government. They know that both these national parties have promised national health schemes, and they feel that in view of that, we in this province should be prepared, or should at least know what is going to be contained in those national health professions.

As was outlined by the member for Humboldt (Mrs. Batten) this morning, this Liberal policy was placed on record and the people are prepared to accept that. They are prepared to go at least one more year until that profession is put into effect.

I want to deal for a few moments on some of the principles in this legislation, but before doing so I would like, before this bill has been passed, and before it is up for third reading, I would like members of this government to let this side of the House at least know how many students are going to the University of Saskatchewan at the present time, who have any intentions of graduating as doctors, because as has been suggested, some of the doctors are going to pull out of the province, or if some of the doctors are not going to accept this scheme, then before we say yes or no on the final day this bill is before us, we should have some indication as to how many doctor students we can expect to graduate from the university, to carry out this legislation.

I must say, Mr. Speaker, I was very disturbed and very surprised when I talked to a young graduate of last year, and he informed me out of some 30 odd students who were going through for medical doctors, all but five signified they were going to leave the province, if this was the type of legislation, if this was the type of conditions they were going to have to work under in this province. They were then going to set themselves up in some other part of Canada while they had the chance to do so. So I would challenge the government, Mr. Speaker, that before this legislation goes any further, and before the Premier speaks, if he so desires to speak, that he give some indication to this House, and some indication to the people of this province of how many students we can expect to graduate from the University of Saskatchewan, to fill some of the vacancies as I have pointed out.

Another thing which concerns people in my area of the province, and I am sure in Saskatchewan in general,

is the fact that when this government brought down other pieces of legislation in the past — brought down other professions in the past, the cost and premiums did not stay with the costs and premiums outlined in the bills at that time. I'm just going to use this for an illustration, Mr. Speaker. Having had experience with the increases in cost of hospitalization, the increase in costs of government insurance, these people are very dubious and they may well be, that the costs of this medical care plan will remain at the fixed rate, as outlined in this bill. They have every reason to doubt they will stay there; they have every reason to believe that these costs will not, in years to come, continue to soar and soar, and go higher and higher. That is another reason why the people are quite concerned.

I want now to deal with some of the principles of the bill, and I am going to start with section XXIV. I sometimes wonder why we must take time to pass a bill which, in itself, is so buried — why some of the things in the bill are so very obscure. I just want to have your permission to read this one part. In effect it says this, Mr. Speaker: that every person, once this is proclaimed, every resident, or any person who fails to give complete details that are asked for under the rules and regulations, is subject to a fine. That, in essence, is the principle under that clause. But when the people are being asked to accept this type of legislation, you will find in the principle of the bill there are places in the bill (I will bring them out in third reading) — but we have section after section, stating where the government may, the Minister of Municipal Affairs may, the Minister of Natural Resources may, the collector may — all these groups may do certain things. When this bill is presented before us there is nothing specific; anything can be done after the bill is passed, because this group may, that group may, and so forth. But then for the person who is saddled with the responsibility of paying these services — there isn't such a thing as he may do this; he may do that; if he doesn't give complete information, and that information is proven not to be true, then he may not be fined, but he will stand the chance of prosecution.

That is one principle, Mr. Speaker, that I certainly at this time do not believe is in the interests of the people or the government to put that type of legislation through, nor is it in our interests to accept it as such.

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To me this type of legislation to a degree is following out a socialist principle. We have seen, since this government came into power, more and more centralization taking place, more and more socialization taking place, and more and more compulsion. If we go back to look into all the policies, all the professions that they ever put into effect, if they claim any degree of success for any one of these policies, it has only been because of the fact of straight compulsion. Anything that was left for the private individual to engage on his own, has not been in their eyes, any marked degree of success.

So I say this again will follow through with their pattern of more and more centralization. I would suggest to you, Mr. Speaker, as far as policies under this socialistic provincial government is concerned, they lead to centralization. Centralization leads to control; control leads to power; and power leads to abuse, or to dictatorship. I suggest, Mr. Speaker, it is the duty of members on this side of the House to point out where these socialistic ideals are leading the people to. I think it is our duty to stay here until these are cleared up.

So I would challenge the members on the other side of the House — all afternoon we have heard their interjections — all afternoon they have been throwing challenges across the floor — I think the people of their constituencies, and the people of the province want to know what the stand of each and every member on the government side is. So I am going to say to the Premier — he has accused us, I think, this afternoon, in his interjections across the floor, of stalling, so I am going to challenge the Premier now to get up on the floor of this House, tell members on the government side, tell members on the opposition side; tell the people of Saskatchewan, what he is going to do. We want to know now what his government is going to do; what he is going to do in the face of the statement made by the doctors last week in Saskatoon. Before this act is going into any further, we want to know who is going to carry out these services, if the doctors of this province say they are not. Before all this list of charges and premiums, and the monies that are going to carry this system into effect, are to be voted on; before the people of this province accept this act, they want to know who is going to carry out the services. So I challenge him to get up on his feet after the members on this side are through, or after I'm through, and tell the people without reservation, what and who is going to carry out the services of this act, if the doctors say they will not

co-operate. That's what we want to know; that's what the people of the province want to know. The bill will be totally insignificant; voting money for a period of two years' hence would have no effect if this legislation could not be put into force.

Mr. Speaker, as I said at the outset, I have always believed in medical care insurance. I took part in my own area to see that a type of insurance was put into effect for the benefit of the people concerned. Once again, when I have the opportunity to do so as a member of this legislature, I will do my best to see that the principles I believe in, and the principles that I think the people in the country desire, are carried out. But before that is done, I want the government to state emphatically and without further hedging, without further stalling, what their policy will be.

**Mr. Franklin E. Foley (Turtleford):** — Mr. Speaker, before the hon. minister rises to close the debate. I must say that I have listened with a good deal of interest to the debate on second reading of the Medical Insurance Bill. I must say, too, that the members of the opposition in this legislature, have I believe, more fully discharged their responsibilities to the people whom they represent throughout the province than has been done by members of the government in this debate, and I want to join with my colleagues who have regretted the inactivity, the apathy, and yes, almost a lack of interest on the part of many of the members who sit on your right, Mr. Speaker, in what I consider to be one of the most vital and one of the most important debates which has taken place in this legislature in its long history.

I am happy to have the opportunity this evening to say a word of appreciation to the personnel of the five hospitals in the Turtleford constituency, to the doctors and nurses, the hospital boards, and all in that area who have made over the years a very fine contribution to the care and health services of the people of north-western Saskatchewan. I am certain tonight that the people in that area are very, very concerned about the decision which will be made by the legislature with regard to prepaid medical services.

The hon. Minister of Health, in introducing the bill stated that all eyes of the world are on Saskatchewan. Well, I suppose to some extent that is so, but it may be

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that the eyes of the world are on our province for reasons other than those visualized by the hon. Minister of Health, because I am confident that the eyes of the free world, at least, are on this legislature, concerned about the democratic process of government, and how well the ministers on your right are upholding this important principle in their activities in the legislature at this time.

I think it was the hon. member for Saltcoats (Mr. Snedker) who mentioned the fact that responsible government was having a very difficult time of things in many areas of the world today, that freedoms are threatened on many sides, and so when the hon. Minister of Health says that the eyes of the world are now on Saskatchewan, I hope that this legislature, regardless of the outcome of this debate, will not sacrifice those traditions or freedoms that our forefathers have fought and pioneered for in this province, and throughout this dominion.

The hon. Minister of Health also went on to say that he had every confidence in the integrity of the medical profession to give service to the people of Saskatchewan. I want to say here, Mr. Speaker, that the rather dictatorial, and arrogant attitude which this government has taken towards this same profession, makes one wonder as to the degree of the sincerity in the hon. minister's remarks.

I have attempted, as I am sure all our hon. members have, to inform myself through the press and other media, as well as I could about some of the fundamental issues in this debate. I was interested to try and base my assessment of the bill in front of us, on some of the features of schemes now in operation in other parts of the world. I was interested, for example, in listening to the hon. Provincial Treasurer when he seemed to emphasize, more than was necessary, the fact that the premium for 1963 would be \$12 per capita, and \$24 per family in addition to the existing hospitalisation tax. It made me feel that there might be something different for us in store in the following year, and it reminded me to have another look at the financial situation in the British plan. I find that, according to my information, the British national health service cost \$1,324 million in 1950, and that the 1961 bill is estimated at \$2,520 million. Most of the benefits being taken out of taxation revenue.

I think it is a large amount of money, Mr. Speaker . . .



**Premier Douglas:** — That is less than \$50 a head . . .

**Mr. Foley:** — This means, then, that after the introduction of health services in Great Britain by a socialist government, the medical services used up about 46 per cent of the national budget of Great Britain in 1948, with only 19 per cent being allocated for national defence.

As our social services increase, and as the amount of our budget increases for social services, we approach the welfare state. What is the effect of this on the people of the country? Speakers and writers, much more authoritative than myself, have stated, that in all cases as this type of service increases, so the initiative of the younger segment of the population seems to decrease. I think this is a very serious implication, and one which I think we should consider seriously when we are on this particular legislation.

An English doctor, Dr. Challish, made a statement in MacLean's magazine recently which you may or may not agree with, but nevertheless he said this: He said one of the results of the broadening of medical services is that it cuts down the time a doctor may spend with individual patients, in order to look after as many patients as possible in a day. I understand this is one of the characteristics of the British medical plan. So much so that many people who were seriously in need of important medical service found it difficult to obtain. I think this, then, is something we must give consideration to.

A good deal has been said in this debate with regard to the merits of a compulsory plan as opposed to a voluntary plan, and statements have been made that voluntary plans have proven inadequate. I think the Minister of Public Health made that statement. He did not elaborate, nor did he, to my knowledge, attempt to defend that statement — that voluntary plans have proven inadequate. I believe there is a good deal of evidence to show that voluntary plans have met with much success in some parts of the world. I believe, too, that one of the hon. ministers on your right, Mr. Speaker, during this session made the statement that a compulsory plan was the only way to get people in on the upper income bracket to assist those in the lower brackets.

I attempted to assess that statement, and I can only conclude that I cannot agree with it. I maintain that

through the principle of income taxation, and many other types of taxation there has been an equalization process going on with respect to social services, and it certainly is widespread throughout the entire field of services — both federally and provincially. No one, to my knowledge, has been allowed to go without adequate medical services. If they were not able to support the burden themselves, there were other agencies, both federally and provincially to assist. So I think to base a premise of compulsion merely on that, is to overlook the much more important implication that compulsion should not be used in any area of government where it can be possibly avoided; where it can be accomplished by voluntary means, because it is very hard, Mr. Speaker, to justify compulsion in a so-called free province, or a free country.

The hon. Premier, I think, was quoted on several occasions as having said during the past election campaign, “Nearly half the medical profession favoured a government scheme.”

**Premier Douglas:** — When did I say that?

**Mr. Foley:** — You made that statement, sir, and if you like I can take a moment and find the exact quotation. If I remember correctly, the statement was made during the past election campaign in 1960. However, if you disagree I will attempt to find the article in question.

**Premier Douglas:** — I don't recall.

**Mr. Foley:** — I was about to say, Mr. Speaker, that if the hon. Premier did make that statement (and I believe he did, then the decision the other day by the medical profession represented a considerable change. As the member from Maple Creek (Mr. Cameron) so aptly described, the thinking of the Premier on this matter has also undergone considerable change in the past year.

**Premier Douglas:** — Not a bit!

**Mr. Foley:** — The Premier also made a statement in this session, that private plans as they exist, bear no relationship to the ability of the people to pay. He believes that only a government plan which covers the entire population could do just this. But here again I want to suggest that, as a

result of current agricultural conditions in this province, there are people who will continue to depend upon outside assistance to obtain medical services. People will have to depend upon the municipalities, even with a plan such as is being sponsored in this bill. So, even this plan as suggested by the Premier, does not bear too much relationship to the ability of a good percentage of the people to pay.

There have been other statements made — statements which I am sure are no credit to the government members. I think it has been stated by the Premier again that the Liberals apparently are afraid they will have to pay some of those medical bills if the compulsory scheme is brought in. I suggest, Mr. Speaker, that we and those whom we represent on this side of the House have, I am sure, paid their fair share of public services over the years in this province, and will continue to do so. But I think . . .

**Premier Douglas:** — Mr. Speaker, on a point of order, I do not wish to interrupt the hon. member's address, but the hon. member cannot quote just out of his memory unless he is prepared to produce the Hansard. He has no right to contribute remarks to me which I did not make. I did not say that the Liberals do not want to pay somebody else's medical payments.

**Mr. Speaker:** — The Premier's remarks regarding quotations could be in order, in that they should be documented. Insofar as any correction that the hon. Premier has to make, it should be made with the consent of the member speaking, or at the close of his speech.

**Premier Douglas:** — If we keep on, I'll have quite a long list by the time you get finished.

**Mr. Foley:** — I regret the apparent discrepancy between what the hon. Premier thinks he said and what I believe he said. I believe he was quoted in the press, and I felt that was the implication of his remarks.

Going back to the matter of compulsion versus a voluntary scheme, it has been stated that voluntary plans have as one of their strengths, the motivation of efficiency by attracting more participants. If the plan is inefficient, then participation drops accordingly, and this in turn will

motivate better administration; whereas on the other hand a compulsory plan has no room to motivate efficiency, and is one of the reasons why a voluntary plan can be extremely effective. This is one of the reasons, too, in a compulsory plan, why it is important that strong safeguards be instituted in order that efficiency will be kept at a high degree. I think this is a reasonable argument, and one which I think, if it can be applied to industry, and other activities, can certainly be applied in the administration of a health plan. It has been stated, too, that a compulsory plan to some degree does away with competition in various areas of health service, and certainly this may have a bad effect.

I am sure we all are interested in the fact that the Hall commission is presently conducting hearings throughout Canada, and is slated to conduct hearings on the 22nd of January of next year in Regina. The Hall commission will study the medical profession, under the headings of "Manpower," "Utilization" "Training" and "Economics" — four broad fields of study, which will cover not only the doctors of the province, but also dentists, pharmacists, and nurses. It will also cover fields of mental health, preventative medicine and drugs. I am sure that all hon. members are keenly interested in the work being done by this commission, and would have, I feel, appreciated learning its recommendations before the medical plan is finalized. I feel that the broad scope of this study; the high calibre of the chairman of the commission, Mr. Hall, and those who are associated with him, certainly lend considerable weight to the statements of members on this side, that this legislature would have benefited from this report in attempting to assess the legislation which is now in front of us.

Mr. Speaker, a good deal has been said in this debate about consistency. I think it was one of the hon. ministers who referred to the opposition as consistent only inconsistency, and yet here we have the Minister of Public Health and the government attempting to bring the debate to a close on this important medical bill, without having adequately consulted the medical profession. Yet they, on the other hand, Mr. Speaker, represent a party who have set themselves up as representing certain classes of people, to the exclusion of others. Is this not in itself inconsistent? On the one hand they bring in legislation affecting certain professional people, with properly arranging a mutual type of medical plan. On the other hand they support a political philosophy which places

certain classes of people above others. Who is being inconsistent here?

I think one of the reasons why the Hall commission is being neglected in the speeches of the members opposite is the fact that they want to be very certain of getting any possible credit from the idea of introducing prepaid medical insurance. They are concerned for fear other political parties may take part of that credit and this is one of the reasons why this legislation is being brought forward now, and not being held until after the Hall commission hearings.

Yes, Mr. Speaker, the yes of the world are on Saskatchewan — I agree that that may be so, but I sincerely hope that in our deliberations here, we not forget the importance of giving to the members of the legislature all possible information in order that a proper and binding decision be made on this important matter. As I stated before, I am sure all hon. members are in favour of prepaid medical insurance; and of giving the best possible medical treatment to the largest segment of our population.

At the same time I think we must guard zealously the freedom and the rights of every single citizen in this province regardless of what walk of life he may be in. I believe that this legislature must do everything in its power through debate, through committee, and through whatever means is available to it, to bring pertinent details of the medical plan forward at this time. It is significant, Mr. Speaker, that this government has now placed itself solidly on record as being opposed to giving the members of the legislature the opportunity of discussing with the advisory committee, the implications of this bill. It is also significant they are not prepared to go to the people, and ask them their opinion in a province-wide plebiscite. I firmly believe that as a result of the critical economic condition of this province, if for no other reason, this might have been a reasonable step at this time.

Of course we still don't know what the fate will be of many of our municipal bodies throughout the province who are presently charged with medical care. The function of many dedicated people on our hospital boards throughout the province will no doubt cease to a large degree, if this legislation is passed in its present form. I am concerned then, about the manner in which this legislation is being

rushed through, I am also concerned about the abrogation of the powers of the legislature to a commission, as has already been ably dealt with by the hon. member from Maple Creek (Mr. Cameron). Nevertheless, Mr. Speaker, on behalf of the constituents in my area, because I certainly am in favour of prepaid medical insurance, and in favour of that principle most clearly, I will support the bill on second reading.

**Hon. Mr. Blakeney (Minister of Education):** — Mr. Speaker, I wonder if I might rise only on a point of correction. I wanted to rise to correct a statement which the hon. member had attributed to me, and it was, as I may say, in the Throne Speech debate (I didn't quarrel with him there) — but I think he was saying that the compulsory medical scheme is the only way to get the rich to pay for the poor — he quoted me as saying this. I am not quoting him precisely, but I think that was his idea, and he said that he, for his part, said this could be done through the income tax.

I have the text here of what I did say, if I may be permitted to quote it, and to amplify it in the manner provided. It is not in this debate — it was on the Throne Speech debate, and I ask you for a ruling.

**Mr. Speaker:** — The whole thing is a little out of order. The reference should not be made to the Throne Speech debate in the first place. I think it is quite in order to refer to former debates in making an explanation or correction, but it may not be expanded upon. It is simply to point out where the error lies.

**Hon. Mr. Blakeney:** — It reads this way (and I'm picking up here in the middle):

“All we're discussing is the scheme and how will we raise the money.”

Then there is an interruption by the hon. member referring to compulsion, then Mr. Blakeney:

“Yes, by compulsion. There is no other way to get the people at the top of the income ladder to provide services for ones who are at the bottom of the income ladder with services which we believe are essential services, and the right of everybody in the province. There is no

other way to get the man at the top to pay for the man at the bottom.”

**Mr. Gardiner:** — Mr. Speaker, on a point of order, the gentleman over here . . .

**Premier Douglas:** — Mr. Speaker, the hon. member must take his seat. He cannot speak from another member’s seat.

**Mr. Coderre:** — Mr. Speaker, on a point of order — the minister opposite — the statement that was made by the hon. member for Turtleford (Mr. Foley) was not directly attributed to the minister himself. He did not mention him specifically.

**Mr. Speaker:** — the hon. member might explain . . .

**Mr. Foley:** — Mr. Speaker, on a point of order, I believe I made the statement that an hon. minister on your right had made this statement during this session. I did not attempt to attribute it to any particular debate. My statement was made . . .

**Mr. Speaker:** — Order! I think the hon. minister did explain that. I would like to consider the incident closed.

**Hon. Mr. Blakeney:** — Mr. Speaker, I would just like to read one or two more lines, and I am suggesting . . .

**Mr. Snedker:** — You’re making a speech.

**Hon. Mr. Blakeney:** — No, I will state to the hon. member from Saltcoats (Mr. Snedker), that I am quoting from . . .

**Mrs. Batten:** — On a point of clarification, Mr. Speaker, if the hon. member was misquoted he has the right to change it, isn’t that correct? As I understand it he has quoted very correctly and the hon. minister has just read exactly what the member had said.

**Hon. Mr. Blakeney:** — Mr. Speaker, I was cut off in the middle. If I make the complete quotation I think it will be perfectly clear, and

I think I will have to start at the beginning:

“There is no other way to get people at the top of the income ladder to provide services for those who are at the bottom of the income ladder, which we believe are essential services, and the right of everybody in the province.”

“There is no other way to get the man at the top to pay for the man at the bottom, except by imposed community taxes, and this is compulsion, and income taxes surely are imposed with the health tax.”

**Mr. Foley:** — Mr. Speaker, this is also to the same point of order. I was quoting from the Leader-Post, which made this statement:

“He held that compulsory payments were the only way to get people at the top of the income ladder to help people pay for the people at the lower income ladder,”

and he made no correction of this statement.

**Mr. Speaker:** — The hon. member was reading from his speech, which I think should be taken as authentic.

**Mr. Foley:** — Mr. Speaker, may I also rise on a point of order. The hon. Premier questioned my quotation of him having stated that nearly half the doctors in the province favoured a medical scheme, and he questioned my source. My source, sir, was the Saskatoon Star-Phoenix of four days ago, where it stated:

“Opposition to the resolution was strangely weak, according to one observer, in view of Premier T.C. Douglas’ remarks during last year’s election campaign, nearly half the doctors were in favour of a government medical scheme . . .”

and there was no correction by the Premier again.

**Premier Douglas:** — I don’t try to correct everything some doctor or someone else says.



**Mr. Speaker:** — I don't believe that is a point of order . . .

**Mr. Foley:** — Nevertheless, Mr. Speaker, the Premier suggested I pulled that remark out of the thin air, and I didn't.

**Mr. Speaker:** — Order!

**Mr. W.J. Berezowsky (Cumberland):** — Mr. Speaker, I can say this, that after sitting here for the last two hours, sitting and listening (with the exception of one speaker) I think I have heard nothing — nothing added to this debate, and I agree with some of the hon. members on this side that we are just wasting valuable time, but we are being very polite in listening to opposition members make their representations.

Now, what have we heard? The first thing we heard tonight, as on other occasions, is charges against the CCF that they were dishonest. I ask you, Mr. Speaker, what has this got to do with this health and medical bill, whether this party is honest, dishonest, or whether the Liberal party is honest or dishonest?

I can assure you, sir, there is much more honesty on this side of the House than there ever has been on the other side of this House. We have had contradictions and contradictions opposite. Mr. Speaker, a number of members over the day have suggested that we should go back to the people. If we went to the people and if the people said "Yes", and I'm sure they would, then would that somehow solve the administration problems that confront the minister and this government? Even with that statement I still cannot see, if the people had a plebiscite, which they already have had — they had a vote; they elected this government, they put us into office here, and we're doing exactly what the people want us to do, but if we went back to the people once again to have them say what they have already approved — this CCF government and they want this legislation, I still cannot see where such a vote would solve the problems of administration which were envisaged by some of the hon. members as going to be a very unsatisfactory administration.

Mr. Speaker, it has been an attempt to delay — it has been an attempt not to proceed with this bill. All the time we have sat here for the last few days, that is the only point the opposition put across — that we should

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delay this bill. I would like to point out to the hon. members of this House my opinion as to why I sit here, and what I think is the responsibility of this government.

There are times in the history of humanity, as there are in the history of this province, that require decisions to be made where there is an emergency. Our people have been waiting for a long time for this kind of legislation, and it doesn't matter what the hon. members say opposite, we are satisfied that the people of this province want a medical plan, and this is the time, and I congratulate the government of this province in its decision to go ahead. Because the only people who don't make a decision one way or the other are those who are dead, and apparently the hon. members opposite don't want to make a decision, so I can only conclude that they are dead. I cannot understand this, Mr. Speaker. In a situation of any kind you either have to be positive or negative. The suggestion that we shouldn't do anything at this time, that we should once more find out what the people of Saskatchewan and my constituency want; the suggestion that we should go back into negative suggestions — it means delay, it means saying no to a very excellent profession that is being presented to the people of this province. This government and the members on this side — and I must say I am very happy to be associated with them, have a positive outlook. We know what the people want, and I can prove it to the hon. members. I have letters from people in my constituency, and some of them are Liberals — or have been (I don't think they will be after this bill is passed, and the opposition votes against it,) who have congratulated me on the stand I have taken; congratulated the government, and urging us to go ahead with this legislation. So much of the material that is being submitted for the consideration of the House by the previous speaker, doesn't make sense.

When he suggested to this House that most of the people can get, or have medical coverage, I can assure him that as far as my constituency is concerned, I am quite certain that 5 per cent of the people aren't covered by any plan, so this is the only kind of plan that is going to give the people the kind of service they should have, and that will be paid for, and where doctors will be paid for. It's the only kind of plan that is going to build strong, healthy bodies of good young Canadians. We have such a responsibility and duty, and as I say, it is a positive thing we are doing and we are not going to shirk our responsibility now, notwithstanding what the hon. members on the opposite side may say.

There is another way of looking at it. We, as a government, have been elected to carry out this legislation, and if we didn't then when the next election would come round the members on the opposition side would charge us with sins of omission — that we didn't carry out the promises we made, but we do intend to carry them out; we're not a Liberal party that has always gone around making promises, but has never kept them.

**Mr. McCarthy:** — You're always changing your promises.

**Mr. Berezowsky:** — Mr. Speaker, everyone here is free to speak and to debate, just as I am. He can vote as he likes. I am very happy to hear the hon. member from Maple Creek (Mr. Cameron) take the stand he did, — I don't agree with what he said, but I agree this bill is not perfect, and I think the government realizes it is not perfect. I don't think anyone in Saskatchewan would suggest that it is perfect, but we are going ahead with a good profession, and I was glad he admitted it is a good profession, and I hope whether it is going to be a CCF government or any kind of government in future in this people, that this bill will be improved to make the people happier, healthier, and provide the kind of services they should have, which is their just right in a good society.

I don't think any members will disagree that the principle of this bill is good. It has been suggested by two members that spoke prior to me — they have said they were going to support the bill. I am glad to hear that, because I had the impression all along (I have used this word 'impression' now a second and third time) that they were going to vote against this legislation, and so I say, I am very happy to see they are going to join with us and whether this bill is perfect or not, to put it on the statute books of this province.

I would just like to point out, when we talk about whether we can pay for these services, that a certain nation, a certain people have done a wonderful job of providing health services for their people. I think of the people of Israel . . .

**Mr. Thatcher:** — American dollars, Bill!

**Mr. Berezowsky:** — Yes maybe dollars of American Israelites who had hoped to go ahead and see that their plan had a place in this world —

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it may have been that; it doesn't matter, but it was a job they did, Mr. Speaker, that was important. Those people went into Israel . . .

**Mr. Thatcher:** — What about East German, or West Germany?

**Mr. Berezowsky:** — . . . they lived in huts, but do you know what they did? They built homes for the children. The children lived in good homes while they lived in tents. They built schools for the children. They established a plan under which every child, and not only every child but every aged person and every working person was fully covered by a medical plan, and the doctors in Israel co-operated with the people there. I think our doctors and our people have the same vision as the people of Israel had, we don't need to worry about their co-operation. They're going to co-operate with us, and we're going to have a good plan.

I think, Mr. Speaker, it is quite evident that I am going to support second reading of this bill.

**Hon. R.A. Walker (Attorney General):** — Mr. Speaker, I have sat in this assembly now for some 13 or 14 years, and after seeing how members conduct themselves, I have a pretty good idea by their conduct what is going on in their minds. I can see my hon. friends across the way, squirming and wrestling with this problem, and I can only visualize the struggles which must have gone on within the party caucus. I can see the hon. member for Humboldt (Mrs. Batten) and the hon. member from Maple Creek (Mr. Cameron) pointing their fingers at the Leader of the Opposition and saying, "If we vote against this bill, it will mean political extinction for all of us — not only for you, but for us too."

I can see the member for Notukeu-Willowbunch (Mr. Klein) saying, "If I vote against this bill I can never answer to the good people of Glentworth and Fir Mountain and Killdeer; those people will never tolerate a member of the legislature who uses his office to obstruct human progress."

The opposition are now trying to create the impression that they are not really opposed to medical care. First, remember they had nothing but criticism of this act.

But some of their constituents must have reached them. In spite of the fact that they are spending long hours fighting the bill in this session, now they say they are not opposed to medical care. They merely want to see a plebiscite first on the matter. As the hon. member for Turtleford (Mr. Foley) just said, "I think it is very important that we have a plebiscite — why, with these hard times and everything, people might want to vote against this plan." This, of course, merely reveals their secret wishes in this subject. They really haven't the courage to oppose the plan, but they hope by getting it referred to some kind of a plebiscite, it might get defeated.

The hon. member from Maple Creek (Mr. Cameron) spoke about the importance of a plebiscite. Other members opposite spoke about the importance of it, also.

**Mr. Cameron:** — Mr. Speaker, on a point of privilege, I don't think I even mentioned the word 'plebiscite'.

**Hon. R.A. Walker:** — Mr. Speaker, I stand corrected. The hon. member from Maple Creek was one of those who in caucus was opposed to the member from Melville (Mr. Gardiner) . . .

**Mr. Gardiner:** — I never mentioned it either . . .

**Hon. R.A. Walker:** — They were strong in their advocacy of this, and the very effective means of delaying any implication of this plan, so I give the member from Maple Creek credit for disowning this pernicious motion that it should be submitted to a plebiscite, because after all, this thing was submitted to a vote of the people, and I can remember during the election campaign, telling my constituents that if they voted for 'Tommy' Douglas, they would be voting for a provincial medical care plan . . .

**Mr. Danielson:** — Fifty-one per cent . . .

**Hon. R.A. Walker:** — Then I picked up the newspaper . . . I'm coming to the hon. member from Arm River (Mr. Danielson), Mr. Speaker . . . I picked up the newspaper last night and there was the headline, "Thatcher Says — Me Too." The Liberal party went around this province, trying to create the impression that there was no real issue so far as the medical care plan is concerned; that they were just as much in favour of a medical care plan as Premier Douglas and the CCF were. So, Mr. Speaker, during

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the election campaign, my hon. friends were very enlightened and very progressive, but now, in this House, when it is suggested that a plebiscite is unnecessary, that this matter was decided in a provincial election campaign, the Leader of the Opposition and his seat-mate, the member from Arm River (Mr. Danielson) said, "Ah, but 59 per cent of the people voted against it." How did they get 59 per cent?

**Mr. Cameron:** — The member from Arm River is my seatmate!

**Mr. Danielson:** — He's not awake yet. I haven't spoken on it yet. I only reminded him that the CCF party said the plebiscite was just 51 per cent in favour, and you got 39.

**Mr. Speaker:** — Order! Order!

**Hon. Mr. Walker:** — Mr. Speaker, they keep saying, and they've said it over and over again, that this wasn't really a plebiscite that endorsed medical care in the last provincial election, and that only 41 per cent of the people voted for it. But if only 41 per cent voted for it, the other 59 per cent —some of whom voted Liberal, must have voted against it, in the opinion of hon. members opposite. Yet, Mr. Speaker, the opposition part tried to represent to the people of Saskatchewan in June, 1960 that they were in favour of a medical care profession.

I suggest now, when they say that only 41 per cent are in favour of a medical care plan, that the other 59 per cent are opposed, that this is their true thinking, because it comes out every few minutes in the heckling of the hon. members opposite — the Leader of the Opposition just said now, in replying to the hon. member for Cumberland (Mr. Berezowsky) and the hon. member from Arm River (Mr. Danielson) said it in the course of my remarks, so that they do really believe that the Liberal party is opposed to this measure of social progress. It will only be in an effort to escape the condemnation of history that they will record themselves reluctantly in favour of this bill.

Mr. Speaker, this government in the last 15 years, has seen a good many forward strides taken in the onward march of human progress. Go back only 50 or 60 years in this country, and you find the question of whether education ought to be made a matter of public responsibility was being hotly discussed, and the forefathers of hon. members opposite, the people with the archaic outlook on things, opposed this

far-sighted measure of social progress, the socialization of the educational system.

Then it was argued that the educational system would be abused by wasters and deadbeats who would occupy desks in the schools, and that this would add to the cost, and it was, they said, really only those who could afford to pay where the people who would make good use of the educational facilities.

**Mr. McDonald:** — What history book did you read that in?

**Hon. Mr. Walker:** — Hon. members opposite have criticized the extension of a centralized welfare profession. All you have to do is look back to 1944 and see how the Liberals operated social welfare in this province. It was done by a committee of part-time civil servants in the Department of Municipal Affairs — or Highways. There it was, stuck away as a little branch . . .

**Mr. McCarthy:** — On a point of order, Mr. Speaker, I suggest he is not discussing principles of the bill at all. He is discussing past politics.

**Hon. Mr. Walker:** — On a point of order, Mr. Speaker, the principle of this bill underlies every step of social progress which has been made in this country in the last 100 years. Hon. members on the other side of the House have opposed the progress which has been made in recent years, in bringing the disbursement of social aid benefits more under provincial control. It has only been in the last three years since this province commenced to assume more than 90 per cent of the cost of social aid, that hon. members opposite have started criticizing and attacking social aid benefits and social aid recipients throughout this province; calling it a national scandal and a public disgrace, as some hon. members have even done throughout this session.

Now, what was the record with respect to our hospitalisation program? The hon. member from Humboldt, (Mrs. Batten) let the cat out of the bag this afternoon when she said she and the member for Arm River (Mr. Danielson) went to look up the journals to see whether or not — the member from Moosomin (Mr. McDonald) I'm sorry . . .

**Mr. Danielson:** — You must have been asleep — you're always trying to guess at it.

**Opposition Members:** — Hear! Hear!

**Hon. Mr. Walker:** — My hon. friend from Arm River is such a near and dear friend that his name keeps popping up even when I don't intend it to! The fact is . . .

**Mrs. Batten:** — Mr. Speaker, I have no objection whatsoever — the member from Arm River is good company!

**Hon. Mr. Walker:** — The hon. member from Humboldt let the cat out of the bag when she and the member from Moosomin had got together in some private closet, — with a book . . .

**Mrs. Batten:** — Mr. Speaker, on a point of privilege (inaudible) . . .

**Mr. McDonald:** — Mr. Speaker, I have no objection to being in a closet with the hon. member from Humboldt, but I'm afraid she would object, and again the Attorney General is not speaking in accordance with the facts. The Attorney General is guilty of this.

**Mr. Speaker:** — Order! Does the hon. member wish to make a correction?

**Mr. McDonald:** — I do wish to make a correction.

**Mr. Speaker:** — You must have the consent of the hon. member speaking; otherwise you must wait until the end of the speech.

**Hon. Mr. Walker:** — You can wait until the conclusion of my remarks. It has been suggested that two senior members of this House, both possible imputation that might be made against the Liberal party, that they actually went to look up the record to see if it was really true, indeed, that the Liberals had opposed the provincial hospitalization scheme. When they looked up the record they found to their visible and obvious relief that it was not true. The member for Moosomin (Mr. McDonald) and I am sure the member for Humboldt (Mrs. Batten) have been going around carrying this burden of guilt for the last . . .

**Government Members:** — Hear! Hear!

**Mr. Speaker:** — Order!



**Hon. Mr. Walker:** — You know, Mr. Speaker, I exult with them in this discovery that their party is not guilty of voting against the free hospitalization plan . . .

**Mr. Danielson:** — Why don't you stop lying?

**Hon. Mr. Walker:** — I think, Mr. Speaker, that we must acquiesce in the record. It is true they didn't vote against it . . .

**Opposition Members:** — Hear! Hear!

**Hon. Mr. Walker:** — . . . but hon. members opposite have unique and peculiar ways of opposing things. Those of us who sit here today have had a visible demonstration of this fact. As a matter of fact, my first election campaign in Hanley constituency was in the 1948 campaign, and at that time I had to campaign against the Liberal candidate, who did attack the provincial government for having launched such a scheme; who did complain that at \$5 per capita, \$30 per family was more costly than it was worth; who did not about in my constituency, particularly among my Mennonite friends there, and told them this was the way to communism; that this was compulsion; this was oppression; this was a denial of the basic freedoms and the basic rights which they as citizens were entitled to.

**Mr. Danielson:** — Don't tell that story without reading it.

**Hon. Mr. Walker:** — My hon. friends made the same kind of allegations in this House with respect to this bill and I am sure we will hear it again in 1964 if perchance they are still running at that time.

**Mrs. Batten:** — If the hon. member is quoting a member of the Liberal party he should read and tell us where he is quoting from. If it is a newspaper clipping, would he give the name and the date.

**Hon. Mr. Walker:** — Mr. Speaker, I didn't quote a member of this House. What I said was that the Liberal candidate . . .

**Mr. Speaker:** — Order!

**Opposition Member:** — It is most unfair for the . . .

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**Mr. Speaker:** — I don't know whether this is a point of privilege or not.

**Mr. Boldt:** — The 1948 candidate of the Liberal party has passed away, and I think it is most unfair for the member from Hanley (Mr. Walker) to quote a man that cannot protect himself . . .

**Premier Douglas:** — Someone over there quoted a dead man the other day . . .

**Mr. Danielson:** — Another lie from the Premier — another pure lie!

**Mr. Speaker:** — Order! Order!

**Premier Douglas:** — A story of a man who came into your house and told you he couldn't get along with the . . .

**Mr. Cameron:** — Mr. Speaker, on a point of order here, I think I am entitled to speak. If he was quoting dead men, I think he was at least quoting a message he left behind him. He is accusing this man of something, and he is not even quoting; he is not substantiating his charges. He's making an accusation against this former candidate who is now dead, as I understand it. We have asked him to quote his material; he has refused to quote that material. I think we have the right to demand that he quote from where he is speaking.

**Hon. Mr. Walker:** — Mr. Speaker, the hon. member would be quite entitled to ask me to cite my sources if I purported to quote something that had been said. I didn't purport to directly quote what had been said; all I did was to describe something that had transpired in the election campaign, and I attributed no quotation to anyone, Mr. Speaker.

**Mrs. Batten:** — Mr. Speaker, on a point of order, the hon. Attorney General admits this was not said, is that correct?

**Hon. Mr. Walker:** — No . . . Mr. Speaker, there are so many members in this House whose political career goes back to 1948 who would confirm this experience . . .

**Mrs. Batten:** — Oh . . .

**Hon. Mr. Walker:** — The hon. member from Humboldt may not remember it, but there are many members in this House who know that out in the back woods, and out in the country crossroads this plan was attacked . . .

**Mr. Danielson:** — Mr. Speaker, this member was Reeve of the municipality. He was a friend of mine; he was a good Christian; he was a highly trusted man, and what the hon. minister is saying is pure bunk!

**Mr. Speaker:** — Order! Order!

**Mrs. Batten:** — Mr. Speaker, on a point of order, is it not true that if an hon. member rises in this House and attributes statements to someone, he must substantiate them?

**Premier Douglas:** — Mr. Speaker, the member from Arm River the other day attributed comments to a former member of this House which I am sure were not accurate.

**Mr. Speaker:** — It appears to me that the paraphrasing which has been done here tonight is not the same as making a direct quotation. Direct quotations, if they are given in the House must have the author and source given, but I don't think quite the same thing applies to paraphrasing. I think some leeway must be given in that regard.

**Hon. Mr. Walker:** — Mr. Speaker, if I may proceed, hon. members will recall that exactly the same treatment was accorded to the larger school unit act. I know that in my constituency, people who were spokesmen of the Liberal party did attack the Larger School Units Act, privately and quietly, in their cracker-barrel sessions. The hon. member from Melville (Mr. Gardiner) knows something about how that is done.

**Mr. Gardiner:** — Mr. Speaker, on a point of order, I would just tell the Attorney General I have never been ashamed of the (inaudible) . . .

**Premier Douglas:** — Mr. Speaker, to call that a point of order is nonsense.

**Mr. Speaker:** — Order! Order!

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**Hon. Mr. Walker:** —Now, Mr. Speaker, the opposition are most anxious not to be put on the record as opposing the school unit act, or opposing the hospitalisation plan, or opposing protective measures which have been introduced and accepted by the people of the province. They are so anxious now to make sure that this cannot be held against them, that they created the most unsightly furore I have seen in this House when the facts are released.

The member for Melville had the effrontery to get up in this legislature and to attack the government for its delay in implementing this medical care program.

**Premier Douglas:** — What's their hurry!

**Hon. Mr. Walker:** — He says, Mr. Speaker, that he is in such a rush to get this plan implemented that he says to everybody in the CCF, "Get out of my way; I want to see it done." This, Mr. Speaker, could only be amusing to a person who has no recollection of history.

Mr. Speaker, it now being near 10 o'clock, I move to adjourn the debate.

**Mr. McDonald:** — Mr. Speaker, you ruled that I could correct the minister at the end of his address. I wonder if I could do it now?

**Mr. Speaker:** — You may, with the consent of the House.

**Mr. McDonald:** — Mr. Speaker, I would like to say to the Attorney General . . .

**Premier Douglas:** — Mr. Speaker, I personally have no objection to the hon. member, but Your Honour has insisted that most of us, when we have risen on questions of this sort, have been asked to wait until the speaker is finished. I think if it is going to apply to one, it should apply to all.

**Mr. Speaker:** — That's true.

**Mr. Thatcher:** — Mr. Speaker, might I direct a question to the Premier before we adjourn?

**Mr. Speaker:** — Order! No, we have not yet handled this motion for adjournment of the debate. In regard to the other matter I thought possibly it might be taken into consideration a break in our session at closing time, but such a thing would have to be done with the consent of the House, and that does not appear to have been given.

(debate adjourned)

### QUESTION RE HOUSE PROCEDURE

**Mr. Ross Thatcher (Leader of the Opposition):** — Mr. Speaker, might I, before we adjourn, address a question to the Premier? Sometime last week I think he assured the opposition that if we made the request, we wouldn't have to sit both mornings and evenings. We have made that request twice now, and our Whips have made it, and I wonder if now we could make it again. We think sitting from ten in the morning until ten in the evening is too long; we have other work to do too, and we wonder if the government would not consider either eliminating the morning or evening sittings?

**Premier Douglas:** — Mr. Speaker, what I suggested was once we got the Throne Speech out of the way, if members on both sides found they needed more time they could arrange it between the Whips and we would be glad to adjourn either for an evening, or for a morning. I think it is a matter of sitting at the convenience of all members. I would suggest therefore that the Whips get together. I would point out that the members on this side also have some likes on the matter; majority has a right as well as a minority, and I think the Whips ought to confer, and our Whip can talk to our caucus and see if they want to lay off for an evening or forenoon. As far as the government is concerned, and as far as I am concerned, we have plenty to do, and I imagine most of the ministers have. It is a matter of suiting the convenience of the majority of members. We will certainly abide by their decision.

**Mr. Thatcher:** — Well, sir, that is certainly not the undertaking you gave us, and if that is all a gentleman's agreement means to you I'm flabbergasted.

**Mr. Speaker:** — Order! Order!

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**Mr. Thatcher:** — You told us flatly if our Whip saw yours, we wouldn't have to sit both . . .

**Mr. Speaker:** — The hon. member may ask a question of the Premier, but we cannot argue . . .

**Mr. Thatcher:** — Is this not, Mr. Speaker, the party that keeps its promises?

**Premier Douglas:** — Mr. Speaker, I suggest the hon. member go back and look at the record. I said the members would get together, and whatever was mutually agreeable I would be prepared to bring in the motion. I am not going to suggest that the opposition Whip will come and tell me what to do any more than our own Whip would. I suggest the two Whips discuss it, and I will bring in whatever motion members on both sides want.

**Mr. Thatcher:** — The old steamroller!

**Mr. Speaker:** — Order! It now being 10:00 o'clock the House will stand adjourned until tomorrow morning at 10:00 o'clock.

The Assembly adjourned at 10:00 o'clock p.m.