

**LEGISLATIVE ASSEMBLY OF SASKATCHEWAN**  
**Second Session — Fourteenth Legislature**  
**11th Day**

**Wednesday, October 25, 1961**

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

**STATEMENT RE SODIUM SULPHATE DEPOSITS**

**Hon. Mr. Brockelbank** (Minister of Mineral Resources): — Before the orders of the day are proceeded with I would like to make a short statement to the House in regard to a question which was orally asked earlier in the session in regard to the Ingebrite sodium sulphate leases. Saskatchewan Minerals recently acquired from Astral Mining and Resources Limited, mineral leases covering nearly 900 acres of alkali deposits in Ingebrite Lake. Ingebrite Lake is located 12 miles southeast of Fox Valley. It has been estimated that the deposit contains over eight million tons of anhydrous sodium sulphate. This is the largest sodium sulphate deposit in the province of Saskatchewan. The leases were acquired by Saskatchewan Minerals to assure a long term sodium sulphate reserve for the sodium sulphate division of Saskatchewan Minerals. Saskatchewan Minerals has operated a sodium sulphate refining plant at Chaplin since 1948 and it is presently in the process of reopening the Bishopric plant which was acquired several years ago. Although Saskatchewan Minerals does not plan to develop the Ingebrite property immediately, acquisition of the sodium sulphate leases there insures that the corporation will for many years have sufficient reserves to meet the increasing demand for sodium sulphate.

I have some extra copies which I'll send across, Mr. Speaker.

**Mr. Thatcher:** — I would like to ask the minister a question before he takes his seat, on this announcement. Is he giving the House assurances that the employees in the Chaplin plant have enough salt there to keep working for another year or so anyway, or is there any danger at the moment that some of them may be laid off in view of the drought?

**Mr. Brockelbank:** — The estimates that we have show a minimum of 20 years operation still at Chaplin at a very good economic rate of production. It will be there quite a while.

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### STATEMENT ON POINT OF ORDER

**Mr. Franklin E. Foley** (Turtleford): — During the debate on second reading of the medical care bill, I attributed to the Premier a statement with regard to cost of the bill. I did not have readily available the authority at the time, and the Premier questioned whether he had made this statement. I would like to quote from the October 14 issue of the 'Leader-Post' under the headline 'National Health Plan Predicted' in which the Premier is quoted as saying:

“Perhaps, Mr. Douglas said, that is why the Liberal press has been so vehement in their attacks on the plan. They are afraid they will have to pay part of someone else's doctor bill.”

This is the part that I made reference to.

**Premier Douglas**: — That statement is quite correct. The hon. member however in his discussion said I had said this of the Liberal party and I said it of the Liberal press. That was the point I was raising.

### STATEMENT RE SAVINGS BONDS

**Hon. W.S. Lloyd** (Provincial Treasurer): — Mr. Speaker, in recent weeks I have had inquiries from several members of this legislature, as well as from a number of people of the general public, as to whether or not it was the intention of the government to issue further Saskatchewan Savings Bonds next year. In view of the interest I thought I should say at this time that it is our intention to have an issue of Saskatchewan Savings Bonds in the spring of next year.

### QUESTION RE INGEBRITE

**Mr. McDonald** (Moosomin): — Mr. Speaker, I wanted to ask a question of the Minister of Mineral Resources, but I seem to be a little late but I wonder if I could ask it now, concerning Ingebrite leases. Are there any royalties payable on this property to a third party, in the event that it is developed?

**Hon. Mr. Brockelbank**: — I don't know of any.

### STATEMENT RE CONDITION OF #5 HIGHWAY

**Mr. F.E. Foley** (Turtleford): — Before the orders of the day are proceeded with I wanted to direct a statement of the Minister of Highways. Friday evening last on No. 5 highway at the Borden River bridge there were approximately 10 to 15 trucks and large vehicles, stranded at various stretches or the highway. Word was sent to the Department of Highways at 7:00 o'clock in the evening. At 10:00 that evening no assistance had appeared, by way of sanding trucks or anything else. Nor was there any supply of sand available in the appropriate barrels, according to my conversation with the various truckers. I feel that this icy condition on the Borden River hills might have been anticipated and I'd like to draw this to the attention of the minister and ask that something be done to give our truckers better service in this connection in the future.

**Hon. Mr. Willis:** — Mr. Speaker, I can assure the hon. member that something is being done along these lines.

### CONGRATULATIONS

**Mr. Douglas T. McFarlane** (Qu'Appelle-Wolseley): — Mr. Speaker, I am sure that everyone who follows the livestock industry in this province will be very happy to know that the hon. Leader of the Opposition, I am referring of course to our leader Mr. Thatcher, over the past few years has established one of the outstanding Hereford herds in this province. I am sure we all received the news yesterday with a good deal of satisfaction, and that we will all wish to congratulate him here today, on having exhibited at the South-western Saskatchewan Hereford Association show in Moose Jaw, and having won the grand championship for Hereford bulls, having won the reserve championship for females and having won the junior championship for bulls. I think there is a great deal of credit coming to the Leader of the Opposition for establishing a herd in such a short time and win three championships.

**Hon. Members:** — Hear! Hear!

**Premier Douglas:** — Mr. Speaker, I am sure all members on this side of the House will want to join in these congratulations to the leader of the opposition. I am sure he has found his natural forte.

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## ADJOURNED DEBATES

Bill No. 1 be now read a second time.

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

**Hon. R.A. Walker** (Attorney General): — Mr. Speaker, I would like to make some comment now in reference to the medical care plan as proposed by the Government. I think that to anyone who has followed the proceedings before the medical care committee, this bill represents a satisfactory compromise of all the varying points of view submitted by the public to the committee. I must say that my information is that the members of the committee debated long and hard, discussed and considered the various proposals put before them, with the result that the majority report of the committee, represents I believe a clear cross-section of the views of the committee.

It seems to me from conversations that I have had with members of the committee, that it struck the other members of the committee as something of a bombshell when the medical representatives and the representative of the chamber of commerce, at the last moment dissented from the report and submitted a minority report. I am confident that the other members of the committee sincerely believed that they were proceeding toward a unanimous report. I can only give credit to the medical negotiators for their skill in having led the committee along, as they did, to reach the conclusions which it did, then staking out their own decisions in a dissenting or minority report.

I think we in this legislature, ought to give no small amount of consideration to the general attitude which the medical college has taken in respect to medical care, both in June 1960 and at this time. Most of us will remember last summer, the medical association went out and raised a campaign fund from its members, amounting to \$100 per member, and imposed upon its members all the sanctions of its legal position to compel every dissident member to contribute \$100 to this political slush fund, which the medical college wished to use to wage an election campaign against the medical care plan in this province.

The people of Saskatchewan will not quickly forget

the attitude of the medical association in interfering with political issues in Saskatchewan. Nor should it be forgotten that this mode of raising election campaign funds for one or two of the parties engaged in the election campaign, was unique and unheard of. Those who cry out against the alleged violation of civil rights of trade union members who are given an opportunity to make their contribution to the political party of their choice, ought to have raised their voices loud in protest against this coercion of the members of the medical profession into the political arena, as was done by the medical college during the last election campaign.

I was rather pleased when the election was over to note that the president of the Canadian Medical Association took a very enlightened and progressive view of this whole matter when he suggested that now that the election was over, the Canadian Medical Association was prepared to abide by the results in Saskatchewan. It wasn't until the discordant notes of the political element of the Saskatchewan Medical Association repudiated the words of their president, that it became apparent that the Saskatchewan Medical College was going to keep itself in politics until the very last of this issue.

I think that we of the legislature ought to be a little alarmed that an organization, founded for the ostensible purpose of raising the standards of medical practice, for the ostensible purpose of protecting its members against encroachments or violations of their rights by the public, ought to inject itself into, and force its members to be injected into the political arena. I think not only the members of this legislature, and the people of Saskatchewan will be disappointed with this attitude but that disappointment is general across this country with regard to this apparent attitude of the Saskatchewan Medical Association.

I for one, have a very high regard for the integrity and the honour of those medical practitioners that I know. I cannot believe that the medical men whom I know are adequately and truly represented by the black headline which greeted us a week or two ago in the daily papers. I think we are in agreement on this — that the individual medical practitioners of this province have no real or genuine desire to see their profession dragged into the most untenable political positions. I am convinced that the Saskatchewan College of Physicians and Surgeons, in this, is under the dictation and domination of people other than its members. One has only to look at the record of the American Medical Association and its attitude

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toward progressive measures for the benefit of the people of this country to form some insight as to where the inspiration for this campaign of destruction really comes.

**Mr. Thatcher:** — I wonder if the hon. minister would tell the House just where he thinks this dictation is coming from? I would like to know.

**Hon. Mr. Walker:** — I was just coming to that. I said that I believe that the record of the American Medical Association was such that one would be justified in assuming that this backward attitude was inspired in large measures from the anti-social elements which control the American Medical Association.

One has only to go back to the records and observe that it was medical associations and not individual doctors who tried to crucify men like Lister — who tried to prevent the adoption of inoculations and vaccinations, against the more common communicable diseases. One has only to observe the attitude of the American Medical Association with respect to the Forand bill in the United States. Things which are recognized by people of the left and the right as being very humane and progressive measures, branded by the American Medical Association as socialistic and communistic. This kind of attitude, I suggest, Mr. Speaker, does not truly and adequately represent the real philosophy of the doctors whom I know in the province of Saskatchewan. So far as I am concerned, I believe that the individual medical men in this province are just as forward looking, just as progressive and just as humane in their social outlook as any other group of people in Saskatchewan.

**Mr. Thatcher:** — Do you know of any who support your bill? Just one.

**Hon. Mr. Walker:** — I deplore the use of the powers which are vested in the College of Physicians and Surgeons of this province, to try to coerce enlightened men and women into taking an attitude which is more in accord with the political philosophy of the dark ages.

Medical men whom I know are interested in the relief of pain and suffering. They are more interested in these things than they are in where the money comes to pay their bill. Yet, if the Saskatchewan College of Physicians and surgeons is to be believed, the profession of this province is concerned more with where the money is going to come from to pay their bills, than they are with rendering service to the people whom they have as patients.

I think this is an unwarranted reflection upon the physicians and surgeons of this province. I think it is unfortunate that they have to allow themselves to be represented by an organization which so evidently has such a backward view of social progress.

Let us look at the various issues which they might have concerned themselves with, but for which they could find no obvious basis for uneasiness. Some doctors may have felt, and some doctors undoubtedly did feel that a plan in this province to force all general practitioners on to a capitation system of payment would be contrary to their interests and contrary to their desires. Well nobody has suggested that all the general practitioners in this province, under this medical care bill, will be forced on to a capitation system, although undoubtedly there will be some use made of that system if agreement can be found from the medical profession and the public. But no one has said that we must adopt the British mode of payment for medical services. Doctors feel apparently, that they prefer to be paid on a piecework basis, rather on the basis of a general fee for the overall services which they render. I suppose that in small communities where the doctor has to remove an appendix from nearly every patient, he may make a fair living, and in those communities where patients aren't afflicted with this problem he may make a poor living. If the doctors prefer to be on a system where they have to take people apart in order to make a living, then I suppose we can't quarrel with that until we can find doctors who are prepared and willing to serve on some other basis. Certainly no suggestion is made in this bill that any attempt will be made to force the medical profession into some mode of payment which is not acceptable to them.

Hon. members are realistic enough to know that this government hasn't got the power and means to compel the service of medical men on some basis of payment which is not acceptable to them, we have no power of conscription. So this cannot be used as an argument for opposing the bill. No violation can be done under this bill, to the rights of the medical practitioner and to his view of the method of payment which would be most appropriate.

Nor can it be suggested that this bill constitutes an abuse of the rights of the physician to select or refuse his patients nor of a patient to select his own physician. This right in fact is guaranteed in the bill itself.

No one can criticize this bill because it permits any invasion of the privacy of the patient and the treatment

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which he receives. Safeguards are provided in the bill itself of the secrecy of the patient's treatment and illness. Nor can it be said that this bill will adversely affect the income of the practising physician because as I have already said, there is no means of compelling the surgeons or physicians, therefore their income will have to be according to mutual agreement.

Indeed, the experience of the Swift Current health region is that the income of those practicing there was higher than the average for the province at large. The only stumbling block which can be logically maintained by the College of Physicians and Surgeons is that they object to negotiating the fee structure on which their compensation shall be reckoned. Well, up to now the fee schedule of medical doctors was prescribed by the College of Physicians and surgeons. Their own union dictated the tariff and members of the public had to pay, or it was given at the whim of the individual doctor. It seems to that there is nothing foreign to our general democratic approach to say in matters of this kind to say that in a matter which affects both the public and the medical profession equally, namely the question of the size of the fee and the tariff under which it shall be computed, that there ought to be free and equal bargaining rights over this matter. Surely the medical profession is not basing their hostility to this scheme solely on the question of whether they shall have the arbitrary right to fix their own fee schedule without reference to anyone else. If this is so then I suggest that it requires a very careful examination of conscience on the part of those who have taken the Hippocratic Oath.

I have said, Mr. Speaker, that I do not believe that the attitude formally and officially expressed by the College of Physicians and surgeons of this province really and truly represents the faith, the belief, the opinion of the individual medical doctors whom I know. The American Medical Association and its Saskatchewan counterpart has long taken the view of resistance to social progress.

The hon. member from Maple Creek (Mr. Cameron) tried to derogate from this government credit for having launched the Swift Current health scheme back in the last 1940's. The hon. member perhaps doesn't know that in the 1930's when municipalities were attempting to set up medical care plans, whereby they paid their local doctor a salary, or a retainer fee, that these schemes as well as the Swift current health region proposal were fought by the Saskatchewan College of Physicians and Surgeons.



It was over the opposition and in spite of the resistance of the College of Physicians and Surgeons that individual doctors were induced to enter into such schemes. I know that the College of Physicians and Surgeons has resisted each one of these steps as it was taken, not only by this government but by previous governments.

I believe, Mr. Speaker, when the final results are known — when the final solution to this problem appears, it will be apparent that the College of Physicians and Surgeons has not been able to force the individual medical practitioner into putting personal gain before people's welfare. I am convinced that the individual medical doctors of this province will recognize their social obligations and their obligations to the people who trained them and who provide their means of livelihood.

It should be remembered, Mr. Speaker, someone drew it to the attention of this House a while ago, the number of people who graduated from our own medical college. It should be remembered, Mr. Speaker, that virtually all of the cost of training people in the medical profession, is borne by the community. Only a very trifling fraction of that cost represents an investment — a cash investment by the student himself. It should be remembered that those who have benefited by these years of training, have an obligation to society to repay the advantages which have been conferred upon them. The medical profession is not, and ought not be regarded as an open sesame to wealth and financial independence. I am sure that if the Saskatchewan College of Physicians and Surgeons view this matter in this regard, as it will be by the individual doctors, that there will be no real problem coming to an agreement with the doctors to provide medical care to the people of Saskatchewan. After all the only basic and fundamental change that is proposed in the medical care program as compared with the present mode of rendering medical services, is in the payment of the bill. Shall the doctor continue to send his account to the patient whom he treated, or shall he send his account to a provincial fund for payment? This is the only significant and important difference between the present practice and the practice which will follow when this bill is implemented.

Now, Mr. Speaker, I don't believe that the doctors are more concerned about who pays the bill than they are about rendering medical services in Saskatchewan, in spite of what appearances there may be the contrary from their official organ, the College of Physicians and Surgeons. So, Mr. Speaker, I want to say on my own behalf here, and I am sure on behalf

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of many members of this legislature, that this is a difficult and vexed question. This is a question which I am sure will be resolved in the interests of all the people of Saskatchewan. But the solution would be much more readily reached if all hon. members would devote their thoughts and their comments in the next few days, on this question, to dealing with the genuine questions which are in issue, rather than dredging up frivolous and weak arguments, as we have heard in this debate in the past. Suggesting, as the hon. member for Saltcoats (Mr. Snedker) did, that this bill is an iniquitous bill because it gives the government the power to commit the members of the Medical Care Commission to the mental hospital to get them off the board, and therefore the commission is not truly independent. Such silly and frivolous arguments are, I think, beneath the dignity of this House, when it is discussing an important question of this kind.

Some hon. members, I think, Mr. Speaker, are overwhelmed by the fact that we are honoured to be present here on an occasion of great social significance and importance. We have the honour here, Mr. Speaker, of witnessing the birth of what will be hailed in years to come as the pioneering effort of this continent to make medical care available to all without fee and without price.

I suppose it is only natural that some of us should feel perhaps just a sense of humility from the fact that we have not got the full competence, the full adequacy to cope with the situation and to bring our hopes to full realization. This does not surely justify the incoherent kind of rage expressed by some hon. members, when confronted with this kind of issue. It seems to me we ought to face the question with some humility and some seriousness. That we ought not to try to use this as an issue to stir people up against one another. That we ought not to use this as an issue to create misunderstandings and misconceptions in the public mind. That we ought to appreciate the fact that we are taking part in another step in a continuing social revolution.

The province of Saskatchewan has long been proud of the fact that we believe in, that we follow and uphold the principle of devoting an ever larger proportion of our physical and material wealth to meeting the real and basic needs of all the people of our province. I think that you can judge a society or an individual and assess his social conscience, his sense of human progress by examining his real attitudes toward spending his material wealth — what he proposes to spend it on.

Hon. members opposite seem to think that there is something sacred and divine about allowing people to waste their money if they wish on frivolous expenditures, but under no conditions ought money to be taken from the productive economy of this province to be used for something vital and important, like education, welfare or health.

Mr. Speaker, on this side of the House, we have long taken pride in the fact that an ever increasing proportion of the wealth produced in this province is going to meet the basic human needs of the people of this province. While this represents an additional public burden of some \$20 or \$22 million, we think that this is offset by money saved by individual taxpayers, it is money which is put into a special account to be used only for medical care. I and other citizens undoubtedly find many frivolities in our budget drains, on our income for wasteful and frivolous expenses. I think that I for one will appreciate knowing that my health needs are being provided, whether I am spendthrift with the rest of my money or not. That every man, woman and child in our province is entitled and has a right, as a result of being born into the progressive province of Saskatchewan — is entitled to have these services, and we ought to welcome the opportunity of providing them and providing the funds for them.

We, in this legislature, particularly on this side of the House, will continue to take pride in the fact that an ever larger proportion of our daily income is going for these important things like education and health. These are the things which are an investment in the future of our land. These are the things which will determine whether our free society will continue to survive and prosper. If we take the short-sighted attitude that it is better to let people go without medical care in order to save \$22 million, so that it can be spent on frivolous and wasteful expenditures, then we are selling the future of our province short.

My hon. friends feel that this is not important enough that it ought not be given a top priority in the budgeting of the people of our province. We take the other view. My hon. friends probably cannot visualize the countless people in this country — young people, children — who go without medical care because they don't know whether there is any means of providing for it. I have done a lot of visiting and canvassing in my political life, and I find it saddening indeed, Mr. Speaker, to visit impoverished people with children suffering from the advance of disease or deformity, not knowing whether there is any means of getting treatment and getting the assistance of medical care.

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I suggest that — and of course the member from Humboldt (Mrs. Batten) is probably quite right, if they had gone to the doctor, they would have found a doctor who would have treated them gratuitously, but when I made this suggestion to one lady in my constituency, she said ‘Well I don’t know. I went to a doctor once and he knew I couldn’t pay the bill and I sat in the waiting room for hours, indeed day after day before I could see him, and I had the sincere feeling that he really didn’t want to see me.’

Now, Mr. Speaker, I want this lady and her family to know that they have as much right to go to any doctor as I have, or as any member of this House has for the medical treatment which they feel they need. I want every person in this province, no matter how lowly his economic status, to have exactly the same right which you, Mr. Speaker, have, to medical care. So, the only thing that is revolutionary about this idea, Mr. Speaker, is that comes so strange apparently to the ears of my friends opposite. There is nothing really shocking or revolutionary about this kind of a proposal. We’ve been doing this with regard to education for generations. This measure merely acknowledges the soundness of the principle and extends it into this other equally vital field.

I think, Mr. Speaker, the time of the House would have been better taken than it was by some hon. members, if some consideration had been given and some discussion held as to the principles which might be included in this plan. I would like to have heard more constructive suggestions from some hon. members.

**Mr. McCarthy:** — You wouldn’t listen anyway.

**Hon. Mr. Walker:** — I have read with care, Mr. Speaker, the news report of the hon. members opposite in their discussions of this bill, and I must say that I have not been able to turn up one single constructive suggestion from hon. members opposite. Members on this side of the House have given a good deal of thought to what should be included in this bill, and the views of the members on this side of the House have been incorporated in the bill. It looks to me, Mr. Speaker, as though we’re going to have to take the full responsibility for this legislation, whether my hon. friends vote for it or vote against it — we’re going to have to take the responsibility to the people of Saskatchewan and we’re going to have to tell them that we had to do it on our own, because there were no worthwhile suggestions from hon. members opposite.

Now, Mr. Speaker, something has been said about

the fact that this legislation was introduced into this special session and the session was held during the last days of the premiership of Tommy Douglas. Well Mr. Speaker, I think those of us on this side of the House will not attempt to deny that Tommy Douglas had a good deal to do with the fact that this legislation is before the people of Saskatchewan at this time. I think that those of us who have known of his record in the past, have known of the interest he has taken in these matters in the past, know that this kind of a program does not come before the legislature of this province simply by accident. The fact that this bill is before this legislature, the fact that this issue was placed before the people of Saskatchewan in June of 1960 for their verdict, came I am convinced, almost entirely from the inspiration, the dedication and the devotion of one man.

**Government Members:** — Hear! Hear!

**Hon. Mr. Walker:** — For as long or as short a time as I may be in politics, I will always consider it one of the privileges of my life to have been able to sit to the right hand of this man in this House, and support what he has done in this particular field. That memory will give me even greater pride when I recall that his path in the realization of the goal was not made any easier by hon. members opposite. I will be embarrassed and ashamed that in this year of 1961, fellow human beings had so little faith in, and so little love for their underprivileged brothers, that they created all kinds of chaotic arguments and obstructions to prevent this man from succeeding in this dream, which he now has shared with us.

**Mr. MacDougall:** — Why didn't he do it ten years ago?

**Hon. Mr. Walker:** — My hon. friends say that this should have been done 10 years ago. This government Mr. Speaker, was doing things even before 10 years ago, and the things which this government did 10 years ago, met with exactly the same response from members opposite. I believe Mr. Speaker, that it was absolutely essential if we are to undertake a plan of this magnitude that we ought to have experimented with limited plans for specific groups in a region of the province, in order to gain experience in this highly complicated and difficult field. Everyone of these things, Mr. Speaker, I regard as being a step in the direction of what we are now about to achieve. Yet every one of these steps are opposed tooth and claw by my hon. friends opposite. I make no apology and I'm sure the government makes no apology

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for the fact that this program was not implemented until 1961.

Hon. members opposite certainly can't criticize the government for that. If there had been more support and more enthusiasm out about the country from my hon. friends opposite this whole program would have been capable of proceeding at an even faster pace. But even if this is only being done now, the extent of the triumph of this government in doing it even now, ought to be assessed by comparing Saskatchewan with the other provinces of Canada, or by comparing Saskatchewan with the other jurisdictions in the United States, where not one of them have even reached our present stage, which my hon. friends say is nothing to boast about. The fact of the matter is that those provinces where Liberal administrations are in office, they are not even as far ahead as we were 10 years ago.

**Mr. Thatcher:** — They don't have a health tax in New Brunswick and Quebec.

**Hon. Mr. Walker:** — My hon. friend the Leader of the Opposition is not exposing any new facet of his character, when every time he interrupts me I hear the word 'tax, tax, tax, tax.' That is the only concern he ever has.

**Mr. Thatcher:** — You'll hear a lot more about it too.

**Hon. Mr. Walker:** — My hon. friend the Leader of the Opposition is thinking about the 'tax, tax, tax' on the sale of the champion bull he has up there.

**Mr. Thatcher:** — You should know there is no tax on that. Of course, you don't know anything about agriculture so you wouldn't know.

**Hon. Mr. Walker:** — He speaks as something of an authority on this whole business of bull.

**Mr. Thatcher:** — I'm just saying you're not an authority.

**Hon. Mr. Walker:** — Look at Newfoundland or New Brunswick or Quebec . . .

**Mr. Thatcher:** — New Brunswick has no 3% - no health tax . . . no hospitalisation tax.

**Hon. Mr. Walker:** — 5% tax and no medical plan.

**Mr. Thatcher:** — Sure they've got a medical plan.

**Mr. Speaker:** — Order!

**Hon. Mr. Walker:** — Mr. Speaker, I trust my hon. friend is able to compose a speech of longer than one sentence, and if he is, that he will treat this House to a dissertation on this whole matter of medical care, and I hope that if he does that he will make it perfectly clear to this House, that the Liberal party is more concerned about human welfare, about the welfare of dependent children, and children who have no one else to take care of them, about their health needs — than he is about taxes, taxes, taxes. Now if the Leader of the Opposition has any residuum of that spark of humanity which must have motivated him to join the C.C.F. at one time, it will show in his approach to this medical care plan. Surely he isn't so completely bereft of humanitarian notions as he tries to let on here when he interjects these comments about taxes.

Mr. Speaker, I just want to say in conclusion that those of us on this side of the House were just a little shocked to find the crass and mundane attitude of partisan politics displayed by some hon. members in considering of this matter. This legislation is it seems to me, a fit and lasting monument to the decades of humanitarian work done by our Premier in this field.

**Government Members:** — Hear! Hear!

**Hon. Mr. Walker:** — Some members of the opposition have been sympathizing with us on this side of the House that the C.C.F. or the New Democratic Party.

**Mr. Thatcher:** — Which is it?

**Hon. Mr. Walker:** — They have been sympathizing with us because we on this side of the House are about to lose the Premier. Well, Mr. Speaker, I think that we on this side of the House feel that we may be losing a Premier but we're gaining a prime minister.

**Government Members:** — Hear! Hear!

**Hon. Mr. Walker:** — I for one think the people of Saskatchewan will always look back, and in the years ahead will always remember that this man, before he went to Ottawa, before he took on the burdens of federal leadership left us in Saskatchewan far better off than he found us.

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That he left us in Saskatchewan with a permanent memorial to what can be done by common people when they take politics into their own hands.

**Government Members:** — Hear! Hear!

**Mr. Dave Boldt** (Rosthern): — Mr. Speaker, in rising to take part in this debate, I would like to congratulate the members on this side of the House that have taken part in the discussion. I would like to particularly say that the lady member from Humboldt (Mrs. Batten) the member from Saltcoats (Mr. Snedker) and the member from Maple Creek (Mr. Cameron) have contributed perhaps more in this debate, than from the other side of the House. Outside of the Minister of Public Health, we have had no information at all from those who have risen to speak in this debate. We have been asking and pleading you for about a week, and we get no information. We have been asking questions and the front benchers of those on your right have failed to take an active part in this debate.

I would like to throw out this challenge to the government. That if this is the attitude they want to take, perhaps they could allot two-thirds of the radio time at the next session to us, because they will have no speakers to take part in the debate, and I think we could make good use of the radio time if they would agree to have one-third and we will have the two-third time.

**Premier Douglas:** — We've taken as much time as you have.

**Mr. Boldt:** — Mr. Speaker, the other day the hon. member from Hanley (Mr. Walker) made a statement and that is one of the reasons I would like to take part in this debate — that the Liberal candidate in 1948 had told his Mennonite friends that bringing in the hospitalization act and setting up of the larger school units was an act of Communism. Well, Mr. Speaker, in 1948, a good portion of the now southern part of the Rosthern seat belonged to the Hanley seat, including the area I live in. Mr. Clayton Pascoe was the candidate in the Hanley consultation in the 1948 election. He was a very close personal friend of mine and the remarks made by the member from Hanley is another typical example of socialistic character assassinations.

**Opposition Members:** — Hear! Hear!

**Mr. Boldt:** — Mr. Pascoe was a fine Christian gentleman. He married a Dutch Mennonite girl and they adopted two fine children through the social welfare department.



He contracted a sudden heart condition in 1958 and was taken to the hospital critically ill. While in the hospital, Mrs. Pascoe was admitted to the hospital and a baby boy was born to the Pascoes. Six days later Mr. Pascoe passed away, leaving his wife and three small children. Now Mr. Pascoe was reeve of the rural municipality for 12 years. He served until his death on the board of directors of the dairy pool. He was a member of the municipal hail inspector's association, and I can assure you, Mr. Speaker, that Mr. Pascoe didn't have an enemy in the world.

Now in reference to statements made by the hon. member from Hanley (Mr. Walker) that Mr. Pascoe went to his good friends, the Mennonites, telling them that centralization of schools was an act of Communism, certainly does not bear out with information that I received from the secretary of the R.M. at that time. Mr. Pascoe was secretary of the Penner school district prior to 1948. This school belonged to the Rosthern superintendency. When the Saskatoon west school unit boundaries were set up, the local school board of which Mr. Pascoe was the secretary asked that the Saskatoon west unit board taken them into the unit, which they did. All this took place a couple of years before the 1948 general election. Knowing Mr. Pascoe as I do, I can only come to one conclusion, that the hon. member from Hanley was not telling the truth.

**Opposition Members:** — Hear! Hear!

**Mr. Boldt:** — Here he claims that he went to his Mennonite friends telling them that the setting up of a school unit was an act of Communism, when he was actively engaged in helping to set up the Saskatoon west school unit.

I also take exception to the fact that the way his good Mennonite friends were treated by the hon. member from Hanley. Mr. Speaker, in 1948, Mr. Pascoe, was only defeated by 43 votes . . .

**Hon. Mr. Walker:** — Fifty one.

**Mr. Boldt:** — Forty-three according . . . 41 is a little better yet.

**Hon. Mr. Walker:** — Fifty one.

**Mr. Boldt:**— I have the returns with me and my returns show that it was 43. The difference between 43 and 51 is not very much.

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Mr. Pascoe was then the Liberal candidate. He just about beat the member for Hanley (Mr. Walker). So the hon. member had something to worry about for the next general election, and this is how he treats his Mennonite friends. So a redistribution took place and all the Mennonite polls except one were thrown into the solid Liberal seat of Rosthern. You can imagine, Mr. Speaker, I lived in this area — the polls of Dalmeny, Osler, Altona, all went to the Rosthern seat. You can see the reasoning behind this.

**Hon. Mr. Walker:** — You'd be the member for Hanley now.

**Mr. Boldt:** — In 1948 there were 223 votes cast in Dalmeny. The C.C.F. candidate received 1, so he cast his friends out of the Hanley seat and has retained 3,000 votes for himself from the city of Saskatoon. When this was brought to their attention in the last election, that 3,000 voters in the city of Saskatoon had to vote for candidates in the Hanley seat, it was brought to the attention of the government, and if I'm right the Premier made a statement that he was not aware that the 3,000 voters in the city of Saskatoon had to cast their ballots in favour of candidates in the Hanley seat. I can assure you, Mr. Speaker, that if that thing is going to be taken care of that the hon. member from Hanley will perhaps seek a seat in the city of Saskatoon. I challenge him, if this is done and the voters in the city of Saskatoon will be able to vote for their candidates, that the hon. member from Hanley will be running in the city of Saskatoon.

I was also very interested to hear the remarks made by the lady member from Saskatoon (Mrs. Strum), I am sorry she is not in her seat today. She mentioned in her speech the deplorable conditions of the former Liberal government that they had created in this province and in the country. This again is strictly socialistic propaganda. She quoted from 'Look' magazine. I couldn't follow the article too closely, but I gathered from what she said, after quoting from 'Look' she said, 'We on this side of the House would have thought that the doctors would have taken the same attitude.' I gathered from her that the government has taken the attitude that they have written the doctors off as to coming to any agreement with the government on a medical plan. I would also like to have that question answered.

We on this side of the House are proud to be Liberals. We have nothing to be ashamed of. In my constituency over the past years the government has never been able to poll more than 25 per cent of the vote, in spite of the fact that they have left no stone unturned to accomplish the winning of the Rosthern seat.

Federally, the Liberal party has left a record that cannot and has not been challenged by any party. Family allowance and old age pensions introduced by the Liberal government are one of the major social benefits of this country today.

**Opposition Members:** — Hear! Hear!

**Mr. Boldt:** — What would this government be faced with in a crop failure year as we have now, if these benefits were curtailed? In her address the other day, the lady member from Saskatoon (Mrs. Strum) mentioned, how many, many years ago when she had the privilege of leading a delegation, and the government of that day had treated them with contempt. This I do not believe to be true.

In regard to the medical care plan, the government is again very reluctant to give the people of Saskatchewan a vote. I believe, Mr. Speaker, that they have not forgotten last fall when the municipal men asked for a vote before a change of local government took place. They took the same attitude then; we have a mandate from the people, and they certainly could institute the setting up of the counties. But the people stood firm in their belief and their demands and when they couldn't persuade the government for a vote, they went and held one of their own. Had it not been for the prompt action of the rural people concerned in taking a vote on their own, the present local governments would have been erased from the map of Saskatchewan by now.

**Opposition Members:** — Hear! Hear!

**Mr. Boldt:** — Now the government is again faced with a major decision. The doctors have decided not to go in with the present proposed C.C.F. medical plan. Since the last election the policies and the name of the present government have and will be changed to a certain degree. Many of your farm supporters have become alarmed. Farmers, business people, and yes labour people, are worried plenty about the new party. I predict to you, Mr. Speaker, that the C.C.F. party has lost 25 per cent of their vote in my area. You have placed before this legislature a bill which you want us to support. You have also proposed the financing of this bill. If this government believes that the people of Saskatchewan want a medical plan of this nature, it should not be reluctant in giving the electorate an opportunity to express themselves by a vote. I would indeed be very happy if such an opportunity would given. I am sure that the government of this province would appreciate

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the confidence of the people of Saskatchewan if they were given the go-ahead signal. I am also equally confident that if a vote were held in favour of this plan, this would also have a deciding factor in the attitude of the medical profession in their decision on the medical plan.

Now, we know, Mr. Speaker, that finances will have to be collected in order to finance the medical plan. I am worried about the head tax. I understand that the head tax, where citizens are unable to pay and the municipalities will again be responsible. This will be another extra burden to our municipalities. The present set up today is where people on social aid, the municipalities are responsible for the hospitalisation tax and it will also be responsible for the medical tax. Next year they will be called upon to pay \$72. Those who cannot pay and those who fall in the social aid category — the municipality is responsible for the tax and for the medical bills. Now in my municipality last year, \$7,000 was spent for the social aid cases. I can assure this assembly here today that in the next year it could easily triple. The city of Saskatoon last year spent over \$100 thousand in medical bills and the hospitalisation tax for people who were on social aid. Certainly this government should realize their responsibility. It is not up to the individual municipalities to pay this heavy tax. I would think that if this government made an agreement with the municipalities concerned, that they would pay it on the same basis as the social aid.

Mr. Speaker, I think that it would be wise for the government to consider this adjustment, and I would like to hear more members from the government side give us the information that speakers from this side of the House have asked for.

## SECOND READING

Bill No. 1 — An Act to provide for Payment for Services rendered to Certain Persons by Physicians and Certain other Persons.

**Mr. Arthur Kluzak** (Shaunavon): — Mr. Speaker, I was surprised the other day to see the member from Saltcoats rush across the province to defend the government sponsored and government administered Swift current health region.

I say government sponsored and government administered, because it is sponsored and administered by municipal governments who are elected by the people in that area. I see little different when a program is government sponsored, whether it is municipal government, provincial government or federal governments. Surely it is a government that is representing the people.

I would suggest it was a good thing for the people of the southwest that this member did not take part in this program when it was being organised, because undoubtedly he would have joined the group of rank and file Liberals who opposed the formation of this region very vigorously. I deplore anyone hiding in the shadow of the Swift current health region for the purpose of sabotaging the opportunity for the rest of the people in this province to get a medical care program.

The member for Maple Creek, and I am glad he is in his seat, I believe was quite sincere when he spoke about the Swift Current health region the other day. At least I hope he was. Indeed he would be a very brave man to oppose a plan of this type and expect to get elected in a constituency within the boundaries of the Swift Current health region. I am sure that his chances of being elected would be very slim.

However, I have here an editorial from 'The Leader-Post' of April 25, 1960, written by one of his colleagues in his constituency who gives him a good deal of support at election time and throughout the year. In fact, on June 23, 1960, this party had written another editorial in 'The Leader-Post' congratulating the member for Maple Creek on his win, and assuring the people of the Maple Creek constituency that now that they had again elected a Liberal member, everything would be well with them. I am going to read this article of April 25, 1960, and I am sure that the members of this House will find it very interesting, particularly since we seem to have a few members on the other side that would like to align themselves behind the Swift Current health region and profess to be very good supporters of the scheme. It read here:

“The Swift Current health region medical plan.”

This editorial is by A.L. O'Farrell of Piapot. I quote:

“There are no statistics to show the number of people who pay for medical and hospital care in the Swift Current health region, but who go outside the region for these services at their own expense.

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There are no records of the number of farmers and ranchers who have retired to other provinces and claim that they are more satisfied with private medical care plans than they are with the Swift Current health region services.

It is known, but little publicized that the region has lost several excellent doctors because they too were dissatisfied with the hospital management within the Swift Current health region. To say that the prepaid scheme of the region has won general approval from the public because there have been few complaints from the 51,300 residents served, indicates that investigators do not do much investigating outside the city of Swift Current.

Until its weaknesses have been corrected, it is asking for trouble to base any province-wide plan on the experience of the Swift Current health region scheme. What it does to the moral of the people who pay for it, and the medical and hospital personnel, is no recommendation for the scheme. It offers too much opportunity for abuse and exploitation by both professional and lay people. In assessing the region plan, the impact of the provincial prepaid hospital services plan must be always kept in mind.

The provincial sparks an overall attitude in hospital care that is marked by stark indifference to the convenience of the patient. Region costs reflect that a fee for service keeps rising, not because services are extended, but too often because of waste or incompetence or indifference, or just plan ignorance on the part of administrators.

Before the region was set up, if you didn't like the medical and hospital services you received, you didn't have to go on supporting them. You changed to a doctor and a hospital that gave you more satisfaction."

**Mr. Speaker:** — Order! Is this a long editorial?

**Mr. Kluzak:** — Not too long, no. It is an article, yes.

**Mr. Cameron:** — Mr. Speaker, it is a contributed article.

**Mr. Speaker:** — Order! The point I was raising was, it is not good parliamentary form to read too long an article or excerpt . . .

**Mr. Kluzak:** — I want to read it because I want to point out how a supporter of the member for Maple Creek, who is closely associated with him, gives him assistance at election time, and I would like to point out his attitude to the Swift Current health region. That is right, endorsed by the Liberal paper, and generally speaking, the people of the Maple Creek area.

**Mr. Speaker:** — It is quite in order to read portions of articles, or a short article, but not to go on too long. I don't think it is in order to read a full article.

**Mr. Kluzak:** —

“In fairness, it has been recognized the scheme was initiated when we were struggling with a shortage of doctors' services, due to the war. Consequently, an extraordinary number of people really needed care for long standing ailments.

It is true however that many government supporters seem to appropriate the plan as their special right and there was an unprecedented rush to enjoy the privilege. This attitude has never really changed.”

We see by this writer, of course, it is serving the C.C.F. people more than what it is serving the Liberals.

“It is equally true that many other people exercise considerable restraint in making use of the new services. Some in the western end of the region, to the extent of going to Medicine Hat doctors, until the rush in the region subsided. Later, when \$1.00 for office calls was charged, people quite generally were roused, not by the fee which they were willing enough to pay, but by the reason given for it.

A deterrent for unnecessary calls. It was widely claimed that there would be fewer

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office calls if doctors didn't give a shot of penicillin and say, come back in two weeks. It is still being charged that at medical centres, treatments are dragged out to keep us coming. Such a routing might have been necessary in the beginning, but it is felt that by now better planning might overcome it. That few complaints are an indication of public approval . . .

**Mr. Cameron:** — On a point of order, Mr. Speaker, I don't mind the hon. gentleman reading, but it seems to me this is an exceptionally long article that he is boring the House with at this time. I think he is out of order to read at such length.

**Mr. Speaker:** — In drawing the matter to the attention of the hon. member, I do not want to say that he cannot read the article, but I am pointing out that it is not good parliamentary form to read a long article.

**Mr. McFarlane:** — He did.

**Mr. Kluzak:** — Mr. Speaker, I will probably leave out part of this, but I want to read enough of it so as I can prove my point.

“Sick people don't relish driving 50 or 60 miles over rough country roads to arrive at the nearest clinic to be told coldly by the receptionist, ‘the doctors are busy; come back tomorrow’. But the annoying fact is that at some regional clinics it is impossible to make the appointment for any set time. You may sit all afternoon in the waiting room. Some groups of sitters compared the time of their respective appointments, and found four of them had precisely the same. There have been occasions when sitters were finally sent home because the technicians don't work overtime.

Country folk complain that they get the shortest end of the service and pay the biggest slice. Land tax and head tax. Some say it is easier to get a vet for your sick cow than a doctor for your sick wife. Region doctors seldom make country calls. Some people feel that one reason hospitals are overcrowded is because home care is discouraged by doctors refusing to make



country calls. Centralization of medical care is easier for doctors. These are some of the outstanding compulsions of the Swift Current health region — a scheme which some laymen abuse and some doctors exploit.”

**Mr. Cameron:** — I haven't heard him . . . yet.

**Mr. Kluzak:** —

“The scheme where doctor-patient relationships steadily deteriorate and where the fine spirit of his dedication to duty decreases as financial security increases. Big doctor and hospital bills may long haunt us, but the fear of not getting adequate and medical care when we desperately need it is always with too many of the 51,300 residents of the Swift Current health region. But all you can do about it is shop around in the region for a good doctor or take your emergency to Alberta.”

**Mr. Cameron:** — The only thing I was interested in, he didn't read. He was supposed to have paid a great tribute to me.

**Mr. Kluzak:** — Now, Mr. Speaker, this is . . .

**Mr. Speaker:** — Order!

**Mr. Kluzak:** — Now, Mr. Speaker, this is an attitude of a spokesman for the Liberal party, a political friend of the member for Maple Creek and an idol of 'The Leader-Post'. I resent anyone making the statements, made in this editorial. We have had excellent health care at a price we can afford to pay under the Swift Current health region. Certainly I would not want to see this plan go out of existence if I were not convinced that the provincial plan we have before us will be even better. It will be better because it will entitle us to get the services of specialists in such specialized centres as Regina and Saskatoon, at no extra cost.

The member for Maple Creek stated that the Swift Current health region paid the full amount of the Swift Current schedule of medical bills that have been incurred through referral to doctors outside of the region. This of course is not true. They paid 75 per cent of their schedule of fees up until two years ago, and from then they have paid only 50 per cent. I should know, because I am one of the recipients

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of the care in this region who has paid over \$250 for this type of treatment within the last three years.

Then the method of taxation hasn't a true relationship to the ability to pay, with respect to property tax. One might own highly assessed property for which some years there may be no remuneration. Then there is also a discrepancy in the assessments in an area of this size which again can be unfair. I believe that everyone should have some responsibility in financing this plan. Therefore a personal tax is essential. I also believe that in order to prevent abuses a deterrent fee is desirable. This has been proven by the experience of the Swift Current health region, and it has created no hardship to anyone. It is not the deterrent fee that keeps people from seeing a doctor, but it is the fear of the doctor's diagnosis which may require an expensive operation.

I regret that there is no provision made in this Bill for dental care for children. At least some preventative care. I realize that there will be a very heavy demand on this plan when it comes into operation by people with long standing ailments. This, of course will create a drain on available funds for the first year of its operation. In spite of this, I feel confident that dental care for children, say 12 years and under, will be added to this plan in the not too distant future.

The people that I represent are anxious to see that this medical plan be implemented as soon as possible. They are anxious because they want to see the rest of the people of this province have the same opportunity to enjoy the same high standard of medical care that we have enjoyed for 16 years. It will be interesting to see if the members across the way, who speak as though they are in favour of a medical health plan, will support this Bill. Surely their conscience will haunt them for some time if they do not do so.

Mr. Speaker, I take please in supporting this Bill.

**Mr. Cameron:** — Mr. Speaker, on a point of order. I did not want to interrupt the hon. member when he was reading his speech, but I would point out that he attributed the statement to me 'that everyone who was referred outside of the Swift Current health region for medical services had the full bill paid.' That statement I did not make. I tried to explain, even in questioning afterwards, the method by which you had to contribute to the extra cost over and above what you would receive in Swift Current, I wouldn't like you to leave the impression that I had stated that anyone referred outside of the

Swift Current health region has his full medical bill paid. Such a statement, of course, I didn't make.

**Mr. Kluzak:** — Mr. Speaker, I was given the impression that the member had stated that they paid the full Swift Current schedule of fees to doctors outside this region. That is not so either. They pay 50 per cent.

**Mr. J.R. Barrie (Pelly):** — Mr. Speaker, even although it has been denied here this morning in this chamber, I think the attitude of the members opposite has been very obvious with their reluctance to rise and speak in this debate up until the present time. I don't know the reason for this, Mr. Speaker, I am wondering if they are disillusioned with or disappointed in the particular bill covering the proposed legislation that we are now dealing with. Or I wonder whether they have had orders to desist from participation in the debate, in the interests of urgency and haste.

**Hon. Mr. Walker:** — I raise a question, is this parliamentary?

**Mr. McCarthy:** — After what you got away with I don't . . .

**Mr. Speaker:** — I cannot make a ruling on that. I have nothing to back up that there is anything against saying that. I have nothing to prove that you cannot say that.

**Mr. Barrie:** — I hope, Mr. Speaker, that before this debate concludes that we will hear from all the members on the opposite side. I believe that all the members on this side of the House are prepared and waiting to speak or take part in this debate.

One puzzle to me has been, why the great rush at this particular time in bringing in this particular bill, and I think it is very obvious that an attempt has been made to rush it through the House at this session. I don't know how the members on the government side justify the setting up of a planning commission, and then they can't give them time for some urgent reason apparently to complete their studies and to complete their report. The Minister of Public Health had to proceed to urge the members of that committee to hastily bring in an interim report and it is mentioned in their interim report, both by the committee as a whole and by the minority report, that they regretted that urgency and haste with which

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they had to prepare this particular interim report, and neither the government nor this House has the complete report yet. Now this is a very important matter, and possible the majority of us, if not all of us, would like to see a plan of this nature brought into effect. I don't think after 17 years that the government have had to consider and institute such a plan, that it should be matter that should be pushed through with such haste and rush in a matter of a few days or a few weeks. I wonder why it has to necessarily be rushed through in this particular session. Well, it is so obvious, Mr. Speaker, that the members of the opposition know the reason, and I'm certain that the general public in Saskatchewan know the reason too. I was glad to hear one alleged reason given by the Attorney General this morning in this debate. He said, this was a monument, a memorial to the Premier of this province, and as the Premier is leaving and it is necessary that probably his departure from this legislature and from the provincial field of Saskatchewan must take place within a very few days, then possibly the explanation for the great rush made by the Attorney General is possibly valid. I wonder whether even a memorial to the Premier of this province should receive precedence over an important matter such as a health program for the people of Saskatchewan as it will have such far reaching effects in the years to come.

The Attorney General in his remarks, if I interpret them correctly, said this was a very important matter. He said it was of great social significance and importance. All the more reason, Mr. Speaker, that the members of this House, both from the government side and the opposition side should have every opportunity to look into every aspect of this particular plan and take sufficient time in order that they can scrutinize every item in the bill.

I believe, and it is my opinion, that this particular haste is one of political expediency and political expediency alone.

**Opposition Members:** — Hear! Hear!

**Mr. Barrie:** — I resent the steam roller tactics that have been used thus far to rush this particular bill through. I must say that under the circumstances that when such methods are used in connection with placing legislation on the books of this province, on such an important and socially significant matter, as mentioned by the Attorney General, then I think it will possibly go down in the history of this province, insofar as the party opposite is concerned, as one of undying and everlasting shame.

Now, Mr. Speaker, insofar as the particular plan that is outlined in the bill before us, we see that a commission is to be set up. A commission that is going to be constituted and appointed by the government. This particular commission is so constituted and has such powers invested in it by which being appointed by the government under the provisions in this bill, I can see, Mr. Speaker, no reason for any such commission. It is going to be a matter of this commission being something extra, an addition to the Department of Public Health as we have it instituted today. It has been suggested that administration carried on by this commission is going to cost \$1 million. With what I can interpret in this proposed bill in connection with the duties of this particular commission, I can see no reason for it. I can see no reason why possibly a great saving could be made in the administration if the administration of this particular medical care insurance plan would be carried out by the Department of Public Health. Only one reason comes to my mind for this commission that is being appointed, and that is to take some of the responsibility from the government in the future if there is severe criticism or if failure happens to result for the plan that is being put forward at this time. In other words it is just a whipping boy for the government.

When we look at the proposals that are made there are great powers vested in this particular commission. This commission has the responsibility, according to provisions of this bill, to establish a plan of medical care. They are going to set up the plan of medical care, whatever it may be. This commission is going to administer the plan. All of this to be done, Mr. Speaker, by regulations. They are going to specify the amounts of payments to physicians and others for their services to the beneficiaries of the plan, all by regulation. They are going to prescribe by regulation the services to be rendered to beneficiaries, particularly those outside of the province. Now they are going to prescribe the terms and conditions by which any service or any person may render a service to any and all beneficiaries under the plan. All this by regulation, Mr. Speaker. These are details, which in my opinion, along with some other minor ones, should be spelled out in this bill.

Other very important aspects of this proposed health plan, as suggested in this bill, will be done by way of order-in-council. The elected representatives, Mr. Speaker, of the public are being ignored or bypassed. This is the socialist policy of regimentation governed by order-in-council and regulation without regard for the elected members of this legislature. This is characteristic and typical of this government and their ever present dictatorial attitude.

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I want to say once again, Mr. Speaker, that many of the things as proposed in this bill are to be brought into effect by regulation and order-in-council are the items, which at least in my opinion, should have been thoroughly and specifically spelled out in the bill. The members of this legislature should have on this particular occasion had every opportunity to know what was proposed in connection with these particular items and had the opportunity to debate and discuss them before the bill was passed.

It is proposed in the bill and rightly so I believe, that any plan which may be brought into being is going to be a costly one and will involve multi-million dollar expenditures. I believe the estimate has been made for the first year, this plan will cost the people of Saskatchewan approximately \$22 million. Naturally the government has had to look around and find the source of revenues in order to pay for the cost of the plan.

One of these particular sources is an increase in the income tax of one per cent of taxable income. This in my opinion is the fairest tax. This is the tax that will make those people able to pay, pay the largest proportion. I am quite in agreement with this, Mr. Speaker. I believe from this source it is estimated that \$3 ½ million in revenue will be received, about 17 per cent of the total estimated cost of the plan.

Then another source of course are the premiums or fees, or head tax, or whatever one likes to call it - \$12 per single individual and \$24 per family. This will be a universal tax which every resident of Saskatchewan will be called upon to pay. I don't think this has much regard, Mr. Speaker, in connection with the real ability to pay. People of all income brackets pay the same tax. This in relationship to the whole matter, as compared to the income tax hasn't the same implications. They expect, according to the estimates given to raise about 28 per cent of the total cost of the plan for the first year at least from this source.

Then we have another proposed means of raising revenue. The retail sales tax. This is the tax that some years back, members of the party represented opposite, Mr. Speaker, called an abominable tax — a nuisance tax, and every disparaging remark that could be made about it was made about it, by the supporters and the speakers of the party that is represented opposite. Today we find they have suggested, and possibly rightly so, they are going to increase this 2 per cent tax now to 5 per cent.

One and one-half per cent of this increase is going to be delegated to partial paying of the medical plan.

Now this particular tax is one, Mr. Speaker, which has no regard for ability to pay as I can see it, because many of the essentials, other than food items that have to be purchased by the residents of this province are liable to this tax. It is going to have a serious effect on the people, and to a certain degree on the economy of this province once this is put into effect. Those who are possibly going to suffer most are the people in the low income brackets and particularly those with large families because they are going to pay this tax on clothing, footwear, fuel, light bills, all utensils and furniture they may have to purchase, on school books and supplies and building materials that they may need for repair of their buildings or their residences. These people who have to buy, due to having a large family substantial amounts of clothing, and footwear each year are certainly going to have to pay a considerable amount more with this increase of tax, and they are the people who will be chiefly affected. So many of those in that particular category are those which have low incomes in comparison with other residents of our province.

Then we look at the farmer in relation to the increase of the sales tax. We've heard a great deal of criticism levelled at federal governments and other political parties by our friends opposite, Mr. Speaker, and a great deal of talk about what is called the cost-price squeeze. Well, in this particular connection this is going to increase, it is not going to deduct from any cost-price squeeze, because the farm people in this province, by this increased sales tax, are going to have to pay tax on many of the goods they have to use in connection with the production on their farms. They are going to pay this increased tax on diesel fuel, tools, oil and greases, tractor gasoline, trucks, truck tires, building materials, clothing and many other items. This is going to, as I have already mentioned, increased tax on diesel fuel, tools, oil and greases, tractor gasoline, trucks, truck tires, building materials, clothing and many other items. This is going to, as I have already mentioned, increase this particular economic condition of a cost-price squeeze on a certain segment of our population. Possibly those who are least able to afford it, are going to be affected and inflicted with possibly the greatest part of this increase in sales tax.

Then we have a fourth means that has been suggested to provide revenue to pay for this plan. Mr. Speaker, this is the one that surprises me the greatest because apart from the income tax, if we are going to apply the principle of

ability to pay, then I would say that there is no other tax, apart from the income tax that this could be applied to more than the corporation tax. Corporation tax of course applies to the people we've heard referred to so often, Mr. Speaker, by those opposite, as the big bad wolves, the free-enterprisers, the exploiters of the public — big business generally. These are the corporations. Of course the Liberals and the Conservatives and all other parties have been accused by being the friends of big business, of the corporations. Well now I am going to ask, Mr. Speaker, and I hope the public of this province will judge as to who are the friends of the big corporations, because these people opposite haven't had an opportunity for many years gone by to actually tax the corporations directly. This is the first opportunity they have had to do so for many years, and what do we find when they have that opportunity, what do we find happens? We find as I have outlined already a very modest increase in the income tax, a substantial increase in the retail sales tax, and when it comes to the corporation tax we find they increase it one per cent.

**Hon. Mr. Walker:** — What do you suggest? You'd like 10 would you.

**Mr. Barrie:** — That it would bring revenue only to an estimated amount of \$1 million or a little less than 5 per cent of the total cost of the plan. I don't know how inconsistent people can be, Mr. Speaker, when for years we have heard the ridicule and condemnation of free enterprise and corporations and when they have the opportunity, the corporations in my opinion, in this province, are getting off the least, and they have possibly, if you want to apply that rule, the greatest ability to pay.

Now, Mr. Speaker, one matter that concerns me greatly is the unfortunate current relationship between the government and the medical profession. I know there must be some reason for this and I would not want to say that, and I don't think the members of the government opposite, or the Premier himself would say that possibly the total fault was with the medical profession. There might have been some lack of good public relations, not just recently, but some time ago insofar as the government is concerned. Some lack possibly in the means that were afforded the medical profession and their representatives for consultation and recognition. I don't know, but I will agree, Mr. Speaker, that no section of the community, the medical profession or anybody else, can or should be allowed to hinder progressive legislative action in any field in this province. But at the same time I hope no legislative action will ever be taken to threaten any particular section in the province.



But the fact remains, Mr. Speaker, that no plan irrespective of what merit it may have, can operate in the province without full participation and the co-operation of those who are going to render the professional services that are required by the beneficiaries of any such plan. I would like to know what statement can be made now for these proposed services, under existing and unfortunate conditions. I want to mention something, it has already been mentioned by a previous speaker in this debate if not more than one, and I am wondering if there is some significance, there may be or there may not be, in the definition of physician as is set forth under the interpretation section of the bill. I am not making any accusation, it may be that it is in order, but, Mr. Speaker, I think the answer to these two questions that I have just posed should be replied to and given along with the necessary information to the members of this House without any further delay.

I was very pleased, Mr. Speaker, to hear the last speaker support the idea of a deterrent or utilization fee, because I believe there is great merit in such a fee. I would like to suggest to the government opposite that such a fee will have merit in that it will go a long way to possibly avoid abuses being made by certain individuals of any services which are to be rendered. I would think it would be in the best interests of any plan, in the best interests of those who are administering the plan, and in the best interests of those who are rendering the professional services under the plan that a deterrent fee be included in any proposed legislation. It, of course, has a significance insofar as certain revenue is concerned. I don't think this is the consideration that should be taken into effect when deciding whether a deterrent plan is one that has merit or otherwise. I don't think a deterrent plan, if the fee or the charge was kept low, would be a hardship on anyone, and it would be fair to the degree that those who are receiving or requiring services would be the only ones required to pay the fee. I think it is generally accepted, in my part of the province at least, that under our hospitalisation plan, if any valid criticism can be made of it, that is one — that it is abused by a great number of people. I would think at the commencement of inaugurating a plan this would be the time to include a deterrent fee in the regulations. If it was found a little later, after the plan has had some time to be in effect, if it is found through experience that a deterrent fee is not desirable, then it is a very easy matter to eliminate it. But I would suggest to the gentlemen opposite that once the plan is put into effect, Mr. Speaker, without any form of deterrent or utilization fee, then it will be a matter that will not be very well accepted by a great number of people, if it has to be instituted at some later date.

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Mr. Speaker, I have listened with interest to those who have spoken in this debate and I have in recent days had the opportunity of meeting a great number of people and I believe I am right when I say that I don't believe there is one member in this legislature who is not in favour of prepaid medical care insurance. I am, and frankly say so, and always have been very interested in seeing some type of plan made available to the people of this province, and not only this province but all of Canada. I must say, Mr. Speaker, I am anything but satisfied, for some of the reasons that I have stated, with the contents of this bill in its present form. I frankly expected something better, and I sincerely hope, Mr. Speaker, before it is adopted it will be in a more acceptable form than it is at the present time. Mr. Speaker, as the principle of this bill in its present form is prepaid medical care, I will support the bill on second reading.

**Mr. John Thiessen** (Shellbrook): — Mr. Speaker, I had very little intention of getting up to speak on this bill, not because I was disillusioned or anyone on this side of the House is disillusioned. I think that we are happy on many counts, especially on this side of the House, and one of them is that at the present time we have for our Premier, the greatest man that ever hit western politics. On the second count is that after the next federal election we will have a person speaking for the western world as well as the eastern world has, in Prime Minister Nehru at the present time.

**Government Members:** — Hear! Hear!

**Mr. Thiessen:** — One thing we are happy for is that at long last we are going to give the people of the province of Saskatchewan something that the Indians had 300 years ago, and should have come in with the provinces forming in 1905. When the Indians roamed the American continents they had medical coverage in their day. We may laugh about the witch doctor. We may think this is funny, but he was available to all the people at all times whether they were poor or rich, or old or young, didn't make a bit of difference. We have set this up as something you can only have if you can afford it, and I can assure you this is what is happening all the time.

I think we on this side of the House, haven't used too much time speaking to this because this is something we want to see immediately. We don't want to wait for another year or ten years or anything like that, we want it now. We're only too happy that the government has finally made up

its mind that we can and we have the wherewithal to do it. We can't wait another year, we could wait another ten years, and I don't think the revenues of this province would be any better, or that we can afford it any better than we can today. I know that in my part of the province that we have a lot of people who cannot afford medical services. The hon. member from Rosthern (Mr. Boldt) claims they have a lot of social aid people whom the municipalities are going to have to pay for. This is of course a necessity in all municipalities where people can not afford to pay for themselves. All we have to do is go back and look at the old Indian days, when they didn't ask whether a man was rich or poor they gave him the service. In this case the municipality can say 'well this man can have service or they cannot have.' It remains to a council of six councillors and a reeve, and they can say 'well this man can go out and do it himself — this one cannot.' But there is nothing in the world, Mr. Speaker, to prevent this same municipal council from going to these same people and telling them 'here we have something for you and you can work out your medical services.' This has to be done locally. We have a lot of municipal councils and others who have no way of planning personal or local things so they can work this out. We made a little trail project in our municipality this year and I can assure you that all the employable people whom we have in the municipality worked out medical and hospitalisation and a little bit more. Every employable person who did not have a job and had a family, or had no family, and could not pay for his hospitalization and other charges was employed by the municipality to cover his medical and S.H.S.P.

**Government Members:** — Hear! Hear!

**Mr. Thiessen:** — We could not employ these people to dig ditches or to put in culverts or to clear road allowances, so we took on a public job. First of all we have Metis people, which Rosthern hasn't any. Rosthern has mostly all good Mennonite people. I cannot say anything against these people because my wife comes from the same area as the member from Rosthern (Mr. Boldt) does, so I don't dare say anything or I couldn't go home. But they are good people in that they are socialists from the word go. They learned the socialist movement long before the member from Rosthern was in the picture at all. When they came over from the old country to this country they brought a social aid system which is second to none, and they looked after their own people, in that everyone who had something brought it to the church whether it was coal, whether it was clothing, food or anything else. This was distributed by the church to the needy, who not only got what they needed in the material line, but also got what they need in the christian line.

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The Christian philosophy, talking to them and what they should probably be doing in their family affairs and all the rest of it. This was given to them. These people have also lost this because the load got too big and they couldn't handle it.

But in my constituency the little program which we had would work out very nicely. We took and planted 38 acres of potatoes last year, the crop was short as were all potato crops last year, but on top of doing this gardening we had a parks project in which the regional park — the provincial Department of Natural Resources is taking part too, and these boys when they weren't busy in the potato field were working in the park and this they enjoyed.

**Mr. Speaker:** — What relation did this have to the medical health?

**Mr. Thiessen:** — Medical coverage. I am working out medical coverage, Mr. Speaker.

**Mr. Speaker:** — I would like you to tie this in.

**Mr. Thiessen:** — Paying off the premium for hospitalisation and medical. I am drawing to a conclusion. When we finished the project this fall, the council at the annual meeting last Monday told the ratepayers that they had never had as good a summer for working out this type of thing as they did this year. Our program does not only cost us \$7 thousand but it runs to \$12 thousand with neglected children and all the rest of it. They have worked this all out on the projects. Now this can be done I think, in pretty well all municipalities.

Now I only had a few notes here on this thing. I had meant to speak the other day but those notes would be out of order because then I wouldn't be on medical so I better not cover that, Mr. Speaker.

In this medical coverage we talk about deterrent fees too. Personally I feel that deterrent fees, especially in a rural area, are out of line because most of the people in my constituency have a deterrent in travelling to a doctor. We have people living from 20 to 30 miles away from a hospital and a doctor, and we have a lot of our people who still have to hire people to take them there. I think this is deterrent enough for people to go to these areas where the doctors and the hospitals are.

Then, the opposition of the doctors, to me is most

deplorable for many reasons. I feel that we have given the doctors the best work shops that they can find anywhere in the dominion of Canada. I feel that we have put in the best facilities that you can buy anywhere in the world. Then we have equipped these work shops with the best personnel that you can get. Then we have told the doctors, here is a place for you where you can practise your trade, and they tell us now that they don't want to practise their trade in our way.

We have not done this for any other type of people. We have not done this for any technical workers. We haven't done it for any other institution of any kind. I feel that the doctors have let us down by saying that they don't want to go in on a medical scheme. I know some doctors personally, as the member for Hanley (Mr. Walker) said, and they personally are in favour of a medical scheme. But somehow or other when they get together and they work on this, then they come out with a resolution saying that they do not favour it. Personally I think that the legislation is good. I think that it is something that we should have had a long time ago. I will support the motion.

**Mr. W. Ross Thatcher** (Leader of the Opposition): — Mr. Speaker, I must say that so far I have enjoyed the debate on this rather thorny issue. I have a few views that I would like to express. I admit that I do so with some humility. I don't know whether I'm right or whether I'm wrong, but I think I was sent here to express those views.

We are debating today, Mr. Speaker, what some hon. members have described as one of the most important pieces of legislation that has ever come before this House. I think it is fair to say that it will affect, not only the people of Saskatchewan, but sooner or later all the people in Canada. We are discussion today a bill which, the first year will cost the taxpayers of Saskatchewan \$22 million. I don't know how much it will cost in the second year, but I understand that the committee said it would be in the neighbourhood of \$25 million and possibly \$28 million the third year. So, certainly we're discussing legislation that is going to cost the taxpayers a lot of money.

I want to preface my remarks by saying this. I agree with what the hon. member for Pelly (Mr. Barrie) said a moment ago. I think members on both sides of the House are thoroughly agreed that some kind of prepaid medical insurance should be brought into being in Saskatchewan. But there our agreement ends. We're not agreed that this particular bill which is now before us is the best way of giving the people of Saskatchewan the kind of medical insurance that they desire.

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I've been rather surprised that so few members on the government side have spoken in this debate. I believe now on this side of the House, every single M.L.A. with one or two exceptions have expressed their views on this subject. I don't know whether the whip's been on over there. I don't know whether the Premier has told the boys, "Be quiet, I have got to get out of here". In any event there have been very few socialist members express themselves on this very important issue. Since usually they are so loquacious, I find this rather hard to understand.

I think the Premier or the Attorney General accused the opposition of delaying tactics. Several members have accused us of delaying tactics. I find such a charge very strange. Mr. Speaker, after what the Premier said at 5:30 last night. He said first that the opposition are holding up this bill. But then he proceeded to say that tomorrow he's going to move a motion to adjourn the House for a couple of weeks so we can go out and politic. We've got a convention to hold for three days, then he's got some meetings to hold around the country. Surely it comes back to this once again, Mr. Speaker, my hon. friends are in a hurry not so much because they're worried about the health of the people of Saskatchewan. They are worried about the political capital that they can make on this particular issue both in the Weyburn by-election, and for the new party across the country.

Well, I'm going to say today what other members on this side of the House have said. We don't intend to be rushed, when we return after adjournment we don't intend to pass this legislation, and particularly the tax legislation until we've gone over it thoroughly and analytically, clause by clause. I think it is a fairly safe statement to say that we won't have done that by this Friday night.

I say again that the Saskatchewan Liberal party, on many occasions in this House and out of the House, has stated that we favoured prepaid medical insurance. I think members on this side, without exception, favour some kind of insurance that would protect all our people against major, against catastrophic, against crippling medical bills. But we are opposed to socialized medicine.

Now as I see it, any plan that this legislature adopts, any plan that hon. M.L.A.'s pass before they leave here, should embrace several main features. The first feature I think the bill should include is the insurance principle. Secondly, and I think this is very important, whatever scheme we pass should be financially sound. It should be within the capacity of our

people to finance, and let's make very sure of this before we pass it. The third requisite — it should be acceptable to the people who are giving the services. I don't say this disparagingly, but I do say that my hon. friends are always willing to socialize something that belongs to somebody else. They are never so generous with their own property. In this case they want to socialize the doctors' services. They are being generous with something that doesn't belong to them. Now the fourth feature of any plan as I see it — it should give the highest kind of medical service to the greatest number of people in the province of Saskatchewan. I regret to say, Mr. Speaker, that in my opinion as far as the bill which is now before us is concerned, it fails to meet most of those requirements. Why, even the name of this act is a misnomer. They call it the Saskatchewan Medical Insurance Act. As I see it, this isn't an insurance act in its definition. Its true name should be the State Medicine Act. I say this:

- (1) because it is compulsory
- (2) because it controls the receiver of the services
- (3) because it controls the giver or the provider of the services

I say again, and I can't repeat this too often, that the Liberal party believes in the principle of prepaid medical insurance, but in our opinion there are major weaknesses in the legislation which is now before us.

I would like to take a moment or so to tell you what we think are some of the weaknesses. Other hon. M.L.A.'s on this side of the House have already done a good job in this regard, perhaps I could sum up. Surely the first weakness is the tremendous tax burden which it will impose on the people. My hon. friend the Attorney General, laughed this morning, when we expressed some concern about the taxes that would be needed for this bill. If I may be so bold, Mr. Speaker, I want to say that in my opinion, one of the great weaknesses of the party opposite is that they haven't got anybody since the Provincial Treasurer left, who is concerned about taxes, or who is concerned about how all these measures have to be paid for. I get a little tired of unctuous speeches like the one that the Attorney General made this morning — only the socialists are interested in the welfare of other people. We're just as interested as they are, but we try to relate social welfare measures to the economic fact of life, because we know that somebody has to dig down into their pocket to get the money for them. In Saskatchewan we just haven't got enough rich people — we haven't got enough corporation.

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That means the average citizen is going to have to pay for 9/10ths of this particular bill. So we don't subscribe for a minute to the proposition that we're not just as interested in the welfare of our people as my socialist friends opposite. But we don't try and kid the people the way they do, by implying that you can get all these things for nothing.

In his speech of last Friday, the Provincial Treasurer at long last admitted to us that this medical scheme was going to cost, I think he said between \$21 and \$22 million. I give him credit because he was the first socialist who finally gave us the hard facts of this bill. He told us that it was going to cost something. Now my hon. friend from Regina (Mrs. Cooper) said nonsense. Well that is certainly what she talked when she participated in the Throne Debate. All she did was talk nonsense. I am going to tell the minister that the staggering burden of taxation which he announced last Friday, coming as it does on top of drought, on top of economic recession, on top of unemployment, has caused a great deal of concern in this province. I think it has thrown a pall of dismay over many of the people of this province. Certainly in the past, many of our people indeed most of our people have favoured some kind of a medical plan, but they've done it for the most part because of the glib assurances of the Premier and his associates that such a scheme wasn't going to cost the average man very much money — that the rich and the big shots were going to pay for it. I remember a speech the hon. Premier made in my constituency in the last election. I had one of my friends go down and listen to him. He came and told me that the Premier said this medical plan isn't going to cost us a nickel — we're going to get it all from resources development and industrial development.

**Premier Douglas:** — What was his name? Antonius?

**Mr. Thatcher:** — That's the kind of promises my hon. friends opposite have been making for years.

You know, Mr. Speaker, I come back to what I said earlier this session. My hon. friends went out in the last election campaign, 16 months ago and said 'Vote C.C.F. because we're the party that keeps its promises.'

**Government Members:** — Hear! Hear!

**Mr. Thatcher:** — I want to remind you again of a couple of promises you made about this bill we're now talking about. Here is the Premier,



“Just as we have made education available to all, the time has come when we must make all the benefits of medical science available to all, without money, without tax.”

And I remind you again of the time they were campaigning for the first time to form a government in 1944. Here is part of their election program.

“The C.C.F. stands for free medical services for all.”

**Hon. Mr. Erb:** — You were right in with us.

**Mr. Thatcher:** — And when I found out what bunk you talked I got out just as fast.

“The C.C.F. will therefore set up a complete system of socialized health services with special emphasis on preventative medicine, so that you and every other resident of Saskatchewan will receive adequate medical, surgical, dental, nursing and hospital care without charge.”

You promised ‘Medical care without charge’, but here you are giving the taxpayers of Saskatchewan a bill for \$22 million the first year. The party that keeps its promises. What a laugh! I say that the Provincial Treasurer last Friday made Jesse James look like a piker, the way he is going to go into the pockets of our taxpayers. And I’m also going to make a prophecy — this is the man who in a few weeks may be the Premier of Saskatchewan, we’re told. I make this prophecy that my hon. friend the Provincial Treasurer will soon be known in this province as 5 per cent Lloyd, the man who brought in the 5 per cent sales tax.

Mr. Speaker, I want to take a moment or so to look at some of these taxes. What are these taxes the minister is proposing? The first one of course is the head tax. Twelve dollars for a single person and \$24 for a married couple. Now that brings the total health tax for hospitalization and medical to \$36 for a single and \$72 for a married couple. That is an immediate increase of 50 per cent. But I also remind you, Mr. Speaker, that it is only a few months since this government had already increased the hospitalisation tax by 37 per cent. Here is the government that 16 months ago campaigned ‘Vote C.C.F. for more abundant living’ and since that time they’ve increased the head tax for health purposes by 105 per cent, since they were elected.

Now I come back to what my hon. friend the Attorney General said this morning.

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He doesn't like us mentioning Quebec and New Brunswick. He doesn't like us mentioned those governments. I want to tell him again that both the government of Quebec and the government of New Brunswick, which are Liberal, brought in their hospitalisation plans without a head tax.

**Hon. Mr. Walker:** — There is a lot of other things they haven't got too.

**Mr. Thatcher:** — And they haven't got a head tax for hospitalisation. My hon. friend the Attorney General the other day was talking about a Liberal caucus. Why he said, I can just imagine what was going on in that Liberal caucus. Well I want to tell him what was going on in the C.C.F. caucus just two or three days ago. As usual when he was talking about a Liberal caucus he was miles off base. I want to say that I think the speeches, the few speeches there have been in the Throne Debate show that my socialist friends just don't know precisely where they are going on a lot of varying issues on this bill. I can imagine that their caucus went something like this. Probably it was started by the junior member for Moose Jaw (Mr. Snyder). He commenced thus — "Mr. Chairman, let's not have this 5 per cent sales tax. We'll lose thousands of votes. Let's put in on the corporations." Well then I'm sure my hon. friend the Minister of Industry and Information (Hon. Russell Brown), (he is not in his seat) but I'll bet he got into the picture and he said something like this. "No. We can't put it on industries or corporations we're having a hard enough time getting them here at the old rates, so you can't put it on industries." Then probably the lady M.L.A. for Regina (Mrs. Cooper), I believe she talks quite a bit at caucus, I believe she got in something like this. "But Mr. Smishek says that he wants a health plan without the sales tax, and Mr. Smishek says we must tax the corporations. Mr. Smishek can give us the votes and the corporations haven't got any votes, so I'll say let's follow his advice." Then probably the Premier got into the argument. It was time for him to say a word or so. He probably said, "But under socialism I'm inclined to agree with the Minister of Industry and Information. There aren't enough corporations to tax. We simply couldn't raise enough money by taxing the big shots and the corporations. We've got to have the 5 per cent sales tax." Well by this time the Provincial Treasurer came into it. "But I fear the 5 per cent sales will defeat all of us at the next election". The Premier said, "Just a minute Woodrow, you're not the Premier yet. I am still running the show, and after all, when the 5 per cent sales tax is brought in I won't be here, anyway it is your worry then." That is the way the C.C.F. caucus likely went. So they just can't make up their minds.

**Premier Douglas:** — You were right the first time.

**Mr. Thatcher:** — Well now, Mr. Speaker, what is the second tax proposed by the socialists. One per cent on taxable income. I agree with the hon. member for Pelly (Mr. Barrie). If we are going to have to have this kind of a bill — income tax is the fairest kind of tax. When you say one per cent it doesn't sound quite so bad. The people of Saskatchewan when they read behind the fine print however will find that the increase is equivalent to 6 per cent of taxable income. That is, if a man paid \$100 in taxes last year; he will be paying \$106 this year. Now I think there is significance to this particular measure. Here the Tories haven't even officially turned income taxes back to the province yet. We've got the bill in front of us but the House hasn't passed it. Here they haven't even turned it back to us yet, when the socialist are already getting their greedy and sticky fingers into the income tax pot. I think every citizen in Saskatchewan should realize that this tax — it is only a minor increase this time, but now that they've got this field back, God help the taxpayers in the next few years if the Socialists stay in office.

**Opposition Member:** — Hear! Hear!

**Mr. Thatcher:** — Now, what about the third tax? Corporation tax. The government announced an increase of one per cent to yield about \$1 million. I'd say again the main reason they didn't go any further, their philosophy would have favoured an even higher rate because there are so few corporations relatively in Saskatchewan.

I give warning to this legislature though, and to the people of Saskatchewan, that it is hard enough to get industry into Saskatchewan today, without getting our tax on corporations out of line. If we come to the point where corporation taxes are higher in Saskatchewan than they are in Manitoba or Alberta or British Columbia or elsewhere, it is going to be almost impossible . . .

**Hon. Mr. Nollet:** — He is lecturing Barrie now.

**Mr. Thatcher:** — I'm just lecturing you Toby. I want you to smarten up and learn some of the facts of life.

**Mr. Speaker:** — Order!

**Mr. Thatcher:** — The fourth tax they announced was

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increasing the education tax from 3 per cent to 5 per cent. Mr. Speaker, I have a little bit of an expose to make on this subject and I think it might take a little time, so with your permission I would like to call it 12:30.

The assembly recessed at 12:30.

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

**Mr. Ross Thatcher** (Leader of the Opposition): — Mr. Speaker, before the morning recess I had been commenting on the medical bill which is now before the House, and I agreed with other M.L.A.s who had pointed out that this was one of the most important bills which had ever come into this chamber, both because it would affect people of Saskatchewan in the future, and also the people of Canada. I suggested that the objectives of hon. members on both sides of this House are pretty well the same; we both want the best possible medical care for the people of Saskatchewan. But I think we differ fundamentally as to the methods we are going to achieve this objective. Liberals believe in prepaid medical insurance; socialists believe in state medicine or socialized medicine. This bill before us is state medicine. I suggested this morning that in my opinion, any bill which is ultimately passed in this House should embrace at least four main features. It should include the insurance principle; it should be financially sound within the ability of our taxpayers to finance it; it should be acceptable to both those giving the service and those receiving the services; it should give the highest possible quality of medicine to the greatest possible number of people.

Then I went on to point out that the bill which is now before us does not meet most of those qualifications. The first objection which I made to it, was the very heavy costs which are going to be involved — in the neighbourhood of \$22 million.

Before the lunch hour I had dealt briefly with the first three taxes which the minister announced last Friday — the head tax, the personal income tax, and the corporations. So at this point I would like to come now to the fourth tax, and the most important tax, the increase in the sales tax from 3 per cent to 5 per cent. The minister told us in this speech on Friday this tax would yield about \$14 million. I believe the actual estimate was \$16.6. But in any event this is going to mean that in the coming year this government hopes that if economic circumstances stay somewhere where they are; that they will raise about \$36 million from the sales tax.

Mr. Speaker, I want to point out that they are proposing to take more money out of the pockets of the average taxpayer of Saskatchewan, by this one tax than the last Liberal government took from them in the whole budget. This so-called 'humanity first' government, Mr. Speaker, is going to raise \$36 million by a sales tax. Where do they get it? Not from the corporations; not from the people with the big incomes. Saskatchewan is still primarily an agricultural province. Most of this tax will come from the farmer — most of it. But some of it will come from old age pensioners. Some of it will come from widowers. Almost all of it will come from people in the low income groups.

Mr. Speaker, this morning the Attorney General was asking us for a few concrete suggestions. I would like to give him one or two. I suggest we make the clothing which our people have to buy for our winter climate exempt; surely these people in the lower income groups at least should be exempt from a 5 per cent tax on clothing.

**Opposition Members:** — Hear! Hear!

**Mr. Thatcher:** — The minister tried to justify this sales tax by saying, "Oh well, most of the other provinces now have a sales tax." I want to tell him that none of our sister prairie provinces has a sales tax. Alberta hasn't got one; Manitoba hasn't got one.

**Hon. Mr. Walker:** — They've had a Liberal government for years.

**Mr. Thatcher:** — Manitoba just finished with a Liberal government a short time ago, and they'll soon have another one. But even if that were not so, two wrongs don't make a right, nor seven wrongs a right. I suggest that is a pretty lame excuse — saying that other provinces have a sales tax.

Then the minister went on in his speech, saying, "I don't want the people to worry too much because we're going to change the name of this tax. From now on it isn't going to be the education and hospitalization tax; it's going to be the education and health tax. Well now, won't the people of Saskatchewan be gratified to know that?"

Then to add insult to injury, he said, "We're going to start collecting this sales tax from the average Saskatchewan citizen on January 1, but we're not going to give the service or the new health service until April 1 at the earliest." I say that is collecting taxation on a fraudulent basis -

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he's going to get \$6 or \$8 million out of this tax before he even starts to give this service.

**Opposition Members:** — Hear! Hear!

**Mr. Thatcher:** — Mr. Speaker, very respectfully I say again that I get a little tired once in a while in this House, hearing my hon. friends talk about Liberal promises. If there is any party in Canada that shouldn't talk about the promises that have been made and not kept, it is my hon. friends opposite.

**Opposition Members:** — Hear! Hear!

**Mr. Thatcher:** — What did they promise about the sales tax? The party that keeps their promises said in the last election — let's go back to 1944 when they were campaigning for election. I will start out with Henry Begrand, the C.C.F. candidate for Kinistino. He was speaking at St. Louis, and this was part of his campaign speech. I quote from the Star-Phoenix, June 2nd, 1944:

“Mr. Begrand promised that a C.C.F. government would abolish the education tax within 12 months.”

I had an old friend down in Moose Jaw, a predecessor of the hon. Attorney General, Mr. Jack Corman. He was one of the big wheels in the C.C.F. for a long time. Here's what he said in Moose Jaw: June 13, 1944:

“The C.C.F. is the only party that will abolish it (the education tax). We have always been against it in principle, and we shall work as fast as possible towards its removal.

We are honest, however, and won't promise anything that can't be done. No party can abolish the tax in its entirety during the first session of the Legislature. We won't try to buy your vote with any such promise, but the education or sales tax is going, however, and it will be a C.C.F. government that speeds it on its way, and most of us will say, 'Good riddance.'

What about Mr. M.J. Coldwell, the former National leader of the C.C.F.? He was speaking in Saskatoon, June 9, 1944 (Star-Phoenix):

“The C.C.F. will abolish the education tax as rapidly as new sources of revenue are found. It is the worst form of taxation — a sales tax; it is an abomination. The education tax would eventually be removed, and would relieve the storekeepers of the burden of collecting.”

The party that keeps its promises! I used to think the Premier tried to keep his promises. But I have been wondering after recent happenings in this Legislature. Here is what he said about the education tax, June 17, 1944, and I quote the Winnipeg Free Press:

“Mr. Douglas said his party believed that the present education tax levied on most purchases in Saskatchewan can be eliminated when new sources of revenue are found.”

Mr. Speaker, they found about \$125 million in new revenue each year, one way or the other. Why haven't they abolished the tax? Instead of abolishing it the first thing they did was to raise it 50 per cent. Now they propose to raise it again; another big increase, this time to 5 per cent. So today the sales tax is two and one-half times what it was when they took over, 5 per cent instead of 2 per cent.

I say again what I said this morning, the man who has brought this tax increase in; the man who next week aspires to be the Premier of this province, I believe will go down in history as ‘5 per cent Lloyd’.

I haven't any hesitation in saying that the Liberal party is alarmed by the financial picture in this province. We think we are going to be the government in two years; we're going to have to clear up the mess after this administration — that's what we're worried about. The crop situation is as bad as it has been for about 30 years; the cash income for the farmer has been cut, and even my friends, the Attorney General and the Minister of Agriculture know that this is still an agricultural province. If drought conditions continue, next year we could be in serious trouble. Most of our municipalities, most of our school units could be in financial difficulty. I say again that Liberals wonder whether we can have this type of a medical scheme at this time without bringing the province to the brink of major financial difficulties.

I had a letter the other day from a friend in Indian Head. I won't say a friend, because I've only met him once or twice, but I would like to read extracts from this letter. He said:

“Friday I went down to the Royal Bank here, and

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sold \$10,000 in Saskatchewan Government Savings Bonds. I can most certainly invest this money at 5 per cent — that is a lot safer investment than in Saskatchewan bonds with this government in power. They can't even start to live within their income.

Last week I went to Regina for financial advice. They told me to sell my Saskatchewan bonds, as they didn't know how the Saskatchewan government could get by if the drought lasted until 1962. They stated that their whole taxation set-up would be in serious trouble.”

Then this gentleman continued:

We could sell our house in Indian Head and move to Alberta and southern Ontario, and pay lots less in taxation. We will stay because the C.C.F. are on their last legs in Saskatchewan. The way I see it, the C.C.F. party in Saskatchewan, provincially or federally, is finished at the last election.”

Now, that is what this gentleman says about the financial policies of my hon. friends opposite.

**Premier Douglas:** — Mr. Speaker, on a point of order, the hon. member will of course table the letter . . .

**Mr. Thatcher:** — No, I won't table it. You can read it if you like . . .

**Premier Douglas:** — The rules of the House are clear. A member must table any letter from which he quotes.

**Mr. Thatcher:** — All right, Mr. Speaker, I will certainly take the responsibility for this letter, and if the Premier wants to see it, I have the original right here and he can come over and take a look at it. I won't table it; I don't have to under the rules of the House.

**Mr. Speaker:** — I think it is good policy for the hon. member to give the name of the person who wrote the letter.

**Mr. Thatcher:** — Yes, I will be glad to give you his name. His name is Mr. J.H. Wilson, Box 277 . . .

**Mr. Erb:** — We've read lots of his letters, Mr. Speaker . . .



**Mr. Thatcher:** — I would say that his thinking, Mr. Speaker, is typical of what a lot of people in this province are thinking about the financial policies of my hon. friends opposite.

I wanted to say again that hon. members on this side are concerned with the financial picture in Saskatchewan. We are concerned, as I said the other day, about the gross debt. In spite of all that my friend, the minister of resources said, the hard facts still are that the gross provincial debt now is over \$500 million. Somebody is going to have to pay for it. The annual interest charges under the socialists have gone from \$5 ¼ to \$20 million, and those are facts; that is money that somebody is going to have to find. The Provincial Treasurer himself has admitted that we face a deficit without this bill of \$4 ½ million. I am inclined to think it will be a lot more, and as has been pointed out in this debate, we have other substantial commitments. I mention the South Saskatchewan Dam. We still owe \$130 million to finish it. My hon. friend from Regina says, “Well, that must mean you’re against the South Saskatchewan Dam.” I kind of like the hon. member from Regina — I think he’s pretty intelligent, but he’s more intelligent than to think that the members on this side of the House oppose the South Saskatchewan River Dam, because they don’t. This is a good project but the facts are that this government still, in the years ahead, has to find \$130 million as their share to finance it. We still owe, as nearly as I can gather, and the figures came from the hon. minister’s department — we still owe roughly \$50 million on Squaw Rapids; we have the power corporation development in gas, and so on.

We think that our people have just about reached the limit in taxation. I could go on and talk about the way land taxes have gone up three and a half times; I could go on and talk about the way the gasoline tax under the socialist has doubled and so on; . . .

**Mr. Erb:** — The way hardware has gone up!

**Mr. Thatcher:** — If hardware has gone up, I wouldn’t know. I haven’t been in that business for some years. But nevertheless, just about every tax that you can mention has gone up very, very rapidly. The minister says that this plan is going to cost \$22 million. We in the opposition wish that we could be sure that the cost would stay at \$22 million. But I suggest that every other health scheme the world over, has had costs which rapidly began to spiral after the initial commencement. Certainly, that was true in our own hospitalisation scheme, where it started at a cost of a little over \$5 million, if my memory serves me, and now it is around \$35 million.

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Certainly it was the case with the British health scheme; it started, if my memory served me, at about 70 million pounds; a year ago it had gone up to 800 million pounds. That was the experience in the Swift Current Health region and elsewhere. Once you start these plans, the costs start to rise, and of course if you have state medicine they go up much more rapidly. Because the minute you have state medicine, scratches, slivers, minor bruises and even hangovers become medical problems overnight. Many of these minor demands are made on a state medical scheme, and the doctors often find they have so many of these minor cases they can't look after the major ones as well as they would like to do.

Mr. Speaker, I come back to constructive suggestions again.

**Hon. Mr. Lloyd:** — Again?

**Mr. Thatcher:** — Again. My friend, the Attorney General said he wanted a few. This government, with its customary lack of courage has ducked the deterrent problem. Even though the Thompson committee — loaded as it was with socialists, loaded as it was with civil servants — had the courage to say that there should be a deterrent to this plan. The reason we need a deterrent are pretty obvious. First of all, it is needed to keep costs within reason, and secondly it is needed to keep premiums within reason. This government has ducked the issue, I suggest the main reason they ducked it is because of Mr. Smishek, his colleagues, his associates and cohorts. Mr. Smishek, as usual, hasn't been very responsible in this connection. He wants all the benefits, but he wants to make sure that his people don't have to pay anything for those benefits.

I would say, and I would say it most emphatically, that members on this side of the House believe very strongly that if the costs of this scheme are to be kept within reason; if this Bill is going through, certainly we hope that it will go through with some kind of a deterrent.

I said before, and other members on this side of the House have said, we believe that it would have been infinitely preferable to have had a federal health scheme on a national basis . . .

**Hon. Mr. Lloyd:** — You had 30 years to put one in.

**Mr. Thatcher:** — We think it makes more sense, because a federal scheme could have been financed on a national basis, using the resources of the whole country.

Since Mr. Diefenbaker and since Mr. Pearson have both stated within the past year, and the national conventions have put planks on their platform that they would bring in a federal plan, we think a federal plan was the sensible way to proceed.

Mr. Speaker, I think there are going to be a lot of people in Saskatchewan who will think it would have been the sensible way. Why do we think this? Because we think if this government had waited another eight months, or another year, we might have had a comprehensive prepaid medical insurance scheme, without the kind of head tax that my hon. friends opposite have put in. How do you know when you get this scheme in that it will fit in with the federal scheme. Maybe you'll have to change it all in a year anyway.

I think you will agree, Mr. Speaker, from what I have said so far that we feel on this side of the House that the costs of this bill are too high. We think in Saskatchewan that taxes should be coming down instead of going up. I will say this, though — I think my hon. friend the Premier, has given the Liberal party a very good issue for the next election. I hope that somehow, some way, Liberals will find it possible to put into their platform going into the next election provincially, an assurance that we will do all in our power to get this 5 per cent tax down. That kind of a plank will be most necessary.

That is the first thing we don't like about this medical scheme, Mr. Speaker. The cost of it. Our 2nd objection is the fact that we have no assurance, as was pointed out by hon. members on this side of the House this morning, that the doctors will co-operate with this scheme even if we get it. Well, if the doctors won't co-operate, how are you going to make the scheme work? The hon. Attorney General this morning admitted very frankly he didn't know any way the government could force them to co-operate. Well, there are some hon. members who have expressed doubts recently as to whether the word of the Premier can be taken at face value. I find some inconsistencies in his attitude towards this bill. I have heard the Premier, not once but a hundred times, in the Legislature and out of the Legislature, on the hustings and on political platforms, promise that no medical scheme would be introduced, which was not satisfactory to those who are giving the service.

I have many clippings of speeches that the hon. Premier made. Here is one made in the last election campaign. I think it was a radio speech he made in Regina. I quote from the Regina Leader-Post:

“The Premier said in the paid broadcast that the plan will be in a form acceptable

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to both those providing the services, and those receiving them.”

Where is that promise today? Doesn't it mean anything? Mr. Speaker, the Premier has repeatedly told us, “We won't have any trouble getting the co-operation of the doctors.” Why, he has been peddling that line for two years, up one side of the province and down the other, that the doctors will co-operate. At the last election he was speaking in Tompkins, and according to the Leader-Post report he said this:

“He foresaw no difficulty in getting the co-operation of doctors in running a government-sponsored medical care plan. I don't see any reason why a doctor should complain if he is adequately paid, and if there is no interference with the doctor-patient relationship, Premier Douglas said.”

**Premier Douglas:** — Hear! Hear!

**Mr. Thatcher:** — Mr. Douglas added:

“... there will be no problem at all when the doctors realize the people of this province want the plan.”

Well they haven't realized it yet, apparently. I say that this is specific evidence of bad faith on the part of the Premier. One doctor told me over the weekend, and he's a friend of the Premier (I think) and a friend of mine, he said that of all the promises and assurances the Premier has given the medical profession in the past two years, he hasn't kept one of them, and we took him as a man of his work.

**Premier Douglas:** — Would the hon. member like to name the doctor?

**Mr. Thatcher:** — I will if you don't watch out.

**Premier Douglas:** — You can do it anytime you like. I invite you to do it.

**Mr. Thatcher:** — Mr. Speaker, the point I want to make is that the doctors for two years steadily have told the people of Saskatchewan that they will not agree to participate in a scheme of socialized or state medicine.

Yet this morning the Attorney General had the gall to get up here and say: "Oh, we can get their co-operation all right." Many doctors have told us that if you bring socialized medicine they will leave the province. Here is a heading: "Doctor will leave Saskatchewan if Health Scheme Passed." A British physician left Great Britain because of the health service plan there says he will leave Saskatchewan, if the proposed government controlled prepaid medical care scheme comes into being."

**Hon. Mr. Nicholson:** — What date was that?

**Mr. Thatcher:** — That was February 9th, in the last election.

**Hon. Mr. Nicholson:** — What was the doctor's name?

**Mr. Thatcher:** — Then there was a report, I may say, of the annual medical convention which was held only last week. According to newspaper reports, ten doctors at that convention apparently indicated they were going to leave the province if this scheme comes in.

**Hon. Mr. Erb:** — Why?

**Mr. Thatcher:** — Well, I guess because they don't like state medicine.

**Opposition Members:** — That's right . . .

**Mr. Speaker:** — Order! Order!

**Hon. Mr. Erb:** — Where are they going to go?

**Mr. Thatcher:** — Well, they're going to go anywhere but Saskatchewan.

Mr. Speaker, the point I want to make is this, where is the promise, or this fifth principle enunciated by your Premier? Why, when you gave the doctors such a commitment, haven't you tried to get some co-operation from them before you brought in this bill.

I think the doctors are reasonable; I think if this government still went to them in a spirit of conciliation; in a spirit of co-operation — a solution might be found; I think the doctors are willing and anxious to serve the people of Saskatchewan in the most effective way that they can, but they are not going to be brow-beaten by socialists. They are not going to be told and regimented as to what they are going to do.

**Opposition Members:** — Hear! Hear!

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Mr. Speaker, is it any wonder that some of the doctors in this province are resentful. For two years, particularly in the last election, in order to draw the attention of the people of Saskatchewan away from their governmental failures, the socialists and especially the Premier, have been making the doctors a whipping boy.

**Mr. Danielson:** — That's right.

**Mr. Thatcher:** — What are some of the things they have been saying about the doctors? I have a few clippings here — most of them from the last election. This one is from the Leader-Post. The Premier apparently made a speech in Estevan. The heading: "Doctor Charges Some Doctors of Using Abominable Methods."

“. . . some members of the medical profession were charged Tuesday night with using abominable, despicable and scurrilous methods to defeat the C.C.F. government proposed medical care.”

Here's another one from the Star-Phoenix: "Abominable, Despicable Methods Used in Fighting Medical Care Plan — Douglas." Here's another one, June 2nd, in the Leader-Post: "Doctors Printing Trash — Douglas."

"Some of the most scurrilous trash that was ever printed in this province has appeared in advertisements against the proposed medical care plan. The Premier condemned the College of Physicians and Surgeons for its criticism against the proposal . . ."

Here is another one: "Premier Warns Against Intimidation of Doctors."

"We will not let it happen., he said The College of Physicians and Surgeons was told by Premier Douglas Thursday night it could be stripped of its licensing power if it intimidated doctors in opposing the C.C.F. medical care plan."

Well, if you're going to strip them of their licensing power, what are you going to do with them? Who is going to look after the people? You wouldn't dare strip them of their licensing power — you wouldn't dare, because then the people

of Saskatchewan would not have any health services, and you know it better than anybody. These are the people you're trying to get to co-operate with you. You damn them up one side of the province and down the other and then wonder why they're not too anxious to come down and sit around a table for friendly discussions. Then, the socialists brought in a fellow from Manitoba — a former M.P. for Dauphin . . .

**Hon. Mr. Erb:** — Who did the medical men bring in?

**Mr. Thatcher:** — . . . He's not a bad fellow, but 'Tommy' must have written his speech for him. The M.P. from Dauphin said that Saskatchewan's doctors are opposed to the C.C.F. government sponsored plan because then they would have to pay some legal income tax. He intimated that under the plan, all payments will be made to doctors by cheque, and there would be no opportunity for tax evasion. Yet the Attorney General gets up and heaps tears on how much he respects the doctors this morning. Let us not be ridiculous. I say the only reason the doctors won't sit around a table today is because of the attitude of the socialists to the medical profession during the past two years. It is doubtful that the socialist government is going to be able to make this legislation stick. The labour government in Australia some years ago brought in a medical plan something along the lines of this medical bill. The doctors wouldn't go along with it, and it was not too long before the plan was ultimately withdrawn. I think the same such thing could happen in this province. I don't think maybe the doctors are going to go along with it.

The hon. Attorney General this morning said, "the College of Physicians and Surgeons really aren't speaking for the doctors; whenever I talk to any doctors privately they believe this is a good thing." He says the only reason the profession is taking their present attitude is because they are being dictated to by the American medical profession. That statement is the worst example of nonsense I have ever heard in the year and a half that I have been in this Legislature.

Mr. Speaker, I didn't hear the Attorney General say one word when Max Greenberg (the big American Union leader) came up to Regina and said they were going to give the N.D.P. lots of party funds. He liked the American influence then, but he is opposed to any American influence in other fields. I am going to tell the House one doctor who was at the convention told me he didn't know of any Americans who were present, he did say this: "We had the head of the Australian plan present where they tried socialized medicine and found it wouldn't work.

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One of the reasons we were so determined to take our present stand was because the Australian told us the experiences of Australia." My hon. friend the Attorney General was talking nonsense, and he knows it. Then he continued the college's opposition doesn't really represent the belief of most of the doctors. My friends, what can we do to convince you that when the College speaks; it is the doctors who speak? That motion was passed with all but five votes — probably most of those five were on your payroll. It was passed almost unanimously . . .

**Hon. Mr. Walker:** — Was it to be secret ballot — or a show of hands?

**Mr. Thatcher:** — There are none so blind, Mr. Speaker, as those who won't see, and apparently my friend the Attorney General is in that category.

Then my hon. friend the Attorney General went on and appealed to the individual doctors to overrule their College.

**Mr. McFarlane:** — That's what some of your backbenchers should do.

**Mr. Thatcher:** — Certainly, why don't some of the socialist backbenchers follow such advice? Would some of your trade union leaders suggest that members of a trade union should follow such a course? That's a pretty ridiculous suggestion. I say that the doctors of Saskatchewan are absolutely solid on this question. I don't know what we have to say to our hon. friends, or what the doctors have to say, to make them convinced of this fact.

Another suggestion — I think it was made by the hon. member from Shaunavon (Mr. Kluzak) if I'm not mistaken. He said: "These doctors — we give them free workshops and equipment — the only people in Canada for whom the taxpayers provide such facilities . . ." No, it was the hon. member from Shellbrook (Mr. Thiessen). He knows better than that — I have respect for the hon. member. The doctors are given the workshops, so-called, for only one reason — so they can look after their patients. If one of you fellows took sick, wouldn't it be tragic if there wasn't a workshop for the doctors to work in. It is for the public, not for the doctors, that those workshops are there.

**Hon. Mr. Nollet:** — What's your point?

**Mr. Thatcher:** — This then is the second reason we don't like this bill.



We don't think it can be effective until the government can be assured of the co-operation of the doctors, and so far we haven't seen any indication of this.

The third reason that we don't like this particular bill is that we think it will harm the doctor-patient relationship.

**Hon. Mr. Nollet:** — Oh, here we go.

**Mr. Thatcher:** — We think it will lower the quality of medicine in Saskatchewan. Well now, on Friday, the hon. Minister of Public Health said that there was nowhere else in the world (I think those were his words, because he was kind enough to send me a copy of his speech) where when this kind of a scheme had been brought in, the quality of medicine deteriorated; or the patient-doctor relationship was affected. That isn't the way I heard it. I have seen articles in British papers many times which stated that the clinics in Britain are so crowded with people having minor ailments that it is difficult for the people who are seriously ill, to get attention.

Again I have a letter from which I would like to quote, Mr. Speaker. This one is from a doctor:

“I'm an Irishman. I have worked in Britain for ten years before coming here six years ago. At one time I was a staunch supporter of the labour movement in Great Britain, but after existing under their welfare state paradise I soon saw the light and changed my affinity. I wholeheartedly support the Liberal cause in debunking the C.C.F. hog-wash.”

**Hon. Mr. Walker:** — Birds of a feather flock together!

**Mr. Thatcher:** — When I was on a visit to Britain last summer I saw the enclosed article in a newspaper, “. . . Labour Leanings”. It is self-explanatory. The doctor sent me this particular page which is page 4 from the issue of the Sunday Graphic, August 14, 1960, and apparently this labour paper has carried a synopsis of newspaper headlines which describes the way their health schemes work. I want to read some of these. The article starts out:

“Hospitals — the Terrible Facts”

“How Big is Britain's National Health Service?”

“How Long are the queues for Beds””

“How often does a visit to an outpatient’s department for a fifteen-minute consultation mean the waste of half a day”

“For 12 years after the service was started, these are the shocking conditions the inquiry revealed. Queues for beds are growing longer. The number of patients on the waiting list is now nearly 500,000. Some may have to wait up to three or four years for operations. Maternity cases — a shortage of maternity beds in some of Britain’s large cities is a national disgrace. If mothers-to-be do not book up a hospital bed in their first month of their pregnancy they have little chance of getting one. Then, too, women are being discharged on the third day after the birth of their baby because of the great demand for beds. They are lucky as there are still far too many women being forced to have babies in the grimy, overcrowded tenements.

In Manchester, children who are being admitted for tonsils and adenoid operations have been on the waiting list for 18 months. The waiting list for general surgery is two years for men, and a year for women. There are close to 1,000 names on the list and that is twice as long as it was a year ago.

There are some women needing plastic surgery who have been on the waiting list for five years. So alarming has the situation become in Manchester that delegates to the labour party’s annual congress in October are to demand an inquiry into the running of the health services throughout the country.”

This is what was in the labour paper, and that is the kind of ad that is in it. My hon. friend, the Minister of Health, says there was no place in the world, when this kind of a scheme was brought in, where the health services deteriorated. Well, if that is what you’re proposing for Saskatchewan, I don’t think the people of Saskatchewan are going to be too enthused, Mr. Minister.

Mr. Speaker, that is the third thing we are not too keen about in this plan. What is the fourth factor. We are afraid that if my hon. friend, the Premier brings this scheme in, that hordes of doctors will do exactly what he is doing — they will leave the province. Mr. Speaker, there is little doubt that this scheme will drive doctors out of the province. The socialists would do to medicine (and mark this, my friend the Minister of Health) the socialists would do to medicine,

if they pass this bill, just what they have done to industry in the last 17 years. They will drive most of it to Alberta or Manitoba

**Hon. Mr. Nicholson:** — That's what you said about hospital care!

**Mr. Thatcher:** — A little better than a year ago the Premier took a trip to England, and on his return he made a speech in my home city of Moose Jaw. He said, "We can't find any doctors in Great Britain of any responsibility or eminence who are not in favour of the health plan." Well, that's a funny thing, because thousands of them have left Great Britain, and as every hon. member of this House knows, about 300 of our 900 doctors are Britishers who have admitted very frankly that they are fugitives from the British medical plan. So today, because so many of the doctors have left, the medical clinics of Britain are filled with Indian and Pakistani doctors, Egyptian doctors, Hindu doctors, and so on. There is nothing wrong with that, but they aren't British doctors.

**Premier Douglas:** — There's a distortion of truth . . .

**Mr. Thatcher:** — No, it isn't a distortion of truth.

**Hon. Mr. Erb:** — There are more students at medical school today than ever before . . .

**Mr. Thatcher:** — I want to say again, Mr. Speaker, that in recent years indeed up until this past year, the number of doctors in Saskatchewan was gradually increasing by about 30 annually. But in this past year, since this government was re-elected with socialized medicine as a pledge, instead of having more doctors, there are 30 less doctors than there were a year ago. I suggest there is every indication that we may lose some of our best doctors. I think even the government is worried — because already they are starting to advertise in the British journals overseas, Mr. Speaker. My friend the Premier is welcome to read it, but it says one of the biggest jobs is to try to find doctors for Saskatchewan. Here is the kind of ads the government is placing overseas.

In the issue of November 12, 1960 — "Canada: Opportunities occur from time to time in general practice in rural districts in Saskatchewan, where income from \$10,000 and upwards may be anticipated. Most practices have first-class hospital facilities available for doctors interested in surgery.

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Applicants should send brief personal details, and particulars of training and experience to the Agent General of Saskatchewan, (Graham Spry) 19 Chesterview, London.

So here you're driving your own doctors out, and advertising to try and get British doctors.

**Hon. Mr. Erb:** — We're not advertising — it's the municipalities that are.

**Mr. Thatcher:** — Mr. Speaker, this just doesn't make very much sense to me.

**Hon. Mr. Nicholson:** — Would the hon. member give the date of that advertisement again please?

**Mr. Thatcher:** — November 12, 1960 — nearly a year ago. That was since the last election. Mr. Speaker, the point I want to make in this: the supply English doctors that we have been depending on so much in the last few years is drying up, because they are getting short themselves.

**Hon. Mr. Erb:** — Oh no, nonsense.

**Mr. Thatcher:** — Oh yes, their doctors are emigrating.

**Hon. Mr. Erb:** — That's nonsense, Mr. Speaker.

**Mr. Speaker:** — Order! Order!

**Premier Douglas:** — Why don't you release the figures, and give us the number of doctors . . .

**Mr. Thatcher:** — I say that it is not going to be as easy to get British doctors in the years ahead as it has been in the years past . . .

**Hon. Mr. Erb:** — But they are liking their plans . . .

**Mr. Thatcher:** — Why then, have so many left? The British today are to a greater extent than in the past dependent on doctors they have been able to bring in. And, Mr. Speaker, our own medical school is not turning young doctors out in the quantity or at least in the number we would hope. The Attorney General said himself this morning these young men are leaving the province, and haven't any responsibility when we spend all this money on them to stay here.

**Government Member:** — He did say that.

**Mr. Thatcher:** — He did say that; he certainly did say that.

**Hon. Mr. Walker:** — I never did say that, Mr. Speaker.

**Mr. Thatcher:** — All right, you tell us what you did say then.

**Hon. Mr. Walker:** — Mr. Speaker, I said nothing about them leaving the province.

**Mr. Thatcher:** — You did so. You said they had a responsibility to stay.

**Hon. Mr. Walker:** — I said they had a responsibility, but I said nothing about them leaving.

**Mr. Thatcher:** — Mr. Speaker, my hon. friend the Attorney General as usual wants to play on words. The fact nevertheless remains that our source of doctors from England is drying up; that our source from the University of Saskatchewan never really got going. Many of our doctors are leaving the province. Not all of them — some are staying here, but many of them are leaving.

**Premier Douglas:** — Mr. Speaker . . .

**Mr. Thatcher:** — All right, let the Premier tell it. If our own doctors say they won't participate in this scheme, where are you going to get the doctors to service this scheme? That is something the opposition would like to know.

The fourth thing then we don't like about this scheme is that we believe very strongly if the bill is proceeded with on its present basis, many of our best doctors will leave Saskatchewan. They don't have to stay here to be socialized.

As I have said before the Liberal party favours prepaid medical insurance, but we are flatly opposed to socialized state medicine. Because we support the principle of prepaid medical insurance, the principle — and let this Legislature and the people of Saskatchewan understand we mean the principle — because this principle is now before the House for second reading of this bill, we will support it.

**Hon. Members:** — Hear! Hear!

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**Hon. Mr. Nollet:** — We will support the bill!

**Mr. Thatcher:** — But, Mr. Speaker, I will say quite frankly that there are many clauses in this bill, when it gets in to committee that we will not support, if they are not amended. It may give us state medicine, but will it give us good medicine? The socialists say that no small group — and they mention the doctors, should dictate to the province of Saskatchewan. We say that is true. But we also say that minorities, whether they are individuals or whether they are professional groups, have rights that no government should destroy. If you, on the opposite side of the House, destroy the medical profession today, who will you destroy next? Is it going to be the dentists? Is it going to be business men? Is it going to be the farmers? We as Liberals will defend each and every minority's rights to practice its profession voluntarily and freely, and this bill, in our opinion fails to protect that freedom.

Therefore, if it is left in its present form we must and will oppose many clauses in committee. If the government is completely adamant, and refuses changes which we consider are reasonable, some of us and I am most certainly one of them, will oppose this bill on third reading.

We regret the timing of this legislation, coming at the time of year of drought and unemployment and recession. We regret the huge tax burden it will impose, because I don't think it was necessary if the Socialists hadn't been in such haste, and had waited for a federal plan. We regret the government's failure to secure the co-operation of the doctors, and we fear that this bill may drive out many of our best doctors. Mr. Speaker, everything about this bill smacks of political expediency — nothing else. The legislation coincides with the launching of the new party; the departure of the Premier; the imminence of the C.C.F. convention next week; the determination of the Premier before he leaves to have this on the statute books. Why, he's even wants to pass the bill without waiting for the taxes now. He told us last night he's not going to wait for the tax bill — there'll be a new Premier.

The Liberal party, as I said before, believes this bill is being rushed through for reasons of pure political expediency. We fear that costs will rise so rapidly; that the opposition of the doctors of the province will be so great, that ultimately it may have to be withdrawn in favour of medical insurance. I am positive — very frankly I say I am not positive that I am right on this issue. Perhaps time will show that I am wrong, but I believe today, as I have always believed, that an elected representative should vote on an issue as he sees that issue, and I think this

legislation is too important to procrastinate.

I am well aware that some people on the other side opposite, and perhaps some on this side, too — I don't know — perhaps feel this bill should be supported at all stages, but I cannot agree. Though I say I will support it on second reading, unless major changes are made in the committee, I shall for the reasons I have given, be obliged to oppose it in successive stages.

**Opposition Members:** — Hear! Hear!

**Premier Douglas:** — Mr. Speaker, I am sure the House will fully appreciate now why the Leader of the Opposition got the prize for the best bull in south-western Saskatchewan! I think also the doctors in Regina who invested \$50 thousand in helping to make him leader of the Liberal party in Saskatchewan will feel now that the investment was well worthwhile.

**Mr. Thatcher:** — Mr. Speaker, the hon. Premier has made that statement a great many times. I'm trying to find that \$50 thousand I would like him to tell he which doctors it was, and where I am to get it. I can tell you they certainly didn't do it, but I would certainly like to have it!

**Mr. Speaker:** — Order! The hon. member may ask a question, but he may not . . .

**Premier Douglas:** — Well, I am referring to the articles which appeared in the Winnipeg Free Press, MacLean's Magazine and which, to the best of my knowledge were never denied.

**Mr. Thatcher:** — Oh, they've been denied many times. I'm denying it now. But I'm denying it with regret.

**Premier Douglas:** — Both the Winnipeg Free Press and MacLean's magazine carried the story that \$50 thousand had been pledged to the Liberal party, providing the hon. gentleman opposite was named as their leader, and to the best of my knowledge that was never denied.

Mr. Speaker, the hon. Leader of the Opposition has said . . .

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**Opposition Members:** — Give us the name . . .

**Mr. Speaker:** — The hon. Premier has not made direct quotations. It is possible to refer to articles as such in that manner without giving the exact quotation, and not giving the exact dates as such.

**Mr. Snedker:** — Mr. Speaker, that is contradicting yourself, because that is exactly contrary to what I was told last year.

**Mr. Speaker:** — We are not dealing with direct quotations. If a member makes a direct quotation from a newspaper, and reads it, he is bound to give the source of it, and the date — as much as he can, but he is not taking a newspaper and reading from it, if he is just referring to some item . . .

**Mr. Snedker:** — He's just reading around the edge.

**Mr. Thatcher:** — Well, all I wish he would do is tell us where that money is.

**Hon. Mr. Erb:** — You've spent it, Ross.

**Mr. Danielson:** — That is just a slander on his part.

**Premier Douglas:** — Mr. Speaker, the hon. member has no right to take part in the debate. He can speak on it later if he wants, after I sit down.

Mr. Speaker, the Leader of the Opposition began his remarks by saying this was a significant piece of legislation, both affecting the people of Saskatchewan and the people of Canada. I think all hon. members will agree with that statement. As I said when the Speech from the Throne debate was under way, the government doesn't pretend that we can put before this House or the people of the province a perfect plan. We think we can have a plan which is acceptable. We are convinced that the House itself and the Committee of the Whole will have many useful suggestions, and we are convinced that as the plan is implemented, and in the light of experiences, undoubtedly changes will have to be made, because no plan in its initial stages can possibly foresee all the contingencies which must arise.

I have been very interested in the attitude of the opposition. Some of them have made some very useful contributions, and I think particularly the member from Pelly (Mr. Barrie) and the member for Maple Creek (Mr. Cameron) and some of the remarks made by the member for Humboldt (Mrs. Batten)



came to grips with the problems which this legislature ought to be thinking about, and I hope will continue to think about. But in the main, the attitude of the opposition is to me reminiscent of the debate which went on in this House when we introduced the Saskatchewan Hospital Services Plan, and that took place in the weeks and months which followed. It is true, as the member from Humboldt says, that you can go back and look at the records and see that when it came to a vote, of course, they say they had voted for it. But this did not preclude speaking against it, decrying it, saying it was going to cost tremendous sums of money for administration; saying it would be much cheaper if it were done on a municipal basis rather than on a province-wide basis.

I have here the Regina Leader-Post, Saturday, October 26, which reported a meeting of the Regina Womens' Liberal Association, which said:

“The Saskatchewan Government Hospitalization Plan came in for heavy criticism at a meeting of the Regina Womens' Liberal Association Friday afternoon at the Kitchener Hotel. Five women members dealt with various health agencies, and the conclusion of each speaker was against the government plan, in comparison with other voluntary plans at present in operation.

The objection was based principally on two standpoints, first from a financial one, and secondly, on an anti-regimentation basis . . .”

It goes on then to give the outline of the criticisms of the compulsion and regimentation. The Regina Leader-Post, December 24, has a heading:

“Health Plan Too Costly, says Tucker.”

“The C.C.F. government Hospitalization scheme which went into effect January 1st, will cost many persons more money than similar services cost under present municipal plans, Walter A. Tucker, provincial Liberal Leader, said in an address prepared for a broadcast over a Saskatchewan radio station this week.

Mr. Tucker contended the extension of municipal services to eventually include the entire province would have provided cheaper hospitalisation for all if hospital facilities became available.”

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The member for Arm River was quoted in the Leader-Post of February 13, 1947. He said:

“Under the new hospitalisation scheme, hospitals would lose the hospital grant formerly paid. If the hospital received the grant it would be able to carry on, but without it operating costs would have to be paid by the municipality, in spite of the \$5 collected from each citizen, Mr. Danielson said.

Enormous machinery has been set up, and a large percentage of the money collected would be used in salaries and expenses incurred in collecting statistics, said Mr. Danielson.”

Well, Mr. Speaker, what are the facts? The facts are that the private hospital plans which were in existence in the province at that time, namely, the Blue Cross, had administrative costs which ranged all the way from 12 per cent to 16 per cent. The administrative costs of operating the Saskatchewan hospital services today are 4 per cent and under.

**Mr. Danielson:** — What were they at that time?

**Premier Douglas:** — But they were never above 4.6 per cent — never at any time did they go above 4.6 per cent, and today they are under 4 per cent. Now we're getting the same type of argument. We got it from the member from Humboldt (Mrs. Batten) the other day, that these great administrative costs were going to wreck the plan.

Mr. Speaker, this is the usual tactics, and I have never seen the opposition flounder so pitifully in a mirage as they have floundered in this debate.

**Mr. McCarthy:** — Speak for yourself!

**Premier Douglas:** — Some of them are saying, why the rush? What are we hurrying about? What's all the hurry? Others are saying the government should have done this 10 years ago. The member for Athabasca (Mr. Guy) says, “This bill is socialist dictatorship.”

**Opposition Members:** — Hear! Hear!

**Premier Douglas:** — But they're going to vote for it. Socialist dictatorship, but they like it.

**Hon. Mr. Walker:** — So do the rest of the people in Saskatchewan.

**Premier Douglas:** — Whoever saw such clumsy hypocrisy? The Leader of the Opposition stands up and gives four reasons why he is against the bill. All the things that are wrong with it. Why, he says, this bill is not prepaid medical insurance. This is socialized medicine, but I'm going to vote for it.

**Mr. Thatcher:** — I said I would vote for the principle of it, that's all.

**Premier Douglas:** — As a matter of fact, the opposition know that, having fought their rear-guard action, having poured all the cold water on the plan, they are only too well aware that the great majority of the people of Saskatchewan want this kind of prepaid medical care; the great majority of the people of this province are in favour of it, and want it, and that they don't dare vote against it.

**Mr. Thatcher:** — Why don't you want a plebiscite, then?

**Premier Douglas:** — Let me deal with some of the objections which have been raised in the course of this debate. First of all, there have been two groups in the opposition, one group has said that the government is hurrying this thing through unduly. Others have said — the member from Melville (Mr. Gardiner) said we could have done it any time since 1944; the member from Humboldt (Mrs. Batten) said we could have done it any time since the health survey was completed in 19454 — nothing prevented us going ahead with it.

Mr. Speaker, it is true we could have done it any time in the last number of years, but we had to carry out a step-by-step program. I stood in my place here at a special session in 1944, and again in 1945, and said that we proposed to keep expanding the field of health services until it eventually covered all health services. The first group of services to be covered were those that looked after needy groups; old age pensioners, mothers' allowances, cases of blind persons; prolonged illnesses, such as cancer, mental illness, poliomyelitis; cerebral palsy, and the next task was to get into hospitalisation which was a very costly field and much more costly than medical care. When we embarked upon hospital care, remember, Mr. Speaker, that apart from the premium which was paid by the individual, all of the balance of the cost had to be paid by provincial treasury, and until the Conservative government came into office in 1957, and began to make payments in 1958 the entire cost of the Saskatchewan Hospital Services Plan had to be borne out of either the per capita tax,

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or out of the provincial treasury. Even today, the provincial treasury payments have to be made into the Saskatchewan Hospital Services Plan.

I noticed in the course of the debate someone says that the government doesn't, out of the consolidated revenue, contribute anything to the Saskatchewan Hospital Services Plan. That, of course is not correct. If you look at the figures for the calendar year 1960, you find that the provincial government, in addition to what was paid by the federal government, in addition to the per capital tax, in addition to the money from the sales tax still had to pay in \$3,604,588. But before 1958, as long as the province had to carry the entire burden of hospital insurance, it was just not possible to tackle a prepaid medical care program. But, in the fall of 1959 I made an announcement on behalf of the government that it was our intention then to proceed with a province —wide medical care program. The hon. members will remember that in the Speech from the Throne in the session of 1960, it said that at that session the government intended to introduce a medical care plan. I will tell my friends why it was not introduced.

It was our intention at that time to introduce a bill which would outline the broad principles upon which a province —wide prepaid medical care plan would be based, and providing for the setting up of an advisory planning committee, representing the government, the medical profession and the general public, to work out the details. It was the doctors who felt that we ought not to introduce any legislation until this committee had been first set up, and they had had an opportunity to sit down and try to work out a general plan. We acquiesced to that; we thought it would do no harm, and that it would possibly be advisable to meet their wishes in that regard; therefore we did not proceed with the legislation. Instead, we set up the advisory planning committee on medical care.

We had hoped — it was appointed April of 1960, that they would have reported in time for us to bring down legislation at the regular session of February, 1961. But as hon. members know, of course, that report was not ready and therefore it was not possible to bring the legislation before the legislature until this time.

Now we have the interim report, and I want to compliment the members of the committee for the hard work which they did, and the very excellent report which they have produced. It has been suggested that probably we ought to call those members of that committee before a committee of this House and cross-examine them.

Mr. Speaker, they weren't put on that committee to be cross-examined. They were purely an advisory and planning committee, representing three groups: the government, the general public and the medical profession. It was their task to put together their ideas and present them to the government. The government is in no way bound by their recommendations; therefore the legislation which is before this House, Mr. Speaker, is not the responsibility of the committee. There would be no value in questioning the committee. This government takes full responsibility for this legislation, and we are prepared to defend it in this House, and in the country.

**Government Members:** — Hear! Hear!

**Premier Douglas:** — It has been suggested that, instead of proceeding with this legislation at this time, that a plebiscite should be held, so that people could express their opinions throughout the province.

**Mr. Speaker:** — Order!

**Premier Douglas:** — Mr. Speaker, if you are going to suggest that I am talking about an amendment, I'm not. Two members today have said why doesn't the government send this matter back to a plebiscite.

**Mr. Speaker:** — Order! I did notice that the member from Rosthern (Mr. Boldt) did make mention of a plebiscite, and I regret that I was in error in allowing him to say the words he did, but I do not think I can allow the question of a plebiscite to be brought further into this debate, unless the Premier wishes to answer directly to what was said today, and then bring in no further . . .

**Premier Douglas:** — Mr. Speaker, I have no intention of discussing an amendment which has already been disposed of by the House, but both the member for Rosthern and the Leader of the Opposition said: "Why don't you refer this to the people. If you think it is a good thing, refer it to the people." I'm simply pointing out that first, the people of this province have been aware since the fall of 1959 that the government intended to proceed with a province-wide medical care program; secondly, that the government went to the country in June, 1960 and stated that we wanted a mandate to introduce such a plan. I want to remind hon. members that the public were certainly fully informed as to the fact that this was an issue in the election.

The Leader of the Opposition this afternoon read some

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excerpts, criticizing me because I had said that some of the material put out by the College of Physicians and Surgeons was trash. Mr. Speaker, I really hadn't wanted to open this rather unsavoury chapter, but since the hon. member has called me to task for criticizing the profession for putting out this material, then I think, Mr. Speaker, I ought to refer to some of it, to make the point clear that the people of this province were very carefully told — not just by the government, but by the College of Physicians and Surgeons, that this was an issue in the 1960 election. Here is speech which was sent out to the doctors of the province by the College of Physicians and Surgeons, under date of May 5, 1960. It was sent out by the Medical Relations Committee; it says:

“Dear Doctor:

Enclosed is a draft speech which can be used by all doctors when addressing public meetings. There is an addendum attached which can be used when there is a high content of hourly workers in the audience. This addendum, however, should not generally be used. This can be incorporated into your information kit. You may wish to change the wording into your own phraseology, but you should be careful not to stray from the theme outlined.

And the speech sent out to be used says:

“Saskatchewan's 930 doctors are unalterably opposed to the introduction of a government controlled compulsory prepaid medical care plan, or in plain language, state medicine. Our main reasons for opposition are based on two factors: compulsion, and government control. We are convinced that these factors would be responsible for lowering of the standards of medical care for our patients. Our position may be defined as unalterable.

We are in favour of extending existing prepaid care . . .”

(I want you to note that, Mr. Speaker, because this is the whole issue as I shall show later on)

“ . . . and we are in favour of making a comprehensive study of all aspects of health in the province of Saskatchewan, and to make recommendations for any improvements.”

In the it which accompanied this, or which had been sent out by the same committee — when we talk about American

infiltration, one of the writers who was brought in was a man who had been used by the American Medical Association, to fight the health insurance bill submitted by President Truman in 1951, which bill was described in the same terms we have heard today; as compulsion, regimentation and socialized medicine. Unfortunately, the lobby was effective enough in the United States that President Truman's bill did not go through the Congress of the United States. This kit was prepared by these writers brought in from outside. This is the first thing in the kit — it said it was compulsion. It says:

“compulsion is an evil word. It carries with it the aroma of medieval times, when slavery was an accepted standard of living; when a minority group dictated its will upon the masses and used every means of cruelty known to man — the whip and the rod to make sure slaves towed the line.

The government of Saskatchewan says it is going to establish a compulsory program of prepaid medical care for the people of the province. The government claims the universality of this plan is best for everyone. It is adopting the method of an ancient tyrant, by telling, not asking, the individual, what he needs or what he wants.”

Here are some of the advertisements which appeared, this one from the Star City paper:

“A Message from Your Doctor”

“The party politicians are making a plaything of the health of the community for vote-catching purposes. As a result, there have been many incorrect and misleading statements made. We will always attend the sick but we will refuse to support a plan which will lead to a poorer type of medical care.”

More of these ads. I noticed one which appeared in the Humboldt Journal along much the same lines, and says:

“Much wrong information has been given by the politicians regarding the attitude of the doctors with regard to the present issue of state medicine. There are many reasons why we oppose state medicine.

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Some of us have worked under such conditions. We all sincerely believe that you, our patients, will not be happy with state controlled medicine, and we ourselves have no desire to become part of a government controlled plan.”

It says here:

“Strange as it may seem, the only group certain to benefit from socialized medicine is the medical profession itself. It is apparent that, if as stated by the politicians, many of you are neglecting your own and your family’s health for money reasons, under a state paid program, the work and consequently the income of the doctor would increase. We would also increase our income because we would have no bad debts. You can readily see, therefore, that we do not oppose a plan for money reasons.

We would all like to continue practising in Humboldt as your private family physician; however, if state medicine is forced upon us by any government, you can see that we would have no choice other than to move to a province which would allow us our freedom.”

These are the people we are supposed to have insulted, Mr. Speaker, by calling this material trash. Here is something which was sent out, put in the doctors’ offices and handed to women patients, and it is called: “The Woman and Her Personal Doctor.” I shall not try to read all of it. Some of it is almost too sickening to read. It says:

“The first doctor-patient relationship insofar as women are concerned was their creation.”

(This is a new elevation which has been given to the medical profession that I had not formerly been aware of).

**Hon. Mr. Walker:** — They think they are God.

**Premier Douglas:** — It says:

“In the field of gynaecology, for instance, there is a fairly broad field of choice for referral.



We are therefore able to refer you to the specialist whom we think is best for you, personally and for your condition.

Under this state medicine the freedom to choose and to make decisions would be eliminated entirely or would be severely curtailed.”

No truth in that statement. Then it goes on to criticize the Swift Current plan — the Swift Current plan which the Opposition now say is a pretty good plan. It goes on to criticize the plan, and goes on to point out there are only two specialists there, and that people are not able to carry on referrals. It says:

“We feel ultimately that we would not be able to treat you in the hospitals as we do at the present time. We would not have the say in the selection of a surgeon or any other specialist. Today your personal doctor renders many services to you as women patients, which do not really fall into the category of medical care . . .

We are happy to do this, because we feel it plays an important role in the well-being and health of our patients. Many times we have sat in our office with a woman, discussing emotional situations which crop up during pregnancy, or other critical periods of a woman’s life. We know that under government administration we would be prevented from rendering these vital services.”

Get this, Mr. Speaker: this hits the all-time low:

“It could easily be that this type of condition under state medicine must be referred to a psychiatric clinic, or to a mental hospital.”

**Hon. Mr. Erb:** — It was a psychopath who wrote that!

**Premier Douglas:** — Then here is a sentence, Mr. Speaker, which I am sure will arouse memories for those who have just listened to the Leader of the Opposition:

“There are things that you do everyday as a mother.

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You remove a splinter swab a sore throat, treat a mosquito-bite, soothe a fevered brow and treat many other minor incidents in daily routine. In the United Kingdom Australia, and New Zealand, a lot of these duties have been hoisted on the doctor and the doctor is unable to refuse them.”

It says:

“Because of our relationship we often hear and discuss many intimate and family problems. These secrets are safe with us and you know it. Such intimacy would not be permitted under a state control plan.”

Mr. Speaker, that is a shameful statement by men who knew better. It says:

“The government officials would also insist on knowing a condition which we could never prevent.”

The Leader of the Opposition complains because I call this trash. Mr. Speaker, I only called it trash because I was on a public platform, and my language was therefore restricted by the occasion.

**Government Members:** — Hear! Hear!

**Premier Douglas:** — Here is a second letter. I won't weary the House with many more of them, but it is of the same mill:

“Under a government sponsored hospital plan, freedom has been taken away. Under the Swift Current health plan the government has pointed its finger at the Swift Current region as being a model to the government concept. However, they do not point out that in this region the unit costs are in no way comparable to those already available under the existing prepaid medical plan.”

No, they certainly don't. They are incomparably cheaper than they are under the prepaid medical plan, Mr. Speaker, and everyone who lives in the Swift Current region knows. Then they go on to say:

“The Saskatchewan Cancer Commission is a good example of what happens to costs when a program is government-controlled. In the past year, administrative costs of the Cancer Commission amounted to over 46 per cent of the total cost.”

Mr. Speaker, when I publicly asked them to retract this, and to give the proper cost, which is 4.2 per cent, they refused to do so and continued to put out this literature, saying it was 46 per cent.

I have a lot more in this kit — I certainly ought not to weary the House reading it. I simply use it, Mr. Speaker, to point out two things: one, that it was my duty as the head of the government to tell the people of Saskatchewan that this was trash, and that there was not an iota of truth in these unfounded charges. Secondly, I referred to this material because I think it shows conclusively that the people of Saskatchewan were certainly made fully aware, during the election campaign, of what the issue was. They were told if they voted for the government, if they said they wanted a medical care plan, they were voting for regimentation, dictatorship, state medicine, and all the other things that this literature imputes. The fact is that when the smoke of battle had blown away, the government came back here with twice as many members on this side as had sat opposite us, Mr. Speaker.

**Government Members:** — Hear! Hear!

**Premier Douglas:** — The gentlemen opposite and particularly the Leader of the Opposition talks about our public relations with the profession. Never at any time have we put out anything as scurrilous as the kind of material I have just quoted from. As a matter of fact the medical profession in this province are entitled to do so — I do not deny their right; but for the first time in the history of Canada, injected themselves into a provincial election. They spent, I am told, something in the neighbourhood of \$93 thousand by putting a levy of \$100 on each of their members. They didn't get it all; I believe the Canadian Medical Association had to pick up something over \$30 thousand of the tab when the campaign was all over.

I haven't noticed any legislation being brought in by any of the members opposite, to prohibit doctors from contributing in their membership fees towards the political campaign.

**Mr. Thatcher:** — That's pretty weak!

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**Premier Douglas:** — This is one union, apparently, that is to be exempt from any such trickery. So my contention is, Mr. Speaker, the people of Saskatchewan knew the issue; people of Saskatchewan voted in the light of the distortion of facts which have been placed before them on the one hand, and the type of legislation which is now before the House. The people have made their choice.

As a matter of fact, it has been said often in the House that we take plebiscites about things like time, liquor votes. This is true. These are not matters of government policy; these are matters of local preference as to whether the people of one community want to have beverage rooms, or liquor dining rooms, or cocktail bars. This is a matter of local preference, and for those kind of things, of course you take a plebiscite. But, Mr. Speaker, when you come to deal with great major matters affecting the welfare of an entire province or nation, fiscal questions, it has never been the custom to take a plebiscite. The Liberal party ought to know that. They brought into the federal House several years ago The Prairie Farm Assistance Act, and I voted for it. I commend them for bringing it in, which gave them the right to put their fingers into every farmer's grain cheque, and to take out a levy of one per cent. No plebiscite. The Unemployment insurance Act was passed, which allowed them to put their fingers into every worker's pay cheque and take out a certain amount of money . . .

**Mr. Speaker:** — Order! I'm not too happy about this continued discussion of plebiscites in regard to a question which has been voted on in this House.

**Premier Douglas:** — Mr. Speaker, I don't think the opposition are happy about it either, but I am just suggesting that today two members have asked me the question as to why we didn't refer this to the people, and I thought that since your Honour allowed the question, I should be allowed to reply. I am simply saying, Mr. Speaker, that on such important matters as Prairie Farm Assistance, Unemployment Insurance, and our own Hospital Insurance Act, there was no suggestion that we take a plebiscite. The fact is that when we come to major matters such as this, members of this House must accept responsibility, and I think the people of this province are tired of members trying to shelve the responsibility on to somebody else, and they will be glad to see the members of this House get up and take a position on an important question such as the medical insurance.

The other suggestion which has been made is the suggestion from time to time that it would be better and more economical if we brought in a medical insurance care program on a regional basis. I want to say I appreciated very much the understanding shown by the member for Maple Creek (Mr. Cameron) when he discussed this question the other day. But, Mr. Speaker, I want to remind you and the House that we are not strangers to the Swift Current medical care plan. I was Minister of Health when it was set up. We worked for a year and a half laying the plans for it, working with the regional board. As hon. members know, we set out the plan to establish 14 health regions. These health regions were primarily to be concerned with public health, but we also said we were prepared to work with any one of these regions in establishing additional services, and some took on various childrens' programs, but the No. 1 region, the Swift Current-Maple Creek region undertook, with our assistance, the setting up of a medical care program. It was suggested that our contribution to it had been somewhat minute. I want to point out that in the year 1960 we contributed to that region \$67,900, and if you look at the three important years — the years when they had deficits, you will find that our contribution to the health region represented 13.1 per cent of their total costs, and in 1951-52-53 we gave them in each of those years an additional \$25 thousand to help them meet their deficit.

We looked upon the Swift Current health region as a pilot project. I want to repeat what I was quoted by the member for Maple Creek (Mr. Cameron) as having said that I believe the Swift Current plan taught us a great many things. I believe that it has shown the kind of plan that was best suited to our needs. I spent sometime studying the plan in Great Britain on two or three occasions when I have gone there. I have met with some of the people who administered the plan; I have met and talked with some of the top people in the British medical profession, and with the minister who is minister of the plan. I have looked at the plan in Israel in quite a bit of detail, and at the plan in West Germany, and in the Lowlands, but you cannot transplant a plan which is instituted to suit an industrial economy or a densely populated area, and make it workable in an area such as Saskatchewan. I think the great value of the Swift Current plan is that it has shown how we can develop a Canadian prairie type of plan, best suited to the needs of our people. I think that we have learned a great deal from the Swift Current plan.

The member from Maple Creek (Mr. Cameron) said he regretted very much that if this bill went through, Swift Current must give up their dental plan.

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There is certainly no intention that Swift Current would give up their dental plan. As a matter of fact we look upon the regions as having three functions: first of all, the primary function of conducting the public health programs of immunization, sanitation and other public health programs; secondly to embark upon any additional plan, such as dental care for children, such as prenatal care or child clinics, or any one of a number of programs which we can adopt, and to which the provincial government will make contribution. The dental care program in Swift Current would come under that category. The third function is that the health regions can have an important part to play in this medical care plan we are talking about now.

The member for Saltcoats (Mr. Snedker) the other day talked about the advantages of having the medical care plan operated by the health regions. I want to say that I favoured that idea at one time, and you will notice that the Thompson committee studied this pretty closely. I have always believed in the principle of subsidiary, which is the principle, I am told, that you should never have a function discharged by a larger organization, if it can be done by a smaller organization as efficiently. This is true. The closer you can keep any administration to the people, then the better it is — closer, because they have a chance to register their complaints to somebody close at home. The people who are administering on a day-to-day contract can see what the problems and difficulties are, and therefore there is much to be said for having this administered on a regional basis.

I can remember when the Saskatchewan Hospital Services Plan was being prepared, and some of the executives of the Saskatchewan Hospital Association came in to see me a few months before the plan came into effect, and said “This is just the thin edge of the wedge. Someday you’re going to take over all the hospitals.” I was Minister of Health at that time, and I said, “The last thing we want to do is to take over the hospitals.” “You can administer hospitals locally much better than the government can. What we do want is to have centralized financing, and decentralized administration.”

The same thing is true with reference to the medical care plan. I envisage the time (and there is provision under Section 9 of this Act) when the major part of this administration will be done on a regional basis, but the financing of it has to be centralized. Why? For two reasons: first, not every health region in the province has the tax base to finance a medical care program. Certainly, they have succeeded in Swift Current. They could succeed in the Kindersley and Rosetown areas, but I would ask the member for Cumberland (Mr. Berezowsky) if they could succeed up in his area,

or the member for Meadow Lake (Mr. Semchuk) if they could finance on their very low tax assessment a complete medical care program. If we proceed piece-meal, region by region, there would be gaps in the province; there would be gaps in the very areas which need medical insurance most, whereas by financing it over the province as a whole we make it possible to have this care in every region.

The other difficulty is the one pointed out by the member for Kindersley (Mr. Johnson) the other day, and that is that people are no longer as static as they were 25 or 50 years ago. People move around, they move around to get jobs. Even farmers, in many cases, farm in the summer and move into towns, villages or cities for the winter months. You have this constant problem that if a person moves from one region to another, are his health benefits transferable from one region to another. If there are different bases of payments, how does he make this adjustment? There is the whole problem of referral, and this has been one of the problems in Swift Current. The only unsatisfactory feature of the Swift Current program has been the problem of referrals. They have had to get it down now to the place where they only pay 50 per cent of cases referred outside the region, because of the difficulty of exercising control over expenditures which are incurred somewhere else. They haven't got the same control for examining accounts outside the region as they have inside the region. Consequently, when they only pay 50 per cent of referred work, this leaves a very substantial burden on the patient.

The advantage of having an overall program is that we can spread the cost over the entire province; we can do what the region can't do; we can levy on the basis of ability to pay rather than having to put all the burden on one or two choices, (because the region has only one of two choices, either a land tax or a per capital tax) and the greatest advantage is that the people have complete freedom of movement; once they get a medical care plan it doesn't matter whether they are in Uranium City, or in Meadow Lake, or Estevan, or in Shaunavon — they are covered.

I come back to the point, Mr. Speaker, that I agree in principle with this idea of regional administration, and certainly it is the government's hope and intention that a large part of the administrative work, and the assessing of accounts, and of dealing with complaints will be handled on a regional basis, making use of a regional board, and the regional staff and the regional committee.

Mr. Speaker, the other question raised is the matter of the commission's form of administration. I must say that here I have a lot of sympathy with some of the objections that were raised by the member for Maple Creek (Mr. Cameron),

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and have been raised I think by the member from Pelly (Mr. Barrie). There isn't any doubt that the commission form of administration has disadvantages, and it has advantages. I say very frankly that if I had to choose myself as to whether or not you would have a commission form of administration, or whether we would handle this medical care insurance plan under a go department, as we do the Saskatchewan Hospital Services Plan, I would choose the latter, and I would put all the details in the bill; I would put the plan into operation as it is, administered by the Department of Public Health.

The fact is, however, as I said at the beginning, it is not a matter of just what kind of plan you want. It is what kind of plan you can get accepted, and in all the dealings we have had with the medical profession in this province — that I have had since 1944 up to the present time — and in all the motions they have passed, all the representations they have made from time to time; the one thing which has stood out clearly is their insistence that in any time of plan which affects them, it ought to be administered by an independent commission. This question of an independent commission, Mr. Speaker, in a parliamentary system of government raises tremendous problems. It has some advantages. The advantages are the people who come under the plan, whether the people who get services or those who provide them, know they are free from day-to-day political interference. The doctor knows that some politician isn't going to be able to phone up some civil servant and say, "Take so and so off the list — don't pay him any more. I saw him at a meeting sponsored by one of my political opponents." It means that the patient knows that some political interference will not be involved in a matter of looking at confidential information.

So it has an advantage — the advantage of being free from political interference from day-to-day administration. But it has a disadvantage under our parliamentary system, and that is how do you keep it responsible to the legislature which is raising the money to finance the program, and how do you keep it responsible to the legislature which is raising the money to finance the program, and how do you keep it responsible to the government so that this particular program is integrated with the larger health program? Because, as I have pointed out repeatedly, any medical care insurance plan which is merely a transfer of payment from the patient over to the government is only half a plan. The other half of the plan, which is equally important is that we shall have a new concept of medical care — that we shall think not merely in terms of getting sick people well, but in keeping people well, with the emphasis on health, on prevention, on periodic checkups, in having the family doctor counselling with the family



regarding diet, regarding sanitary conditions, regarding the kind of things that keep people from getting sick, which is just as important as performing very costly operations after they are sick. This type of integration is difficult, when you take medical care insurance and put it off by itself under an independent commission.

But because the medical profession have felt strongly about an independent commission, we have agreed to go along with the idea of an independent commission, providing, of course, that that commission must be responsible to the legislature through the Minister of Public Health, and the responsibility to him, of course, through his deputy who would sit on the commission with no voting power.

Now, if the legislature wants an independent commission there is a price you have to pay for it. The member for Maple Creek (Mr. Cameron) was quite right the other night, when he said the legislature said they would not only administer the plan, they will establish the plan. I want you to imagine what would happen if we put all the details into the legislation, and said, "Here is a politically independent commission. We have set up all the details; we have fixed everything down to the last salary schedule, or to the last fee-for-service schedule, so now you go ahead and administer it." It would be said, Well, this is not what we meant by an independent commission. We want a commission with whom we can negotiate with the government out of the picture, a commission which includes medical men who understand our problems. We'll sit down with them, we can negotiate with them, and we can work out a plan."

As we say, we have agreed to this, but the price is that we lose some of our power and the legislature loses some of its power. What this legislature has to decide is whether or not the loss of that power is compensated for the fact that the doctors and the public can feel that in the years ahead, both in the establishment of the plan, and the administration of the plan, that there is freedom from political interference.

May I say a word about the doctors of the province, and their relationship to the medical care plan. The Leader of the Opposition asked if the government couldn't find some basis of compromise with the doctors. There has been some criticism that surely our public relations have broken down with the medical profession, and that if we had worked this thing out with them in advance, surely we could have brought in something here which they would accept.

Mr. Speaker, I think the government has leaned over

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backwards in seeking to get the co-operation of the medical profession. As I pointed out, we didn't proceed with the legislation in 1960, although we put it in the Speech from the Throne. We set up a committee on which we gave them representation, and at their suggestion we put in another member, a representative of the Chamber of Commerce on the committee, and gave them every opportunity to thresh this out, not with the government, but with the other members of the committee. Yet, in spite of this the president of the College of Physicians and Surgeons has told the press that the College is opposed to this legislation.

What is the ground on which they differ with this legislation? I just quote from the Saskatoon Star-Phoenix, October 19, 1961:

“Dr. Dalgleish, who is president of the Saskatchewan College of Physicians and Surgeons, reviewed recommendations made earlier in the doctors' minority report, in which they suggest that the plan should cover only the needy and the uninsurable.

We don't feel it is necessary to cover all the people of Saskatchewan. We feel that people should be free to select their own insurance coverage. Those who can afford it should be given a choice of insurance. Under this Act, probably all other types of medical insurance would disappear. We would have nothing else to turn to.”

This was Dr. Dalgleish speaking. Now, Mr. Speaker, this is really the crux of the matter. I quote from the brief which the College of Physicians and Surgeons submitted to the Thompson Commission, July 9, 1961, and I think this is important. It says on page 7: speaking of their partial program:

“This envisages a means or needs test applied at the local level to determine those in need of assistance.”

I ask the House to notice this sentence:

“We do not consider that the income determination of this type is a humiliating procedure.”

Well, Mr. Speaker, there is the real crux of the matter. The College of Physicians and Surgeons say, and I quote again:

“We don’t feel it is necessary to cover all the people of Saskatchewan. We do not consider that an income determination of this type is a humiliating procedure.”

What does this mean? This means that the doctors are saying to us, as they said in their brief to the Thompson Commission: “We don’t want a plan which covers everybody. Those people who can afford it, can go and take their own coverage in private plans and pay the per capita tax, which in most cases runs around \$84.00 per family.” (\$84.00 per family, may I remind the House again, irrespective of whether a family income is \$2,000 per year or \$20,000 a year). And when we talk about administration, the administration of these private plans are far higher than any government plan has been to date. The rest of the people who cannot get into these plans because they have some pre-existing condition, or some congenital illness, or because they are over-age, (most of them won’t take anyone over 65 unless they have belonged to a group plan prior to that), or people who cannot afford to pay the premium — in those cases their plan suggests that if they can prove their needs, then the government will pay not only the regular premium to the private plan, but will pay a subsidized additional premium to the plan so that the plan can afford to look after those people who are much higher risks.

I can only assume that, after listening to the hon. Leader of the Opposition this afternoon that this is exactly what he suggested. He kept saying over and over and over again, “The Liberal party is in favour of prepaid medical insurance, but we are against socialized medicine.” I think he ought to tell the people of the province, is this what he means by prepaid medical insurance? Is this what he means? The doctor’s plan . . .

**Mr. Thatcher:** — You know it isn’t.

**Premier Douglas:** — Well, I don’t know anything of the sort. What is the alternative?

**Mr. Thatcher:** — And that isn’t what the doctors are objecting to about your plan, either.

**Mr. Speaker:** — Order!

**Premier Douglas:** — Exactly what they are objecting to. I have already quoted Dr. Dalglish. It is very clear.

**Mr. Thatcher:** — You’re setting up a straw man!

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**Premier Douglas:** — “We don’t feel it is necessary to cover all the people of Saskatchewan . . .”

**Mr. Thatcher:** — But that isn’t why they are objecting to your plan.

**Mr. Speaker:** — Order!

**Premier Douglas:** — Well, if the Leader of the Opposition knows, he should have told us why they are objecting to the plan, because I will come in a moment to the only other reason why they could have an objection to the plan.

The real point at issue is simply this: are we to have an overall plan, covering every person in the province, financed by means of per capita tax which will represent only 28 per cent of the cost; the other 72 per cent being collected from taxes which have some relationship to ability to pay? Are people who are self-supporting to go and find their own protection with some other plan, with no guarantee as to what the rates will be, because the rates have been going up? When my hon. friends talk about the rates for health services in Britain going up, has he looked at the rates for private insurance plans, for medical care insurance plans? Either those run by the commercial companies, or run by the doctors? They have gone up steadily. I’m not blaming them for going up; they are bound to go up, as you get more expensive diagnostic procedures, and more expensive care, and more expensive drugs. As a matter of fact, in the case of Medical Services Incorporated, their costs have gone up so rapidly that in this year they have had to pay for those who are on a personal contract; they will have to pay 50 per cent of their bill — the plan will only cover 50 per cent. This is not true with those who have group plans, but it is true of those who have individual plans.

So, in spite of the fact that the premiums have gone up and up and up, the people still have to pay half their bills if they are under a personal contract. This is because the costs have gone up. Now, to say to these people, “You go and insure with a private plan, or with a commercial plan, or an insurance company — find your protection any place you like”, (without giving any guarantee as to what that price is going to be) and then say to the rest of the people of the province, “If you can convince the government that you are really up against it, that you really cannot afford to pay this, or if you can’t get into a private plan on your own, we’ll pay on your behalf” — that is the proposal. That is the proposal over against the legislation which is now before this assembly.

My friend says that is not the real reason they will oppose this plan, but I'm going to say very frankly, Mr. Speaker, that some of the reasons why it has been opposed by some of the doctors have been plainly political. There are some friends of the gentleman opposite who have not been unwilling to use this occasion for a little political finagling. I notice in the same report of the Star-Phoenix, October 19: It says:

“The Star-Phoenix learned privately that at the beginning of the discussion, doctors heard a strong-worded appeal from Dr. Brown of Regina, calling for support of the resolution. They were told in effect that: ‘Anyone who votes against this resolution is obviously in favour of complete rank socialism’.”

Well, if this kind of propaganda was trotted into the meeting, that it was ‘complete rank socialism’, when, as a matter of fact, Mr. Speaker, a plan similar to this has been going on in Swift Current since 1946, and this is simply extended to cover the entire province.

The Leader of the Opposition and several members have asked the government a distinct question, and I think I should answer it. That is, will the government guarantee that medical services will be available if this plan goes into effect? The Leader of the Opposition talked today about the great danger that doctors would pour out of the province. His analogy of Great Britain, and the doctors pouring out of there in thousands, of course, is not accurate. I met with the top executives of the British Medical Health Association when I was in Great Britain. There were more doctors in Great Britain today than there were in 1948. There are more students studying medicine today in Great Britain than there ever has been in the history of the British Isles.

**Mr. Thatcher:** — Many are foreign doctors.

**Premier Douglas:** — There has always been foreign doctors in Great Britain, but the British doctors are there. As a matter of fact, my hon. friend knows and he can easily find out by reading any of the book that have been written on the British Health plan, or Dr. Hill, who was secretary of the British Health Association and who opposed this plan, who went on the radio and lambasted it in 1948, and today is one of its greatest exponents. What is the situation in Great Britain? They took a vote in 1948.

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The profession took a vote as to how many wanted to come in under the British health plan. They got 19 per cent in favour of it and 81 per cent against it. They took a vote in 1957 and 84 per cent of the doctors in Great Britain voted in favour of keeping the British health plan.

**Mr. Thatcher:** — Most of them were over here by that time.

**Premier Douglas:** — Oh nonsense — complete nonsense! As a matter of fact, I talked to a Conservative cabinet minister who said, “I voted against the British health plan.” He said, “Today, although it is costing us 800 million pounds a year, it would be worth it if it cost us twice as much as that. Our people have never been so healthy, and no government could stay in office in Great Britain if they dared to take away the British health plan.”

It is not very realistic to talk about the doctors running out of the province. As a matter of fact, when I was Minister of Health, which I was from 1944-49, I was told repeatedly that because of the programs which we were implementing, that the doctors would leave the province. I can remember there was one member of the opposition who, every year would put a question on the order paper asking, “How many doctors were there in the province this year; how many were there the year before? Just to see if it was going down. Mr. Speaker, it has been going steadily up. It was under 500 when we took office, and by 1946 it was 562, and the survey report for 1961 showed 908. In the Swift Current health region I can remember being warned by an official of the College of Physicians and Surgeons in 1947, that if we persisted and the health region board persisted in going ahead with the Swift Current health plan, we would lose most of the doctors.

We started the plan with 19 doctors, and today there are over 40 doctors in the Swift Current health region.

**Hon. Mr. Erb:** — And I believe there are three more today.

**Premier Douglas:** — Now, as a matter of fact, Mr. Speaker, this plan which is contained in this bill conforms in every respect with the conditions which were laid down by the Canadian Medical Association itself, in September, 1960. It says this: (It is rather long, but I think the members ought to have it on the record):

“The Canadian Medical Association will support any program of medical service insurance which adheres to the following principles:

(1) That all persons rendering services are legally qualified physicians and surgeons.

We can take it for granted those are the only ones who would be doing that kind of work.

(2) That every resident of Canada is free to select his doctor, and that each doctor is free to choose his patient.

That is guaranteed in Section 29 of this legislation.

(3) That the competence and ability of any doctor is determined only by professional self-government.

That is also provided in the Act.

(4) That within his competence, each physician has the privilege to treat his patients in and out of hospital.

That is also taken for granted. As a matter of fact, this is negotiate of the reasons why British doctors sometimes come to Canada, not because of the health plan, but ever since 1911, doctors have not been allowed to go into hospitals. From the moment the patient goes into hospital, only the specialist and the consultant and the surgeon are allowed to treat him. The same thing is done in Israel and there is some move now to change this. But this has always been the custom in Canada, and will be under this legislation — that the doctor will be allowed to treat his patient in and out of hospital.

(5) That each individual physician is free to select the type and location of his practise.

That, of course, is inherent in this plan.

(6) That each patient has the right to have all information pertaining to his medical condition kept confidential, except when the public interest is . . .

That is also guaranteed in this legislation.

(7) That the duty of the physician to the individual patient takes precedence over his obligation to any medical insurance program.

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That, too, is guaranteed in this Act.

(8) That every resident of Canada, whether a recipient or provider of services, has the right of recourse to the courts in all disputes.

That also is guaranteed.

(9) That medical insurance programs do not in any way preclude the private practice of medicine.

That is also provided.

(10) That medical research and undergraduate and post-graduate teaching are not inhibited by any medical services insurance program.

That is also included.

(11) That the administration and finances of medical care insurance programs are completely separate from other programs, and that any foreign commission or agency set up to administer any medical services insurance program has fiscal authority and autonomy.”

And that is why we provided for a medical care fund in this act, so that they would have separate finances allocated for this program, and have fiscal autonomy, subject, of course, to the supervision of this legislature.

(12) That the composite opinion of the appropriate body of the medical profession is considered, and the medical profession be adequately represented on any board, commission or agency set up to plan, to establish policy, or to direct administration for any medical services insurance program.

That also is provided.

(13) That members of the medical profession, as the providers of medical services, have the right to determine the method of their remuneration.



As the minister made it clear on Monday, the government accepts the majority recommendation of the Thompson commission, that the major method of remunerating doctors shall be fee-for-service. However, if any doctor wants to go on a salary basis, or a combination of salary and fee-for-service, he may enter into such a contract with the commission. There will be such cases. There will be doctors, there will be isolated communities that cannot get a doctor, because the volume of work on a fee-for-service basis may not give that doctor adequate income. This might be true of a place like Ile a la Crosse, or Lac la Ronge, where the extensive travelling is very great, and the fee-for-service that would ordinarily reimburse a doctor in the south would not be sufficient for a doctor in the north. You might have to say to this doctor: "We will give you a salary of \$15,000 a year plus a certain schedule for the services you provide." That may be the only way you could attract into a community such as that. Or you might have to say to two or three young doctors, "If you will start up a clinic in this area which has no medical practitioner, we are prepared to guarantee you, between the three of you, \$30,000 a year plus what you may make under some schedule on a fee-for-service basis." But this will be at the doctor's option, and therefore complies completely with Clause 13 of the conditions which the Canadian Medical Association itself has set down.

(14) That the amount of remuneration is a matter of negotiation between the physician and his patient, and those acting on their behalf, and that all medical services programs make provision for periodic or automatic changes in remuneration to reflect changes in economic conditions."

That is precisely what we have done under this Act. Someone said the other day "We should know what the schedule of fees is, so that we will know what it is going to cost." This would be in complete violation of this request by the Canadian Medical Association. We think the doctors have the same right as anyone else who is selling a service, to sit down with the commission and negotiate a schedule of fees. I think in the Swift Current health region, I believe the member from Maple Creek (Mr. Cameron) said the other day they pay 80 per cent. Our Cancer Commission pays 85 per cent. Some of the municipalities pay 85 per cent. They vary. But they can easily sit down and negotiate, whether it is to be 80 per cent, 85 per cent or 90 per cent. This is a matter for negotiation, and this is one place where I agree with the doctors, that I do not think it would be proper for this legislature or for the government to set down the schedule of fees and say, "This

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is what we're going to pay you; take it or leave it." I think we must sit down and negotiate in good faith.

I want to make it perfectly clear, Mr. Speaker, that every one of the 14 conditions laid down by the Canadian Medical Association has been adhered to strictly in this act, and I may say that in doing it, we put things into this act, that I would just as soon not have had. The commission is a good example. We have provided in this act that every three years the whole thing is to be reviewed, in the light of changing economic conditions; that is also meeting with the Clause 14 of their suggestions. The thing, Mr. Speaker, that I want to impress upon this House, and to impress upon the people of this province and to impress upon the medical profession is that the status of the doctors in Saskatchewan, under this plan, will be identical in every respect to what it is now, when they are operating under the Swift Current plan, or operating or receiving payment from a private medical plan. Identical in every respect.

**Government Members:** — Hear! Hear!

**Premier Douglas:** — The member from Maple Creek (Mr. Cameron) in the very excellent speech he gave the other night, outlined what I have said were the principles I believed in, back in 1959 and he wondered why I had changed them. I haven't changed at all. We have endeavoured, insofar as it is humanly possible, to take the same principles, the same techniques, the same procedures which worked in the Swift Current region, and apply it on a v-wide basis. In doing this we would have two great advantages, as I said before, it will spread the risk over a much wider area so that regions which could not otherwise afford a plan will now have one, and secondly, it will permit and enable people to move freely from one part of the province to the other, and to get medical care without any problems about referrals or anything of that kind.

So that when any doctor says that he is going to leave the province because this plan comes in, what is he saying? He is simply saying that, while he is prepared to accept payments on a fee-for-service basis for looking after my patients from the regional board in Swift Current, or he is prepared to accept payment from Medical Services Incorporated, or he is prepared to accept payment from the Group Medical Services, but if he is paid by a government commission, he is going to pick up and leave the province. That just doesn't make sense. I don't think it will happen, Mr. Speaker.

The opposition says, "What will the government do if the doctors don't co-operate." Well, that is not the real question.

The real question is what will the doctors do? We, on this side of the House think the legislature is the sovereign body speaking for the people of Saskatchewan, insofar as provincial jurisdiction is concerned. Dr. Dalgleish, President of the College of Physicians and Surgeons, in the same article which I quoted a while ago dated October 19 said:

“Dr. Dalgleish then went on to say that regardless of what happens, . . . we intend to look after our patients.”

There it is. If the doctors intend to look after their patients (and I do not see how they could do otherwise) in view of their Hippocratic Oath, to look after the sick, care for the ill, if they look after their patients, then the only question arises is, who will pay them? Now, the patient could voluntarily pay them. I don't think that many patients who have voluntarily paid their tax and who thought by paying their tax they were entitled to medical care, will voluntarily fork up the money out of their own pocket.

I think secondly this legislature would deem it to be their duty at some time to protect any patient from legal action being taken against him, to collect money for medical care, if he has already insured, and the medical care insurance commission is ready to pay that bill, I think this legislature would have a responsibility to protect a person under those circumstances. I don't think it will arise, but they should be prepared, if necessary.

So the choice the doctor has, if the patient doesn't pay — there's no reason why the patient should — he's got a card which says the medical care insurance commission is willing to pay, - the choice the doctor has is either to tear up the bill or send it to the commission. In what way will sending this bill to the commission interfere with his liberties or his freedom, or his doctor-patient relationship because somebody else besides the doctor and besides the patient, pays the bill. Mr. Speaker, the people who put up the kind of argument that the Leader of the Opposition put up this afternoon, are being dragged, screaming and howling into the 20th century. They don't belong in this century. I do belong to a Group Medical Services, as do many other people. If you don't belong to that, you probably belong to M.S.I. I could run down to see the doctor every day, but I don't go to see the doctor. I have got to be pretty sick before I'll go to see the doctor, and most people are the same. Does the fact that Group Medical Services instead of me pay my doctor, does this somehow interfere with my doctor-patient relationship?

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I go to see my doctor whenever I want to. My wife does the same. My children do the same. The doctor doesn't treat us any differently because we are not going to pay him out of our pocket; he's going to be paid by Group Medical Services.

The member from Maple Creek (Mr. Cameron) and the member from Shaunavon (Mr. Kluzak) and some of the others who live in the Swift Current health region, where for 15 years, the doctors have been paid by a regional board — has this interfered with the doctor-patient relationship? Have people come in with slivers, with dandruff, ingrown toe-nails? Of course they haven't. People don't like going to a doctor unless they are hypochondriacs, and you have those no matter what kind of a plan you have. People don't like going to a doctor unless they really need a doctor. It is a reflection on the medical profession for anyone to suggest that the doctor will give a patient poorer care just because the doctor is being paid by someone other than the patient himself.

So I say, Mr. Speaker, as far as the doctors of this province are concerned, I do not think they have one iota of reason for refusing to co-operate. Their relationship with the medical care insurance commission will be exactly the same as their relationship is now with the Swift Current health regional board, the M.S.I. or G.M.S., or as it is with the Cancer Commission, which is another government commission administering a program of this sort, and paying on a fee-for-service basis. It would be exactly the same. I don't think they have a legislature to stand on when they say they are not going to co-operate, or that they are not going to work under this plan.

When the Leader of the Opposition asked me what we're going to do, I'll tell him what we're going to do. If this legislature passes this legislation, we're going to put this plan into effect and we will undertake to see that the people of this province get the medical care which they require.

**Government Members:** Hear! Hear!

**Mr. Thatcher:** — To heck with your principles!

**Premier Douglas:** —Mr. Speaker, just one point more I want to deal with before I sit down. The Leader of the Opposition has had great delight in quoting phrases to say — quoting myself and others as saying we should have medical care eventually without money and without price. We should have free health services; we should have health services without charge. I don't know whether he thought that this means that Santa Clause would pay for it, but I am perfectly certain that the people of average intelligence throughout the

province, which represents a very large percentage, knew perfectly well that with any medical care insurance plan we would all collectively have to pay for it. We would have to pay for it through taxes; we would have to pay for it through the royalties which we get from our resources, which if they were spent on this couldn't be spent on something else. We would all have to pay. The important thing is that it is without money and without price for the person who is affected by illness. It simply means that we are following the principle of bearing one another's burdens. All of us, through some form of taxation will contribute, and in spite of what the Leader of the Opposition said, the people who have the least will pay the least. The table here would show, on the basis of these payments, of income tax, sales tax, per capita tax, \$24 per family, \$12 per single person, and for those who get under \$3,000 they will pay on an average family of four, \$38.85 or less, considerably less, of course, if they are a lot below the \$3,000. Whereas those who are in the \$6,000 to \$6,500 category will pay \$98.72. In other words, what we have tried to do is;

(1) to retain a per capita tax which everybody can pay if they are self-supporting and will give them a personal sense of responsibility, and to put the other 72 per cent of the cost on taxes which have some relationship to ability to pay.

(2) to show that the people under the \$3,000 will be getting medical care for less than half what it is costing them now, if they belong to a private plan, whereas those who are getting up in the \$7,000, \$8,000 and \$10,000 category will probably be paying more, taking into consideration all the taxes, than they pay now if they belong to a private plan.

May I just, summarize this, because I think there has been some misunderstanding in the public mind because of the nature of the debate, and I think it would be well to just summarize it.

(1) That the target date for this medical care plan, has been set at April 1st, 1962. Now, of course if the legislation is too long delayed and we are not able to set up a commission, we cannot do any negotiation with the doctors or anyone else until the commission is set up, it may be necessary to put the date back. But certainly the target date is April 1st, and every possible attempt will be made to have medical care available for the citizens of the province by April 1st.

- (2) That the increases in income corporation and sales taxes will become effective January 2, 1962.
- (3) That the per capita tax of \$24 per family, and \$12 per single person will not be collected for medical care, which is given during 1962.
- (4) That the per capita tax for 1963 will be collected next fall — that is a year from now, along with the Hospital Services tax.
- (5) Payment to doctors will be made on a fee-for-service basis, except where any doctor is desirous of entering into a contract for payment on a salary basis, or a combination of salary and fee-for-service.
- (6) That the matter of utilization fees is still under consideration. The government would prefer to have the advice of the medical care insurance commission, when the latter is appointed, before making a final decision. In the event that utilization fees are charged, then the cost will be \$1,800,000 less than the \$21 ½ million estimated by the Advisory Planning Committee on Medical Care.

I want to say again, the government is not seeking to shelve its responsibility with reference to utilization fees. I think those who are going to administer the plan ought to have an opportunity to give us their opinion, because there are two sides to the question. The first is, does a charge of \$1.00 for an office call, \$2.00 for a house call and \$3.00 for a night call actually act as a deterrent at all? Does it reduce abuse? In the hospital plan I have always opposed utilization fees or deterrent fees because, in the hospital plan the patient has no choice about going to the hospital. Only the doctor can put a patient in hospital. It is the doctor's decision who puts the patient in the hospital, therefore why charge the patient a deterrent fee? But with the medical plan it is different. The initiative of going to the doctor lies with the patient. All he has to do is pick up the phone, or go into the doctor's office, and so it is his initiative. Now, would \$1.00, \$2.00 and \$3.00 deter him seriously? This is the sort of thing that ought to be studied by the commission. If it won't deter him, then certainly it is not worth all the administrative costs of fooling around with it.

The second thing that has to be kept in mind is that it will cost \$1,800,000 less by having this deterrent fee, and the point brought up by the member for Pelly (Mr. Barrie) today is a fairly valid one, that the people who are

actually getting the service are making this little extra payment of \$1,800,000 which takes that much less of the general taxation burden, and \$1,800,000 if you could have that, might be useful to do many other things. You could build a regional mental hospital with \$1,800,000.

So it has to be thought about. The government is not trying to evade responsibility. When the time comes to make this decision, the government will accept full responsibility, but we would, and we think it is proper that we ought to discuss this matter with those who will be establishing and administering the plan, rather than handing them a situation which is already made, and which they themselves may feel was an unwelcome burden to be put upon them.

Mr. Speaker, I have spoken much longer than I intended, and I must apologize to the House for doing so. However, I do agree with one of the statements of the Leader of the Opposition. He said this was an important piece of legislation, because it will affect the people of this province and eventually all the people of Canada. I think this is true. This is why I think it is so important that we have an over all plan that covers everybody. I think if we start on one of these piece-meal plans that says some people can go to a private plan, and some people will be covered by the government because the private plans won't take them in, then I think we would lay a pattern which would start Canada off in the wrong direction.

The Leader of the Opposition said, "Why, in Australia they tried this sort of plan and had to depart from it." Yes, they departed from it when a Labour government was voted out of office and a Conservative government came in, and what did they put in? They put in an indemnity plan, Mr. Speaker. I hope this province nor Canada never embarks along that road — an indemnity plan in which they made up a fee — a schedule of fees, which they pay to the patient, not to the doctor, so that if you have an appendectomy and the fee says we will pay you \$100, that is what you will pay. It doesn't matter what the doctor charges. The doctor might charge you \$175, and you make up the difference. There's no control over what the doctor charges.

It is better than nothing, it pays part of your doctor bill. But the balance can be a very important factor if you haven't got it, and it certainly can be a very serious burden for poorer people. Let's not anybody quote the Australian plan. Somebody across the way said the Australian plan covers 90 per cent of the plan. Yes, but it doesn't cover 90 per cent of the medical bills — not by any means.

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The medical bills are continuing to go up and up and up, and the fees which the government plan pays to the patients do not go up correspondingly.

So I think this is an important plan, Mr. Speaker. I think it is necessary that we have a plan of universal coverage, because if this is to be the model which Canada will ultimately follow, then it seems to me this will be a sound model. Other provinces will vary it according to their needs and conditions, just as they have adapted and modified their hospital plan to suit their particular needs. I think that Saskatchewan can be very proud of the fact that so many of our programs have been copied in other jurisdictions, and that today other hospital insurance plans exist from Newfoundland to Vancouver Island. I am as confident as I am standing here that the plan we are talking about now will eventually extend from one end of Canada to the other.

I want to say, Mr. Speaker, that I am prepared, and the government is prepared, to work with the doctors of this province in any of the minor matters regarding this bill, but on the basic question of whether this plan is to cover all the people of the province, or only cover those who are designated as being in need, I am unalterably opposed to the latter.

I wonder if some of the doctors who made this statement, that there is nothing humiliating about a means test — I wonder if they ever went through that experience. When I was a boy I contracted osteomyelitis in my right leg and I still have the pleasure of being visited with it from time to time. I lay in a children's hospital in Winnipeg on and off for three years. My parents couldn't afford the services of an outstanding surgeon. I had my leg hacked and cut again and again, without any success. The only reason I can walk today, Mr. Speaker, is because a doctor doing charity work, one of the great bone surgeons of Winnipeg, who was later killed in the First World War, came into that hospital one day with a group of students, took an interest in my case, and took it over. But there were thousands of children who were not so lucky, and from that day on I have been convinced in my heart that if I were ever given the authority and the power to do so, I would try to help usher in the day when in this country no boy would be lame, no child would be without health services, merely because the parents could not pay for it. I am thankful, Mr. Speaker, that God has given me the years to be here and to see this piece of legislation passed by the legislature of Saskatchewan. I only grant that he will give me the years to see a similar plan introduced for all the people of Canada.

I shall support the motion.



**Mr. McCarthy:** — Mr. Speaker, could I ask the Premier a question? You said that for a time — I've just forgotten the years — you had to give extra money to the Swift Current scheme and then afterwards you didn't. Did that coincide with the time they put in the deterrent fee?

**Premier Douglas:** — Yes, I think so.

**Mrs. Batten:** — Mr. Speaker, I would like to make one correction. The hon. Premier stated in his speech (I didn't like to interrupt him then) that I said that the administration costs could wreck this plan. Of course I didn't say any such thing. I said that I didn't begrudge any money that would go for actual medical care for anyone in the province, but I did begrudge the money that would be spent on administration.

**Premier Douglas:** — I accept that correction — that is quite correct.

**Mr. Bernard D. Gallagher (Yorkton):** — Mr. Speaker, in rising to speak on this bill I must say that the Premier finished on a much different note than that on which he started earlier this afternoon, and after I listened to him I realize now that you don't have to be a rancher in this province, to be able to get first prize for your bull!

There were a good many statements which he made this afternoon that I think should be cleared up. One of the first things was that there was supposed to be \$50 thousand that we got from the doctors. Surely he has worn this one out by now, and even if we had got \$50 thousand from the medical profession, I would certainly have appreciated this money. We didn't get any of it, but if we had got it, I think it would be much more honourable for the Liberal party to get \$50 thousand from the people who provide medical care to the people of this province, than to take \$50 thousand from the brewers of this province.

**Premier Douglas:** — Is the hon. member suggesting that anybody over here got \$50 thousand from the breweries? Is the hon. member suggesting that? If he is, that's not true, that's all.

**Mr. Gallagher:** — Mr. Speaker, if the hon. Premier wants to get up and ask me something when I'm finished, he will be quite free to do so, but I have yet to interrupt him during any speech he had made in this House since I came in here last winter.

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The Premier mentioned that the Liberals dare not vote against this bill. He's trying to dare us. He suggests that we should not even criticize this bill. I wonder if he remembers the years he spent in the House of Commons, when the Prairie Farm Assistance Act was introduced, and the Prairie Farm Rehabilitation Act was introduced by a former Premier of this province? When he got up in the House of Commons, and criticized this legislation that he has found, and the rest of the people of this province have found, was very beneficial to the people of Saskatchewan.

I wonder if the Minister of Social Welfare, the former member for Mackenzie constituency, can remember the day when he was a member in the House of Commons, and he voted against the Speech from the Throne that introduced family allowances to this country?

Surely, Mr. Speaker, their memories must be very short.

**Premier Douglas:** — Mr. Speaker, the hon. member asked a question, so perhaps I should answer it at this point.

**Mr. Speaker:** — Order! The hon. member has no right.

**Mr. Gallagher:** — You can answer my question after I'm through.

**Mr. Speaker:** — The hon. member has no right to speak.

**Hon. Mr. Nicholson:** — On a point of order, Mr. Speaker, I think an hon. member should not ask a question unless he does want a reply at this time.

**Mr. Speaker:** — There is such a thing as a rhetorical question, I believe . . .

**Mr. Gallagher:** — It seems during the course of the remarks made by the Premier this afternoon, Mr. Speaker, that he was trying to tie the Liberal party of this province, the Liberal opposition in this House to the medical profession, and I would like to remind him that when the medical profession, before the last provincial election, decided to spend \$90 thousand or \$100 thousand to fight a medical care program, they were not fighting the government that sits opposite — they were fighting all political parties in this province, because the Liberal party, the Conservative party, the Social Credit party and the government all were suggesting that if they got elected to power, we would have a medical care program in this province.

I think one of the people who was attached as much as anybody by the medical profession was my hon. friend, the member from Melville (Mr. Gardiner). The Premier made the suggestion when he was referring to something said by the member from Maple Creek (Mr. Cameron) about the good or bad parts of a medical plan that might be instituted on a regional basis.

I am only going to say this. I don't think the government should take the credit for setting up, or certainly not take all the credit for setting up the regional medical care plan which they have in the Swift Current area.

One of the reasons more than anything else why this government does not favour a medical plan that would be set up in the same way as the Swift Current medical plan is set up, is that because it could not be used for political patronage to strengthen their hold in office in this province.

I believe, in speaking on second reading of this bill, or voting on second reading of this bill, we are voting on the principle of prepaid medical insurance in this province, and I am sure that all members of this House are agreed that prepaid medical insurance is a good thing — something that the people of this province desire. But as far as the bill itself is concerned, Mr. Speaker, I think that it is in for a good deal of criticism before we are going to be satisfied with it as a basis for prepaid medical insurance in this province.

The first thing I would like to say is about this suggestion that this plan be administered by a commission. Now, Mr. Speaker, the Premier gave us quite a talk on the idea that this plan should be run by a commission. Of course he said the doctors wanted a commission. Well now, can you feature the government that sits opposite us here this afternoon setting up any kind of a commission that would have any semblance of independence — anything that they have ever done in the past. Certainly their way of setting up a committee, or a commission was far from independent. It was loaded with people of their own political faith.

Another thing about this bill — it was suggested, I believe that the Deputy Minister of Health would be on this commission, but every other clause in this bill suggests that the Lieutenant Governor in Council shall do this, or the Lieutenant Governor in Council may do that, and after all, you are the Lieutenant Governor in Council. The Lieutenant Governor in Council is the Premier and his cabinet. I think, Mr. Speaker, that the medical profession have something to be worried about in this bill. One of the members on this side of the House said that it was the blankest blank cheque that he had ever seen, and I think that was putting it mildly.

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There are loop-holes all through this bill, and I think it is the duty of every member in this House, whether he sits on the government side of the House or in the opposition, to point out to the government that if we are going to have a medical care plan which is going to work, then we had better have a bill introduced to provide this care, that is not full of loop-holes like this present bill is.

I noticed one part of the bill said that the Lieutenant Governor in Council shall appoint a commission. Now, I don't think the Lieutenant Governor in Council, that is, the C.C.F. government — our socialists friends opposite, have any right to appoint this commission. I think they should appoint the chairman of this commission. I think that the medical profession, the people who are supposed to provide medical services to the people of the province, if they are going to have a seven-man commission, and they have suggested I believe, between six to eight people, I think the medical profession should appoint three people to this commission. I think that the Saskatchewan Federation of Labour should appoint one man or one lady to that commission, and the S.A.R.M., and then if the government appointed the chairman of the commission, I think the medical profession would be quite happy with it. But any commission that is going to be set up in this province and appointed by the Premier and the cabinet, I don't think is going to be too suitable to the medical profession, the people who are expected to supply these services which are to be rendered under this Act.

**Hon. Mr. Walker:** — You would be satisfied to . . .

**Mr. Speaker:** — Order!

**Mr. Gallagher:** — I might remind the Attorney General that I did not interrupt him either, while he was speaking.

**Hon. Mr. Walker:** — I didn't say silly things like that, though.

**Mr. Gallagher:** — I don't think I can enlighten him too much after what I heard from him the other day. There is another part in the act which says, "If the Lieutenant Governor in Council so chooses, the chairman may be employed full-time, and if he is so employed, he becomes a civil servant." The act says that.

Surely, Mr. Speaker, anything that is so important as medical care in the province of Saskatchewan should not be run

by C.C.F. friends of the government; possibly defeated C.C.F., M.P.'s or C.C.F. M.L.A.s, or defeated C.C.F. candidates. If they are civil servants we could expect that if they are highly paid civil servants — that is likely what we will end up having.

Also it suggests that the Lieutenant Governor in Council will decide the remuneration to be paid to the commission. Of course, if the commission is independent, I suppose the government will try to save the people of the province some money, but I think we are all aware of how independent it will be with the socialists appointing the commission, so I imagine the remuneration will be pretty good.

I suppose, Mr. Speaker, this is the way our friends, the government, are planning for the people. I remember reading a speech made by the Premier, I believe in the throne Speech debate two years ago, and it was entitled 'Planning for People'. It seems to me that if the government has their way and if we don't take some of the loop-holes out of this act, that they will be planning to make public servants out of a good many more people in this province.

It was suggested in the act that the commission shall be responsible for establishing and administering. Well, I'm going to say this, that I believe if there was such a thing as having an independent commission to run the medical care plan in this province, which I don't think possible with a socialist government in power, this would be all right. I think they should be responsible for establishing and administering the program, but knowing the government that sits opposite, I believe that the only reason why they suggest that we have a commission at all is to hide behind the cloak of the commission, in case something goes wrong with the plan after it is set up.

There is another mention made that the commission should take such actions as it considers necessary for the establishment and administration of this plan. Realizing the kind of a commission we can get from this government, we all know what would happen here. They would be dictated to by the Minister of Health.

It mentions the commission shall, through the deputy minister, report to the minister of progress and activities. This is the most ridiculous thing I have ever heard of — the minister tells the deputy minister and the commission what to do, and then they report back to him what they have done.

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I believe, Mr. Speaker, that when I think of an act which was before this legislature last winter — I'm not sure whether it was passed in this House or not, but it was held up by the opposition for several very obvious reasons, but there are several clauses in this act that compare very much the same, as far as I can see, to the act which was brought in here last year. I am referring here, Mr. Speaker, to the Northern Administration Act. I think that, although the government and the opposition want prepaid medical insurance, this document here before us is a very, very vague document.

The Premier said during his remarks this afternoon something about some of the members of the opposition wanting to blame the government for not bringing in a plan before this, and some more of the members of the opposition saying we should wait. I'm going to say this, that the government, in the 1960 session, during the Speech from the Throne, said they were going to bring in a medical care program. I have a copy of the Speech from the Throne here, and am going to read an excerpt from it:

“Dealing with its intentions to bring benefits of advancing medical science to all citizens of the province, without financial barrier to the individual or his family, my government proposes to inaugurate a province-wide universal contributory medical care program. Recognizing the need for informed study, the government intends to appoint an advisory planning committee on medical care, which will include representatives of the public and the medical profession.

This committee will be asked to examine all aspects of medical care program, including not only the problems of finance, but all those measures which will provide medical care of the highest quality to all persons in Saskatchewan.

Legislation establishing the frame for this program will be introduced for your consideration.”

Mr. Speaker, if it was the intention of the government in 1960 to bring in this medical care program, and they did exactly what they said they were going to do in setting up this advisory committee — and I think it was the right thing to do — I would like to know then why the government is not waiting until the people who are appointed to the advisory committee have brought in their final report to the members of this Legislature?

**Hon. Mr. Walker:** — . . . people are sick.

**Mr. Gallagher:** — I think that members on this side of the House have a great deal to kick about when they say the government is trying to rush this thing, just to give the Premier a good send-off in his new political venture. I think that after listening to some of the remarks made by the Premier this afternoon, and by many of the members on the other side of this House, that it is an insult to the intelligence of people like Dr. C.J. Houston in Yorkton, that the government take the bull by the horns, so to speak, and do as they like.

These people were appointed to this medical advisory committee to bring in recommendation to this government, to decide what kind of a medical care program we were going to get. I just wonder, Mr. Speaker, if before the advisory committee was ever set up, this government didn't know exactly what kind of a plan they were going to have at that time. I say this to the government, if the government find it necessary to appoint a medical advisory committee, and they went to the expense of spending all the money that it cost to have this advisory committee, they surely should have sense enough to wait until this advisory committee has brought in their final recommendation.

The Premier had a great deal to say about the doctors this afternoon, and after his tirade, I wonder how some of the doctors on the other side of this House are going to provide the medical care that is envisaged in this bill.

**Mrs. Batten:** — They are all honorary doctors!

**Mr. Gallagher:** — Also, he mentioned during the course of his remarks something about all the doctors being opposed to this prepaid medical plan. I would like to remind the Premier, and I guess he knows this doctor's name — Dr. Steele, from Balcarres, (I believe one of your supporters) who made a trip to England and to France, to find out how state medicine worked in that country. After Dr. Steele came back, an article was written by him. It was carried in the Star Weekly, condemning the British plan and socialized medicine. Surely, Mr. Speaker, if this government needed any advice or enlightenment, they would have asked Dr. Steele what the British plan was like, and what he might have thought of socialized medicine in Great Britain.

The Premier made some mention about the hospital plan. I'm going to say this much, as much as Saskatchewan people appreciate the Saskatchewan Hospital Services Plan,

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but if the government keeps on operating in the way they have, and imposing controls, that pretty soon the people of the province will have no control of their hospitals. They have instituted controls which make it impossible for the hospital boards to operate their hospitals without an administrator, and of course these administrators, Mr. Speaker, cost the people who are running the hospitals a great deal of money.

There was another mention made by the Premier when he was talking about a commission. It reminded me of the T.B. service which we have in this province. I would like to remind the government and the Premier that the Anti-T.B. League which we have in Saskatchewan, and which has done such a tremendous job to stamp out tuberculosis in Saskatchewan, is not appointed by the government.

Before I sit down, Mr. Speaker, I would like to comment on a remark made the other day by one of the members — I believe the member from Cumberland (Mr. Berezowsky) and I believe he is in his seat now. He made some comment to the suggestion that the Liberal party did not have courage enough to decide to take a stand now . . .

**Mr. Berezowsky:** — We're still waiting . . .

**Mr. Gallagher:** — He said that the Liberal party wanted a plebiscite because they didn't have courage enough to say, 'We're for the bill or against the bill'. I can only say this, Mr. Speaker, that the member for Cumberland must have thought that the people of Saskatchewan haven't enough brains to decide whether they want this or whether they don't want it.

I said when I started to speak this afternoon that I think we are all in favour of a prepaid medical plan in this province, as far as the principle of this plan is concerned. I think we all should be concerned that this plan is made workable, but I think it is the duty of the government that sits opposite to iron out their differences for which they are mostly responsible themselves, between them and the medical profession. The Liberal party is certainly not going out to bat for the doctors in the province. I think the doctors can look after themselves pretty well, but, Mr. Speaker, the people who are to provide the medical care that this government is promising us, surely the government must realize they have to be recognized.

There are teachers in this province who are wondering if they are going to be next.



there are farmers who will be thinking the same thing, and before I sit down I'm going to say this. Members on the other side of this House are trying to tie the Liberal party to the doctors of the province, because they think the people in the country feel that doctors are rich men, and of course they have played this story for so long, I'm going to suggest to them that it is worn out — it's no use. The doctors, long before the election, took a stand on prepaid medical care in this province. I think a lot of people in this province know that. But when any people's rights — I don't care how small a minority — are going to be infringed upon by this government or any other government, I think that members of this legislature have a right and a duty to get up and defend those people, and it is a case of a doctor today (this is only part of the field) — the government that sits opposite us is not only trying to do something for political expediency in suggesting we are defending the doctors. We are not defending the doctors. We want the people of this province to have a medical care program which will work, and if this government does not change its attitude we will not only have a medical care program which will work, we will not have any medical care at all.

**Hon. Mr. Brockelbank** (Minister of Mineral Resources): — Mr. Speaker, I would just like to say a very few words on the question of administration. The hon. member for Yorkton (Mr. Gallagher) talked about this question and about the appointment of a commission. Now, everyone should know that there is just no question about it. Any government that puts into effect any program must accept responsibility for it. They have the responsibility to see that it works, and any government that tries to dodge that responsibility (and we certainly have never tried to dodge that responsibility) — we do accept the responsibility for our programs, is certainly not worthy of their position.

It is interesting to note after all the hon. member said about commission, that in chapter 76, Statutes of 1944, assented to on April 1, 1944 (I don't know whether that really meant anything or not), this is an Act respecting Health Insurance, and the Section 4 reads:

“This Act shall be administered by a commission to be called a Health Insurance Commission, which shall consist of such number of members as may from time to time, be determined

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and appointed by the Lieutenant Governor in Council. One of the members shall be appointed as chairman of the commission.”

Mr. Speaker, if governments are going to accept responsibility, they can only accept responsibility on terms like that. If the government is going to take the responsibility, the government must have the right and the authority and the power to appoint the people who are going to do the work. The rest of the speech of the hon. member for Yorkton (Mr. Gallagher) was more or less of a repetition of what other speakers have said, and I don't think it needs any comment at all.

He made a point about the Liberal party not defending the doctors. An English lady took her son to Scotland, and while the little boy was up there he learned some Scotch accents. One day when he was walking along the street with his mother, he said, “Look at the wee dug.” His mother didn't like him picking up this accent, so she said, “You should say, “Look at the little dog.” “But”, he said, “It is a wee dug.” “No”, she said, “it's a little dog.” “Well”, he said, “it's awfu' like a dug”, and it's awfully much like what the members opposite were doing a lot of. I don't blame them, because it's probably repaying a debt, but I am going to support the motion.

**Mr. J.W. Horsman** (Wilkie): — Mr. Speaker, I certainly didn't intend to take part in this debate, because we have had a lot of speakers up on this side of the House, and on the other side as well. I think at this late date pretty nearly everything that can be said on this subject has been said. I want to congratulate the members on making some very good speeches, good observations, and good recommendations, too.

I have, always, Mr. Speaker, been in favour of a health services plan. One way or another I have thought people should be covered for their health. In my municipality we have had a plan for 35 years, and I couldn't get up and vote against the medical services plan unless there was something radically wrong with the plan. I think it is unfortunate in this case that some plan hadn't been devised under which doctors would not have had so many objections. I think that if a proper plan, properly organized had been devised you would not have had the complaints from the doctors that you now have. The doctors have seen fit to tell the government that they are opposed to the plan, and are unwilling to co-operate.

Our experience with doctors in things like this, such as the medical services plan in health region No. 1 — we have a plan similar to that, only on a municipal basis, but we have never had any trouble with doctors at all. But we have gone and made a deal with the doctors. We knew before the plan was started that the doctors would co-operate with us.

There is something to be said on the regional plan. At one time in this country that was the big plan — we were going to cover this province on a regional basis for medical services. The plan never went further than one region. I still think that it could have gone ahead, if it had had a little more encouragement, and some financial assistance — considerable financial assistance, perhaps, from the government.

One thing about a regional basis plan is this — it is carried on by the local people, the same as our little plan is. The people in my municipality, Mr. Speaker, are not interested in any provincial plan of health services. They are quite satisfied to stay the way they are, and when you speak, as the Premier and many members on the other side of the House have, about paying according to ability to pay, there is no plan that goes as far in that direction as our municipal plan does. We pay it out of taxes on the land. It is not fair to many people in the municipality, I must admit that, because just according to your assessment is the amount you pay into that plan. But it has worked out for 30 years; the people are satisfied with it, and want no change.

On a regional basis, it would work out the same way. By the way, we get no grant from the government — we pay the whole shot.

Maybe things can be done by the local people, but as far now as our plan goes, administration costs nothing at all, and you find that most local plans could be administered that way, and administration costs would be very little, indeed. The people know they are running their own bus, and they will keep expenses to the minimum. Not that they want to cover everyone for everything. Our plan covers everyone in that municipality for health services and surgery, and it has worked out very well indeed.

I was somewhat amazed the other day to hear the hon. lady member from Saskatoon (Mrs. Strum) get up here and criticize the Liberal party back somewhere in the 1930's, because in the district where she happened to live had no hospital facilities at that time. I want to say this, Mr. Speaker, long before 1937 there was a hospital plan in this province — a municipal hospital plan; a union hospital plan.

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Our hospital was built in 1922, and we never saw the day when we didn't have hospitals — in fact, we had a hospital before that, and if in the area she speaks of they had no hospitals, it was just the fault of people like her. She has to take her share of the responsibility, along with the other people who lived in that part of the country. Surely, Mr. Speaker, a lady with the influence which she has, with the ability she must have had, could have exerted her influence in that country at that time, and got a bunch behind her and certainly could have had a hospital built there.

So I think when you're going to criticize things that weren't done years ago, people must take their own share of the representative; everyone that lives in those districts. I suppose the hon. lady must have heard of the union hospital plan, probably not as far back as 1922 (I doubt if she was even born in 1922) — I lived a long time before that, but from her appearance at least, I would say that she was a very small little kid if she was even born in 1922.

**Mrs. Strum:** — Thank you sir.

**Mr. Horsman:** — Mr. Speaker, with these few remarks I would like to adjourn the debate.

(Debate adjourned)

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