

LEGISLATIVE ASSEMBLY OF SASKATCHEWAN
First Session — Fifteenth Legislature
22nd Day

Friday, March 5, 1965

The Assembly met at 2:30 o'clock p.m.
On the Orders of the Day.

INQUIRY RE RETURNS

Mr. J.H. Brockelbank: (Acting Leader of the Opposition, Kelsey) — Mr. Speaker, before the Orders of the Day are proceeded with I would like to ask the ministers when I may expect the Returns to Orders of the Assembly, which were issued on February 9th, Return no. 12 and no. 2, on February 10th, Return no. 3, on February 16th, Return no. 38, February 18th, Return no. 10 and February 19th, Returns no. 57, 45 and 46.

Hon. A.H. McDonald: (Minister of Agriculture) — Mr. Speaker, I wonder if the hon. member would give me the list; he was reading a little too fast for me, and we will look into it and get the information as quickly as possible.

Mr. Brockelbank: (Kelsey) — Yes, I will send the list over.

WELCOME TO STUDENTS

Mr. D.W. Michayluk: (Redberry) — Mr. Speaker, it is with great pleasure that I rise on behalf of the hon. member for Kinistino (Mr. Thibault) who is unavoidably absent this afternoon, to welcome a fine group of high school students from his constituency, from the Crystal Springs High School and the Weldon High School. The number of grade 12 students in the group is twenty-nine. Accompanying this group of students are two high school teachers, Mr. Peter Boychuk from Crystal Springs High School, and Mr. Harold Fane from the Weldon High School, and the bus driver, Mr. Lloyd Higgins. I trust that their stay in the fair city will be a pleasant one and that they will have a profitable one in this legislature.

Hon. Members: — Hear! Hear!

Hon. Gordon B. Grant: (Minister of Highways) — Mr. Speaker, before the Orders of the Day are proceeded with, I know how some members of this house dislike monopolies, but I seem to have a monopoly on the west gallery this afternoon, in that from Regina south we have 21 students from Campion College, in the front row and part of the second row, under the leadership of Mr. McDonald, and the balance of the west gallery is occupied by grade 7 and 8 students from St. Pius School under the leadership of Mr. McNeil and Mr. Kennedy. Both these groups have been here for half an hour or so and have toured the Legislative Buildings and I sincerely trust the balance of their stay here will be most enjoyable, and I extend a sincere welcome to them.

Hon. Members: — Hear! Hear!

Mr. Henry Baker: (Regina East) — I would like to confirm what the hon. member for Regina South, (Mr. Grant) has stated. I met the students from Pius 10th school in the corridors and also met the students from Crystal Springs and the Weldon High School, and I want to extend a warm welcome to them, and hope they will have a pleasant stay here. I understand, too, there is a school from Saskatoon, I presume someone will greet them in a moment or two. It is the Henry Kelsey School, I believe, and we welcome them all sincerely to the legislature and to their capital city. Thank you.

Hon. Members: — Hear! Hear!

Mr. J.E. Brockelbank: (Saskatoon City) — Mr. Speaker, before the Orders of the Day, on behalf of the five members representing Saskatoon city, and all the members of the legislature, I want to welcome a group of students from the Henry Kelsey School in Saskatoon. These students are accompanied by their teacher, Mr. Husalak, in the east gallery. I feel a fond attachment for Henry Kelsey. As a young man in 1690 he was the first white man to see our plains. Kelsey Provincial

constituency was named in his honor, as was Henry Kelsey School. I have a nephew attending Henry Kelsey School this year, for the first year, and soon my son will attend that school as well. I hope that the students' stay in the city will be informative and I am sure that we all wish them a safe journey home.

Hon. Members: — Hear! Hear!

ANNOUNCEMENT RE ERROR IN NEWSPAPER REPORT OF MARCH 4th, 1965.

Mr. E.I. Wood: (Swift Current) — Mr. Speaker, I would like to draw the attention of the house to an error appearing in the Leader Post of March 4th on page 21. It says there that E.I. Wood, Swift Current, objected that it was against house rules to quote an opinion from someone outside the legislature. We all know, Mr. Speaker, that it is quite in order to quote opinions from outside the legislature. What I was objecting to was that it was against the house rules to quote an opinion from someone outside the legislature commenting on speeches which were made in this house.

ANNOUNCEMENT RE RESIGNATION OF MR. JACK I. GUEST AND MR. LLOYD P. HOLMES.

Hon. D.V. Heald: (Attorney General) — Mr. Speaker, I have an announcement that I would like to make. The government has accepted with regret the resignation, as a member of the Highway Traffic Board, of Mr. Jack I. Guest, and Mr. Lloyd P. Holmes. Mr. Guest has left the employ of the government and is going into business for himself in British Columbia. Mr. Holmes, of course, is Deputy Minister of Highways, and has asked to be relieved of the added responsibility as a member of the Highway Traffic Board. In the place of these two members of the Highway Traffic Board, the government has appointed first of all, Mr. Leonard R. Blakeley, of the Department of Municipal Affairs. Mr. Blakeley has been with the government for some thirty years, since 1954 until very recently he was Supervisor of Municipal Inspection Services, and is now Acting Director of Municipal Services Branch in the Department of Municipal Affairs.

We have also appointed Mr. Reg Lewis, Regina, as a member of the board. Mr. Lewis is the Regional Manager of Soo Security Motorways and is a Past-President of the Saskatchewan Trucking Association. He is the Vice-President and Secretary-Treasurer of the Canadian Trucking Association.

TRAFFIC SAFETY RESOLUTION

Mr. Ed. Whelan (Regina North) moved, seconded by Mr. Nicholson, (Saskatoon City)

That this assembly recommends to the consideration of the government that a special legislative committee be appointed to conduct an enquiry, following prorogation of the assembly and during the intersessional period, into all matters relating to highway traffic and safety, and that such committee review present traffic laws, the enforcement of such laws, consider measures to reduce the number of accidents, and the loss of life and property resulting therefrom, and hear representations regarding highway traffic and safety from interested citizens and organizations.

I should like to speak on the matter of this traffic safety resolution under three headings.

First — the problem itself; second — a review of the present situation we are faced with; third — the type of study we might consider.

Mr. Speaker, in Saskatchewan during the year 1964, 229 people died in traffic accidents. In this legislature, there are fifty-nine members. Almost four times our number died on the highways and the streets of Saskatchewan last year. If one of us were to live in a town of 229 people, or so, and I am sure many listening would be in this group — 229 traffic accidents would represent the death of the entire population of a town of this size. Yet, automobiles operated by our neighbors on highways we build as a province and as municipalities have been responsible for the death of 229 people in the year 1964, an average of one death every thirty-six hours.

In 1961, 171 people were killed in traffic accidents in this province. There has been a steady increase each year — in 1964, this year, there were 229 deaths, an increase of 58 over the year 1961. In addition

addition to the 229 deaths a total of 6,401 people were injured in traffic mishaps. All of you know one of this number, because he sits in this legislature, the hon. member from Wilkie (Mr. J.C. McIsaac) who until a few days ago was wearing a cast about his body as a result of a traffic accident last fall.

Property damage in these accidents totalled approximately \$8,500,000; loss in salary for the 6,401 injured, together with property damage, comes to a staggering figure, to say nothing of the pain and suffering, worry and inconvenience and additional uninsured expenses involved. Mishaps on our roads and streets, day after day, particularly during the summer months, I am sure, shock residents of the province of Saskatchewan, as the total number climbs.

Mr. Speaker, this is a problem that faces all of us. I would like to review some of the work that is being undertaken to prevent traffic accidents. The public has been searching for some method to reduce and, if possible, prevent some of the unnecessary loss of life in traffic accidents. The Saskatchewan Safety Council, Community Safety Councils and other organizations are striving to make the public safety conscious, but as members of the legislature, I suggest, we are charged with the responsibility to act, challenged by the loss of life, and beset by fellow citizens who are demanding a solution to the unnecessary slaughter. Many avenues should be considered. The public must be alerted to some of the solutions which can reduce death on the highways. The naming of the legislative committee, Mr. Speaker, inviting organizations to present briefs, would increase public awareness of the problem and of the need for safety programs, some of which have been tried and found satisfactory, some that we might consider, and perhaps test in this province.

If time allowed, I would go into detail, presenting to this house and to the people of Saskatchewan, the evidence to show that driver-training, vehicle maintenance and inspection, driver court clinics, reflectorized license plates, and an organized safety program would be effective in decreasing traffic accidents and fatalities. Safety programs, of course, cost money — the cost of reflectorized license plates, for instance, may seem like a large sum, but it is relatively small when you stack it up beside the 229 deaths, the 6,401 injuries and the \$8,500,000 in property damage.

Stop to think for a moment. We are planning to spend millions for highways, yet, as a government we are spending less than two per cent of this expenditure on highways, to teach people how to drive safely along the highways that we build. We spend millions building hospitals and medical facilities to put together the broken bodies of traffic victims. Is it not logical and reasonable to spend a small portion of this amount to prevent healthy citizens from injury, necessitating the use of these expensive facilities?

Mr. Speaker, our present roads have all-weather surfaces, sloped shoulders, lane dividers, white centre lines, luminous road signs, limited access roads and other features. Our cars have a low centre of gravity, blow-out proof tires, splinter-proof glass, safety door locks, power steering, padded dash-boards, and the list could go on and on. We spend millions on automobiles and highway engineering, and I don't think we can forget for a moment that there is an increase in registration. This increased vehicle registration went up from 267,000 to 417,000 in the space of ten years, 1953-1963. With the evidence of continued improvement in automobiles, in road engineering and design, one would think that our traffic death would decrease, and that we could look forward to the day when there would be no traffic accidents. However, in spite of these engineering improvements in roads and construction of vehicles, accidents are on the increase. We have increased highway patrols and have more officers to enforce traffic legislation, and these people are busy, Mr. Speaker. In 1953, in Saskatchewan, 5,000 people were brought to court under The Vehicles Act, in 1963, the number had increased to 48,000. It is evident in looking at the increase in traffic accidents, engineering and enforcement alone are not the answer to reducing traffic mishaps.

This brings us to education, Mr. Speaker, the third area in which traffic safety can be pursued. During 1959, the Saskatchewan Government Insurance Office channelled \$100,000 into the Provincial Highway Council High School Driver-Training Plan. I believe this amount has been increased to \$140,000 or more this year. I am advised the state of California has just finished a study of negligent drivers and came up with the astonishing figure that 90 per cent improved after being interviewed by a driver improvement officer. A number of organizations, members of police staffs, who addressed schools, clubs and other groups on safety programs, I am sure, contribute to driver safety and the reduction of traffic accidents.

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I have given an outline of the problem and an outline of the general situation and I wonder if I might turn to the type of study that we might consider as a legislature.

There has to be a careful study of the whole field, automobile engineering, highway engineering, and the legislation written to enforce traffic laws, and the education that is provided for drivers and driver safety. Mr. Speaker, we must be prepared to spend money to carry out a program that will promote safety, traffic safety and decrease traffic deaths in traffic accidents in this province. Please allow me to give members of this house an indication of some of the programs that might be considered.

One — driver training courses in high school.

Two — A study of all engineering techniques used in road building.

Three — Compulsory installation of seat belts.

Four — A regular check of the mechanical operation of all vehicles.

Five — Examination of the effectiveness and the use of a breathalyzer test.

Six — Introduction of driver court clinics to provide, as part of the penalty for infractions, instruction in driver safety.

Seven — Introduction of reflectorized license plates to prevent rear-end collisions after dark.

Eight — Regular automatic review of drivers every five years.

Nine — Automatic reporting of people considered medically and physically unfit to drive.

Ten — A study of our present Vehicles Act and its administration.

Mr. Speaker, the onus is on us to make this study. The legislative committee, as the resolution states clearly, would conduct an enquiry into all matters relating to highway traffic and safety, review present traffic laws, hear representations from interested citizens and organizations. Mr. Speaker, the whole field of public relations and public education for traffic safety, the cost of programs to protect people, if you like, to protect people from themselves and from one another while driving automobiles, consideration of methods to reduce the loss of life and to curtail accidents, this would be the work of the committee I have suggested, an all-party legislative committee that would sit between sessions and present a report to the house the next time this legislature meets.

Mr. Speaker, material which I have had provided by the Saskatchewan Safety Council, the Highway Traffic Board, the Saskatchewan Government Insurance Office, automobile companies, and other organizations, is well worth reading and might be the basis for developing programs of study for the legislative committee. But I think, Mr. Speaker, more important than any other phase of the work of the committee would be the necessity to meet with people of the province who are primarily concerned with traffic safety. When we were the government, Mr. Speaker, the hon. member for Biggar, (Mr. Lloyd) then Premier of this province, introduced a proposal similar to the one I have placed on the order paper. It was designed to alleviate the traffic accident problem. At that time, I did not think that there was any dispute about the need for a study of the problem by a committee of this legislature. The statistics for the past year, 229 deaths, have said to each of us, 229 times, "you must do something about this".

This resolution will, I trust, receive unanimous endorsement of this legislature. I hope the committee will be organized forthwith, Mr. Speaker, and immediately upon adjournment of the house will begin a study of the problem that demands our attention and our solution.

Therefore, I would move, seconded by the hon. member for Saskatoon city, (Mr. Nicholson)

That this assembly recommends to the consideration of the government that a special legislative committee be appointed to conduct an enquiry, following prorogation of the assembly and during the intersessional period, into all matters relating to highway traffic and safety, and that such committee review present traffic laws, the enforcement of such

laws, consider measures to reduce the number of accidents, and the loss of life and property resulting therefrom, and hear representations regarding highway traffic and safety from interested citizens and organizations.

Some Hon. Members: — Hear, hear!

Hon. D.V. Heald: (Attorney General) — Mr. Speaker, in rising to take part in this debate may I first of all, on behalf of myself and on behalf of those of us on this side of the house, congratulate the member for Regina North (Mr. Whelan) who has just spoken and submitted this resolution to the legislature, and may I assure you that we are wholeheartedly in accord with the object and purpose of this resolution. I do not want to bore the house with too many other figures. I think the figures which the member for Regina North (Mr. Whelan) submitted in making his talk in support of this resolution were pretty sobering figures, figures which all of us in this province have to take cognizance of and have to try and do something about.

I would like to mention one or two other figures, however, the total number of accidents in the province of Saskatchewan in 1961, was 13,583. In 1962 that figure had risen over 1,000 to 14,641, and in motor vehicle deaths in the province, as the hon. member stated, in 1964 was 229 and this is quite a sharp increase from 1961. In 1961 it was 171, in 1962 it was 191, and in 1963 it was 200, and then in 1964 it was 229. So, the spiral is upward every year, total number of accidents is upward every year and the total number of motor vehicle injuries is up every year, so that we are in a position where we have to take a very careful and a very close look at this problem and try to do everything in our power to see what can be done to reverse the trend and move the statistics downward.

At the close of my remarks, Mr. Speaker, I am going to move an amendment to the resolution, which is not going to change the effect of it in any way, but I should say a word by way of explanation. So that there will be no doubt at all about the scope of enquiry of this committee, I had felt that we should spell out certain specific areas, and while certain specific areas have been spelled out in the resolution, I thought there was another area of enquiry which should be spelled out crystal clear. It may be that it is included in the general wording of the resolution, but I felt that any enquiry by a legislative committee should include an enquiry into the relationship between the drinking of alcohol and accidents. The wording of my amendment will, therefore, be to specifically include those words in the scope of the enquiry.

Mr. Speaker, I feel very strongly about this because last year the Manitoba Medical Association at the Canadian Good Roads Convention in Winnipeg, stated that it was their opinion that in eighty per cent of the accidents in this country, one or the other of the drivers had been drinking.

The Department of Police Administration at the University of Indiana in the United States, has just recently completed an exhaustive survey in the city of Grand Rapids, Michigan, and the purpose of this survey was to assess the role of the drinking driver in traffic accidents. I am satisfied from a perusal of this report and the way in which they conducted their tests that this study is probably one of the most accurate surveys undertaken anywhere to date. They conducted enquiries with over 13,000 drivers, who were interviewed at accident scenes during a one year period from July 1st, 1962 to June 30th, 1963. The results of this study are quite startling, I suggest. First of all, they found that there was no evidence that blood alcohol levels from .01 per cent alcohol in the blood to .04 per cent are associated with excessive accident involvement. They found out, however, that between .04 per cent and .08 per cent, these drivers tend to be associated with excessive accident involvement, and they found further, of course, that the probability of accident involvement increased rapidly over .08 per cent, and became extremely high at levels about .15 per cent.

Now you may ask, Mr. Speaker, what do these blood alcohol level percentages mean translated into the number of drinks of intoxicating liquor for an average individual. In June, 1962, the Law Society of Saskatchewan, held a panel discussion on this subject and the members of the panel and others conducted an experiment and the result of the tests were something like this: They found that giving allowance for tolerance, body tolerance and other types of tolerance that two ounces tested within an hour, gave a reading of .02 per cent, three ounces tested within an hour, gave a reading of .025 per cent, four and one-half ounces tested within an hour, gave a reading of .05, five ounces gave a reading of slightly over .05 per cent.

The individuals taking part in the panel were satisfied that the level of .06 per cent would be a realistic figure to be used in the prohibition against driving at all. Naturally, the alcohol content varied with individuals, as did the degree of impairment. All were agreed that no one should be allowed to drive with an alcohol content of over .06 per cent in the blood.

Now, I think, Mr. Speaker, that we can draw certain conclusions from these facts and I would suggest that the statistics indicate clearly that there are far too many deaths and injuries occurring when intoxication is a contributing cause. There may be, and, of course, are, as the hon. member from Regina North (Mr. Whelan) has indicated, there may be many other driving faults to be corrected. It is no answer to suggest that these driving faults should be corrected first. We have to attack all of these positive factors. I am suggesting, Mr. Speaker, that the existing legislation is not adequate, and I think that any enquiry should look into this phase of the whole accident problem. I am convinced that we must take a different approach to the problem.

I believe that there should perhaps be created a new summary conviction offence in The Vehicles Act of this province or by an amendment to the Criminal Code, if the other provinces would agree, and I suggest that it appears reasonable to set an upper limit of alcohol in the blood employing a philosophy similar to that responsible for speed limits. When a speed limit is set at sixty miles an hour, surely it is irrelevant that one driver is safer than another at seventy miles an hour, because of some special skills which give him the speed tolerance. In the interests of highway safety, he along with all other drivers are restricted to sixty miles an hour. On the same basis, as I said, studies thus far seem to indicate that the safety limit for alcohol should be a concentration of perhaps .05 or .06 per cent in the blood.

Increased tolerance may confer greater safety in one person than in another. The scientific data seems to show that this is the concentration at which alcohol becomes an important factor in car accidents. Surely society is justified in preventing persons from testing their tolerance to alcohol while operating their vehicle. Mr. Speaker, I have just read and I am sure other hon. members have read a little booklet by the Hon. Mr. Justice E.L. Haynes on Drinking and Driving, and I think the Hon. Justice puts it very clearly, he says:

We may not realize it, but the fact is that the majority of our citizens who drink and drive are not in sympathy with our present laws, insofar as they apply to them. They know that driving a car involves the operation of a highly complex and intricately co-ordinated set of skills which are essential not only to drive under ordinary conditions, but to meet sudden or unforeseeable hazards, and they know that there is an area where the consumption of alcohol can result in a condition where a man does not drive safely, yet is neither impaired or intoxicated. In this half-way house, between sobriety and impairment, is to be found a majority of drivers whose drinking becomes a positive factor in accidents or unsafe driving.

I believe our citizens would be in favor of a law which limits the amount of alcohol a motorist may have in his blood and still be permitted to drive, so long as the penalty for excess amounts of alcohol, short of impairment, did not demean or disgrace the driver. Indeed he would welcome it because the need for a limit on blood alcohol is just as necessary as the speed limits. The question for all of us today, including our legislators, is how much alcohol in a motorist's blood must you encounter when both of you use the highway? What is the upper limit of alcohol a driver may have in his blood and still be permitted to use the highway? What is the upper limit of alcohol a driver may have in his blood and still be permitted to drive in the exercise of a proper sense of responsibility to other users of the highway?

Further on he says —

is now well established, that the danger point is

.05 per cent. Translated into consumption, it means 4 1/2 ounces of alcohol within an hour before driving for a man of average build.

Mr. Speaker, because I feel so strongly that this phase of this entire investigation should be included and should be specifically set forth, I propose to move, seconded by Mr. Cuelenaere (Shellbrook), the following amendment to the resolution moved by the hon. member from Regina North (Mr. Whelan) that resolution no. 6 be amended as follows:

That all words after the word (Safety) where it first occurs, be deleted and the following substituted therefor:

including a review of present traffic laws, the enforcement of such laws, the relationship between the drinking of alcohol and accidents and the consideration of measures to reduce the number of accidents and the loss of life and property resulting therefrom, and to hear representations regarding highway traffic and safety from interested citizens and organizations.

Mr. Speaker: — The amendment is in order, the debate continues on the amendment.

Mr. A.E. Blakeney: (Regina West) — Mr. Speaker, I would like to say a few words on this at another time, and accordingly I beg leave to adjourn the debate.

Mr. Speaker: — The hon. member has asked leave to adjourn the debate, is leave given?

Debate adjourned.

Hon. D.G. Stuart: (Minister of Public Health) — Mr. Speaker, I wonder if we could revert to item 3 under motions. Pardon me, Item 2.

ROADS TO RESOURCES RESOLUTION

Mr. F.K. Radloff: (Nipawin) moved

That this assembly urge the government of Canada to extend the current Roads to Resources program.

He said: This motion has been seconded by the member from Meadow Lake, (Mr. Coupland). Before I move into my general remarks, I would like to say a few words regarding Mr. MacNutt's visit and the presentation of his father's speaker's Chair to this legislature.

I had hoped to extend a welcome to him and his wife. I would like to remind this legislature that Colonel MacNutt represented the constituency of Nipawin for the years 1952 to 1956 and that he made a great contribution to the government of Saskatchewan. The presentation of this chair to this legislature will serve as a permanent record of the contribution of the MacNutt family to Saskatchewan. I would like to remind this legislature that Mr. and Mrs. MacNutt are well known in the Nipawin constituency and the constituency of Kelsey and they are known to the people as "the salt of the earth". They are really fine people and they have certainly made a contribution to Saskatchewan.

Mr. Speaker, the Roads to Resources program is a most urgent requirement for the continued expansion and diversification of the economy of the province. The great potential of the northern half of the province cannot be properly developed unless it is made more accessible and the same principle holds true for the rest of Canada. Mr. Speaker, as the hon. members well know, one of the former Prime Ministers of Canada was once fortunate enough to have a vision, notwithstanding its questionable origin. I feel that the Roads to Resources program has been most beneficial to Canada and to the province.

Under the terms of the program, the cost of Roads to Resources

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is shared by the federal government and the respective provincial governments in which the new roads are located. The existing cost sharing agreement between the federal government and the government of Saskatchewan will expire early in 1966. In view of the favorable results which have occurred under the program to date, I am pleased to move this request, that it be continued and expanded.

Mr. Speaker, to justify the continuation of the program, one need to only consider the vast new areas which have been opened up by the completion of the Hanson Lake road, the Otosquen Road, the Cumberland and the Isle Falls Road. These roads are not mere piles of sand and gravel, they are arteries through which new life will be pumped into our economy. I would ask all members to secure a copy of the National Magazine, Sporting Look, December issue, which advocates pushing back the wilderness of Saskatchewan. It is a very interesting article and I would ask all members to secure this article. Mr. Speaker, I would hope that most hon. members have also read the article in a recent issue of Canada Month entitled "The Needle Still Swings North". The author, Mr. John Kettle, is of the opinion that the Canadian people are on the threshold of a really big breakthrough in northern development. I could not agree with him more. A mere glance at the map of this province is sufficient to show that we are only using the southern half of the province and we cannot afford to let our northland lie fallow any longer.

Mr. Speaker, somehow the vast majority of the people of our nation and of the United States seem to have the unfortunate impression that Saskatchewan is a large flat rectangle covered from east to west and north to south with acre upon acre of golden grain blowing in the breeze under a clear blue sky. Having resided in the parkland area of the province all my life, I cannot help but find the impression quite irritating and I do my best to correct it whenever I can. We must make it absolutely clear to the rest of the world that we have vast quantities of minerals, timber, furs and fish in the northern half of our province. These resources must be developed.

All members of this legislature know that development requires capital and also know that development capital is too valuable to be thrown into the wilderness. In order to attract development capital to our north land, we must make the north more accessible. We must open the door to our northern resources so that the developers will be able to see what we have to offer and to help us make the best use of it. Acceleration of the northern road building program could not be accomplished without federal government assistance. Northern road building is a particularly expensive operation. Without federal assistance it would place a tremendous burden on the taxpayers of our province. The people of Saskatchewan are fortunate that both governments are taking a share in the development of our North Land. Mr. Speaker, again we, the people of Saskatchewan, have a great untapped land in the northern half of our province. Some few people say "Why not forget this northern land and concentrate on the pressing problems of the south"?

Mr. Speaker, I would ask the members of this legislature to consider that Saskatchewan involvement in the north starts away back when it was more or less pushed on us by the insatiable explorers who found that the land had an immeasurable wealth to offer. In the early days of settlement, how little immigrants realized the mineral wealth of the north. The mineral wealth was of course, in the rich Precambrian shield that covers the north and yearly new mineral wealth is found buried in the rocks.

Mr. Speaker, we, the government, have a responsibility to claim this and, not by title but by development and activity, It is a nice thing for the people of the southern part of the province to have government buildings, four lane highways, but I want to remind the people of this legislature, that there are other people in Saskatchewan needing increasing consideration. Mr. Speaker, the future of Saskatchewan's greatness and growth lies in the northern part of Saskatchewan. Today, I again ask my government to continue and expand the Roads to Resources program. The day is long past when a few thousand dollars are sufficient for this program. Now is the time for all interested and concerned people to ask for and to support Roads to Resources.

I ask all members of this legislature to support this motion as outlined.

Mr. H.E. Coupland: (Meadow Lake) — Mr. Speaker, and members of this assembly, on rising to second the motion of the member from Nipawin (Mr. Radloff) I would like to say a few words in regard to how this program affects us in the north west part of the province.

The Roads to Resources program has been a boon to the northern part of Saskatchewan in opening areas hitherto inaccessible, Mr. Speaker. There is wealth untold in resource areas and mineral development in the north, which are waiting for roads in order for their development. With the interest being shown in our north in mineral, oil and timber resources, especially at present, I feel it is essential that we have a road program to coincide with the development. As this present agreement comes to an end in 1966 I feel it is imperative, Mr. Speaker, that this assembly urge the federal government to extend the Roads to Resources program.

Some of the roads in our area that have been started and built under this program are a road connecting Canoe Lake with the Beauval settlement and a tourist road from the Waterhen area over to Lac Des Iles. The road connecting Canoe Lake with Beauval cannot be actually classified as a road yet, it has been bulldozed and can be used in the winter time, but I hope we can continue this road and grade it up to make these two settlements accessible to one another. It is also a connecting link between highway no. 155 on the east side to the extension of no. 4 on the west. The tourist road from the Waterhen area over to Lac Des Iles is used by a considerable number of tourists in the summer time. In the winter time it is used extensively for the lumber industry. There are a few more areas up in that neck of the woods that should have consideration under the Roads to Resources program.

Mr. Speaker, there is room for much more development of access roads in the north and I take great pleasure in seconding this motion by the member from Nipawin (Mr. Radloff).

Some Hon. Members: — Hear, hear!

Hon. G.B. Grant: (Minister of Highways) — Mr. Speaker, in rising to support this motion, I would like to touch for a moment on some of the background of the program. I cannot prove this, but I am given to understand that the original program was dreamed up by two Saskatchewan politicians while travelling by rail, but regardless of who dreamed it up, I think it was a good dream and I know that many parts of Canada will eventually benefit as a result of it. It was probably a result of those two gentlemen living in the northern part of Saskatchewan and knowing something about the problems of developing the country that urged them to do something to open up this northern area.

Originally the program called for an investment of \$15,000,000 shared equally by the federal government and the provincial government and I believe an equal amount was made available for each province. The original concept was that these northern roads would make it possible for the removal, development and marketing of various resources, minerals, forest, lakes and similar natural resources. As time went on, some of the provinces, particularly Nova Scotia and Prince Edward Island, discovered that one of their best natural resources was tourism and it was ultimately extended to include tourist resources. It is very difficult to divorce the tourist industry from the natural resources because they seem to go hand in hand, particularly in this province, in the Precambrian shield area which we are informed is so rich in natural wealth. It seems to be a rich area in lakes and tourist attractions, so it is almost impossible to separate them.

The difficulty in northern Saskatchewan is two-fold in nature. Namely, that we have not progressed as far in the development of our northern resources as some of the older provinces. Secondly, that we are faced with a very difficult terrain through which to build roads and I refer to the Precambrian shield area. I believe originally the plan was to redirect no. 2 route ultimate toward Uranium City. I think it was a wise decision when that was changed and headed in the general direction of Reindeer Lake. This is opening up a very rich area, both in minerals and tourist potential and every lover of the outdoors in North America is waiting for the day when we can travel by road to Reindeer Lake.

In Saskatchewan, this announcement in 1958, resulted in almost a headlong dash to develop these roads and this was only natural because of the fact that we had been waiting so long for some encouragement, some incentive, and some help. Two of the first ones to be completed were the Hanson Lake Road and Otosquen Road. The first, namely Hanson Lake Road, opens a very interesting area largely of a tourist and sporting nature, but also to some extent tapping mineral resources and giving access to the smelter at Flin Flon. The Otosquen Road was somewhat of a different nature. While it did not directly open up a mineralized resource area, it certainly has served as a transportation link to areas farther afield.

The current program is concentrated on an extension of no. 2 highway toward Reindeer Lake. The current program is from Otter Rapids north,

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twenty miles. Work is being done on the Cumberland House Road and the Island Falls Road and it is hoped that there can be further extensions to the program in order to enable us to proceed with some other roads as well.

In looking back, it is of interest to also note that even the Prince Albert bridge was included on the Roads to Resources program. I do not know whether we can give any credit to the present members from that area or not, or whether this was because of the agreement originally coming from a gentleman who lived in that area. Anyway the Prince Albert bridge is a reality now and certainly helps to open up that area of the north. The present agreement is between the Minister of Northern Affairs and the Minister of Natural Resources (Mr. Cuelenaere) for the province of Saskatchewan. The federal body also involves the Department of Public Works in checking on the carrying out of these agreements, Here in Saskatchewan, a fourth department has become involved, namely, the Department of Highways. Until this year, we did have a minor part, but starting in 1965, we will be carrying on the construction program on Roads to Resources, formerly carried out by the Department of Natural Resources. I feel that for this reason alone, it is essential to have the agreement reviewed in order to try and eliminate some of these federal and provincial bodies that are involved in this resource road program.

The effective date of the program was in May of 1958, I believe, and it is due to expire in March of 1966. To date, there has been some \$12,600,000 expended. It would appear that because of the difficult terrain through which these roads must travel, and because of the fact that Saskatchewan's northern area is sparsely settled it had not developed as quickly as some of the older areas. We possibly could blame some of this lack of development on the government of the day, but I think we must also recognize the fact that the newness of the province had a bearing as well. Because of these factors, I feel that it is most important that the program not only be extended in dollars, but of more immediate urgency is the question of the extension of time. With the deadline of March of 1966 and a construction period in this country of roughly 100 days, give or take a few, we are faced with a tremendous problem of trying to meet this deadline. We do not want to spend money recklessly on road construction. We want to expend it as carefully as we can, so consequently an extension of time is most important.

If we are going to adequately build these roads to their ultimate goals, and I refer particularly to the road toward Reindeer Lake, we must have substantial federal funds. This particular section is running in the neighborhood of \$50,000 a mile. You do not get a black top highway, you get a graded gravel road similar to the Hanson Lake Road. No matter which area of the northern part of the province you are in, you are encountering tremendous problems going through rock and muskeg and the tremendous bodies of water. There are many, many areas that we could tap if this program was extended both in dollars and time. It would enable us to exploit our mineral wealth, the wealth of our lakes and forests, and, as mentioned earlier, tourism.

I strongly support the resolution and would hope that this house would endorse it in order that we can urge the federal government to extend and increase this program in all haste.

Some Hon. Members: — Hear, hear!

Hon. John N. Cuelenaere: (Shellbrook) — Mr. Speaker, I must say that it is with great pleasure that I rise to support this resolution which I consider to be of tremendous importance to the development of northern Saskatchewan.

Mr. Speaker, it has been said that the measure of a nation's progress can be found in the development of its transportation facilities. It was the coming of the railroads, the building of the mainlines and the branch lines, that opened up the vast plains of southern Saskatchewan and the other provinces of western Canada. What the railway did for the plains, I suggest, roads will, in large measure, do for the northern areas of the province.

In the southern part of the province, railroads came first and were followed by roads. In the north, roads must come first, and if the discovery of resources in minerals, timber, and other resources warrant it, the railroad may well follow.

Some Hon. Members: — Hear, hear!

Mr. Cuelenaere: — The purpose of Roads to Resources, Mr. Speaker, serves four

main purposes. Firstly, to provide access to the province's mineralized Precambrian area and forest regions, whose total area is a large percentage of the whole province. Secondly, to enable a more rapid flow of both private and public capital in the development of the fish, forest, wild life, mineral and recreational resources of these regions. Thirdly, and this is important, Mr. Speaker, to enable a more efficient management program of the resources in the area, and finally, to provide access for northern residents.

As has been pointed out, Mr. Speaker, already a good start has been made under the existing program. Some of the roads have been mentioned. The programs that have been undertaken and completed now total something in the neighborhood of \$12,900,000. The Hanson Lake road was built on the existing Roads to Resources program at a cost of \$5,800,000. The Otosquen Road was built at a cost of \$1,600,000. Then the bridge to which the Minister of Highways (Mr. Grant) referred was built and the share of the province with the dominion on that project amounted to \$1,700,000. Then highway no. 102 from La Ronge to the Churchill River at a cost of \$1,900,000; highway no. 102 from Churchill to McLellan Lake at a cost of \$1,200,000; the Cumberland House road at \$200,000 and the Island Falls road at \$500,000. Now, these are the amounts, Mr. Speaker, that have been spent under the existing program. Funds to complete these roads are estimated as follows:

The Cumberland House road which is partly constructed and upon which work was done last fall will be completed at an estimated cost of \$500,000.

The Island Falls road will be completed and again, in respect to this road, a considerable amount of work was done this fall and is going on this winter. It is estimated, that to complete the road, will cost a further \$1,200,000.

Then, of course, there is the road to which the Minister of Highways (Mr. Grant) referred, the road going out towards Reindeer Lake and it is estimated that it will cost in the neighborhood of \$3,000,000.

Now, Mr. Speaker, the purpose of pointing out these figures to you and to the house is that the cost of the existing roads that have been completed and the estimated cost of completing these roads, presently under construction, which have been submitted and have been approved, will run to somewhat in the neighborhood of over \$17,000,000.

Under the existing contract, provision is made for a total expenditure of \$15,000,000. In other words the programs that have been completed and projected programs that have been approved, already exceed the total amount provided for under the agreement. It is, therefore, very urgent, as the Minister of Highways (Mr. Grant) has pointed out, that not only should the existing agreement be extended in amount, but also in time. The present facilities of the Department of Natural Resources and the Department of Highways to complete the roads which are presently under construction, will be taxed to the limit in order to meet the deadline which this agreement provides, namely, March 31st, 1966. Under the existing agreement, in order to obtain the maximum amount to which the province is entitled, we will have had to spend a total of \$15,000,000, including the amount for the Prince Albert bridge, by March 31st, 1966, because of cutbacks that took place in 1961 on some of this construction, and because of other unavoidable delays, some caused by heavy fire periods when equipment had to be taken from the road in order to preserve the forest and other resources in that area. I am certainly not blaming anyone, the previous government or anything that was done in these years, for any delay.

My department, Mr. Speaker, has taken steps to accelerate the program and Mr. Speaker, I only want, in conclusion, to point out that steps have been already taken by the government to make representations to the Minister of Northern Affairs and Natural Resources at Ottawa to extend the program, both as to time and amount. When I was in Ottawa in October, my deputy minister and I interviewed the minister and made strong verbal representation to the end that this agreement be extended. Since then on January 6th, 1965, a lengthy letter reviewing the program, the amount spent and making strong representations for its extension both as to time and amount, has been written.

I want to say in conclusion that the unanimous passage of this resolution by this assembly, will strengthen the hands of the government in its representations to the federal government to extend this agreement, both as to time and amount, and I urge every member of the house to support this resolution and it is, of course, as I said before, a pleasure for me to speak very briefly in support of the resolution that has been moved and seconded.

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Some Hon. Members: — Hear, hear!

Mr. W.J. Berezowsky: (Cumberland) — May I beg leave to adjourn the debate?

Mr. Speaker: — The member from Cumberland (Mr. Berezowsky) has asked leave to adjourn the debate. Is leave given
Debate adjourned.

RESOLUTION RE HEALTH SERVICES

Mr. W.G. Davies: (Moose Jaw City) moved, seconded by Mrs. M. Cooper, (Regina West):

That this legislature endorse in principle the recommendations of the Royal Commission on Health Services and urge the government of Canada to call a conference of provincial Premiers and Health Ministers immediately with a view to the progressive implementation of recommendations of this report, and further urge the government of Canada to enter immediately into a financial agreement to pay half the costs of a medical care program to any province which institutes, or has instituted, a medical care program that conforms with the commission's recommendations respecting medical care plans.

He said: Mr. Speaker, the resolution that I am to move this afternoon consists really of three parts. The first proposal is that the legislature should endorse in principle the recommendations of the Royal Commission on health services. In the second instance, the government of Canada is asked to call a conference of provincial Premiers and Health Ministers so as to proceed with the implementation of recommendations of the commission's report. Finally, the government of Canada, Mr. Speaker, is urged to enter at once into a financial agreement to pay half the cost of the medical care program to any province which institutes or has instituted a medical care program conforming with the commission's recommendations.

I think it might be useful in beginning, Mr. Speaker, if I were to set forth a summary of the proposals of the Royal Commission on Health Services, and ask the house to accept these in principle. In doing so I want to say that I am not going to attempt to list the two hundred proposals that have been made by the commission, but rather to touch only on the basic matters that the commission has mentioned. First though, I think it would be proper if I were to mention the over-all objectives and philosophy of the commission and I think I might quote a lead paragraph in the health charter for Canadians that they have outlined. The Commission has said:

That the achievement of the highest possible health standards for our people must become a primary objective of national policy and a cohesive factor contributing to national unity, involving individual and community responsibilities and actions.

It went on to say

This objective can best be achieved through a comprehensive, universal, health services program for the Canadian people.

Some Hon. Members: — Hear, hear!

Mr. Davies: — Mr. Speaker, the commission has defined the word "comprehensive" to include all health services, preventive, diagnostic, curative and rehabilitative — all these, that modern medical and other sciences can provide, and obtain. The commission defined "universal" to mean and I am now quoting:

Adequate health services, available to all Canadians wherever they reside, whatever their financial resources may be within the limitations imposed by geographic factors.

The commission, Mr. Speaker, went on to say that:

Their health services program would consist of legislative enactment and administrative arrangements to organize comprehensive, universal, health care including prepayment arrangements for financing personal health services as introduced in stages.

This again, Mr. Speaker, as you may know, is a matter that they have mentioned throughout their report. The program, again, in the opinion of the commission, would provide complete health care with due regard, as they have said, to human factors in the spiritual and the social, economic, and regional forces intrinsic in the Canadian way of life.

Now the prepayment arrangements, recommended by the commission, include, first of all, financing within a province by means of premiums, subsidized premiums, or other taxes, and supplements from general provincial revenues; and in the second instance, by federal grants that would take into account provincial fiscal need and, in general, based on an approximate grant contribution of fifty per cent.

The health charter for Canadians that I have spoken of recommended also that the general stages would be brought about in accordance with what the commission has called "Canada's Evolving Constitutional Arrangements". There would be involved also, complete freedom of choice, upon free and self-governing professions and institutions, and financed as I have already briefly described, through prepayment arrangements and governmental assistance of various kinds.

The primary recommendation, in my opinion, Mr. Speaker, calls on the federal government to enter into agreements with the provinces to provide grants-in-aid to assist the provinces to introduce and operate the comprehensive and universal programs of personal health services that would include, in general, and by no means to include all of the stages that have been recommended, medical services, dental services for children, expectant mothers and public recipients, prescription drug services, optical services for children, and public assistance recipients, prosthetic services, and home care services. The commission, Mr. Speaker, has made it clear that they feel mental health care should be integrated fully into a proposed comprehensive program and that any federal grants-in-aid program should provide a ratio of health personnel, of all types, to population, so that these services could be provided in an acceptable standard.

Again, portability of benefits is one of the integral matters among the recommendations of the commission. The report also contemplates arrangements that would extend the federal government grant basis, so that, as well as mental health treatment, treatment for tuberculosis would be extended; also that mental health care and care for tuberculosis patients would be covered with the federal Hospital Insurance and Diagnostic Services Act. The commission has recommended that medical benefits would become available when two or more provinces that contained approximately one-half of the population of Canada, had entered into an agreement with the federal authorities to provide such benefits and when such a provincial program that would be complementary to it, was in effect.

I think, Mr. Speaker, that a notable part of the recommendations of the commission have to do with the question of health personnel and improvements in the professional capacities and qualities of health personnel. Their recommendations have included the establishment of additional university schools of nursing, medical schools, dental schools, university grants for all kinds of training, and upgrading, the construction of new clinical and scientific facilities, and the establishment of associated teaching hospitals. In addition, there are quite a number of pages dealing with bursaries, postgraduate training, and in general, recommendations that improve the quality of care that would be given under the proposals that I envisaged.

In my opinion, Mr. Speaker, there is no doubt but that the public form and participation that we know in the Saskatchewan medical care plan, has been amply endorsed by the commission proposals. The Health Services Commission, the Hall Commission, has concluded that voluntary systems of coverage were inadequate because they failed to achieve complete coverage and they recommended, therefore, against the adoption of the kinds of plans that we see emerging in Alberta and Ontario. They have pointed out that these schemes fail to provide a broad and sufficient protection of all parts of the population that need and deserve coverage. The commission has recommended, Mr. Speaker, that medical practitioners in private practice would be paid on a pay-for-service basis. They have also recommended that there be no extra billing and no deterrent fees. The commission has proposed, as perhaps members of the house know, as well, a program of free

drugs for long term therapy with a slight charge for drug prescriptions in most cases.

I think, of great interest in Saskatchewan particularly, is the commission's recommendation that a full program of hospital or community based home care, as I recall it, for communities of ten thousand or more, would be launched. The idea being, Mr. Speaker, that programs of this kind would provide both the patient and the physician with the kind of service that would actually reduce the necessity for long stays in hospitals and facilitating the early or earlier discharge of patients. It is notable that the commission has underscored the point that shortages of personnel should not be used as an excuse for delaying the introduction of the various stages of the program that they have recommended. They have said that it should be unnecessary to delay the stages in the program merely because one of the stages that had been introduced, had not been completely fulfilled.

The commission, it seems to me, Mr. Speaker, has in a large part, followed what we have done in our experience in Saskatchewan, in recommending that administration at the local level should be through a commission, representative of the public, the health professions, and the government, and extremely important, of course, with the commission responsible to and reporting to the Minister of Health. I think, perhaps, of equal importance is the recommendation that in each region, in each locality, in each province, and indeed at the federal level, there would be bodies that would represent various parts of the population and represent, of course the professions, those engaged in giving health services, to insure as the commission has put it, democratic participation in the setting of goals and objectives, and the meeting of human needs.

In passing, may I say that in this province, this reaching out into the population to get the opinions of people has, I think, helped us immeasurably in the fulfillment of our health goals to this time. Now, Mr. Speaker, opponents of the report, especially it seems to me, those that have a vested interest in opposing the terms, have been critical about the projected cost of the plan. I think many observations of the commission have refuted the criticisms that have been made since the reports were first made. The commission has told us that in the thirty year period, that will go from 1961 to 1991, the per person income in Canada, is expected to double, and that doubling of income is in real or constant terms. I suggest that this in itself, says to us that the creation of a program that is seen by the commission should not impose any very severe strain on our resources. The commission has, of course, Mr. Speaker, pointed out that the present inadequate, uncoordinated, and to a great degree, limited series of health services, enjoyed in a private way, or through commercial insurance plans, or however, will by the year 1971 cost for each person in the country an estimated \$178. The commission has said that this represents only really an extra \$20 per person for this full care. If I have not made that clear, again, Mr. Speaker, the full program envisaged would cost \$178 per Canadian. The commission has said that this would cost only \$20 more per person than the present fragmented and inadequate health care that we are receiving in Canada at this time.

It also pointed out that the total bill for the commission recommendations are \$4,481,000,000 and that if we proceeded as we are, without the imposition of the proposals of the Hall Commission, we would by 1971 in any case, be making a payment for the whole Canadian population for various kinds of services to a total of \$4,015,000,000. Now, this is, as will be seen by a little quick figuring, about \$466,000,000 more than would be necessary for the full implementation of the Hall proposals. But the Hall Commission has pointed out that, at the present time in Canada, as an expenditure on tobacco and liquor, Canadians are paying out about \$1,700,000,000. These figures, it seems to me, indicate to everyone that we can afford a full health services plan and that criticism to the contrary does not really rest on a very firm foundation.

Mr. Speaker, in my opinion, the Hall Commission has to be commended, not just because it has brought forward and advocated a series of good recommendations for the health of the nation, but it seems to me, more because it decided that it was impossible to deal adequately with health recommendations without covering a very broad spectrum of questions that affect the entire health of the people in a modern society. Because they have decided, I think, courageously, that the essential ingredient in the tremendous task of bringing good health to the Canadian nation, cannot be achieved without full commitment of public energies through their own governments and through the public itself.

I said, Mr. Speaker, that the resolution that I am proposing

calls for a conference of provincial Premiers, and Health Ministers, with officials of the government of Canada. Well, this suggestion, of course, follows the proposal of the Hall Commission itself, that a federal, provincial meeting of this kind be convened by the federal government within six months of the tabling of volume no. 1 of the Hall Report, so as to ensure that the program would be got under way in the shortest possible space of time. The house may know that volume 1, was tabled in the House of Commons on June 19th, 1964. The commission must have felt, at this time, the need for the most prompt and most immediate action.

Mr. Speaker, well over forty-five years ago in this country, the federal government outlined a plan for a national health insurance scheme. It is about twenty years ago since another federal government elaborated on the proposal and suggested a basis of fifty per cent federal assistance to the provinces in programs that would reach that objective. Mr. Speaker, in this interim period, it must be evident to everyone that many nations, many that are poorer than ourselves, Mr. Speaker, have adopted for themselves, a plan that, in one way or another, adequately takes care in a fuller way, than we do in our country, of their health needs.

I say, Mr. Speaker, that Canada, considering her position, has moved far too slowly in the direction of full health services for her people. I say that further procrastination does not only spell more hesitancy and prolong the period before we get the full system envisaged by the Hall Commission, but that delay means as well, more pain, more misery, and more death for many Canadians and this, in a considerable degree, could be avoided with the early introduction of the Hall Commission's proposals. If the national conference of provincial Premiers, Health Ministers and federal authorities, Mr. Speaker, can hasten the day when a health plan is realized, it can also, I suggest, begin at once to examine any immediate difficulties or initial difficulties that have to be surmounted before the plan is commenced anywhere. I am saying, of course, that what we need is the earliest possible start towards an objective that I think is an exceedingly worthy one.

Finally, Mr. Speaker, to get to the last part of the resolution, or the last recommendation in the resolution that I am proposing this afternoon, it seems to me that we are at least on reasonably sound ground in advancing a proposition that the government of Canada pay half of the cost of a medical care program in any province which has instituted the medical care program, that conforms with the commission's recommendations for a medical care plan.

Mr. Speaker, it will be recalled, I am sure, by all members of the house, that this province had a hospitalization plan in effect for more than a decade before the federal government, by legislation, agreed to pay half of the costs of public hospitalization plans in this province and in other provinces that instituted the same kind of plan. I say we should not again have to experience the long period of delay in getting federal aid which has been advocated and has been promised for almost fifty years.

Some Hon. Members: — Hear, hear!

Mr. Davies: — Now it is clear enough, Mr. Speaker, that we may not be, and I frankly say this, successful in the objective of getting the fifty per cent assistance, but on the other hand, it seems to me that the sooner that this question is raised, the better it will be for all of us. Our opportunities for getting grants that will aid our own medical care plan and our own health program won't improve by our failing to put forward this kind of a request.

Just one or two additional comments, Mr. Speaker, before I sit down. It seems to me that after more than thirty-five years of endeavor on the part of voluntary health plans and commercial insurance plans in Canada, only slightly more than half the population of Canada has any degree of voluntary insurance protection, and this is usually only for medical/services alone. Of these, the coverage held by nearly 3,000,000 people in Canada is really quite inadequate. Over 7,500,000 people have no medical care insurance whatever, Mr. Speaker, according to the Hall Commission Report, and I think there is one other point that is deserving of our consideration when we are looking at this resolution this afternoon. That has to do with the savings we can make by the introduction of the Hall Commission proposals.

You know, Mr. Speaker, we hear a great deal about the cost, but we do not often consider the waste that results because we do not have this kind of a program. I want to suggest that enormous losses are taking place

in this country every year through sickness alone. More time, for example; is lost each year in Canada due to arthritis and rheumatism, than is lost in all the time due to strikes in the Canadian economy. I looked at the Department of Labour report, Mr. Speaker, for 1962-63, and the indication there is about 5 1/2 per cent of the total working time of wage earners in the province is lost by sickness and I did a little projection of this, on the basis of the average industrial composite wage in the province and on this basis I would estimate the loss of wages by sickness in the province at \$42,000,000. But this is not the only loss, there is the enormous loss of production because people are not working at the benches and on the jobs. Making a little projection here, on the basis of the commodity production figures in Saskatchewan, you will find as I did, I am sure, if you tried to work this out, that there is another \$61,000,000 at least due to production losses, or a total in Saskatchewan, each year, Mr. Speaker, of about \$103,000,000, a loss to our economy just by sickness.

The other day, the Minister of Health (Mr. Steuart) I believe answered the question about how much money was spent on our health services in total in Saskatchewan for the year ending 1963-64, and I think his answer, if this is right, was in the area of \$92,000,000 to \$94,000,000. So here you see, Mr. Speaker, that we are losing by sickness in this province annually, a sum much larger than the entire sum that we spent over a broad spectrum in health services. Mr. Justice Hall has echoed this point of view not only in the report, but in speaking to other organizations. He spoke in Toronto, not so long ago, to the Thomas More Guild. On that occasion, he said:

That close to 30,000,000 man days each year in Canada were lost due to sickness.

If you make the same kind of projection that I tried to outline briefly to you a few minutes ago, you will find in Canada that the probable loss in wages due to sickness is in the area of \$480,000,000 to \$500,000,000, one half a billion dollars in round terms, and I think reasonably it is possible to project an additional loss, due to losses in production, of another \$1,000,000,000. So if you take the two together, Mr. Speaker, the losses due to sickness alone in our economy are about \$1,500,000,000 for each year that goes by without a national health plan. Now I am not saying, Mr. Speaker, of course, that a national health plan is going to eliminate all sickness but I am saying that there is every evidence to suggest that the bringing in of a full health plan will very much reduce the impact of sickness and will help our economy in the ways that I have suggested, because every day that is lost through sickness or disability is a day lost to national production at a time when productivity levels are being so constantly urged upon those of us who have anything to do in the field of government. I think that anything that we can do to reduce the losses due to sickness should be done by us as legislators. In this again, Mr. Speaker, I am suggesting that there is a most compelling argument for the earliest introduction of the health program that has been conceived by the Hall Commission.

Again it occurs to me that, unless the problem of health personnel is tackled much more energetically than we have tackled it up to this time in Canada, Mr. Speaker, that we are going to be in for some very rough sledding. The Hall Commission has told us that in the period from 1961 to 1991, the projected need of new doctors is around 19,350 and that we are going to need about 8,550 dentists and about 20,000 new nurses, and that many of these extra nurses are not going to be the nurses we know today. They are going to have to have postgraduate university degrees. For dental auxiliaries alone, if we are thinking about the needs of the next twenty years or so, we have to have another 9,000 people.

Mr. Speaker, the Hall plan is, or should be, a reasonable and a rational, and above all a human approach to the solution, not only of giving health care, but of providing people with the most satisfactory health care that can be given. It seems to me that in no other way can Canada hope to cope with the kinds of problems that I have touched upon here this afternoon, in mentioning the need for new personnel in the health area in the years that we see just ahead of us.

I want to urge also, Mr. Speaker, that Saskatchewan has been known all across North America for its lead in the area of health measures, and I do not want to recite all that we know in relation to these health measures, but it seems to me that we have some responsibility as a province, because of our own pre-eminent position, to see to it that the Hall Commission's proposals are endorsed by this province and that we ourselves play a full part in implementing the proposals of the commission. I mentioned that the Hall Commission report has 200 recommendations of different kinds and I want just to point out to all the members here this afternoon in the interest

of the maximum amount of unanimity, that the resolution before you suggests first of all, endorsement in principle of the Hall Commission recommendations, and then it asks for support of the progressive implementation of the recommendations. The resolution does not ask the house to commit itself to every jot and every tittle of the report. Mr. Speaker, I, therefore, would like to request that the house give unanimous support to this resolution. I do not think I can close in any better way than to quote the following statement of the Hall Commission on health services:

As we examined the hundreds of briefs, with their thousands of recommendations, we were impressed by the fact that the field of health services illustrates, perhaps better than others, the paradox of our age, which is, of course, the enormous gap between our scientific knowledge and skills on the one hand, and our organizations and financial arrangements to apply them to the needs of men, on the other.

What the commission recommends is that, in Canada, this gap be closed, and that we now take the necessary legislative, organizational and financial decisions, to make all the fruits of the health science available to all our residents without hindrance of any kind. All of our recommendations are directed towards this objective.

Mrs. Marjorie Cooper: (Regina West) —Mr. Speaker, I feel that I do not need to speak at very great length on this resolution. The resolution itself is clear in its intent and I think the ground has been covered very capably and very fully by the member for Moose Jaw (Mr. Davies).

Now, as stated in the report itself, I believe this report is truly a health charter for the people of Canada, and its recommendations differ somewhat from any other existing health plan. It is distinctly a Canadian plan, and if it is instituted in most of its aspects, we will have, in Canada, a truly comprehensive universal health care plan, such as our CCF party has advocated for many years and such as has been promised by succeeding federal governments for a period of close to forty-six years.

I think, Mr. Speaker, that no one can study this very large volume and this comprehensive report without being first of all impressed by the calibre of the members of the commission, and I think we are very proud in Saskatchewan that our own Mr. Justice Hall was chosen to head this commission, and I think you cannot doubt, as you study this report, the sincerity of purpose with which they attack this stupendous task and the energy with which they pursued the inquiry into the health needs of Canada now and for future years. This commission held public hearings in every province of Canada, and in the Yukon. They listened to over 400 briefs and these briefs are very representative. They came from provincial governments, municipalities, universities, various professional people, medical people, dentists, druggists, nursing people, hospital associations, welfare groups, Chambers of Commerce, churches, farm organizations, labor, co-ops, private insurance companies. In fact the broadest possible spectrum of public opinion was sought and received, and not only did they study the briefs, but they carried their research and their inquiry into many countries of the world. They studied health plans in the United States, France, Holland, Sweden, Switzerland, the United Kingdom, Austria, Italy, New Zealand and Australia, and it wasn't, Mr. Speaker, until after many months of study of all the briefs and after they had ferreted out the strengths and the weaknesses of the various plans in other countries, that this commission came up with the recommendations which I feel are a very excellent document and a blue print for action in the years that lie ahead.

Mr. Speaker, when I say in the years that lie ahead, I do not mean another forty-five years, I think we are in the position now to make an immediate start on the implementation of this plan. Canada was never in a better financial position to do so, and I think we will all agree that there are few things more important to any country than the health of its people and this has been pointed out again, and again, in this report, and again, and again in this report it states there must be no financial barriers. The best possible health care must be provided for all citizens as a right, without a means test, and not as a charity. They point out that health care is the responsibility of all people and that it should be shared according to ability to pay. In outlining the objectives as it was outlined by the member for Moose Jaw (Mr. Davies) they state that this objective can best be achieved and I am repeating again:

through a comprehensive universal health services program for our Canadian people.

Mr. Speaker, I think that it is with a great deal of satisfaction, and some pride for us in Saskatchewan, that after so much research, on the part of the commission, after all the studies that have been made, all the plans they studied, we find that the recommendations for medicare conforms so closely with the medical plan we have here in Saskatchewan.

Some Hon. Members: — Hear, hear!

Mrs. Cooper: — This report, of course, has received much the same type of criticism from the same sources that objected to our plan when it was introduced, but I notice, Mr. Speaker, that this criticism is moderated and is in a much milder tone and I think the reason for this undoubtedly lies in the success of the Saskatchewan plan. I believe that doctors and other organized groups who supported their position now realize that the fears at that time were groundless. Freedom of the doctors to practice medicine without unwarranted interference has not been jeopardized and the doctor-patient relationship has not been interfered with, and the plan, I believe now, can be said honestly has been beneficial to patient and to doctor alike.

The recommendations of the Hall report are very sweeping and it stands to reason that not all of these recommendations can be implemented in one fell swoop. It will take time to expand the facilities for training doctors and dentists, and to extend them to the extent suggested in this report. We will need to put a good deal more money into helping medical students, but I did note this and I think it is important in assessing priorities as to how we begin. The commission says this and I am quoting:

With almost the total population becoming entitled to prepaid medical services, the next essential service to be organized is care provided by physicians and surgeons and from auxiliary services, all of which we refer to as medical services and they are listed in the report and they include a full range of services.

Now there are many recommendations in this report that are of great interest to me, but I will not take the time to deal with them. One that was mentioned by the hon. member that interests me very greatly is home care services. I would just like to read one paragraph from the report here, and I feel that this is something we can look into very carefully in Saskatchewan.

During our investigation into facilities and services for patient care, we have been struck by the general lack of development in one of the most promising types of services for providing quality care at relatively low costs. This is a program of organized home care, in which experiments have repeatedly demonstrated that some patients are better satisfied and costs are lower. Home care programs have been conducted over a period of at least fifteen years in Canada, the United States and Europe, and can now be said to have been successfully passed beyond the experimental state. The hospital medical review committees stressed the early discharge of patients who can suitably be cared for at home, with the services of such a program. The hospital insurance and diagnostic services regulations should be interpreted to cover the costs of patient care provided by hospital base programs.

I think that this has great possibilities.

Now, I also found the commission's report on subsidies very interesting. They list facts regarding the earnings of Canadians and they point out and I think we should note this, that if you were to apply means tests, between 9.9 and 14.1 million people would need to be subsidized and means tested. So in the words of the commission, and now I am quoting, they say:

This would pose a formidable task in terms of organizing administrative machinery, extra costs which Canadians cannot afford and a method of examining the individual which in the opinion of many

Canadians is contrary to the dignity of men. Therefore, they state, that the method of subsidy be one that subsidizes the insurance fund, rather than one that subsidizes the individual. Two: that the reliance on the method of voluntary insurance would be unnecessarily slow and inevitably incomplete. Three: that the number of individuals who would require subsidy to meet total health services cost, is so large, that no government could impose a means test procedure on so many citizens or would be justified in establishing a system requiring so much unnecessary administration. The health services make enough demands on our resources and we must not waste them.

I am not going to take your time to prove that the economy is able to carry out the recommendations of this plan. Some of the cost factors have already been outlined by the speaker. I was going to give you some of the costs that were used that were a little different, but I think perhaps they were covered well enough by the other speaker. What we are asking here, is, as stated previously, the implementation of as much of this plan as soon as possible and we are asking further that when a medical care plan is instituted or has been instituted, if it conforms with the main recommendations of the report, as our Saskatchewan plan does, that the federal government enter immediately into financial arrangements and pay half the cost of the plan.

Mr. Speaker, there are plenty of precedents for shared programs where contributions from Ottawa are on the basis of services provided in individual provinces. We have it in ARDA and in very many other things. I feel that it is only right that in view of our medical care program and the fact that it does conform with the commission's report, that the federal government should immediately start paying the fifty per cent to our Saskatchewan medical care plan.

I am glad to see the Minister of Health (Mr. Steuart) applaud. This, of course, would mean an additional \$10,000,000 or \$11,000,000 for the people of Saskatchewan. It would greatly assist us in expanding our plan and including prescribed drugs. It might help us to carry on with this home care program and it might help us reduce the per capita head tax.

In conclusion, I would just like to remind you of a paragraph in the constitution of the World's Health Organization and it is this:

The enjoyment of the highest attainable standards of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social conditions. The health of all people is fundamental, the attainment of peace and security and it is dependent on the fullest co-operation of individual and the state.

Mr. Speaker, I have taken great pleasure in seconding this motion and hope it will get unanimous support.

Some Hon. Members: — Hear, hear!

Hon. D.G. Steuart: (Minister of Public Health) — Mr. Speaker, on rising to speak on this resolution, I will first say how much I agree with the hon. lady member from Regina West (Mrs. Cooper). Mind you I have not been able to convince the hon. Minister of Health in the federal government, but it may be that the hon. member from Regina West (Mrs. Cooper) being a lady, and the federal Minister of Health being a lady also, they might be able to get together. Your argument might be more convincing than mine has been up to this point. The hon. member from Regina West (Mr. Blakeney) wasn't any more convincing than I was either. I thought . . .

Mr. Blakeney: — I thought you had far more winning ways.

Mr. Steuart: — I thought I had too, but somehow I didn't get them across. Mr. Speaker, speaking of this resolution, the resolution moved by the hon. member for Moose Jaw (Mr. Davies) I would like to just take a moment or two to review the progress that has taken place since the Royal Commission on Health Services was made public last June.

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Shortly after volume I was released, a meeting of Health Ministers was called in Ottawa, and we discussed the report in a general way. Now this assembly can be assured of the provinces' general support of the Hall Commission Report and the support that we gave it at that meeting last July. We have also endorsed the principle of medical care insurance as set out in the report and will take what steps are necessary to promote the federal government's interest in developing a federal program for all of Canada.

It was obvious at the meeting in July that the provinces, other than Saskatchewan, had had little opportunity to carry out other than a cursory study of the report. It is equally obvious that the second volume of the report, which has just been released, is an essential document for such a meeting. The Minister of National Health and Welfare assured us at the July meeting, that she would be calling a meeting as soon as possible to discuss the Hall Commission Report further.

I know that active study of the report has been carried out by the federal government and now that the second volume has been released, I think we can look forward to a second meeting in the not too distant future. The Hall Commission recommendations call for immediate action to be taken in extending the scope of The Hospital Insurance and Diagnostic Services Act to cover active hospital care in mental hospitals, and in tuberculosis sanatoria. This was a priority recommendation. This government is pressing hard for this. It should be quite clear that our administration has gone on record at the July meeting of Ministers of Health as being in general support of the Royal Commission on Health Services. We, at that time, supported a second meeting and have continued to advocate this. It is equally clear, I think, that the federal government will be calling such a meeting when the necessary preparations have been completed.

I might say that we have been given a commitment by the federal government and by the Minister of Health, and their officials, that the matter of cost-sharing in active treatment care in mental hospitals and tuberculosis sanatoria will be brought about, and we were led to believe that it will be done in eighteen months or two years. That was at the last July meeting.

Now, Mr. Speaker, I feel that we should not press the federal government to take too rigid a stand on the type of provincial medical care plan that they will be prepared to cost-share in. Alberta already has a plan in action, and it is obvious that Ontario is going to proceed with a plan along similar lines. If Alberta and Ontario and other provinces decide to embark on a medical care plan that differs from that recommended by the Hall Commission, I would hope that the federal government would still be prepared to enter into cost-sharing agreements. If the federal government insists on a common and uniform plan for all provinces, it may mean many years before we could expect to realize a federal financial sharing in our present plan here in Saskatchewan.

Now, I recognize that the federal government should, and probably will, insist that certain basic standards be met by all provinces, just as they have done in the case of the hospitalization plan. Within these boundaries I would hope that a degree of latitude is allowed provinces in the type of plans that they adopt. We, in Saskatchewan, need federal cost-sharing and we want federal cost-sharing. Mr. Speaker, we will do everything in our power to obtain it as quickly as possible. Federal help will enable us to secure and expand our present health coverage. This is the goal of our administration, we will do it with, or without, federal aid, but it will come . . .

Some Hon. Members: — Hear, hear!

Mr. Steuart: — . . . much quicker and we will be in a position to advance much further with federal financial assistance.

Now, Mr. Speaker, I would like to study this resolution further. It has not been on the Order Paper very long. I would like to study it further and I would ask for leave, at this time, to adjourn the debate.

Mr. Speaker: — The hon. minister has asked leave to adjourn the debate. Is leave given?

Debate adjourned.

Mr. Steuart: — Mr. Speaker, before I move adjournment of the house, I

would tell the house that on Monday next we will continue in Committee of the Whole, and consider items eight through to eighteen. I am not just certain about what second readings, but I will give the house notice on Monday, and if there are any bills that the house is not ready for we will let them stand.

I might say that I have been asked by the Chairman of the Crown Corporations Committee to announce that, because of the early adjournment, he was preparing a notice to all members that Crown Corporations will meet at 10 a.m. on Monday. He has been informed that the notices are not ready and I wonder if the members who are on Crown Corporations could take this verbal notice that the Crown Corporations Committee would sit at 10 a.m. on Monday.

An Hon. Member: — What are they going to take up?

Mr. Steuart: — Forest products and fur marketing service. Mr. Speaker, I move that this house do now adjourn.

The Assembly adjourned at 5:17 o'clock p.m.

ERRATUM

Note—In Volume II, the continuation of page 949 has been placed on page 951, and the continuation of p. 950 on p. 952. The correct sequence of these pages is 949, 951, 950, 952.

[This erratum was a loose note found in Part 2 of the 1st Session of the 15th Legislature 1965.]

[NOTE: The online version of the debates for March 5, 1965 has been corrected.]