

LEGISLATIVE ASSEMBLY OF SASKATCHEWAN
First Session — Sixteenth Legislature
25th Day

Wednesday, March 20, 1968.

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

WELCOME TO STUDENTS

Mr. W.G. Davies (Moose Jaw South): — Mr. Speaker, there is another fine group of students from the Friendly City this afternoon. They are 16 people from St. Margaret's school in my constituency of Moose Jaw South. They are with their principal, Mr. Ainsworth and through you, Mr. Speaker, may I extend the welcome of the House to the students of St. Margaret's. I'm sure we all hope that they will receive from our session today something of interest and value to them.

Some Hon. Members: — Hear, hear!

Hon. G.B. Grant (Regina South): — Mr. Speaker, I would like to bring to the attention of the House a group of students in the Speaker's gallery from Grant Road school and I would like the Members to pay particular attention to the name of Grant Road school. Due to committee work I didn't have an opportunity of meeting with the students prior to the session of the House, but I will see them afterwards. I extend through you and on behalf of the Members a very cordial welcome here today and I trust that it will be educational and informative.

Some Hon. Members: — Hear, hear!

Mr. J.A. Pepper (Weyburn): — Mr. Speaker, it is again my pleasure today to introduce to you and through you to the other Members of the Legislature a group of students in the west gallery. They are the grade eight students, about 70 in number, which formulate another portion of the grade eight class from the Junior High school in Weyburn. These students today are accompanied by their teachers, Mr. Jim MacIntosh and Mr. Bill Fletcher, and their bus drivers, Mr. Eric Ashbey and Mr. Reg Tate. We hope that this journey to our capital city and this visit to our Legislature proves to be educational and of assistance to them in their school studies. And I know that we all join in wishing them a safe trip back home.

Some Hon. Members: — Hear, hear!

Mr. R. Romanow (Saskatoon Riversdale): — Mr. Speaker, I should like to introduce to you and to the Hon. Members of this House a group of 39 swinging students from

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Princess Alexandra school in Riversdale constituency. They are part of the grade seven class at Princess Alexandra. Before I was a politician, sir, I used to say that it was the next best school to the West Mount school, my old school, but now I must admit it is one of the finest schools in Saskatoon. They are accompanied by teachers, Mr. Cliff Ulrich and Maurice Postnikoff. I hope that they enjoy their visit here and they get a chance to learn democracy first-hand by watching it in action this afternoon.

Some Hon. Members: — Hear, hear!

Mr. J.E. Brockelbank (Saskatoon Mayfair): — Mr. Speaker, I don't like to tell stories out of school, but the Hon. Member from Riversdale (Mr. Romanow) went to school in the Mayfair constituency. I would like, Mr. Speaker, through you to introduce to this Chamber two groups of students from Saskatoon, the beautiful city. The first group is from Caroline Robins school. There are 20 students and I received a letter from Miss Jane Hean with regard to them attending this session today. They are accompanied by their vice-principal, Mr. Wiedenmaier. Along with them, we have another group of students from Vincent Massey school, 16 in number as I understand it, and I received a letter from Virginia Fisher with regard to their being here today. They are accompanied by Mr. Brown, their vice-principal. They are situated in the east gallery and I would just like to say something about these two schools. They are new schools in Saskatoon Mayfair. We all know that Vincent Massey would be named after a well-known educator in the Province of s. It is our hope, I'm sure, that these students will have an interesting day here today and will take home some of the thoughts that are expressed in the debate this afternoon and that they will have a safe journey back to Saskatoon Mayfair.

Some Hon. Members: — Hear, hear!

Mr. E.F. Gardner (Moosomin): — Mr. Speaker, I would like to draw to the attention of Members, a group of students from the Langbank school who are seated in the Speaker's gallery. Langbank is only four miles away from my home. It is a small community but it has a very fine school with about 175 students. I'm sure that all Members will join with me in extending a welcome to the Legislature and we wish them a safe journey home.

Some Hon. Members: — Hear, hear!

ACKNOWLEDGMENT OF CONDOLENCES

Mr. W.G. Davies (Moose Jaw South): — Mr. Speaker, before Orders of the Day, may I express to all Members of the House my real appreciation for the consideration that has been accorded me and the members of my

family in recent days.

SASKATCHEWAN SAVINGS BOND SERIES NO. 8

Mr. G.B. Grant (Minister of Public Health): — Mr. Speaker, before the Orders of the Day, I would like to announce that up to last night, total applications received by the Treasury Department covering sales of Saskatchewan Savings Bonds Series No. 8 amounted to \$4,947,100 as compared to \$8,497,700 for Series No. 7 for the same period of sales. I have notified the selling agents today that the selling period has been extended up to midnight, March 29 and anticipate that by that time sales will exceed \$10 million as compared to \$14,844,000 for the complete sale of Series No. 7 last year. The decrease in sales for the new issue is mainly due to the following: wheat Board final payment cheques have not as yet been received by the farmers of Western Canada, the tight money situation; the change in the Bank Act whereby the chartered banks are more aggressive in trying to attract deposits; changes in the discount rates and farm lending rates which automatically have increased interest rates even since we put out this bond issue, which incidentally carries the highest interest rate of any bond issue in the history of the Province.

QUESTION

AVAILABILITY OF SHSP REPORTS

Hon. W.S. Lloyd (Leader of the Opposition): — Mr. Speaker, before the Orders of the Day, I should like to direct a question to the Minister of Health (Mr. Grant). The Minister did table copies of the most recent SHSP Report. However as I understand it only one copy was available and that is the one that is in the Clerk's possession. Copies aren't available yet for distribution to the Members generally. Now obviously with the amount of interest in the Legislature and in the country with the current debate, it would be highly desirable if we could have copies of it. I ask the Minister if there isn't some way in which he can make copies of the SHSP Report available to the Members of the Legislature at a very early date.

Mr. G.B. Grant (Minister of Public Health): — Mr. Speaker, it is my understanding that these reports will be available this week. I'll check this afternoon and advise the Hon. Leader of the Opposition in private.

ADJOURNED DEBATES

SECOND READINGS

The Assembly resumed the adjourned debate on the proposed motion

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of the Hon. G.B. Grant (Minister of Health) that Bill No. 39 – An Act to amend The Saskatchewan Hospitalization Act – be now read a second time.

Mr. J.W. Berezowsky (Prince Albert East-Cumberland): — Mr. Speaker, when I sat down the other day at 10 o'clock I had pointed out a number of facts to this House concerning this Bill. I had pointed out that this Government had broken its promises to the people of Saskatchewan. I had also pointed out that this Bill was presented to this House as a payoff to the insurance companies. I'd pointed out that it was an attempt to destroy the Medical Care Insurance Plan which is being presently considered for the Dominion of Canada. I also mentioned that in Prince Albert, the people of my constituency and of course the constituency of the Minister from Prince Albert West (Mr. Steuart) already pay fees of one kind and another, that there had been a surplus in one of our hospitals, and that the imposition of further fees would be a tremendous hardship on our people. I simply want to repeat again that I'm sure that the people in my constituency just can't pay any more taxes, Mr. Speaker.

Now the Minister when he spoke to the House of course had to have some reasons for bringing in this legislation. I think his reasons are very, very weak. One of them was with reference to the percentages of costs of hospitalisation in the Swift current region. Quoting from his speech – and I have a copy here – he says:

Consider the Swift Current experience where utilization fees for medical care have existed since 1953 without corresponding utilization fees for hospitals. Hospital utilization per thousand population is 20 per cent higher in Swift current than it is in the rest of the province.

He goes on to say that physician's services in that area are almost the same or lower per thousand population in all categories except hospital business, and hospital visits are 80 per cent higher. Well if the Minister had sat down and done a little thinking he would have had the answer to that one. It is a very, very simple answer. Here you have deterrents, people holding back on visits to their doctors, because they haven't got the money. So they stay back and finally when they get good and sick they land in a hospital and naturally the hospital costs have to go up. Now the Minister of Mineral Resources (Mr. Cameron) laughs at that. You see a big smile on his face; he doesn't believe it. Well, let me quote – this is a fact because this is happening in other parts of the world, not very far away, in Alberta. I'm quoting from Hospital Administration in Canada, February 19, 1968, page 22:

Calgary, Alberta. A statement by the provincial department of health that hospital operating costs are 20 per cent higher than a year ago does not apply in Calgary, four hospital administrators said recently. However,

one administrator feels that the 20 per cent figure is realistic and that costs might be 25 per cent higher.

At the meeting of the Calgary General Hospital board in November, business administrator Menzies Dyck said that that costs had risen approximately 10 per cent with the vast majority of the rise attributed to higher salaries.

This of course could be a normal increase.

At the Holy Cross Hospital, costs have increased 25.4 per cent, but this is not applicable, director, Dr. Gogan said. The costs have risen sharply at this hospital because of the building of new physical plant and increased services. Actually, Dr. Gogan said, the increase would be around 10 to 12 per cent with salaries again accounting for the bulk of this.

Peter Fry, administrator of the Calgary Auxilliary Hospital in Nursing Home district No. 7, said costs in the four auxiliary hospitals and the 14 nursing homes has risen about 10 per cent this year.

Dr. John Maxwell, administrator of the Colonel Belcher Hospital, said he thinks overall costs in the city have risen 20 to 25 per cent. He stressed that hospitals still have some negotiating to do for salaries and that salaries may be 8 to 10 per cent higher.

In this case they are blaming salaries for hospital costs. But if you look at the Alberta situation you will find that in that province they have a form of deterrent fee, if you want to call it that, where people cannot get into the hospitals without paying certain fees and there again is the reason that I believe that your hospital costs have gone up because people just wait until they get good and sick, as they do in Swift Current and when they do get sick they land in hospital and then up go the costs. The best example is the one I used in Prince Albert. In Prince Albert we have two or three clinics. Our people go to these clinics, they get looked after before they get really sick, and so they don't have to be committed to hospital. So our hospital costs are down and as a matter of fact, as I said, in one of the hospitals we had a surplus of some \$40,000 last year.

I would like to say, Mr. Speaker, that prepayment of hospital and medical bills is not new. It has been done in a number of countries. It has been done in Sweden, it has been done in Great Britain and others. The Minister said that they had deterrent fees there and one would think that they must have been pretty high. In checking on Great Britain the only thing I can find is that there is a deterrent fee of a shilling or so on drugs, but the medical costs and hospital costs are free. Then again I checked on – this may be a bit outdated, the Minister can correct me – but I checked with what goes on in Sweden because he left the impression that they had a heavy deterrent fee there. Now I understand that the Government there

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pays 80 per cent of the cost of hospitals and the municipalities pay about 20 per cent. It says here in page 2 of the report on the visit to Sweden by V.O. Mathews, M.D.:

There are no direct charges to the patient for in-hospital services.

And if you read through here you find out that they get these services more or less free in Sweden. They have, of course, a different system of paying for their medical care and hospitalization because it is based on income, something in a small way partly at least, to what they have in Alberta. As I said prepaid medical and hospital bills are not new. We had, as Hon. Members remember, the anti-tuberculosis sanatorium and cancer services, and no one would dream today of charging deterrent or utilization fees for these. The public has long recognized the justification for paying for these two in particular from the public purse, and we had hoped, as the years went by, that all sickness would come under the same kind of philosophy. It has long been recognized that these programs are an investment in people. Experience and growth are humanitarian concerns by the public. The public has forced governments to assume full responsibility for health needs in many parts of the world. and that's why I said before and I say again the CCF legislated Hospital and Medical Insurance Plans with this philosophy in mind. I don't think there was any choice here, because that's what the people of Saskatchewan wanted. For proof that they wanted just that, witness all the letters that are coming in from them now. I am sure they are coming in to Hon. Members opposite as they are coming to us. These people are roused. These people want the kind of program that the CCF brought in and it is going to stay here in the Province of Saskatchewan in spite of any legislation that you may bring in. It will stay because your deterrents will be removed in the very near future by a Government that will be listening to the people of Saskatchewan. Now, I said the other day and I am going to repeat again that this Government seems to be concerned more with profits and less with humanities than the former CCF were concerned. Liberals are not too concerned about sick people.

I couldn't help listening to the Minister when he brought in his Bill. I now recall the conference which both he and I attended at Banff, Mr. Speaker. I recall the Minister saying to the Health Conference there that this Liberal Government has a philosophy, and it was not to buy the taxpayers with their own money. Those were his exact words, I have a copy of his speech here. He said and I quote:

We take the easy way out, we allow the public of Saskatchewan as much freedom as possible in deciding health programs.

List to that! and I will repeat, "We," that is his Government, that is the Liberals, "allow the public of Saskatchewan as much freedom as possible in deciding health programs." What are

they doing now, Mr. Speaker? Are they doing that? No! But that's what the Minister said then. He goes on to say:

In many respects I would like to see them make more.

Well, why don't you do it? Why don't you have a plebiscite? Why don't you ask the people? You just went through an election. You didn't tell them at the time that you were going to impose deterrents and taxes. You didn't ask the public for their opinion. But the Minister had the gall to talk to us in Banff last spring and to say just what I have quoted here. Now I respect the Minister; I think he is a fine gentleman; I don't want to say that he is both Dr. Jekyll and Mr. Hyde, but you can't have it both ways. He can't be dictatorial and impose taxes on people and then on the other hand say, well, we are going to listen to the people. This Bill is certainly not being decided by the freedom or choice of the public. I suggest to the Minister (Mr. Grant) that, if he were sincere at Banff, that he should let the public vote on this Bill. He should withdraw it and have a plebiscite. Let the public have the kind of freedom that he talked about when he was at Banff. Neither can I pass up other remarks that he made there and I quote:

Our programs guarantee that an individual may live in basic security, and they encourage him to pass beyond security to realize his full potential. More than that the programs tend to generate social as well as physical growth, and that I feel is in keeping with the true spirit of the World Health Organization goal.

Well! Well! That's what he said. Now I can't help but stand here and wonder what has happened to the Minister (Mr. Grant) in the last few months. I can only say, "Hear, hear, Mr. Minister." and maybe I should start to enunciate the goals of the World Health Organization, I am sure Hon. Members, if they don't know, can find out what these goals are. These goals are similar to the goals we have been enunciating in opposition to this Bill. It simply means that we must have help for the people who are our responsibility without any bars or any barriers, and the way it was enunciated by the Minister at Banff. But, as I said, obviously the Minister's philosophy has undergone a metamorphosis from a beautiful butterfly to an ugly worm in reverse, Mr. Speaker.

Mr. Speaker, this Government has no right to destroy what the people have built. It has no right to place blocks in the way of progress, to impose deterrents and utilization fees or other similar charges against the sick. It has no right to close the door of hospitals to those who need help. As I previously said and I say again, there are concepts and philosophy which this Government dare not ignore without being proven prejudicial and irresponsible. Our people have the right to life, to liberty, the pursuit of personal development and well-being and happiness in an interdependent social structure, Mr. Speaker. Our people have the right to security from the effects of catastrophic illness, accident or economic dislocation. In other words,

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Saskatchewan citizens have the right to complete health services regardless of age or the ability to pay. And I agree with the Minister's statement, that our people should have a say as to how payments should be made for hospital and health services. And we on this side will honour the desires of the people of our province. From the letters I've received, the telephone calls, by word of mouth, there's no doubt whatsoever that utilization fees are absolutely opposed by the vast majority. Not only that, they are opposed by doctors as well. Take it in today's press or yesterday's press. I have a clipping here. I could refer the Hon. Members to the Star Phoenix, if they like, they can read it for themselves. It reports that doctors are getting up in arms and opposing deterrent and utilization fees. So what can I do but say, "This Government is not democratic; it does not speak the way the public expects; it does not act as it should; it does not legislate as it should." It has been said that early commitment to hospitals of people who are ill has been proved a saving on the ultimate costs of hospital care and of medicine by catching disease early, thus keeping people out of long periods of hospitalization. And I think this is true. You don't wait, you don't keep people out until they get really sick. Put them into hospital when they need to go to a hospital, because if they delay, the disease may become chronic, may become serious, may become very expensive. The clinic services have indicated that 38 per cent and more people are kept out of hospitals. For example, I have here a study by K. McCaffee professor of Economics, University of Washington, who states in his report:

When group practice teams provided services for beneficiaries of mine workers fund, hospital admissions declined by 32.5 per cent from what they were previously. Hospital days were down 36 per cent; and all surgery was down 16.5 per cent; and appendectomies down by 59.4 per cent.

This is the true picture and if the Minister had taken time to do a little bit of research, to do a little bit of homework, he would never have brought this kind of a Bill into this House in view of the kind of philosophy he enunciated down at Banff. These are the facts that can be proven the world over. When you organize medicine, the costs of hospitals go down, simply because people are looked after at the proper time. And so I would hope, Mr. Speaker, that the time would come when we could look after people when they are well, not after they become sick. This should be our ultimate goal and not the kind of goal brought down by the Minister. Here's another example and I can give you more. Under the New York Blue Cross scheme, hospital admissions as a result of clinic practices resulted in 25 per cent less hospital admission. This just goes to prove what Dr. McCaffee says. And similar experience is indicated at Creighton and Flin Flon, in my own constituency where miners have their own plan, as the Minister knows or should know. I can't quote him the figures from Creighton because they have not been presented to me currently, but he has the facts and I'm

sure the facts will be borne out as to what I'm saying. So instead of cutting down the area of health services and clinics and community clinics, this Government would have been wise in not heeding the protests of insurance establishments. It is the only final conclusion I can arrive at, that these are the only people in this province and in this country that want you to bring in utilization fees and the kind of legislation that you are bringing in. If the Minister had done a little more homework he would not be in as much trouble as he finds himself in now, because I know he is in trouble. But it is still not too late to withdraw this Bill. It is not too late to do the kind of things that should be done to cut down hospital costs. I sympathize with the Government. I know it has wasted money and I've told you so before in this House, Mr. Speaker. I repeat it and I can prove it. It needs the money and though I sympathize with it, it is not fair or proper to tax people who have barely any bread, to ask the poor to pay these extra costs. These are the people you should be concerned with. As I said and I must repeat, that persecuting or prosecuting community clinics as you have done in Saskatchewan is not the answer. By forcing the sick into hospitals instead is part of the penalty that you will not have to pay. It is not the fault of the present Minister; it is the fault of the former Minister, the Member for Prince Albert West (Mr. Steuart) for this kind of situation.

Maybe I could admit that the whole cost problem is not entirely the fault of the Department of Public Health. Maybe I could admit that in view of the fact that this Government has been wasteful in experiments, in bonuses and subsidies, un-necessary advertising, all plain waste, and it is now loading down the common people with this iniquitous tax.

I can't help but mention a few of these wastes. The Hon. Members will remember just a year ago where the Premier admitted giving a bonus of \$10,000 to workers in the Chaplin plant. What is the excuse? It wasn't that it was his constituency or that there was an election coming along, or was it? Maybe they deserved it. But there was no \$10,000 for the people in the Timber Board or any other corporation where they had made profits. The Training Camp at Squaw Rapids cost nearly a quarter of a million dollars, and a waste of money. Even now the poor people of Saskatchewan have to put up with waste. Maybe we could cut down on some of the balls and the parties and the hospitals that we hear about from time to time and allow some of our people to obtain free hospital accommodation, some of those that need it.

I think there is another area the Minister should look at, and that is the supervision of our hospitals. In some countries, I understand, the hospital administration is pretty well carried on by the government. They have local committees and boards there and much good administration. But what have we in Saskatchewan? You haven't even an elected body to administer these hospitals. Our cities, towns, villages and municipalities appoint members to hospital boards; they are nothing but rubber

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stamps for one kind of establishment or another. I sit on a board and I know what I am saying is true. The time has come when the Minister should look into the Act to see that the people getting on hospital boards are elected representatives, who are going to be responsible to the people of this province and to the municipalities they represent. I don't know, in my hospital board, where one single member has ever had to report either to the city of Prince Albert or to a village or to any municipal council. They attend meetings, they discuss, the administrator says, "This is it boys; how do you like it? And it is rubber-stamped. Yes, it is. If anybody gets up and because he doesn't like some of the ideas, well then of course he is ostracized. I say that, had this Government done something about this problem, it probably could have saved millions of dollars. Had it done it, it would have been considered a husband-like Government, and there wouldn't be any need today to have all these taxes, deterrents and other charges imposed upon the innocent public.

Now what about bypassing industry corporations? Is it so important, as the Minister from Prince Albert West (Mr. Steuart) always says, "Industry comes first" with them? But we say, "People come first." Surely if you have a philosophy that people come first you will still have industry; you will have conservation of resources; you will have all the good things that a community must have; and you'll not be penalizing anyone more than another. You will be collecting taxes fairly from all concerned; and when industry makes profits that is a tax on the working people, it is a tax on the people who own the resources. Thus surely corporations should pay their fair share of tax. I need not talk about bringing them into the province. You had four years and we know how many you brought in. They would have come in anyway because once you have the potash, and because the world needs potash, these companies would have come in anyway. The proof of what I say is this, that right now the price of potash has dropped 25 per cent, and you could have had some of this drop if you had wanted to take it. In other words they couldn't have afforded selling it for 25 per cent less, if they weren't making at least that much profit. I have talked to some of the potash people and they have told me that they do very, very well; and I am sure that 2, 3 or 4 per cent more increase on royalties would have been a service to the people of this province and would not have been complained of by the owners of the potash companies. We need incentives. Of course we do, but I was just reading today that the mine up at La Ronge – yes I still call it a peanut mine, it is only a small mine, I don't say it with derogation – it made only \$500,000. Now for the benefit of this mine you have taxed the people of this province millions of dollars, about \$2 million, to build a road from No. 106 to 102; you built them a private road as well. They are now making a profit of half a million a year, which is good, but I ask this Government; do you collect at least once cent in order to pay for the hospital needs of the people of Saskatchewan? No, not a measly cent, but you have taken taxes out of the pockets of the people of Saskatchewan to whom the resources belong to help the companies and corporations but you

haven't got the courage to get up and say, "Now that you are making profits, surely you should be able to pay some of it back to the people of the Province of Saskatchewan who own the resources."

Some Hon. Members: — Hear, hear!

Mr. Berezowsky: — So I say, and we believe, that industry must pay their fair share of taxes, you can't give them 10 or 20 years' concessions in taxes, you can't concede royalties more than you have to, you've got to collect just a little more or get into trouble.

Mr. J.J. Charlebois (Saskatoon City Park University): — Three years.

Mr. Berezowsky: — I don't care if it's three years or more. You have had the cement plant down near Saskatoon, I can't think of the municipality. Perhaps the Member from Saskatoon could remind me. Yes, Cory. How many years of tax concessions have you given the Canada Cement Plant there? The Premier enunciated, "When we get into power we are going to concede taxes for industry."

Mr. Charlebois: — You tell us!

Mr. Berezowsky: — Yes, for industry, why don't you concede some taxes for the ordinary people, the farmers and working people, and businessman, small businessmen. But we can live even with this kind of a Government, even if we have to live another four years with it.

Mr. Stuart: — 40 years!

Mr. Berezowsky: — And I can only say to this Government if it doesn't retract this Bill then it will be retracted, taken off our books, when the Government changes. We will have the kind of laws which the people desire and which are good for them. The intention has always been in the Province of Saskatchewan that the primary purpose of hospital and health plans was to promote positive health; that the family would be considered as a complete unit; and that help was not to be left to chance, which the Government is now doing. That is why we are heeding the voices of our people when they write to us. We are listening to them, we are answering them, and we are telling them that we are carrying on their fight, fighting for their rights in this Legislature. Now I have dozens of letters. I am going to just read one at random, whichever one you want me to read. Here is one to me:

Dear Sir:

Just these few words to register our opposition to the

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proposed increase in fees to both the Hospital and Medical Care Plan. This I think is most unjust and unfair and will only destroy the Plan. For the main reasons which led up to it becoming a part of our way of life in Saskatchewan, both Mrs. Dare and myself, as two of your supporters...

I've never known that they were my supporters, Mr. Speaker, and I am not afraid to mention their names. If they are, I am happy for that because I will not betray them. But this is what they write and I can file this letter if you like. The letter goes on to say:

It is quite plain that there is nothing in this world that is free...

We all admit that.

...it is only a matter of how you collect for the costs. If you do it fairly and equitably that's fine.

These people are old people. They recognize we don't get anything for free. They are quite prepared to pay if they can pay.

An Hon. Member: — They've paid all their lives.

Mr. Berezowsky: — and so the letter goes on:

It is quite evident that with ever increasing cost in this Plan there must be some increase in the fees for the same.

To us it is most unfair that the increase or the present and proposed increases will fall most heavily on the elderly people and the families of small children.

The other day I said that the Premier was hard, because I can't understand how a Government, which is representing people, human beings and such a great number of them who have large families, poor people, can be so hard and cruel. I could use other adjectives, and I wish I could speak Ukrainian here as I could use many better words than that.

Mr. Steuart: — Go ahead, Bill.

Mr. Berezowsky: — (Made some remark in Ukrainian). You don't understand, just as you don't understand what I am trying to tell you. I am trying to speak with my mind and my heart that you do what is right. It doesn't matter what language I say it in; you just don't understand.

Some Hon. Members: — Hear, hear!

Mr. Berezowsky: — The letter goes on to say,

In preference to imposing the proposed deterrent fees, why not let us increase the fees for hospitalisation and Medicare so that it can be paid by all, and not by a selected few. This we think and we have given it much deep thought, it is much the better way than the proposed plan.

You see I am not reading some of these very hot letters, I am reading a letter that has been thought out by people who have lived here a long time and are trying to speak to you with sound thinking. Maybe I shouldn't take up the time of the House and just file the letter. It goes on in that tone and so you have the drift of it, Mr. Speaker. Here it is for the Hon. Members opposite to read. If they want a dozen more I'll give them another dozen but one of them should be enough.

Mr. Speaker, I could go on for hours and hours. I don't want to take the time of this House. I am not going to summarize what I have said. If it hasn't sunk in by now, it never will sink in. Surely whichever way you look at the situation you can see that the philosophy of this Bill is all wrong, that it is not acceptable to the Saskatchewan people who elected this Government. I can only oppose it personally and oppose it on behalf of all the people of Saskatchewan because it is contrary to social justice and the desires of the Saskatchewan people, Mr. Speaker.

Some Hon. Members: — Hear, hear!

Mr. J.A. Pepper (Weyburn): — Mr. Speaker, of all the Bills that have been presented during this session or I would say any session that I have had the privilege of attending, there was never a Bill presented or an announcement of an increase in taxation that rocked the people of Saskatchewan so hard.

Some Hon. Members: — Hear, hear!

Mr. Pepper: — There was never a Bill which has caused so much controversy as a suggestion of a deterrent fee on hospitalisation and Medicare. As you notice this Liberal Government tried to make it sound much better and tries to dress it up by calling it utilization fees. I had very strong hopes, Mr. Speaker, that the Hon. Member, the Minister of Public Health (Mr. Grant) and the Liberal Government opposite would reconsider the implementation of this Bill, and that they would have at least retracted, as I know they have done in previous occasions, because of the very, very hard features and failures of it. But apparently if this is going to happen, it will be forced only and brought about by the persuasive powers that we in the Opposition can use and also by the very definite stand that the people of Saskatchewan are taking in opposing the implementation of this Bill for the addition of deterrent fees on the hospitalisation and Medicare. It seems to me, Mr. Speaker, that after

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20 years of free hospitalization other than the premium that we have been paying each year, and after some six years of Medicare the people are not prepared to accept any alibis or any excuse that a Government might offer to necessitate a deterrent tax on them at this time. I would say, Mr. Speaker, you can't blame them for feeling this way very strongly about it. We, as the official Opposition, feel that before this Bill is passed that all steps and all recommendations must be introduced, and they must be put forth so that it might at least provide opportunities to stall its implementation and to prove its drastic hindrance to provide good health to our people. I would very strongly like to again suggest to the Hon. Members opposite, as I have in the past, that the person who is sick is the one who is so unfairly taxed. I would like to remind them, Mr. Speaker, that this is the reason for hospitalization being implemented in the beginning. There were many people who because of financial difficulties did not enter hospitals or were not able to receive medical care until, you know and I know, it was too late to return them to good health again. They kept putting it off knowing that financially they could not afford it, and whatever their sickness might have been it so often developed to the stage where medical care was too late. Those who were fortunate enough to live for a few more years in many cases did so in agony and pain. So, Mr. Speaker, I say to the Members opposite: have they no heart? When you are dealing with responsibility of a person's health, is this the place in a Budget where you should stint or curtail in the amount of money that is to be set aside to look after it?

Some Hon. Members: — Hear, hear!

Mr. Pepper: — Let's not go back 20 years in such an important issue as this, the health of the people of our province. This is not an issue or a Bill of one political party versus another. This, Mr. Speaker, is a Bill or an Act of a Legislature where the Liberal Government of the day in Saskatchewan wishes to introduce and impose an unjust tax, a Bill where tax or deterrent fees will be placed on the unfortunate sick people of our province and, as I have mentioned before, in many cases the ones least able to pay, our senior citizens, our cancer patients, our diabetic citizens and many others who will have this burden both periodically and for extensive lengths of time. The Members opposite, Mr. Speaker, the Liberal Government are being opposed in introducing this Bill not by just us as their Opposition but by New Democrats, Conservatives and Liberals in every corner of the province.

Some Hon. Members: — Hear, hear!

Mr. Pepper: — They are being opposed by young people, by old people, by professional men, by farmers, by labour groups. They are being opposed by doctors, by nurses, by hospital boards, by Wheat Pool delegates, by SARM convention members. Sure, Mr.

Speaker, these people all can't be wrong in their thinking. So you see I plead with the Members opposite to take another look at the whole situation. I am reminded, Mr. Speaker, at this time of a young man in my constituency and the difficulties that, if this Bill is introduced, these deterrent fees would cause him. He is a young man who is seriously affected with asthma, and he has had this affliction since birth. It has hampered his ambition, as you all would well understand. He is forced to leave university on account of days missed and has been hampered in securing any job since. He is not taking Mr. Speaker, a correspondence course and lessons from the University because it is impossible for him to attend it. He is living with his grandparents during this period of time. It is necessary to use their funds to pay his drug accounts, which are from \$30 to \$40 per month. This is an imposition which I know he realizes that he cannot overcome or do anything about. But if these regulations come into effect, Mr. Speaker, it would be an even greater imposition as you all fully realize.

I would like, Mr. Speaker, at this time to read, and I am prepared to table this letter, one from an older citizen;

Mr. A. Pepper, Weyburn Constituency.

Sir:

At a recent meeting of the Wheat Pool delegates of District 1, the following resolution was moved by Mr. H. E. Veochting, seconded by Mr. Johnsrude and carried:

Whereas the deterrent fees now being imposed by the Saskatchewan Government on hospital and doctor fees will create a severe financial hardship on many people who can least afford it, be it resolved that we, the delegates of District 1, request our Government to withdraw this legislation and as an alternative consider raising the money by additional liquor or sales tax.

Sincerely, Mr. Johnsrude.

Some Hon. Members: — Hear, hear!

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Mr. Pepper: — Now my third item that I would like to table, Mr. Speaker, is a petition which was forwarded to me with almost 1,500 signatures, I believe 1,493 to be exact...

Some Hon. Members: — Hear, hear!

Mr. Pepper: — ...from citizens in Weyburn and Weyburn constituency. And I know, Mr. Speaker, that the Hon. Premier and the Hon. Mr. Grant, the Minister of Health, who is not in his chair at present, have received a similar petition, and I will just read the heading:

We, the undersigned, hereby request that your Government not proceed with its proposed hospital and Medicare utilization or deterrent fees, thus penalizing the sick.

There are a lot of names, Mr. Speaker. I would like very much to read them all, but I am informed that I was sent the third copy which is almost blurred. the Hon. Premier and the Hon. Minister of Health have the others. I am pleased to table this one which has some 540 names; it's a partial canvass of the Weyburn constituency.

Some Hon. Members: — Hear, hear!

Mr. Pepper: — I have another one, Mr. Speaker, it is dated March 9th, to Mr. A. Pepper, MLA:

Dear Mr. Pepper;

We the undersigned signatures wish you as our Member to strongly oppose the proposed legislation on hospital and Medicare, the added tax of \$2.50 a day for the first 30 days plus the \$1.50 for the balance of the 90 days, also the \$1.50 to visit the doctor's office. We urge you to strongly voice our stand on this issue and if you wish we are prepared to let you table this letter in this Legislature.

Sincerely.

And as you see, it's another list of names which I believe says here a total of 952 names.

Some Hon. Members: — Hear, hear!

Mr. Pepper: — These people are from all political parties as I mentioned earlier, Mr. Speaker, who are interested in the health and the welfare of our fellow man. Might I again urge the Hon. Members opposite to retract this Bill in its entirety, for reasons, Mr. Speaker, of this: It is not human, it is heartless

and it would go down, if it is passed, as one of the blackest days of our province.

Some Hon. Members: — Hear, hear!

Mr. Pepper: — And furthermore our health program will go back 20 years. So I urge all Members to consider this, Mr. Speaker, and to strongly voice and oppose this Bill in its passing.

Some Hon. Members: — Hear, hear!

Hon. A.C. Cameron (Minister of Mineral Resources): — Mr. Speaker, talking of Medicare and hospitalization I would like to review with the House and particularly with the younger Members, how Medicare originated and was pioneered in the Province of Saskatchewan. I heard the Member for Regina North East (Mr. Smishek) saying that he was on a commission and that he moved the motion which brought the Medicare to the province in 1961. You would think that nothing happened in Medicare in Saskatchewan until 1961. For the younger Members let me recall for you that Medicare was ushered into Saskatchewan in 1945...

Mr. C.G. Willis (Melfort-Tisdale): — With the credit of...

Mr. Cameron: — ...with the credit of the people in the Swift Current Health Region. They talk about the sick and the poor. In that area in those years we had accepted Prairie Farm Assistance payments for 10 out of the first 12 years. Conditions were anything but affluent in the Swift Current Health Region. Those people at that time felt that the greatest thing that they could do to assure security to themselves and to their families, so that they may not be faced with crippling medical costs, was to organize themselves and to provide self-health services. So every municipality, every town, every village, and the city of Swift Current area, banded together voluntarily and established a Medical Plan in the Swift Current Health Region. I want to tell you this, that after that plan was in operation from 1945 to 1961, some 16 years, that the per capita cost of that Health Regina Medicare was less than the per capita cost recommended by the Thompson Commission when it brought in its report.

Those people were frugal in their management and were conscious of costs. Let me tell you this, that the Swift Current Health Region instituted utilization fees in the Medical Care Plan. They instituted a two mill tax on land to carry the plan. It is interesting to note that we carried that plan by ourselves, and all that we obtained from the NDP Government in assistance was 5 cent grant per dollar of expenditure. Yet we were able to do it cheaper than was recommended by the Thompson Commission when it brought in their report. They talked about visiting Europe, they visited Switzerland, they were all over the world and they came back with their recommendations for a Medicare Plan.

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The final results of the Thompson Commission Report were basic recommendations patterned almost identically on the operation of the Swift Current Medicare Plan, the first Bill on Medicare that was brought into the House. Reference was made to it the other day, of the Leader of the Opposition kicking on the door wanting a special session and the Premier refusing to open the door. He kicked on the door. Let me tell you this, that at the first opportunity the people of Saskatchewan opened the door to him and they have kept it open ever since.

Some Hon. Members: — Hear, hear!

Mr. Cameron: — If you had listened in 1961 to the recommendations of the people from Swift Current Region, you would have had an acceptable plan. We had guaranteed the relationship between the doctor and the patient, the patient was free to accept the doctor of his choice, and the doctor was free to accept or reject a patient. These things finally came about in the second session when you established a Medicare Plan. They talk about utilization fees. It is interesting to hear the Member from Weyburn (Mr. Pepper) call them inhuman, heartless, immoral, and that it is putting the province back 20 years. Now that is most interesting, because when the Medicare Bill came in in 1961 in the second session – and I was here – the Bill made provision for utilization fees. I want to quote to you something that little Tommy Douglas, the Premier of Saskatchewan said at that time and I quote:

In the matter of utilization fees, the matter of utilization fees are still under consideration. In the Hospital Plan I have opposed utilization fees because the patient has no choice. With the Medicare Plan that is a different matter. There is a valid argument that the people who are actually getting the service should make a little extra payment to the service and the revenue from this would relieve the cost of the Plan.

So said little Tommy in 1961.

Some Hon. Members: — Hear, hear!

Mr. Cameron: — Let me tell you this, that the principle of utilization fees was established by the NDP in their Bill in 1961. and the principle of utilization fees was approved by your Cabinet. The principle of utilization fees was approved by your caucus.

An Hon. Member: — Louder; louder!

Mr. Cameron: — Let me read a few of the names who are so moral today and who were immoral in 1961. Here are some of the names who were here in 1961, Members who approved in Cabinet the principle of utilization fees and Members who approved in caucus the principle of utilization fees. This think in 1961 was very

moral. It could serve a very useful purpose. It was a valid argument. What are they saying, these great moralists today? Let me read their names. Those who approved utilization fees in 1961: Mr. Dewhurst, Mr. Lloyd, Mr. Whelan – the vocal Member for Regina North West who called it silly and immoral – approved it in caucus in 1961. Mr. Berezowsky approved it also. Mr. Meakes approved it in 1961. Mr. Davies approved it in 1961 and Mr. Snyder who has had so much to say stood up in caucus and approved it in 1961.

Mr. C.G. Willis (Melfort-Tisdale): — On a point of order, Mr. Speaker. The Member opposite is talking about a CCF caucus. Where did he get his information to stand up here and make such emphatic statements? Mr. Speaker, he doesn't know what he is talking about.

Hon. D.V. Heald (Attorney General): — Mr. Speaker, surely that isn't a point of order, privilege or anything else.

Mr. Cameron: — That's a very interesting observation. You know as I was speaking, I expected and hoped that the Member would raise that particular point, because I know that with this Government any legislation which is drafted is brought to Cabinet and is gone over for Cabinet approval. Any legislation which is drafted is brought to all the Members of the caucus and it is gone over there for approval. We believe that this is the democratic process. Now if this Bill was not submitted to Cabinet and received its approval, if it was not submitted to caucus, how did it come into the House? Who brought it in without the knowledge of Cabinet? Who brought it into this House without the knowledge of caucus? That's very interesting that caucus had no opinion and were not consulted on the Bill brought into the House that approved the principle of utilization, that the Cabinet was not consulted and did not approve the principle of utilization. Then who brought in the Bill? Who was dictating measures in a Bill in the House in those days?

Mr. E.I. Wood (Swift Current): — Mr. Speaker...

Mr. Cameron: — Yes, I think Mr. Wood was there too.

Mr. Speaker: — Order, order!

Mr. Wood: — On the point of order, Mr. Speaker, it is not the question that the Bill goes before the caucus and before the Cabinet, but the Hon. Member from Maple Creek (Mr. Cameron) is making statements that such a one stood up in caucus and said such and such, that another Member stood up and said such. I don't think that this is within his knowledge.

Mr. Cameron: — Mr. Speaker, not only did they stand up in caucus and

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approve it, but when it was put to the vote in the House they stood up and approved it in the House under a recorded vote. There is not a Member in that House that didn't stand up on the recorded vote and vote. In that Bill was provision for utilization fees. Why didn't you have the intestinal fortitude in 1961 to vote against the Bill? Why didn't you move an amendment that this provision for utilization fees be taken out of the bill, if it is so immoral? Was it moral in 1961 and immoral now? If it is not human in 1968, was it heartless in 1961? Where were these great moralists? I say you must have been very immoral in 1961, when you stood up in this House and unanimously gave your consent to the principle of utilization fees.

Some Hon. Members: — Hear, hear!

Mr. Cameron: — The Leader of your Government of the day put himself on record as strongly saying that there is a valid and sound reason for utilization on Medicare. He further assured the House when he said, "I do not believe we should move in this direction until we have had an opportunity for the Commission to assess the workings of the plan." But he says, "Make no mistake about this, the Government does not intend to shelve its responsibility in regard to utilization." He assured the House that, after experience of the plan, if it is found that it is needed "I will not shirk my responsibility as Premier of this Province." there was a very immoral man, supporting a very immoral principle. One that was not human. One that was heartless. One that would set the Province back 20 years, in the eyes of the moralists in the Opposition today.

I don't mind if you object to utilization fees. There is a point to be said. The Premier of that day and myself found ourselves in agreement that there is a valid reason for utilization fee which the people of Swift Current were accustomed to. Let me say to the Member from Prince Albert East-Cumberland (Mr. Berezowsky) that the Swift current people would be very interested to know that your belief is that the reason for hospitalisation costs going up in Swift current is because the deterrent fee kept the people from the doctors, until they became very sick and had to go to the hospital.

Mr. W.J. Berezowsky (Prince Albert East-Cumberland): — Isn't that true?

Mr. Cameron: — No, it is not true. It is a slur on those good-hearted hard-working people who pioneered Medicare in this province.

Some Hon. Members: — Hear, hear!

Mr. Cameron: — Five cents, a nickel, grant. It is interesting to know that we were very immoral and we were inhuman, we were heartless.

In 1961 these people stood up and voted for the principle of a tax on the sick, voted for the principle of a tax on the old, voted for the principle of a tax on the poor. The then Premier assured the Province, "I will not shirk my responsibility in regard to utilization fee." It would be a different argument if you said that you didn't think it was necessary, if you felt that it was not necessary to impose additional charges of this kind, if you thought that the scheme could still carry itself, if you thought that the costs were not rising to an alarming rate. Those are logical reasons. Those are things that the House could give consideration to. but I notice that the same moralists of 1961 are calling their own legislation immoral, heartless and not human in 1968.

Did you notice in the paper the other night Ontario with a Medicare Plan which I think was set at \$5.00 for a single person, \$10 for a family of two, up to two children, \$12.50 per month a family of three. These people are paying \$150 a year for Medicare Insurance. I was interested in the Leader Post the other night where it said that for the people in the geriatric centre it will cost them less under this plan than it cost them before. So if you are taking a tax on the sick, we are relieving some of the tax on the aged when we switched to this plan, rather than the \$50 a month which they are paying at present.

I don't mind an Opposition opposing as that is their privilege, but when they try to drag into this House and try to frighten the people, that this Government is hell-bent in bringing in legislation that is not human, that is heartless, that is immoral, then why did you provide in 1961 in your Bill the opportunity for those things to be done? Surely...

Hon. Mr. Steuart (Provincial Treasurer): — Answer that!

Mr. Cameron: — ...in 1961 you should have been in the position if you were so moral to safeguard the people of Saskatchewan against any immoral Government that would move in this direction. Why did you put it in in 1961? that is the basic question which we are going to ask the people of Saskatchewan and to stop once and for all this malarkey about it being immoral and heartless and setting the Province back 20 years. I want to summarize this and I want these young Members to remember this, Medicare didn't come to Saskatchewan in 1961. And it was the people of Swift Current Health Region, these solid citizens of Saskatchewan who pioneered Medicare.

Mr. R.H. Wooff (Turtleford): — Who fought Medicare? You!

Mr. Cameron: — I'll tell you who fought Medicare. What did you have to do with Medicare in 1945? Medicare in 1945 was able to come about because of Liberal legislation put on the Statute Books of this Province by a Liberal Government.

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These good people thought it wise to have utilization fees. These good people took care of their own people, without Government handouts, without assistance, with but a measly grant. If it was so immoral why did you even pay the 5-cent grant to the Swift Current Health Region? You were recognizing an immoral act. You were condoning an inhuman act. You were condoning a heartless act. You were condoning an inhuman and immoral undertaking in Swift Current when you contributed the 5 cent grant. Why didn't you say, if you are so moral, on the condition that you remove your deterrent fee, we will give you a grant. But oh no, they didn't say that. No. They accepted the principle of utilization fees.

Mr. Steuart: — Where was the Member for Swift Current?

Mr. Cameron: — Yes, where was the Member for Swift Current (Mr. Wood) then? Where was he in 1961? Would the Member for Swift Current have dared in 1961 to call utilization fees inhuman? Did he ever raise a voice in the Swift Current Health Region and tell those people they were doing an inhuman act? No, indeed, he did not. No, it is strange to observe the moral revival of these people in Opposition to what they were when in Government.

Some Hon. Members: — Hear, hear!

Mr. G.T. Snyder (Moose Jaw North): — Mr. Speaker, I suppose we should be pleased that we have received another of those performances by the prima donna of Saskatchewan's Legislature.

Some Hon. Members: — Hear, hear!

Mr. Snyder: — Somehow, Mr. Speaker, he attempted to develop the argument that because we voted for the Medical Care Insurance Act in 1961 and I am proud to say that I was a Member of the Legislature at that time, that somehow that we endorsed also the idea of deterrent charges on the sick. I just want to point out at this time, Mr. Speaker, I think that there are a number of facts that the Member from maple Creek (Mr. Cameron) has overlooked, and I am afraid that he has overlooked them very badly.

The application of the deterrent charge could have been applied in a variety of ways. If it ever had become necessary, there was an opportunity for Members to apply a deterrent charge which would have borne more heavily perhaps on the rich than on the poor. If it ever had become necessary to bring a deterrent charge into operation, it could have been possible to exclude those people over 65 years of age. It could have been possible to exclude those people under 16 years of age. There is a variety of ways in which deterrent fees, had they been necessary,

could have been imposed without the kind of arbitrary and the hard-handed attitude that has been assumed by Members opposite.

I suppose it could be very easily said, Mr. Speaker, that when we endorsed the Saskatchewan Plan, if we follow the argument that was developed by the Member for Maple Creek, that when we endorsed the Saskatchewan Plan for the release of mental patients from our hospitals that we endorsed also the kind of arbitrary action that it has taken in the field of mental health over the past four years.

Some Hon. Members: — Hear, hear!

Mr. Snyder: — What an insipid and what a strange argument to present in this Legislature, Mr. Speaker. There has mention been made while the Member was on his feet with respect to the Swift Current Health Region. I think at no time did we do anything other than applaud the efforts of the people in the Swift Current Health Region in making a beginning in the Province of Saskatchewan. We are very proud that this took place and took place, I am sure, after 1945 for reasons that are well known to most Members of this House.

It is pretty generally understood, too, Mr. Speaker, that the people in the Swift Current Health Region are somewhat apprehensive at this particular moment...

Mr. Steuart: — There was a...

Mr. Snyder: — You'll have your chance, Davey. Just hold onto your hat for a moment.

Mr. Steuart: — I'm just helping you out a little.

Mr. Snyder: — I think it is well know, Mr. Speaker, that there are a number of people in the Swift Current Health Region that are concerned and disturbed by the application of deterrent charges throughout the Province, because at the present time I have been given to understand that the deterrent charges that are levied in the Sift Current Health Region are used for the purposes of providing dental health for the children in that area. I am not entirely certain of all the mechanics of the operation, but I have been given to understand too that these deterrent charges have been used for that purpose and with the general application of deterrent charges throughout the Province, that the per capita grant to the Swift Current Health Region will be reduced accordingly, which will undoubtedly provide some financial hardship for them and perhaps put their dental plan in jeopardy. I suggest that this is another feature, if this is true, that is in need of real careful thought and real careful consideration.

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Mr. Speaker, over the last number of days during the two major debates, Members on this side of the House have attempted to persuade the Government to consider alternate methods to meet the cost of providing Medical Care and Hospitalization other than imposing deterrent charges upon the sick. We have indicated in this House on a number of occasions that deterrent charges on hospitalization will not bring about the desired reduction in the use of hospital beds, as the Government has suggested. We maintain further that deterrent charges placed upon patients for the use of medical care may very well have the opposite effect and may indeed contribute to a greater need for hospital services, when preventive medicine is not really available to all our citizens.

It is our contention, Mr. Speaker, that these restrictions in the Swift Current Health Region have resulted in a lesser use of medical services, with the result of greater use of hospital services, because we feel that in a large number of cases minor sickness has been allowed to develop into chronic illness, which has required far more extensive and costly hospital care. It is a matter of record, Mr. Speaker, that the residents of the Swift Current Health Region apparently require 20 per cent of one-fifth more hospital care than other Saskatchewan people, who are not required to pay the deterrent fee when they visit a doctor. Maybe, Mr. Speaker, there is some logical reason why these people need more hospital care than the rest of us and, if this is so and there is a valid reason, I believe that the House would be very much interested in the rationale which leads the Government to believe as they do.

There is reason for us to believe that the Government conducted a rather wide-spread and extensive survey into the Swift Current Health Region some time ago. We have been given to understand that the findings from that study have influenced them in some way. But as yet, the Government has decided not to divulge the findings of the study which apparently influenced their judgment in this whole matter of imposing deterrent charges. I believe, Mr. Speaker, that the Minister of Health (Mr. Grant) has an obligation to lay this information before us, before all the Members of the House, before we are asked to vote on this Bill on second reading.

I think, Mr. Speaker, that the information contained in this study could very well influence the thinking of Members on both sides of the House. And I suggest again that, if that study played a part in the decision of the Government to impose these new charges upon the users of medical and hospital services, then the Members of this House have every reason to demand the right to this information.

Some Hon. Members: — Hear, hear!

Mr. Snyder: — There is no question, Mr. Speaker, about the fact that the cost of providing services in these two fields is rising. This has been the case for many years and there is no reason

to expect, if all of the things remain equal, that the cost will not continue to rise. This has been the case, I believe, in every jurisdiction in North America, and I expect in every corner of the world, whether these plans have been private or public. However, Mr. Speaker, this does not justify the proposed action of the Liberal Government opposite in foisting deterrent charges or utilization fees, if you wish, upon those who are least able to pay without regard for the financial circumstances or the ability of the individual to pay this new tax.

The Swift Current experience, Mr. Speaker, would seem to indicate that deterrent charges have had perhaps some effect in keeping people from seeking doctors' services. Keeping in mind the more extensive use of hospital services in that area, we are inclined to question the financial, the moral, or even the practical side of the whole question. We suggest that, if elderly low-income people have refrained from having an annual check-up, then we ask if this is wise. If large low-income families have refrained from taking a child to a doctor for treatment of a severe cold only to have the sickness develop into pneumonia or pleurisy, then we say this is utter folly.

It seems to me, Mr. Speaker, that the Government is proceeding with this legislation without properly establishing its argument that abuses of this plan actually exist. We haven't had a shred of conclusive evidence placed before us that points in this direction. If there is proof to this effect, Mr. Speaker, then I think that we would be more than willing to sit down with the Members opposite and to examine all the facts, and offer our services in attempting to determine ways in which alleged abuses might be curtailed. I am sure that there are many more effective and less arbitrary means of controlling abuses, if indeed they do exist.

While moving second reading, Mr. Speaker, the Minister expressed the belief that people were abusing the plan. If I remember his words correctly, he claimed that these people say to themselves something like this, "I paid my share and I intend to get my money's worth" or words to that affect. I wish the Minister would tell us who these people are and how many there are that are over-utilizing the plan. Surely he has some statistics to justify the position that he has taken. If the Minister has knowledge of such cases, I personally, and I am sure all Members on this side of the House would like to know about them, because among my acquaintances I don't know of a single person who prefers to languish away their time in the hospital, if they feel fit to return home.

If doctors' services are being over-utilized then I think we have the right on this side of the House to know where this is taking place and to what extent these abuses exist. I am unaware of abuses by the many people that I am acquainted with. Most of the people that I know, Mr. Speaker, regard these two plans an insurance against sickness and they consider themselves very fortunate if they never find it necessary to make use of

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these plans.

In my own family I have yet to use these plans since the introduction of Medical Care in 1962. I believe that my wife has visited the doctor on one or two occasions and my two children since 1962 have visited the doctor's office perhaps a dozen times in six years. It is my experience that there is at present a built-in deterrent with respect to visits to the doctor's office. I have yet to take one of my children to the doctor without a second visit to the drugstore to pick up a prescription at a minimum cost of about \$6 and in many cases the cost is a good deal more. So I suggest, Mr. Speaker, that here is an existing deterrent which is sufficient to preclude the frivolous over-utilization of medical care services.

I believe, Mr. Speaker, that we might very well benefit by consulting with the medical profession, with hospital administrators throughout the province in order to provide a practical alternative to this hideous new tax. We were told in 1962 during the Medical Care crisis that the Liberals had some sort of uncanny talent in dealing with the medical profession and the Liberal Opposition at that time claimed that only they could get the doctors to consult and to negotiate in good faith in order to solve the 1962 problem. It seems rather absurd to me that a problem of much less urgency and import could not be resolved in the year 1968 without taking the retrograde step that is contemplated in the Act that we are discussing today. Surely, Mr. Speaker, it shouldn't be difficult to convince the medical profession that unnecessary confinement of patients to hospital must be discontinued, if this is the case. Surely it shouldn't be difficult to convince hospital boards and hospital administrators that abuses must be eliminated, if such abuses exist. I find it difficult to believe, Mr. Speaker, that hospital boards, hospital administrators, and doctors are oblivious and unmindful of their duty to see to it that these services are used in a prudent manner.

However, I believe there is a good deal of wisdom in a re-assessment of the operation of each of our institutions from time to time, with an eye to more efficient and practical use of these facilities. I believe that this kind of an approach would bear fruit without any kind of arbitrary action that is suggested in this legislation. I believe that many Saskatchewan people are asking themselves today why the cost of providing hospital and medical services has become such an urgent matter at this time. I think they might properly ask whether the problem is more urgent today than it was a few years ago. I think that the answer is clear. The problem is no more urgent, but the attitude of the Government and its order of priorities are distinctly different from those of the CCF Government that came before it.

Some Hon. Members: — Hear, hear!

Mr. Snyder: — Health care, for 20 years, Mr. Speaker, was the top

priority item under the CCF. Care of the mentally ill in our province stood as a shining example to all other provinces. In its present state, Mr. Speaker, it is subject to criticism from all quarters and is presently a matter of deep concern to all those who are involved in the field of mental health. Under a former CCF Administration, hospital care was made freely available to all, free, Mr. Speaker, at the time of use in order that additional financial problems were not created for those who were sick and cut off from their incomes. This program was financed without deterrent charges for over 10 years, without a penny of assistance from Ottawa. Medical care in addition, Mr. Speaker, was financed with deterrent fees or utilization charges, or co-insurance imposts, or call them what you may. And in 1964 when the Government opposite came to power it inherited a Medical and Hospital Plan with a surplus of about \$9 million in the fund.

Mr. Speaker, during 20 years of CCF Administration, free cancer care became available to all Saskatchewan residents. Most Canadian provinces to this day have failed to reach the standard of care available here, and few have as complete a range of services available to their people. Cancer research in Saskatchewan played an outstanding part in making our province a leader in this field. Saskatchewan's Air Ambulance Service, provided largely out of tax dollars, also provided leadership for other countries and at the same time saved countless Saskatchewan citizens from death in out-lying regions of our province.

These, Mr. Speaker, were services that were provided under the stewardship of a CCF Government without the kind of regressive taxation that this Government is suggesting in this piece of legislation. Instead of maintaining the lead in setting an example for the rest of Canada, Mr. Speaker, Saskatchewan has assumed a second-rate position in a variety of ways since this Government came into power. I believe, Mr. Speaker, that Saskatchewan people had every reason to expect something better. With the expectation of \$10 million worth of assistance from Ottawa this year, our people were justified in hoping that our Medical Care Plan would be extended rather than curtailed and slowly strangled, as is the case today. With \$10 million from Ottawa this year, Mr. Speaker, and \$14 million plus thereafter, we might have expected a reduction in the personal premiums or perhaps a start on that 1964 Liberal election promise to provide some drugs as an insured service under the Medical Care Insurance Act.

This Government, Mr. Speaker, showed their colours early in the game. They left little doubt with respect to their concern for public health programs. After being elected in 1964, the personal premium was immediately increased from \$52 a year to \$72 a year per family.

Mr. J.H. MacDougall (Souris-Estevan): — Just like it was before.

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Mr. Snyder: — Yes, the premiums had been lowered by the CCF because for a variety of reasons that are well known to Members opposite, a surplus of about \$11 million had been accumulated in the fund. This represented the rebate to the people of Saskatchewan, represented in the most appropriate way of making a rebate to Saskatchewan taxpayers at that time.

Some Hon. Members: — Hear, hear!

Mr. Snyder: — Not one person, Mr. Speaker, in or out of this House claimed that the personal premium would be held at \$52 indefinitely. However, with a large surplus in the fund and with the prospect of Federal involvement in our Medical Care Plan during our Centennial Year, it was realistic to assume that the premiums could be maintained at that \$52 level for several years. Perhaps three or four years.

The new Liberal Government, Mr. Speaker, lost no time in showing their contempt for valuable public programs. One of their first official acts was to increase the personal premium and bleed the surplus from the fund and put it into general revenue. This was done without apology and without explanation, and we can only assume that the Government is intent upon destroying the confidence of the people of Saskatchewan in any program which is being provided to the public at cost.

Some Hon. Members: — Hear, hear!

Mr. Snyder: — I am afraid, Mr. Speaker, that the features of this Act which we are objecting to today, represent a serious erosion of our Medical and Hospital Plans. I am sure that the Government must be aware that the proposal to impose deterrent charges is almost universally unpopular across the entire province. Members on this side of the House without exception have been receiving letters from all corners of the province numbering in the hundreds. Numerous petitions have been sent to us in recent days. I have received some from constituencies other than my own. I have received letters from constituencies neighbouring my own, from Lumsden, Milestone and Bengough in particular. The vast majority of these letters are from people that I have never met. They admit, some of them, to supporting Members opposite during the last election campaign. I think that the Member for Bengough (Mr. Mitchell) might be interested that I have received three letters within the last few days that indicate that they supported Alex Mitchell during the last election, but that he received their last vote if the Government intends to proceed with this Bill. From a political point of view, Mr. Speaker, there is probably nothing that the Government can do which will destroy support for the Liberal party more completely. If it were not for the fact that many people will suffer as a result of this action, I would be inclined to welcome this attempt by the Government to commit political suicide. However, discarding the political implications that

are involved, I hope that the Government will show a degree of wisdom in this connection, and, whether their reasons are selfish or otherwise, I suggest to them that it is not too late to make restitution for a serious mistake before it goes any further.

Some Hon. Members: — Hear, hear!

Mr. Snyder: — I might suggest, Mr. Speaker, that the Government opposite might observe a safe course of action and hold a plebiscite into the matter of deterrent charges. The question of Government action, as a result of an expression of public opinion, has been suggested by the Premier before any costly welfare measures are to be introduced. It seems to me that this would be a most appropriate time for Saskatchewan people to express an opinion on this very important matter. I would venture an opinion, Mr. Speaker, that 90 per cent perhaps 98 per cent of Saskatchewan people would express their opinions to the Members opposite, and they would turn down the proposition for deterrent charges. I believe also, Mr. Speaker, that they would be willing to give an indication that they would be happy to pay an equivalent amount of money into the Treasury in a more equitable and just way.

Mr. Speaker, I have represented the people of the city of Moose Jaw since 1960 and I have worked and lived among them all my life, with the exception of a few years during wartime. I believe that I know these people well and I am convinced they are not unlike people in other communities throughout the province. I am convinced that they are willing to make reasonable sacrifices in order that something good and beneficial can be enjoyed by their neighbour. I am convinced, Mr. Speaker, that the vast majority of Saskatchewan people feel a genuine obligation to their fellow man.

I am convinced, Mr. Speaker, that the people of my constituency, if they were permitted to voice their opinion with regard to deterrent fees, would be willing to sacrifice a significant part of the highway program as it relates to Moose Jaw in the 1968-69 Budget. I am convinced that they would be willing to see the work on Highway No. 2 directly south of Moose Jaw, spread over two or three years, if this would permit the Government to discard this tax on the sick. I believe that Moose Jaw people would also agree to a postponement of the work at the junction of Highways No. 1 and No. 2 directly north of the city of Moose Jaw, if this would convince the Government opposite to change their mind.

I am sure, Mr. Speaker, that there are other Members on this side of the House who might express a similar sentiment to those that I have just expressed. However, if the Government persists in the introduction of this Bill, the people of Saskatchewan, I suggest to you, will register their disapproval in a manner that will be well understood by Members opposite at

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some time four or five years hence.

Some Hon. Members: — Hear, hear!

Mr. Snyder: — This Government, Mr. Speaker, in recent weeks has exhibited as little concern for the people of this province as did the French monarch for her subjects of that day when she said, “Let them eat cake.” The people of Saskatchewan are paying a high price for the political debts accumulated by Members opposite. I want to suggest again, Mr. Speaker, that prairie people have long memories and, while the guillotine is out of date, the ballot box is still an ultimate weapon. Members on your right, Mr. Speaker, will be given their answer at an appropriate time.

Unless the Minister chooses to amend this Bill in a significant way, or withdraw it completely, I will be opposing it on second reading.

Some Hon. Members: — Hear, hear!

Mr. R.H. Wooff (Turtleford): — I would just like to say a word or two in answer to the Minister of Mineral Resources (Mr. Cameron) who went on another of his tirades this afternoon. When the former Government first brought in Medicare the people of Saskatchewan will never forget, that it was the Liberal party who fought it every step of the way. They said it couldn't work, and that it wouldn't work and, if we can possibly help it, it will never be a success.

Probably one of the points that we should never lose sight of is that at that time a Government was breaking new ground. They didn't know all that might lie ahead, all that might be possible, all that might come up as eventualities that at that time they couldn't foresee. But over and over again, the leaders said that at no time would they apply deterrent fees, unless it became absolutely necessary. This was a commitment that they made to the people of Saskatchewan and to us as Members of the Government. As one of the older Members of this Legislature — and I am not speaking in terms of years of experience but just in years, Mr. Speaker, — my mind involuntarily runs back to the pioneer days, days when hospitalisation and Medicare were just never heard of. Hospital services and medical services, I think I can say were absolutely nil. It was a time, when apart from home nursing care and the odd homesteading doctor, who for most people was still miles and miles away, one lived or died as circumstances happened to dictate. There were many tragedies in those days, in Mothers lost at childbirth, and the loss from many accident cases, because there simply was no trained help which could be procured in time to save a life. Then doctors did come into many of the small towns, and they served tremendous areas against almost impossible odds. Mr. Speaker, I still take my hat off to the pioneer doctors of yesterday, as they were brave and undaunted

souls. The next step in the picture was the small hospitals that were built by tremendous effort and tremendous sacrifice as community projects. One of the hospitals in the area that I represent was operated for many years under the Benevolence Act by a group of ladies who organized themselves into a local hospital board. Following that we had one of the great services in Saskatchewan come into being, and many of you had more to do with it than I have. That was the rural municipal hospital. It was an attempt to ensure some kind of hospital services at least to limited areas of the province.

This Mr. Speaker, was a great stride forward, even though the services were limited, but again to a limited area it did bring relief to many, many people. as you know this lasted for many years, but it still didn't answer the problem in all the vast areas of LIDs at the time and rural municipalities of low assessment and what have you. People were still denied access to hospital services. Thus thousands of people at that time were denied the very services that would have saved life, and which they were in dire need of.

All kinds of approaches were made to save lives of people who didn't have the money to go to hospital. Municipal councils came to the rescue. Ministers of the gospel, organizations of one kind or another guaranteed the hospital cost, if the hospital would only open the door to the patient. I am sure that there are many of the Members present this afternoon who remember that period, that we went through. After many years and the loss of many lives often by too long a delay before seeking medical and hospital care and in many cases leaving hospital before they were sufficiently recovered, the people of Saskatchewan developed the finest hospital and medical care services in the whole wide world.

Some Hon. Members: — Hear, hear!

Mr. Wooff: — We, in this province, were the envy of all Canadians because we were the recipients of a health service unequalled anywhere. Costs have gone up, Mr. Speaker,. They have gone up in every phase of our daily living and hospital and medical care costs were not accepted. But here again, Mr. Speaker, a Liberal party carries the responsibility. In the 1945 Federal election they campaigned on, "We won't life price controls." A very similar situation we had on October 11th, because they were no sooner into power than they did the very thing that they had promised the people they wouldn't do. And from that day to this, costs have never ceased to rise and we have finally arrived at the place that M.J. Coldwell told us in 1945 was inevitable.

Now, Mr. Speaker, after developing these services we face a retrograde step. Instead of striding forward into the new century that we have talked about so glibly during our Centennial Year, instead of improving and extending these most important services recognized as the superior health services of

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North America, we have started to backtrack by introducing deterrent fees.

Now, Mr. Speaker, may I be so bold as to take issue with the Minister of Health (Mr. Grant) in the position he took regarding the Swift Current Health Region on this very important matter of deterrent fees.

The experience of the Swift Current Health Region on this very important matter of deterrent fees, rather than proving an overall benefit, has failed to do what they were supposed to do. There are fewer repeat office calls – that is certain – which of course means less follow-up of chronic disease and less follow-through of acute illnesses. Deterrent fees have just as surely played a part in sharply increasing the use of hospital beds in the Swift Current Region. Swift Current has the highest surgical rate in the province and by far the highest use of hospital beds for medical reasons, not just anywhere in Saskatchewan, Mr. Speaker, but anywhere in Canada. In-patient costs in Swift current for non-surgical reasons averaged \$52 per person in 1966 compared to about \$32 per person for the rest of Saskatchewan. The cost of the Provincial Hospital Plan would have risen by about \$10 million more in 1966, if hospital services had been used all over the province to the point that they were in the Swift Current Region. I am not casting any reflection on the Swift Current Region. They have been one of the great pioneers of medical and hospital services in the province, and I am one that is quite prepared to give them their just dues. I just cannot understand a responsible Minister taking such an illogical stand. I've discussed this knotty problem and it is a real problem with members of the hospital boards at home. I have discussed it with doctors, and neither the boards nor the doctors take the view that deterrent fees are the answer that will bring about the kind of results that the Gentlemen opposite claim they will. If the Government is so sure that there are abuses of our health schemes, why will it not tell us, where, what and by whom these abuses exist and are being carried out? So far as I am personally concerned, I fear, Mr. Speaker, that neither abuses nor financing is the real reason for this Government bringing in this Bill for deterrent fees. There are some skeletons in the cupboard; there are some election commitments to make good. And the people of Saskatchewan are being asked to foot these bills. I could forgive the Government if there were no alternatives to this regressive form of taxation. But, Mr. Speaker, there are more equitable approaches and the Government itself has never denied this fact.

I would just like to remind the Premier – and I wish he were in his seat – that there was a king of ancient times who said to his subjects when he came to power, “My father chastised you with whips, but I will chastise you with scorpions”, and he did, Mr. Speaker, but it was the destruction of his kingdom. I have on my desk a whole sheaf of letters that I have received in opposition to the application of deterrent fees, asking me

to do all in my power to persuade the Government that this the wrong step and that they, the people, are very much opposed to it. In fact, Mr. Speaker, I don't think that the people of Saskatchewan have ever been stirred up to the extent that they are at present, since the Liberals stirred them up over Medicare in 1961. So I plead with this Government in the name of justice, Mr. Speaker, and for the sake of those on low and fixed incomes not to apply – I don't mind what the Minister of Mineral Resources (Mr. Cameron) said – this inhuman approach to financing health services as outlined in Bill No. 39. Mr. Speaker, I don't think I need to say that I am not going to support the Bill.

Some Hon. Members: — Hear, hear!

An Hon. Member: — Yep, it's going to be off the cuff!

Mr. J.E. Brockelbank (Saskatoon Mayfair): — Mr. Speaker, in rising to take part in this debate on the second reading of Bill No. 39 I find that my basic fears of pre-1968 Budget days are, unfortunately, confirmed. I propose to show that the Liberal party has an instinctive antagonism towards Medicare and hospitalization. I also propose to show that the Liberal party serves as the focal point of resistance to these great social achievements of a previous CCF Government. At this time, Mr. Speaker, they have concentrated their evil forces in Bill 39. The imposition of deterrent fees is a manifestation of their opposition to Medicare and hospitalisation. At the beginning of this session, Mr. Speaker, Government Members spoke of the fresh mandate they required last year, which they claimed was given to them on October 11, 1967. Unfortunately for the Saskatchewan people the Liberal Government loses sight of some mandates and senses mandates where none exists.

In 1964 Saskatchewan voters gave the Liberal party a mandate to introduce a prescription drug plan under Medicare. They have lost sight of that mandate, Mr. Speaker, at least until it's appropriate to regain their vision. Now, the imposition of deterrent fees on our two major health plans is a major policy re-direction when studied in the context of the Saskatchewan scene prior to October 11th, 1967. This Government has no mandate to deter residents from seeking medical and hospital care.

Some Hon. Members: — Hear, hear!

Mr. Brockelbank: — Prior to October 11, 1967, there was no mention of major policy re-direction in the health care field, no mention of deterrent fees, Mr. Speaker, no mention of utilization fees, when this Government went to the polls about 160 days ago. Today, Mr. Speaker, they have conjured up a mandate. Why?

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They allege it is to save these two health plans from financial ruin. I think the question we should be asking, Mr. Speaker, is; who got these two health plans in the position they are in today? I think the Members to your right would have to take full credit, Mr. Speaker. Careful re-examination of considered opinion about the imposition of deterrent or utilization fees should cause us to reject the principles that are embodied in this Bill 39. Page 70 of the Report of the Advisory Planning Committee on Medical Care 1962 outlines the arguments against utilization fees as follows:

- (a) They are discriminatory in two ways; they tax those who have legitimate needs for service; they fall with unequal weight on persons of different incomes.

I think, Mr. Speaker, this point can be supported by all kind of statistical evidence in the Province of Saskatchewan.

- (b) They may discourage persons from seeking preventive care and may deter persons from seeking early treatment.

I think, Mr. Speaker, some other Medical Care Plans have avoided the situation this Government finds itself in, for the simple reason that it recognizes deterrent fees will deter people from seeking early treatment or preventive care.

The Assembly recessed until 7:30 o'clock p.m.

Mr. Brockelbank: — Mr. Speaker, it's nice to be back here fortified with food and prepared to go on. At our house we had roast fee of deterrent with Liberal election sauce, and after I had completed supper, the cook laughed about it. She said, "That was fish. I fooled you." I guess it is quite easy to get fooled, Mr. Speaker.

Before we adjourned for supper I was suggesting that a careful re-examination of considered opinion about the imposition of deterrent fees or utilization fees should cause us to reject the principle embodied in Bill 39. I was referring to page 70 of the report of the Advisory Planning Committee on Medical Care 1962, where they outlined the arguments against the utilization fees. I just want to recap these points, Mr. Speaker, because I know the Members opposite are hanging on every word that I'm saying this evening. Point number

- (a) They are discriminatory in two ways; they tax those who have legitimate need for service; they fall with unequal weight on persons of different income.

I suggested that figures will readily show that this is the case.

- (b) They may discourage persons from seeking preventive care and may deter persons from seeking early treatment.

I think, Mr. Speaker, we are all aware of the disastrous results that can occur when people are deterred or fail to seek early treatment or preventive care.

(c) They are a nuisance to the physician and the patient.

(d) They are both expensive and difficult to administer.

(e) Their application does not recognize that the provision of some medical services are initiated by the patients while others are provided at the order of a physician.

I think at this point, Mr. Speaker, it would be well to bring as supporting evidence for those last three points, the press clipping about the meeting of doctors in Saskatoon this week. This is a press clipping from the Saskatoon Star Phoenix of the 19th of March and it says:

Doctors Oppose Fee. Doctors of Saskatoon and District Medical Association have expressed dissatisfaction with the utilization fees slated to go into effect April 15th.

At this juncture, Mr. Speaker, I think it would be well to advise the Members of this Chamber that the doctors to my understanding have not received the new regulations that the Minister had put out in the House last Friday, the fees which are to be implemented April 15th. Continuing with the clipping, Mr. Speaker:

At a meeting of about 100 members, the association approved a resolution to be presented to the Saskatchewan Medical Association for consideration and such action as the provincial group deemed necessary.

The local association went on record as being in favour of the principle of patient participation in payment for medical services, but opposed the utilization fees announced in the Legislature by Provincial Treasurer Steuart.

Dr. E.H. Baergen, secretary of the Saskatchewan Medical Association, Monday, said the resolution had not yet been received at his office, but it would be dealt with by a representative assembly meeting of the provincial association. That meeting would take place later this month.

Doctor Baergen said the medical association had not been specifically consulted about the change in fees and the method of collecting them.

Very interesting comments.

Several methods of participation payments by patients had been considered by the medical association, he said,

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but no definite conclusion had been reached by the provincial organization. The budget announcement had focused definite attention on fee collection methods, he said.

I think that article fully supports the last three points that I read from the Thompson Committee Report Recommendations with regard to deterrent fees.

A letter to the Government and all Members of the Legislative Assembly had an appeal similar to the Thompson Committee appeal against deterrent fees, but with some added reasons why deterrent fees should not be imposed. I think it would be wise, Mr. Speaker, to read this letter into the record. This is from the Pensioners and Senior Citizens Organization of Saskatchewan. I am prepared to table this letter, Mr. Speaker.

Hon. W.R. Thatcher, Premier of Saskatchewan,
Hon. G. Grant, Minister of Health,
All Members of the Cabinet and of the Legislative Assembly:

Dear Sirs:

The Pensioners and Senior Citizens Organization of Saskatchewan is strongly opposed to the Government's proposed Hospital and Medicare utilization fees on the sick, as a means of resolving the problem of alleged over-use of hospital services or of health care financing.

1. A large percentage of our pioneer citizens are presently in very low income brackets and unable to maintain a decent standard of living, and the imposition of deterrent fees will definitely accentuate this situation by seriously affecting people who should be helped by the plan.
2. The method of collecting deterrent fees at the hospital level would impose extra work loads on over-worked staff.

How true, Mr. Speaker.

In fact it would mean in most hospitals additional staff for bookkeeping and collection procedures, and hospitals would end up with less money than ever before.

3. A similar method of collection deterrent fees by doctors would have the same effect.

This is the added information in addition to the Thompson Committee Report recommendation against deterrent fees.

4. Former Chief Justice Hall stated in his Royal Commission Report on Health Services that deterrent fees would have an effect only on the poor and that administrative costs would be out of proportion.

I think this is one of the chief points that the doctors are talking about in their report, the administrative costs would be out of proportion.

5. Senior citizens prefer less worry and a more peaceful existence in their declining years than deterrent fees would seem to impose. The Pensioners and Senior Citizens Organization of Saskatchewan strongly urges the Government of Saskatchewan not to proceed with deterrent fees penalizing the sick as a means of resolving the problem of over-used services or health care financing.

Respectfully submitted,
President, Mr. Medd
Secretary, Mr. Campbell.

If there is any doubt in the Government's mind about the extent of the feelings of the senior citizens of this Province I would like to put on the table just a sampling of the feelings of the senior citizens in my constituency of Saskatoon Mayfair. This is a petition, Mr. Speaker, signed by 180 people in one senior citizen development in my constituency ... Yes, Mr. Minister of Highways (Mr. Boldt). You say they're Socialists all.

An Hon. Member: — Talk, talk.

Mr. Brockelbank: — I was just recalling the past. the petition reads as follows, Mr. Speaker,.

We the undersigned strongly protest the Government action in bringing in legislation re deterrent fees in doctors' services and hospitalisation. We feel this is a very unjust tax on the sick and urge you to reconsider this action.

Signed by 180 people, Jubilee Residence, Saskatoon Mayfair.

Incidentally, Mr. Speaker, there is a former MLA who signed that, and he wasn't one of ours either.

Hon. D.G. Steuart (Provincial Treasurer): — Three guesses. Just dig around in it, you'll find him.

An Hon. Member: — Must be one of the smarter ones because he's not here.

Mr. Brockelbank: — The Government Members, Mr. Speaker, only a year ago waxed eloquently about the sanctity of agreement as agreements

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existed at that time between a private company and the city of Regina. Today, this Government is prepared to change their policy and in effect break a contract with the citizens of the province who have paid personal premiums in advance for services in the field of medical and hospital care.

Some Hon. Members: — Hear, hear!

Mr. Brockelbank: — Mr. Speaker, some of my constituents are quite concerned about this and I want to read you some letters expressing their concern. This is dated, Saskatoon, March 13th.

Dear sir:

Having elected you as our MLA in Mayfair constituency, we are appealing to you to oppose proposed hospital and Medicare deterrent fee. We feel the Government has broken the contract with the people of Saskatchewan by accepting our premiums and not giving us the benefits of service we are paying for. Is it a privilege to be ill? I think not. One does not get ill by choice.

Signed, Respectfully...

Another letter, Mr. Speaker, I would like to read into the record because they are concerned about the manner in which this Government breaks contracts, contracts with the electorate, Mr. Speaker. It is addressed to Mr. J.E. Brockelbank, MLA. this is marked the 12th.

Dear Sir:

Mr. Stuart: — Dear Son.

Mr. Brockelbank: — I might caution the Provincial Treasurer he'll probably receive something from my father later; he lives in Regina, I live in Saskatoon. These are from Saskatoon Mayfair. Have I got you straightened out now?

Mr. Stuart: — If we did, it would have more...than what yours do!

Mr. Brockelbank: —

We have paid our hospitalization for 1968 so this contract has been sealed for this year. Now how is it that a handful of people can throw this contract out the window and get away with it.

An Hon. Member: — They won't!

Mr. Brockelbank: —

Last year we made seven visits to doctors and it cost us

\$42 in medicine, plus \$72 hospitalization fees. Now we are fortunate to have a healthy family, but if we had to pay this extra deterrent fee plus hospital care and more illness in 1968, where would we get this money from? We already hold back visiting doctors, knowing full well that we have to have a prescription filled and can't afford it, besides, the doctors do not receive any of this fee. They are complaining of doctors leaving the province. Well, Thatcher is sweeping them out, sweeping out the best with this new fee of his. I wonder what he uses to manufacture these stunts. It certainly is not consideration or...

An Hon. Member: — Start over, start over!

Mr. Brockelbank: —

...or educated brains apparently. Some dumb bunny like myself. (Now I'm not talking about myself, this is the letter).

An Hon. Member: — You are still quoting, are you?

Mr. Brockelbank: — Apparently some dumb bunny must have pulled it out of his hat, Mr. Speaker, is what the letter comments.

Mr. Steuart: — You're a good puller-outer a hat, J.E.

Mr. Brockelbank: —

We talk and we get angry about the high rise in the cost of living and inflation. Where does he get the extra money from for the ordinary guys that are on low wages? With taxes being raised continually and everything else, I doubt whether we have 15 cents or \$1 left to call our own. Do we have to put up with this? How can we get out of it? Is there an answer to all of this?

It appears there's only one answer, Mr. Speaker, and that will be to change the Government.

Some Hon. Members: — Hear, hear!

Mr. Brockelbank: — In addition, Mr. Speaker, a lady phoned me last weekend with a report that she had been ill. To make sure she would be covered by Medicare and Hospitalization Plans, she had paid her 1968 premium quite a while in advance. Unfortunately she suffered some serious reverses and had to go on social welfare. She has attempted to get her early pre-payment returned, Mr. Speaker, but has not been successful. The Liberal Government has broken its contract with the lady and in addition it has her

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money in its tight little fist.

Hon. C.P. MacDonald (Minister of Welfare): — Mr. Speaker, would you like to provide chapter and verse on that?

Mr. Brockelbank: — Well, I think the Hon. Member from Watrous (Mr. Schmeiser) will be hearing about it eventually. It is in his constituency.

Mr. Steuart: — It will be...

Mr. Brockelbank: — Mr. Speaker, I have heard Members to your right suggest that they haven't had very much mail or communications on the matter of deterrent fees. They believe we are exaggerating the ground swell of revulsion to this document delivered on March 1, Black Friday and in particular on the matter of deterrent fee imposition. Mr. Speaker, this Government has lost touch with the people. The people suspect with a certain measure of justification that their appeals fall on deaf ears or cold hearts or both. A couple of letters will illustrate the point that I am making, Mr. Speaker. This is addressed to myself and it says:

Dear Sir:

We are writing to you since you are our MLA and represent us in Regina. Of course it is in regard to the latest stunt the Liberal Government has pulled off, namely, the increase in tax and mainly the deterrent fees. We have seen many rotten deals handed out in our time but this one takes the cake. It is the granddaddy of them all and it will be a sorry day for Saskatchewan when, and if it comes into effect. When they have the gall to show their faces on TV, it takes all the willpower one possesses not to kick the TV in. If they should come up with some brilliant ideas like collecting deterrent fees, which like they say will cost \$2,400,000 to collect, plus our homeowner grants which they took from us in the first place by raising our taxes. Then give some good Liberals the job of collecting or rather sending us our money back. The good Lord better help us from their generosity or we will all be in the poor-house before too long.

Some Hon. Members: — Hear, hear!

Mr. Brockelbank: —

There's a lot of talk about education. Well, if that is what education does to people then let's drop it and get back to the plain ordinary good horse sense.

Some Hon. Members: — Hear, hear!

Mr. Brockelbank: — and these people have lost faith in this Government. their concluding words plainly show this.

I guess we could go on and on but wouldn't get anywhere.

Thank you very much,
Cordially yours.

Mr. Steuart: — Cordially yours! Is that an Irish family?

Mr. Brockelbank: — I just happen to have another letter here, Mr. Speaker, showing that the Government Members have definitely lost touch with the electorate and the people of Saskatchewan. And you'll have to bear with me, Mr. Speaker. This is another written letter. (It is from my constituency)

Dear Sir:

With regard to the deterrent fees with which the Liberal Government of the Province intends to penalize the sick and the aged, especially, may I voice through you my utter disgust and contempt for this method of taxation. I am sure every one expected tax increases even in this province of milk and honey as we were all led to believe. But the taxing of people least able to afford it is downright unchristian. It is obvious what our Premier and his Ministers hope to achieve by this move, disenchantment.

Well I must admit, Mr. Speaker, they've been totally successful in that field with our model of Medicare and Hospital Plans.

I would hazard a guess that he would make a very poor poker player as he telegraphs his intentions long before he makes his move, a very dangerous man that should be closely watched, especially by you, the MLA.

I can assure that constituent that we are doing that.

I quote the following figures which may be of interest to you: The MSI...

And I assume he means Medical Services Incorporated.

...handled on my behalf the sum of approximately \$154 for doctor's services in 1967 with six dependent children, my wife and self. This amounts to approximately \$1.62 per head per month paid on my account. Of this I pay through direct hospital and medical premium 75 cents per head per month or \$72 yearly, leaving a deficit of 87 cents per head per month to be paid by the Government.

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Fortunately no member of my family required hospital care, probably because of the available preventive measures of the family doctor, who incidentally is hopping mad. So if 87 cents per head per month is excessive and constitutes an abusive attitude, words fail me. As the father of a large family and a hospital worker, I am very concerned. With my union now negotiating a new contract, how much more difficult it is going to be when the administration knows that of April 15, it will be necessary, it will be receiving \$2.50 per patient per day less from the Government. Money it must recover itself at added administration costs, so I feel personally I'm getting hit at both ends.

He doesn't know it, Mr. Speaker, that he's getting hit in the middle too, I think.

I hope the facts and figures such as these can help you, as my MLA, to bring further pressure on this Government to find other means of raising necessary revenue although remembering the dictatorial policy of the past, I really can't see this doing very much good.

Sincerely.

I say, Mr. Speaker, that this Government, this Liberal Government intends to work an unequal hardship on Saskatchewan citizens. I want to read into the records some letters I have in this regard, Mr. Speaker. This is a short one from a constituent, dated March 13.

Mr. Steuart: — Short constituents or short letters.

Mr. Brockelbank: — Well, we have all shapes and sizes of constituents there.

I hereby request that your Government not proceed with its proposed hospital and Medicare utilization deterrent fees for this reason: speaking of a family of six, it would cost \$9 yearly for checkups. In case of illness, the whole burden would extremely set back a family on average income. The Government should impose a penalty on people who abuse this type of service.

Yours truly...

I have another letter here, Mr. Speaker, that illustrates how some people feel. This is going to constitute a burden on them. It is addressed to the Premier and I expect the Premier won't be reading it, so I'll take the trouble to read it on his behalf. It says:

Dear Mr. Thatcher:

I am writing to express the hope that your Government will not put into effect the proposed hospital and medical utilization fee. I believe that if this is done it will destroy the basic ideas behind the Medicare Plan which are: (a) that everybody will equally share the cost of the plan in order that nobody will be financially deterred from seeing his doctor. I do not believe there is one in a thousand who would go to a hospital unnecessarily. We go only on the advice of our doctor, therefore, if there is abuse of this kind, the only conclusion to be reached that the doctor is the one responsible; (b) that good preventative medicine can be practised. That is that the people will go to their doctors for annual checkups, will go back to receive regular treatment of chronic illness to keep it from progressing further or leading to further complications. If further money is necessary, I believe the best method would be to raise the premium. However, I think there are many ways costs could be cut through the better use of facilities. For instance, operating theatres could be booked to greater capacity rather than running about one-quarter full as they do now. The suggested utilization fee will hit hardest families with young children such as my own, and we have five. It will hit old people who should go for semi-annual check-ups. And pensioners are already hard-pressed to get by and of course the chronically ill. I most definitely feel this legislation is not in the best interest of the people of Saskatchewan and I hope that you will not play politics, in the case such as this, that it will not be passed.

Respectfully yours.

Copies sent to all Saskatoon MLAs.

I have another letter, Mr. Speaker, that sets out a case. I think that it is a very serious situation existing in Saskatoon.

Dear Mr. Brockelbank:

Please give my letter special attention. I do hope that you can help me and many others just like me. This is in regard to the new deterrent tax the Government has installed on hospital beds, visits from doctors and to doctors. We have two children, we have been married four years and our oldest child is a Mongoloid. He becomes ill easily and often. In 1967 we purchased over \$200 in over-the-counter drugs. This year is not going to be any cheaper. We cannot refuse to purchase these drugs, nor can we refuse to take the child to a doctor when he requests to see him within two days. Most of the time, in spite of the doctor's efforts and our own, the child ends up in hospital. His stay lasts usually six days, then he may return in two more days due to recurring illness. My husband has ulcers of the bleeding variety. He has been told that the next attack will mean hospitalization and,

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after the bleeding subsides, an operation which involves six weeks of confinement afterwards.

We do not begrudge the Government their taxes. We realize they are necessary. We are not what the Government may label "poor", therefore we do not qualify for assistance. My husband earns \$300 a month. We rent a home and we have furniture payments, plus insurance premiums, etc. Until now, with a lot of juggling we have managed to keep our heads out of water. In one year, under this new tax, we will be hopelessly in debt. Please do what you can for us. Thank you.

Mr. Speaker, I would like to report a telephone conversation that I received over the weekend. This was from a gentleman by the name of Mr. King and I don't imagine he would mind me using his name. He is a taxi driver in the city of Saskatoon. In 1967, he received an income of \$3,400. His drugs and medical cost were \$761. His wife is ill and requires considerable medical attention. He son is retarded and requires extra care. He feel she cannot afford this new tax on good health.

Many organizations have expressed concern about the Government's proposed actions. There is a letter I would like to quote which seems to sum up a couple of points quite well. This letter, Mr. Speaker, is from W.E. Hordern, President of the Lutheran Theological Seminary in Saskatoon. It is addressed to me and it says:

I am sure you do not need to be persuaded to oppose the Government's proposal to put a deterrent fee on medical services. However, I am writing to express my concern and to assure you that we are supporting you in your opposition. There are many reasons why this proposal should be opposed. I mention only two of them. The proposal in my opinion is immoral. If the Province can stand as much as your Government proposes to spend to build roads, it can afford to maintain decent health services. The proposal is also short-sighted. I know a number of retired people who have stayed in Saskatchewan because of its medical protection. Will they continue to stay and spend their money here after the medical program is watered down?

A little over a year ago, I decided to move to Saskatchewan. An important element in my choice was the medical protection provided by this Province. In my position I have some experience in recruiting men to work here. Today Saskatchewan's medical protection has been a strong drawing card. The proposed legislation will add a few million, after deducting increased costs of administration, to the Province's income, but it will result in speeding up the exodus of the population from the province and slowing down immigration to the province. It will end up in increasing the Province's financial difficulties.

Therefore, from the point of view of both ethics and morals I would urge that you oppose this action.

Signed by the President.

I will table that letter, Mr. Speaker.

This proposed legislation has ignited debate here and all over Saskatchewan. Many questions are unanswered and the charge of abuses made by the Provincial Treasurer on Black Friday, March 1, 1968, is totally unsupported. The Minister of Health (Mr. Grant) when he spoke on the second reading of this Bill 39 said as follows and I quote him:

It is very easy to excuse ourselves by saying that only a doctor can admit or discharge. This is true, but because there is no demand control there is no patient resistance to doctor over-utilization.

Let's examine that statement in part, Mr. Speaker, the part of the statement that says: "There is no patient resistance to doctor over-utilization." Is the Minister saying that patients should be asked to make a medical judgment as to whether the doctor is over-utilization the service? The Minister of Health continues:

I am sure that the medical profession recognizes some of their members do not exercise the degree or control on admissions and discharges recognized as being of an acceptable standard. I am hopeful that the doctors will also demonstrate additional responsibility.

Other unanswered questions, Mr. Speaker. If this legislation is passed, what can we expect when the crushing over-load will be thrown on semi-medical agencies? And I'm referring for example, Mr. Speaker, to the Victorian Order of Nurses and others.

Private medical plans, insurance plans, run only for profit, have an aggregate limit beyond which they will not burden an individual in a financial way. This Liberal Government's proposal is awesome if you stop to consider the unlimited financial burden which could fall on an individual. Mr. Speaker, that used to be the rule in Saskatchewan. An unlimited financial burden could fall on an individual and crush him. that was removed from the Saskatchewan scene beginning in 1946-47 and was being carried on in 1962. But now, again, an unlimited financial burden could fall on a citizen of Saskatchewan and crush him.

The \$3 minimum limit in the regulations will work a hardship on good family practice of the general practitioners. I doubt that these deterrent fees will affect the high-income doctors such as surgeons and specialists.

There is no patient control, at least based on medical reasoning, in the proposed Liberal regulations. When a patient is referred by his doctor to a specialist, the deterrent fee is

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charged. When a patient is instructed by his doctor go to hospital, the patient goes and the deterrent fee is charged. There is no patient control, Mr. Speaker.

In support of this argument about the imposition of deterrent fees, I would like to quote some outside authorities on the subject. I think I could quote from the book, "Bitter Medicine": written by Professor E.A. Tollefson. This was written after the advent of Medicare in the Province of Saskatchewan. The quotation deals with the matter of the establishment of negotiations between the Health Insurance Commission and the British Columbia College of Physicians and Surgeons in 1936, Mr. Speaker.

Following the passage of the Act, the health insurance committee of the British Columbia College of Physicians and Surgeons entered into negotiations with the newly established Health Insurance Commission. the commission urged that the profession try the scheme for a year and if at the end of that time the Health Insurance Fund proved to be inadequate, the commission would recommend to the provincial government that the annual premium be increased, or that the benefits be decreased, or that the government make a special advance to the fund, or that a combination of the above measures be adopted. The commission also suggested that a deterrent fee of \$1 or \$1.50 might be claimed directly from the insured patient by the doctor for the first house call in respect of any one illness. the health insurance committee of the College of Physicians and Surgeons felt that the first undertaking by the commission was entirely too vague to be satisfactory, and that the deterrent fee was objectionable – it was contrary to the principle of complete service; the insured patients would resent its imposition, and it would be difficult to collect.

I'd like to quote from another source, Mr. Speaker, and this is from the book called "Doctors' Strike" by Badgley and Wolfe. I am sure that some Members here are aware of that book and I'm not quoting the opinion of Badgley or Wolfe or any of our contemporaries. but from it I'm quoting the results of a study undertaken on the municipal doctor schemes in the Province of Saskatchewan in 1931 by C.R. Rorem, entitled "The Municipal Doctor system in Rural Saskatchewan", Committee on the Costs of Medical Care, publication No. 11, University of Chicago Press, 1931. This is the quotation:

The costs are so distributed that no individual patient or families are heavily burdened. Early consultation is encouraged, yet there is little tendency among patients to take up the doctor's time in trifling ailments. Preventive measures are utilized freely. Some of the doctors say that their relations with their patients are more cordial than when a fee was charged for each service, and they are saved much financial worry and clerical

detail. No community in Saskatchewan which has adopted the municipal doctor plan has abandoned it.

This Mr. Speaker, was comment from 1931, and I think the Minister of Public Health would be well to heed the comments that are in that article, if he were in the House.

I few days ago, Mr. Speaker, the Hon. Member from Yorkton (Mr. Gallagher), took it upon himself in this same debate to lecture us about political expedience. The only conclusion, Mr. Speaker, that I could draw from his remarks about political expedience is that his kind is the professors of political expedience. I don't mean to ask Members opposite to withhold their remarks. On the contrary I want them to express their opinions of this major redirection of policy since October 11, 1967. I was disappointed to hear that the Regina South West Member (Mr. McPherson) – who is not in his seat now, Mr. Speaker, and I am sorry – chosen to represent the Saskatchewan Chamber of Commerce by the Chamber of Commerce on the Thompson Committee...

Some Hon. Members: — Hear, hear!

Mr. Brockelbank: — ...boycotted a good part of the Committee's work. Now I don't presume, Mr. Speaker, to tell the Saskatchewan Chamber of Commerce whom they should choose to represent them on boards or commissions, even though they occasionally align themselves with the Liberal party. I believe they have every right to align politically with the party of their choice. I only suggest that they probably could have made a better choice from among their ranks to represent them on the Thompson Committee. For example, had they chosen the present Member for Saskatoon City Park-University (Mr. Charlebois) he would have stayed with the Committee all the way, Mr. Speaker. I am sure of that. Incidentally, Mr. Speaker, I am looking forward to hear his justification for this new policy by his party since October 11, 1967.

Some Hon. Members: — Hear, hear!

Mr. Brockelbank: — I didn't hear a word about it from him during the election campaign last fall. His constituents are also interested in finding out where he will stand. I know, because I have received letters from his constituents. Let me read one to you, Mr. Speaker. This is addressed to Mr. J.J. Charlebois:

Sir:

Re this utilization fee. I consider it nothing but penalizing the unfortunate and the aged. I shall write for myself. Being 86 years old come April 8th I now find myself requiring quite a lot of doctor's attention. As I am a chronic asthmatic, an old age pensioner and a widow of an non-pensioned World War 1 pensioner, I find it difficult enough to make ends meet as medicine is expensive.

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So there is her deterrent fee, Mr. Speaker. "Medicine is expensive."

But for the financial help I have been given by my family, I would be in my grave before this. Medicare, and I believe that this was voted in on the understanding that the people get free hospitalization and ultimately free doctors. Penalizing or pocket-picking those who are ill is an unholy act and unwarranted. Why weren't people in the province told of this change before the election? I know the answer. Being out and in hospital when my doctor decides it is best for me to be there, I shall continue to go. I live alone and can't afford to pay either hospitalisation or medicine without taking from my children who have families to look after.

And it is signed by this lady. She encloses a bill for drugs and it's sort of like getting bitten by your own dog, it's from Pinders Drug Store, Mr. Speaker. and this bill is for \$4 and on the back of that bill, Mr. Speaker, the lady has inscribed some words about the kind of drugs she got and the cost and some other medicine she got and the cost. And she said, "Since November, 1967, I have spent \$17 on drugs and prescription needs."

The Hon. Member wants it tabled; I'll table it for him.

Mr. Steuart: — You lost us some time ago!

Mr. E. Kramer (The Battlefords): — You were lost a long time ago, Davey.

Mr. Brockelbank: — In addition I would like to hear, Mr. Speaker, the stand of some of the other people on that side of the House. I think a good one would be the Hon. Member from Hanley (Mr. Heggie). I would be interested in hearing what his stand is. Apparently he didn't make himself clear during the election campaign, Mr. Speaker, on the matter of deterrent fess, not to mention the tax structure as a whole. I don't have a letter from a constituent in this case and I am sorry about that, but I believe that I can report on a personal talk with someone who helped elect him in October. that person was my father-in-law.

Some Hon. Members: — Hear, hear!

Mr. Brockelbank: — I have always respected by father-in-law's right to indulge in any political party's affairs that he wished to. He is a farmer southwest of Saskatoon and my father-in-law said to tell you Liberals that, if you think John Brockelbank is perturbed about the Budget, you should see his father-in-law.

Some Hon. Members: — Hear, hear!

Mr. Brockelbank: — I visited him last Sunday because it was St. Patrick's

Day and he is just a couple of generations away from the old sod. He's got a bit of a hair-trigger temper and I wouldn't be a bit surprised if he was honing up his stock knife about now.

Some Hon. Members: — Hear, hear!

Mr. Brockelbank: — In addition he believes that the Member from Hanley (Mr. Heggie) will never come close to getting an MLA pension. For his own safety I would suggest that he not venture southwest of Saskatoon for at least five years, because even his own supporters in the last election campaign are mad at the Liberal double-cross.

The actions of this Government are incompatible with the truth, justice and fair play. I find it difficult to rationalize this Government's principles and policy with the United Nations, its Charter and its declaration that this year be designated Human Rights Year.

I would just like to quote something about the United Nations. This is from the book "Better Medicine" by E.A. Tollefson a Saskatchewan Professor. "Government in Medicine" is the heading of the chapter. In the short preamble to chapter one he has,

Health is a state of complete physical and mental and social well-being and not merely the absence of disease or infirmity...The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social conditions...Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures.

Mr. Speaker, this is from the preamble to the constitution of the World Health Organization.

To sum it up, Mr. Speaker, in addition to the communications that I have taken the trouble to submit to the table, I have a considerable number of individual signatures on letters, 49 approximately. I have about 23 names on telegrams. I have 99 names on two more petitions and I have a notification of a petition sent to the Premier with 1,166 names of housewives. I have submissions from different organizations, the Regina Labour Council, the Saskatoon Labour Council and other organizations. Mr. Speaker, unfortunately a lot of the comments that I have received on this deal with the matter of loss of faith that the people now have in this Government. These people have said to me, when I tell them to write to me in Regina if you have a complaint, "What's the use. The Government is not going to pay any attention to me anyway."

An Hon. Member: — We shall not be moved!

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Mr. Brockelbank: — Mr. Speaker, there is more that I would like to say on this at a later time. I beg leave to adjourn the debate.

Debate adjourned.

The Assembly adjourned at 9:59 o'clock p.m.