

LEGISLATIVE ASSEMBLY OF SASKATCHEWAN
First Session — Sixteenth Legislature
27th Day

Friday, March 22, 1968.

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

On the Orders of the Day.

WELCOME TO STUDENTS

MR. G.F. LOKEN (Rosetown): — Mr. Speaker, I wish to introduce a fine group of students from Mildren school. They are located in the west gallery and are under the direction of two of the teachers, Mr. Myers and Mr. Peterson. I know that the Assembly will join with me in extending a hearty welcome and wish them an enjoyable afternoon and a safe journey home.

SOME HON. MEMBERS: Hear, hear!

MR. G.T. SNYDER (Moose Jaw North): — Mr. Speaker, I would like to take this opportunity to introduce to you and to the House a group of students from Lindale school. They are about 70 in number. This is from the constituency of Moose Jaw North, of course. They are accompanied by their teachers, Mr. Skorobadach and Mr. Hanson. I am sure that all Members want to join with me in welcoming them here and expressing the wish that it will be a profitable day for them and that they will have a safe journey back to Moose Jaw.

SOME HON. MEMBERS: Hear, hear!

MR. P. SCHMEISER (Watrous): — Mr. Speaker, I would like to introduce to you and through you a group of 57 students from the Cudworth public school. With them today, are their teachers, Miss Zacharias and Mr. Herman and also their driver, Mr. Rabut. We hope that they enjoy their stay in Regina this afternoon and that it will prove both informative and educational and that they have a safe journey home.

SOME HON. MEMBERS: Hear, hear!

MR. D.G. MacLENNAN (Last Mountain): — Mr. Speaker, in the west gallery I would like to introduce through you to the Members of the House, a group of students from the Derby high school in Strasbourg. They are accompanied by their teacher, Mr. Woods and I know that each and every Member of the House wishes them a most enjoyable afternoon and a safe journey home.

SOME HON. MEMBERS: Hear, hear!

MR. W.A. FORSYTH (Saskatoon Nutana South): — Mr. Speaker, I would like to introduce to you and through you to the Assembly, a group of students from Alvin Buckwold public school. Alvin Buckwold is one of the newer schools in the city of Saskatoon and it was built to serve the eastview unit in South Nutana. I would like at this time just to point out some of the things which I think we are all aware of in the naming of this school. Dr. Alvin Buckwold was one of the greatest humanitarians that this province has produced. His untimely

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death brought with it a full realization of the load that he gladly carried on behalf of his fellow citizens. I know that the students of the Alvin Buckwold school are proud of the man whose name of the school bears, and I hope that they will take his life as an example of service to humanity. Again, I welcome them here today and hope that their visit to Regina is interesting and educational.

SOME HON. MEMBERS: Hear, hear!

STATEMENT - NORTH BATTLEFORD INTERSECTION OF OLD NO. 4 AND NEW NO. 5

MR. E. KRAMER (The Battlefords): — Mr. Speaker, I would like to draw the attention to the Minister of Highways (Mr. Boldt) to a situation again at North Battleford that I have drawn his attention to before and it has also been drawn to his attention by the Chamber of Commerce and the City Council. Yesterday, at the intersection of old No. 4 and new No. 5, south of the City, there was another serious accident. Five people went to hospital. There have been no announced fatalities as yet and I hope there are none. There was a serious fatality last fall at this intersection. The Chamber of Commerce has petitioned several times and will be petitioning again. I want to state my case now. I want to tell the Minister of Highways that if something isn't done about a four-way stop or an underpass there, we will be tempted to take the law in our own hands and put up four-way stop signs ourselves.

HON. D. BOLDT: (Minister of Highways): — Mr. Speaker, we are fully aware of the situation there. Our officials contacted the Chamber of Commerce last year to identify the accidents at the intersection and as of today we have no information as to whether the accidents occurred at the intersection. They haven't identified the accidents. I read in the paper today of this accident and I also read that the Chamber of Commerce will be meeting with us, or at least sending a resolution to us. I have instructed our people to take further action to try and locate where the accidents were and what the reasons are.

MR. KRAMER: — Mr. Speaker, to correct the Minister of Highways, that the only reason that there haven't been more accidents is because the road has been closed until recently. That is because of the bridge repair. The traffic now is flowing again and there are going to be more accidents at this point unless some proper safety features are installed there.

QUESTIONS

INSURANCE COMPANY OF EASTERN CANADA

MR. R. ROMANOW (Saskatoon Riversdale): — Mr. Speaker, before the Orders of the Day, I would like to direct a question to the Hon. Minister of Health (Mr. Grant). According to some radio news reports circulating in and about parts of Saskatchewan, there are reports that an eastern insurance company has contacted the Department of Public Health on the question of providing insurance of the co-insurance of deterrent fees on hospitalization and medicare. Is the Minister aware of such news reports and if so, are they accurate?

HON. G.B. GRANT (Minister of Public Health): — There was an inquiry, Mr. Speaker. I don't know that they specified what the particular inquiry was about, but they did ask for us to supply copies of legislation and we did so.

MR. ROMANOW: — Mr. Speaker, I wonder if I might direct a supplementary question to the Minister. Would the Minister be good enough to inform Members of the House who the company was that inquired of the Department of Health.

MR. GRANT: — I cannot recall the name.

HOSPITALIZATION PLAN REPORT

HON. W.S. LLOYD (Leader of the Opposition): — Mr. Speaker, before the Orders of the Day, two days ago I asked the Minister of Health (Mr. Grant) when we might expect to get copies of this year's Saskatchewan Hospitalization Plan Report. He indicated at that time that it would be available, he hoped that afternoon. It obviously hasn't been. We are at the weekend and in view of the current debate it seems very necessary that Members have access to this. The Minister has access in his Department to copying machines, so could he not make some available before the House closes today?

MR. GRANT: — I am sorry, Mr. Speaker, was the inquiry about the Saskatchewan Hospital Services Report? I indicated to the Hon. Leader of the Opposition that I would inform him personally when I got the information. I just got it this morning. The document will not be back from the printers until next week. As soon as it is available we will distribute it.

MR. LLOYD: — Mr. Speaker, a supplementary question. We are debating this matter, the Minister has copying machines and lots of staff. He can surely run off eight or nine copies and make it available.

MR. GRANT: — Mr. Speaker, this is the type of document that the Hon. Member is speaking about and we will do our best to make a few copies available. It does involve a lot of work.

RESOLUTIONS

RESOLUTION NO. 6 - PHASING OUT OF CABINS AND SHACK TENTS IN WASKESIU

HON. D.G. STEUART (Provincial Treasurer) moved, seconded by Hon. Mr. Thatcher (Premier):

That this Assembly is opposed to the arbitrary decision of the Federal Government to phase out the portable cabins and shack tents from Waskesiu Townsite in the Prince Albert National Park and urges the Government of Saskatchewan to make every effort to have the decision rescinded.

He said: Mr. Speaker, in 1928 the Prince Albert National Park was opened by the Right Honourable MacKenzie King. On that

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occasion the Prime Minister stated that the park would be dedicated to the average man. Accommodation would be made available, he said, through a park policy that would allow low-cost facilities to be built and property made available for a nominal fee.

Until just recently the Federal Department of Northern Affairs has held true to this principle. But today, Mr. Speaker, a crisis has arisen at our province's only national park, a crisis that will deny the average man and his family the opportunity to enjoy this beautiful park at a reasonable cost. Last year the Department announced a new redevelopment plan to go into effect next year for tent cabins and portable cabins. The plan proposed that over the next ten years these cabins will be phased out and replaced by commercial facilities.

In short, Mr. Speaker, this plan will eliminate the opportunity for thousands of Saskatchewan families to enjoy this northern playground at a cost they can afford. Since this announcement was made, Mr. Speaker, the shack tent and cabin owners have been organizing in an attempt to stop this proposal.

They have formed an association and its members come from all parts of Saskatchewan. They have held meetings, have petitioned the Department in Ottawa and have even sent a delegation to Ottawa to see the Minister. I would like to pay a tribute to the people working on this Committee and I believe they should enjoy the support of all the Members of this Legislative Assembly.

At the urging of this association the Premier and myself have contacted the Minister of Northern Affairs, the Hon. Arthur Laing, to express our concern. The Chamber of Commerce at Waskesiu, the cities of Prince Albert and Saskatoon, as well as numerous individuals have contacted their Members of Parliament and the Minister in this regard.

There are three main objections to this proposal: 1. More, not less, of this type of accommodation should be made available. 2. That it destroys the true principles behind the establishment of the park. 3. That the Department has given little opportunity for those affected to express their concern and has shown little sympathy for their situation.

Mr. Speaker, the proposal is unnecessary, impractical, and unfair. Prince Albert National Park comprises some 1,400 square miles. Within the general area of the Waskesiu Townsite there are miles of untouched waterfront that could be used for the purposes that the Department says they need the area now occupied by these cabins. This proposal is a prime example of bureaucratic stubbornness.

This is the same kind of short-sightedness that could one day destroy the true purpose of our national parks all across the country. It is these same so-called experts that have the citizens and patrons of Banff National Park up in arms. These are the same experts who moved the boat facilities at Waskesiu, some 10 miles away from the nearest cottages.

I suggest that the park officials know that they made a mistake, that they know they are wrong, but don't have the courage to admit it. Mr. Speaker, the plan is a very serious kind of discrimination. While the Department proposes to rid the park of the low-priced cabins, no mention is made of the expensive cottages. This park was never intended to be a rich man's paradise, but this proposal could make it just that.

While the \$20,000, \$30,000 and \$40,000 cottages will remain undisturbed, it is the ordinary individual who will be evicted. And for what reason? So that the Department in its wisdom can bring in more commercial facilities, facilities that those who are being pushed out of the park can little afford.

There are few families in this province that can afford to house their entire family in a resort hotel for six or eight weeks a year as they are presently able to do in their shack tents and cabins. Time and time again we have heard the Minister of Northern Affairs and his officials talk of too much commercialism in our parks. Yet here we see them bringing in a policy that will sharply increase the number of commercial outlets at the expense of the average men and women who now look to that park for their summer recreation.

On top of this, Mr. Speaker, these families will be faced with losses ranging from \$5,000 to \$7,000. What value will their investment have if they are no longer allowed to leave their cottage within the park? The Department officials have claimed that the shack-tent owners and the owners of the portable cabins enjoy a privileged position, and they do. But, I believe, that this position has been earned. It has been earned by these families that have patronized Waskesiu for a great many years. They have provided the steady economic base that has allowed much of the commercial development to operate profitably. They have been largely responsible for organizing much of the social activity that takes place in the park. The Department claims there is a need to provide space for the mobile type of park visitor. They say they need space to cater to the transient visitor, whose average stay will be about one week.

I don't disagree with this need, I merely point out that with 1,400 square miles in the park there is plenty of room for these new facilities without pushing out those already established in the park. I would also remind the House that Waskesiu is 230 miles from the Trans-Canada Highway. It is 60 miles north of Prince Albert, and 150 miles north of Saskatoon. Our National Park could hardly be considered to be on the beaten path.

Over the years the park has been patronized largely by families who spent their entire holiday time or at least two or three weeks in the park and not particularly by the transient. This situation is likely to continue for some time. But, Mr. Speaker, so far no amount of reasoning or pleading has been able to convince the Minister and his officials to reconsider their decision. No provision will be made for moving the shack tents or the portable cabins to some other area. The Townsite of Waskesiu alone comprises some 30,000 acres. Only 30 acres are involved in this scheme. Surely, somewhere in the vast area, space can be found to satisfy the needs of the park officials and the tent and cabin owners as well.

Since this problem arose, I have written and wired the Minister, met with him and his officials in an effort to persuade them to change their minds and their policy. I have also informed the Hon. Mr. Laing of this Resolution in a letter and I would like to read into the record of this House. This is a letter to the Hon. Mr. Laing. I now quote:

I have today given notice that I will introduce a Motion into the Legislative Assembly concerning the decision of your Department to phase out the portable cabins and shack tents at Waskesiu in Prince Albert National Park.

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I am confident that the Motion will receive unanimous support from all Members.

During this past year you and your officials have received numerous letters, delegations, and invitations to attend meetings called to protest this decision.

I regret that you and your Department have so far not accepted the proposals from these concerned families. The Premier and I have tried on numerous occasions to persuade you that the present policy should be changed.

I don't believe it is necessary to repeat the reasons why the people and the Government of Saskatchewan feel this way, but I urge you to reconsider this proposal.

I plan to be in Ottawa shortly and I would appreciate the opportunity to again discuss this urgent matter with you.

Mr. Speaker, I am convinced that there is only one method left that will have any effect on the Department, and that is for the Government of Saskatchewan, and this Legislature, to give support to the shack-tent and cabin owners in their fight. I would urge that all Members support this Resolution.

SOME HON. MEMBERS: Hear, hear!

MR. G.R. BOWERMAN (Shellbrook): — Mr. Speaker, this will probably be one of the few times that I can find it possible to support the Motion by the Hon. Member for Prince Albert West (Mr. Steuart). But since he was so gracious to place the National Park in my constituency I am sure that he will appreciate my interest and concern over the affairs of the park. I wish to express my agreement to the Resolution that he has proposed.

I am also pleased to learn of the action which his Government and he himself have taken with respect to the Resolution that is before us. I am happy to support, Mr. Speaker, the Motion because of the number of damaging effects which I believe the Federal Government's new policy is going to have on many of my constituents as well as the future usefulness of the park to the common man in our province. This Resolution is prompted, I presume, by the action of the Federal Government to introduce a new redevelopment program into the Waskesiu townsite. This policy was suggested by a communication from one of the Federal employees to an association meeting of campers at Waskesiu. In this communication he suggested that effective May 1, 1968, the Federal Government will begin to phase out camping permits authorizing the occupancy of a lot in the Waskesiu townsite for the purpose of accommodating shack-tents or portable cabins. The Federal Department is taking the position that leases for use by shack-tents and portable cabin owners are a privilege that rests with the individual exclusively and that under no consideration do the lessees have an interest invested in the land or in the structures.

In short, this means that the owners of a shack-tent whose lease expires in 1968, May 1st, will not be able to renew his lease. He must therefore, pick up his shack-tent and move out or must move over whichever way he deems best. It also means that a person whose lease does not expire until 1975 may find that his cabin-tent or his shack-tent is located on a different

lot each year, depending on the stages of park redevelopment. I am therefore in agreement with the intent of the Motion. Its sincerity of course can only be judged by the action and the support that it will receive from the Government after it has passed this House. I am convinced, however, that if the Government will approach this matter with all its energy and expedition that there is no question about the outcome. The Federal Liberal Government in Ottawa will change its mind about redeveloping of property now occupied by Waskesiu cabin owners.

I am pleased to see that the Motion has been introduced by the Government and I want to assure the support of not only the Shellbrook constituency toward any consistent effort by the Government to do exactly as the Motion requests, but I am sure that my colleagues on this side of the House are in agreement with the proposal. May I repeat, Mr. Speaker, that this Motion is not really enough to do the job. I suggest that, unless the Government actively pursues the intent of the Motion with all its vigor and with all conscious effort, the Motion will simply become window-dressing and will not accomplish the end to which it has been proposed.

Mr. Speaker, may I comment for a few moments on the rather thoughtless decision for the proposed commercial development which is to replace the present cabin and shack-tent owners at Waskesiu. The Federal Government suggests that, because Waskesiu is typically a beach type resort, it will replace present small cabins and shack-tent owners, it will replace the tennis courts, the lawn bowling greens, the ball diamonds, the roller rink, the playground area generally with hotels, motels and other commercial outlets to accommodate the transient type vacationer. This means that it will begin to push back or in fact may even push out completely the typically common man's accommodation, which has over the years been the main developing force of the Waskesiu resort.

It also means, Mr. Speaker, that those who have pioneered the park, those who have actually helped to build it, and those who have helped to maintain and in fact those who have helped to promote the success of the National Park to date, must now either move over or in fact they must move out completely to accommodate the commercial business sector and the transient tourists. It means again, Mr. Speaker, that one more of the inexpensive holiday resorts required and utilized by so many of our Saskatchewan and Canadian citizens will be replaced by the rather lucrative and expensive tastes of only those who can afford them.

I am not opposed to the development of commercial resort outlets and transient tourist accommodations at Waskesiu. I am sure their continued development is an indication and measure of progress in itself. I am also sure that the demand for these kind of holidaying tastes may increase and in fact in the future should keep pace with the standards of living in Canada. But I am opposed, Mr. Speaker, that this kind of development should be at the expense of those who have pioneered the Waskesiu resort and those who do not wish to become involved in such a transition or those who cannot afford to keep pace with the standards of Canada.

There is in the National Park almost one million acres of land and I presume that there is probably 300 miles at least of shoreline on Lake Waskesiu alone. I think that it is right to ask the question why the commercial interest and the transient

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holidayer have been supported by the Federal Government and have been permitted to move in and set themselves down on top of the 15 or 20 acres that out of the years have been carved out of the forest by these small cabin and shack-tent owners. I question, Mr. Speaker, why the Federal Government has chosen this area for commercial development and for the development of transient tourist purposes. I believe it is a rather intolerable situation. It is an intolerable act and similar to the vagaries of claim jumping which in the field of Mineral Resources is punishable by law. I must urge the Government of this province in no minimal way to take every effort and every action possible following the passing of this Motion to stop the Federal Government's complete intolerance of their rather serious proposals.

I would like to suggest, Mr. Speaker, to the Government three important items that may be considered as a basis of negotiating a reversal of the proposals of Ottawa. 1. We would agree that there must be an overall and generalized guidance policy for the operation of the administration and development of National Parks. However, mostly because of geography and because of the aesthetic values each National Park has its own merits, and not on the basis of a cross-Canada proposal or a cross-Canada policy. 2. As has already been said, Prince Albert National Park is unlike many other national parks which are surrounded by large population centres and traversed by or adjacent to super-continental highways. Our National Park is relatively isolated and generally speaking it is at the end of a highway and it depends almost solely on its survival on the local people in Saskatchewan. It is the kind of a park that is fast becoming the most sought after vacation park in America. It is, I suggest, a wilderness park, Mr. Speaker, characteristic of the famous Stanley Park of Vancouver, and I suggest that to commercialize it more than it is already, would be to destroy it. 3. Prince Albert National Park was originally conceived and this has been suggested already, and accordingly developed as a family park. It was deliberately located on the fringe of a relatively low income region and it was dedicated by its original founder to serve the common man.

Mr. Speaker, I support the Motion and I urge my colleagues on this side of the House and the Members of the Government to do likewise.

SOME HON. MEMBERS: Hear, hear!

Resolution agreed to.

SECOND READINGS

HON. D. BOLDT (Minister of Highways) moved second reading of Bill No. 40 — **An Act to amend The Highways Act.**

He said: Mr. Speaker, the amendments to The Highways Act will provide for an increase to cover the activities of the Warehouse Advance Account. The amendments are also intended to allow municipalities and the Municipal Road Assistance Authority to proceed with road improvements, particularly farm access road improvements without the usual procedures of purchasing widenings of existing road allowances. The proposal is to simply take easements for the widenings. The amendments will also make it somewhat more flexible and permit greater signs which may be

erected without permits. Certain recognition-type agricultural signs are recognized for the first time. For the first time there is a provision for the recognition of special type industrial signing. This in brief is the content of the Bill and details can be discussed in Committee.

MR. C.G. WILLIS (Melfort-Tisdale): — Mr. Speaker, in rising to oppose this Bill I do so not because of the items from Section 3 on, but because of Section 2 of the Bill. This Bill allows the Department of Highways to receive from the Government advances up to \$14 million to operate their Advance Account. The money which has been advanced by the Government to the Highways Advance Account has been increasing at a tremendous rate this last while. In 1965 the advance was \$9 million, presently the advance is \$12 million and the Department of Highways say it must have an advance equal to \$14 million. Well, Mr. Speaker, the very fact that the advances have been going up so rapidly is due to the fact that the Advance Account is operating at tremendous losses. The Department of Highways evidently is using the Advance Account to subsidize its own operation. They are not getting enough money evidently through the Estimates from the House here. We vote them so much money each year and this has been going up year by year. They are evidently not getting enough money here but they have to bring money in through the back door to finance their operations in the Department of Highways. The Advance Account is a business carried on by the Department of Highways to purchase machinery, to maintain that machinery, to use it for the purposes of the Department of Highways and then to charge the Department of Highways through its regular vote in the House here for services so rendered. Well the Department of Highways Advance Account has been operating at a tremendous loss since 1964-65. In 1964-65 the loss of the Advance Account was \$202,289. In 1965-66, the loss was \$71,396.45, and in 1966-67, the last year we have records here, the Public Accounts show us that the loss was the greatest it has ever been, \$252,255. Now everybody admits that the Department is operating probably on a larger scale, taking into the highway system a large number of grid roads. For these grid roads they must buy graders, they must maintain them and this is extra cost. But there is no reason why the Department of Highways should operate its Advance Account in such an unbusinesslike manner as to occasion the loss of over a quarter of a million dollars in one year. If the Department of Highways has extra maintenance charges, extra maintenance costs, those costs should be through the regular budget and from the regular budget. We vote the Department so much money and this should be it. But it is not even satisfied with the amount of money we vote it. They say we must have extra money, as I say, through the back door - through the Advance Account.

Now the Provincial Auditor called attention to the fact that the Department was subsidizing its operations through the Advance Account on two different occasions. The first time was in 1965-66. At that time the Provincial Auditor commented on the fact that the Department was subsidizing its own operations and was not charging enough for the services rendered. He commented in the Auditor's report re the Advance Account, the Department did nothing to rectify this situation and the Auditor's report in the last Public Accounts 1966-67, comments again. Quoting from the Auditor's report:

It was reported previously that the provision for repair and overhaul equipment had not been keeping pace with the rising cost of repairing equipment. This trend has

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continued and the actual cost of repairing equipment the year under review exceeds the amount provided for and charged to operations for the year by \$432,321.65, which less adjustments for equipment disposed of, accounts for a further decline in the accumulated provision for repair and overhaul from a credit balance of \$471,000 as of March 31st, 1966 to a credit balance of \$343,999 as of March 31st, 1967.

As I said, Mr. Speaker, the Department is not charging itself enough. It is using Advance Account to subsidize its operation in the Department. If it wants more money, it should come to the Legislature and put that in its estimates and we should vote it, rather than have it in the statutes that it is able to increase from \$9 million to \$12 million to \$14 million this year, and goodness knows what it will be next year. Now this, Mr. Speaker, is not only because of the increased cost of repair. This Department of Highways, this Government opposite has been doing other things which have increased cost, which have influenced waste here in the Department of Highways.

It has been purchasing machinery at other than the low cost. Last year I asked the question regarding the purchase of graders, of machinery, through the Advance Account and we got the information that not all the machinery was purchased from the low bidder. It was taking some machinery which was not the low bidder and I haven't the answer for this year but I certainly intend to get it, Mr. Speaker, by asking questions. But there is a rumor going around, probably we should leave this rumor until sometime later.

MR. STEUART: — The old rumor-starter.

MR. WILLIS: — That's right, I shouldn't start rumors. I listen to rumors because there are so many of them, Mr. Speaker, so many of them about waste, and other things about the Government here, that one doesn't know just what to believe and what to disbelieve. But there is no doubt about it, Mr. Speaker, that the Department is using the Advance Account to rent from private contractors large equipment for road building. Now, over the years we have had crews building roads and the previous Government mainly used their own equipment to build these roads, but the present Government has rented from private contractors at high hourly rates many pieces of equipment. And this, Mr. Speaker, is not an economical way of doing the work on the highways. This is more evidence of waste, and this is one thing which has contributed to the large increase in the amount that was asked for in Advance Account. Because of this waste which is evident, I think we should do everything possible to curb the tendency of the Government to continue waste in the Department of Highways. I cannot support this Bill, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

HON. D. BOLDT (Minister of Highways): — It is quite evident that the former Minister of Highways (Mr. Willis) under the Socialists doesn't know what he is talking about. I would like to point out to the House that when they were the Government they had \$9 million in the Warehouse Account. We have since more than doubled our highway expenditures and we have operated up until now on \$12 million. We have far

more responsibilities now than when they were the Government. We have more responsibilities, we have more expensive equipment because of the price increase, the cost of repairs. We are called upon by the municipal people to build more bridges for them. We have to have this stock in our warehouses; our fuel costs are higher and I would also like to state that the rate that we are paying when we rent equipment or when contractors rent equipment from us, are established rates, that we are not paying beyond these. This is also a false accusation.

I want to point out to this House that the cost of the highway construction - and this will be very interesting to note - when you compare the figures from the DBS and apply them from 1963 to 1966, the increase compared to 1956 when they were the Government is only 10 per cent more in 1966. Only 10 per cent more, and I will put these records on the table. This is from the DBS. They had such a meagre budget, their budget in 1963 I believe was less than it was in 1961, there was a famine in the construction industry, so the prices were bound to go down. But they were starting to go up in 1963 when they were the Government and our costs have gone up 10 per cent over the costs of 1956. So if we were giving our friends money in 1964, 65, 67, I would like to know who were their friends that they gave the money to prior to 1956. I am quite satisfied, Mr. Speaker, that these amendments will assist the Highway Department, particularly in the signing area.n

Motion agreed to and Bill read a second time.

ADJOURNED DEBATES

SECOND READINGS

The Assembly resumed the adjourned debate on the proposed motion of the Hon. Mr. Grant (Minister of Health) that Bill No. 39 — **An Act to Amend The Saskatchewan Hospitalization Act** be now read a second time.

MR. J.E. BROCKELBANK (Saskatoon Mayfair): — Mr. Speaker, the other day when I was speaking on this Bill No. 39, a Bill that will make it possible for this Government by Order in Council to impose deterrent or utilization fees, or call them what you may, on the users of hospital and medical services in the Province of Saskatchewan. In the time that I was speaking on the Bill, Mr. Speaker, I outlined a number of reasons quoted from authorities why we should not vote in favor of this Bill. First of all, Mr. Speaker, this Bill represents a departure or at least a major policy redirection, with regard to care in the field of medical and hospital services since October 11, 1967. This is unfortunate, Mr. Speaker, because prior to October 11, 1967 which happens coincidentally to be the date of the provincial election, there was absolutely no public discussion with regard to the implementation of medical or hospital deterrents in the Province of Saskatchewan. I pointed out that there was no mandate and there is no mandate for this Government to implement these type of fees. I quoted extensively from the Thompson Committee Report, the report that laid the basis for the Saskatchewan Medical Care Plan in 1962, and which I think was the forerunner of the next study which was done on the Federal level of the Royal Commission on health services. The Thompson Committee stressed that the imposition of these type of fees taxes those who need the service, fall with unequal weight on persons of different income. Those fees may discourage

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preventive care and early treatment. They are a nuisance to the doctor and the patient. They are expensive and difficult to administer. And finally, they do not recognize services that are initiated by patients and those initiated by the doctor. I further pointed out that, if a doctor sends a patient to a specialist or refers a patient to a specialist, that patient relies on the doctor's medical judgement and goes to the specialist. Today that patient, or when this Act is brought into force, if it is, will pay a deterrent fee. With regard to hospital care, if a doctor assigns his patient to a hospital, that patient has to accept his doctor's medical judgment that he should go to hospital. Consequently that patient goes to hospital and subsequently will be charged a deterrent fee.

The Royal Commission on Health Services, Mr. Speaker, which was chaired by Mr. Justice E. Hall, rejected the idea of utilization fees, since there was no evidence whatever that such fees reduced overall costs of hospital-medical care programs and were a penalty against those least able to pay. I submit to you, Mr. Speaker, that Government Members who rise in this Chamber to support this Bill have been stripped naked, they provide no reasons why their Bill should go into effect other than they need more money, Mr. Speaker, and they know where they can get some and squeeze it out of them. This is an unfortunate situation for the people of Saskatchewan. It is unfortunate in two respects: first, that they weren't advised of this situation; and secondly, it is a tax on the sick.

I pointed out, Mr. Speaker, that I wanted to hear from Members across the way and I selected a few of who I thought should speak out in this debate, and let us know where they stand, and by the way let their constituents know where they stand on this Bill. I have a letter here, Mr. Speaker, that I would like to read into the records of the House. The Hon. Mr. Grant, the Minister of Health, got a copy of this letter, and it comes from a hospital in the constituency of the Hon. Member from Saskatoon City Park-University (Mr. Charlebois). I am sure neither of them will be reading it into the record, Mr. Speaker, so I feel duty bound to read it into the record of this House. I will be tabling the letter after I have read it into the records. It is from Saskatoon City Hospital, and it is directed to the Hon. Gordon Grant, Minister of Public Health, Regina, Saskatchewan March 20th, 1968:

Dear Mr. Grant:

At a meeting of the Board of Governors of Saskatoon City Hospital, held on the 6th day of March last, it was decided to vigorously protest by all means possible the expressed intention of the Government of Saskatchewan to institute a system of utilization or deterrent charges for hospital beds. The Board appreciated the matter of finances to operate the SHSP but was of the view that an increase in premiums would be a far more suitable means to accomplish this end. When I attended upon you and two of your colleagues on the afternoon of March 11th, as a member of the executive of the Saskatchewan Hospital Association, I intended to convey at that time the foregoing views of the Board of Saskatoon City Hospital. I did not think that Mr. Glass, who is the President of the Saskatchewan Hospital Association, or Mr. Barton, the executive director of the SHA, and myself, had left any doubt as to the opposition to the imposition of the utilization or deterrent charges, and a reason for that

opposition. However, I have been less certain of that, since reflecting upon the answer furnished by you in the Legislature to Question 153, on the day following our visit with your.

Now, Mr. Speaker, if I may be allowed to digress for a moment from the letter, I would just like to refer to that particular Question and Answer as it appears in the record of this House. Question No. 153:

Mr. Davis asked the Government the following question which was answered by the Hon. Mr. Grant.

(1) Was the Saskatchewan Hospital Association consulted by the Government with respect to the proposed deterrent charges for hospital bed use? If so what was the date or dates of the consultations and what replies were received?

Answer:

In a brief presentation to the Minister of Public Health on August 3rd, 1964, the Saskatchewan Hospital Association stated that: 'The Saskatchewan Hospital Association has on several occasions presented resolutions to the Minister of Public Health requesting that hospitals in the province be allowed to charge a co-insurance fee for all standard ward accommodation plus the additional cost of preferred accommodation.'

Three years ago, in 1964, this was the opinion, Mr. Speaker, of the Saskatchewan Hospital Association and they have not been consulted, according to this answer, since that time. The Minister goes on to state in his answer:

The Government, therefore, did not feel it necessary to consult the association on the principle of utilization fees. We are consulting them regarding the administrative details of the proposals.

I would thoughtfully request, Mr. Speaker, to point out that, if the consultations the Minister says he is having with the Hospital Association with regard to this matter are similar to the promptness with which he sent these regulations to the doctors in Saskatchewan, then there is really not much hope of these consultations arriving at any firm conclusions before the legislation goes into effect. Continuing with the letter from Saskatoon City Hospital:

That situation will receive the further consideration of the executive of the SHA when it meets next week. In the meantime in view of the developments above mentioned I feel I must as Chairman of the Board of Saskatoon City Hospital, in compliance with the instruction of that Board, record in writing to you the dissatisfaction of the Board with the proposed legislation.

SOME HON. MEMBERS: Hear, hear!

MR. BROCKELBANK:

For a variety of reasons including difficulties to be encountered by the users of our hospital, as well as administrative procedures we would ask you to refrain

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from implementing the utilization or deterrent charges and turning your attention to meeting existing financial problems by alternative means, including the imposition at the proper time of a more realistic premium for SHSP services.

And he goes on to state that it has been sent to Saskatoon Members of the Legislature and it is signed, "Yours truly, E.N. Hughes, Chairman, Board of Governors, Saskatoon City Hospital."

I think this letter, Mr. Speaker, adequately supports some of the remarks I made the other day about the imposition of this fee and the hardship not only that it will work on the patients of hospitals and medical services, but also the hardship that it will work on hospitals with regard to the mechanics of administering and collecting the particular fees.

With regard to what has been done within the Medical Care Plan, I would just like to refer to something else. When this new Administration took office in 1964, further studies were made with regard to program cost controls.

The idea of deterrent fees was rejected by the Medical Care Insurance Commission in favor of the more constructive approach of selective cost controls which involved three areas, one was the identification of patients who over-utilize and a thorough assessment of all claims submitted. At that time, Mr. Speaker, the co-operation of the profession, as I understand it, was there, and the per capita cost of Medical Care Insurance Commission rose less rapidly than the per capita cost of voluntary plans in other parts of Canada.

The Members opposite have taken the opportunity, the ones that have spoken, to refer to the Swift Current plan. And I'd just like to refer to some of the figures in the Swift Current plan at this moment. This is with regard to the 1966 rate per thousand beneficiaries. The first section that I will refer to is a section where the minor cost items arise with regard to medical and health service; the second section will deal with the area where the major cost items arise. In the area where the minor cost arise with regard to health treatment, initial office visits in Saskatchewan, aside from Swift Current Region, the rate was 1,240, whereas in Swift Current it was lower at 1,188. With regard to repeat office visits in Saskatchewan, it was 925 per thousand, whereas in Swift Current it was 630 per thousand, considerably less. With regard to home and emergency visits in Saskatchewan, outside of the Swift Current area the rate was 351 per thousand, whereas in Swift Current it was 365 per thousand, a little higher. In the area where the costs go up sharply, hospital visits in the balance of Saskatchewan, the number of hospital visits per thousand beneficiaries was 1,218, whereas in the Swift Current Region there were 2,019, a considerably higher figure. With regard to general surgery in the balance of Saskatchewan it was 85.5, whereas in Swift Current it was 106.4. With regard to general treatment procedures in the balance of Saskatchewan it was 89, whereas Swift Current it was 117 per thousand. The conclusion to be drawn from this table, Mr. Speaker, shows that the deterrent fees that are imposed in the Swift Current Region have shifted the cost from the low-cost items to the high-cost items; and this tremendously high hospital inpatient rate, surgery rates and general treatment procedure rates suggest that more procedures have to be performed and more patients have to go to hospital when office visiting

patterns are reduced. This puts a tremendous pressure on the costly component of medical care, in short, inpatient hospital services.

I think, Mr. Speaker, in my remarks at this point in closing off my contribution to the debate on this Bill, I've showed conclusively that the Government has no real reason other than it wants to obtain more funds and it has found a place where it thinks it can get them. The reasoned thought of authorities on this subject shows that the Government is taxing the sick, is going to increase in the long run the cost of medical service in Saskatchewan, and it is going in effect to deter people from going to their doctors. This will mean that people will avoid going to their doctors. Consequently some medical condition that they may have will worsen, some condition that has yet not been discovered, but which may be discovered with an investigative trip to the doctor, will not be discovered. Consequently the disease or ailment may go beyond the point where it can be successfully remedied. I would suggest to the Government that on behalf of my constituents and on behalf of the general population of Saskatchewan as a whole that this is not a good policy to go ahead with this Bill. It is all wrong. It has not had the consideration of the people of Saskatchewan. The effect that will be brought on by this Bill will only be a short time in coming and I suggest to the Government that it will be worsening the situation as it now exists in the Province of Saskatchewan. Therefore I cannot support this Bill.

SOME HON. MEMBERS: Hear, hear!

HON. W.R. THATCHER (Premier): — I think that this particular legislation is perhaps the most important that will come before the Legislature at the present session, indeed perhaps in the four-year term of this Government. This Bill proposes to impose utilization fees on our major health programs. The Government regrets the necessity of proceeding with this Bill but we are convinced that there is no alternative.

Why is the Government going ahead with what is obviously a politically unpopular Bill? The Hon. Member for Regina North East (Mr. Smishek) in the debate earlier this week indicated that this legislation is a deliberate attempt to undermine our health services.

SOME HON. MEMBERS: Hear, hear!

MR. THATCHER: — I resent that statement, Mr. Speaker. I tell this House and the people of Saskatchewan most emphatically that it is untrue. In making it, the Hon. Member for Regina North East intimated that Members on the Government side of the House are not interested in the average citizen of Saskatchewan, that really only he and his Socialist colleagues care about the sick and the underprivileged. Mr. Speaker, Liberals in this Legislature take a back seat to no one, least of all to any Socialist in our social outlook and in our desire to help the needy.

SOME HON. MEMBERS: Hear, hear!

MR. THATCHER: — Saskatchewan's health plans are basically good. I think that our people regardless of politics in this province support our prepaid hospital and our prepaid medical plans. Let me make

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it very clear that the Liberal Government will never agree to the elimination of our health plans. Instead, our objective will be to improve them. In a few months, Mr. Speaker, we are going to bring in eye examinations into the overall plan. Nevertheless . . .

AN HON. MEMBER: — The better to see you with, my dear!

MR. THATCHER: — . . . oh you braying jackass, can't you be quiet for a moment for goodness sake.

MR. SPEAKER: — Order, order! . . .

MR. THATCHER: — I withdraw, I withdraw. Thank you, Mr. Speaker, and I apologize.

The harsh facts of life are that the costs of our health programs are escalating so rapidly that, unless some restraining action is taken, both hospitalization and medicare could be in jeopardy within a very few years. The great unsolved problem is to render our plans financially viable, and to keep them within the capacity of the taxpayer to finance. Thus, I say today that this Government is introducing utilization fees not to destroy the health plans but to save them.

SOME HON. MEMBERS: Hear, hear!

MR. THATCHER: — Because we believe that without utilization fees, health costs could soon reach a level which was beyond the province's ability to pay.

May I turn for a moment to health costs? I remind this House that when former Premier, T.C. Douglas, was speaking many years ago about our health plans, when he was thinking of introducing them, the legislative records show that he indicated the total cost would be \$4 million. But when the legislation passed in 1947, the costs the first year were \$7 million. And I remind the House again this afternoon that in 20 years the costs of our Hospitalization Plan have gone from \$7 million to \$70 million, up 1,000 per cent. Today as the Minister of Health (Mr. Grant) pointed out in his remarks, these costs are going up in a frightening manner year by year, 10 per cent, 12 per cent, even 15 per cent. And I want to remind Hon. Members of this House and the people of Saskatchewan again that when the Plan was brought in in 1947, the cost of a bed, the average cost, was \$8. Today the average cost of a hospital bed, public ward in the city of Regina is \$34. The situation in Saskatoon is even worse. I was interested in a recent statement of Judge Hughes on the subject.

In the Saskatoon City Hospital, the cost per bed is \$32.50 per day; in St. Paul's hospital, Saskatoon, the average cost per day is \$39. In the University hospital in Saskatoon, the average cost per day is \$54. I remind this House that average costs across the province are \$31 per day.

Why are hospital cost going up so rapidly? One factor is certainly, as the Minister of Health pointed out, hospital bed utilization. I wonder how many people in the province realize that Saskatchewan today has more beds on a per capita basis than

any other province in Canada, or any other state in the great Union to the south. It doesn't take much imagination to realize what this fact does to costs.

1966 was the last year that we have the official figures available for bed utilization. I want to tell this House again that in 1966 Saskatchewan bed utilization frightens one when you look at it. In all of Canada average bed utilization per thousand citizens in 1966 was 1,526. In British Columbia the figure was 1,561; in Alberta, 1,611. But in the Province of Saskatchewan, bed utilization was 2,062. In short, as we Members on this side of the House have tried to point out, bed utilization in Saskatchewan hospitals is 35 per cent above the national average.

Last week, the Minister of Health (Mr. Grant) gave this Legislature some pretty startling figures about the number of hospitals in each province. I think many people in this province will find it rather strange, rather hard to comprehend, why we have the second largest number of hospitals in the whole Dominion of Canada. Ontario has a population of more than six times Saskatchewan, yet they only have 44 fewer hospitals. Quebec has a population of five times Saskatchewan, yet Quebec has 18 fewer hospitals. British Columbia has double our population, but it has 62 fewer hospitals than Saskatchewan. Alberta has far more people than we have, yet our plan is financing 42 more hospitals than Alberta. Manitoba has roughly the same population, yet Manitoba has 72 fewer hospitals than the Province of Saskatchewan.

Unfortunately the problem in Saskatchewan is that 22 of our hospitals have nine beds or less. And 76 of our hospitals have only 10 beds to 24 beds. The great tragedy, Mr. Speaker, is that we have not been getting our money's worth for our health dollar. In the process, as I said earlier, our hospital costs are rising at considerably more than 10 per cent per year. Is it any wonder that a few weeks ago, the Minister of Health indicated that some of the small uneconomic units might have to be closed. I would say today to this House that there is not a hospital in Saskatchewan that I know of, which is not pressuring the Government for larger and larger grants.

The third reason for escalating hospital costs of course is new construction. The people of Saskatchewan over the next few years face almost fantastic figures, insofar as hospital construction costs are concerned. Here in Regina, this Government has made plans, and already architectural work is proceeding for a \$16 million base hospital. Today in the city of Saskatoon, we are providing for an addition to the Saskatoon University Hospital, which ultimately will cost \$12 million. And there are other hospitals which must be constructed. When you add it all up, \$75 million approximately will be needed by the Department of Health to finance hospitals from now until 1973. Under the present formula, the Provincial Government will have to find at least \$35 million of that figure. What is even more alarming, Mr. Speaker, is the fact that we have no assurance at all that Federal grants will continue on the same basis.

The fourth factor of course that is contributing to escalating hospital costs is salaries. A short time ago Hon. Members will recall that the nurses across Saskatchewan said they had to have very substantial salary increases. Our Government and I think the Opposition, recognizes that if we don't pay competitive salaries, we are liable to lose a lot of our nurses to

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other provinces. Thus the Minister of Health (Mr. Grant) negotiated with them. A salary increase of \$30 per nurse across the board was given in every Saskatchewan hospital. That figure alone will cost the taxpayer in the coming year more than \$1 million. Yet the nurses are far from satisfied.

There is every indication in the coming year that substantially larger amounts of salary will have to be paid to other hospital employees. At the moment we are negotiating with CUPE. Now I don't know what the final settlement will be, but I think Hon. Members on both sides of the House will realize that those wage increases must be substantial. Do Members of the Opposition not approve of those wage increases? I'm sure they do. But at the same time they must realize and the people of Saskatchewan must realize that these kinds of wage increases put pressure on overall costs. Saskatchewan is still the only Province with medicare. Medicare was commenced in 1963. The Hon. Members will recall that the costs that year were \$22 million. This year they will be between \$30 million and \$31 million. And it is well known that we have been approached by the College of Physicians and Surgeons to increase fees substantially under medicare. Other Provinces have already done this in many cases. Our negotiations have been going on for, I suppose, more than a year. A short time ago we did give an increase of about \$1 million annually to those physicians who were making home calls. Doctors feel that perhaps another \$6 to \$8 still is needed to bring them up to rates in other provinces. I can say that we are certainly not going to give the College of Physicians and Surgeons anywhere near the amount of money that they would like. But make no mistake, if this Government does not give them some increases in the fee schedules, we will lose good doctors to other provinces.

When you add it all up, Mr. Speaker, the people of Saskatchewan must realize that we have a proverbial tiger by the tail, where health costs are concerned. Economically, our people cannot afford these huge annual increases without endangering funds which would be available otherwise for such fields as Education, highways and so on. Some of these university professors who have been so vociferous lately over various measures should realize that unless we can get these health costs under control, there may have to be a further tightening at the University. You can't spend the dollar twice. All over North America and Europe, health costs are increasing in a staggering manner. In the last 15 years in the United States, spending for medical services has tripled. Our Federal Government in the year just concluded will spend \$1.3 billion on hospital payments. Its authorities say that within six years that figure will have doubled to \$2.6 billion. Those are some of the reasons why this Government decided that, whether it was politically popular or whether it was not, we had to take some action to control escalating health costs. We have decided to introduce utilization fees and let me tell you, Mr. Speaker, that we intend to proceed with this legislation whether the Opposition talks all April, May, June or July.

SOME HON. MEMBERS: Hear, hear!

MR. THATCHER: — Now obviously there are other taxes that would have been more palatable politically. Many have suggested for example that we should increase the head tax.

Faced with the same dilemma, Ontario last week followed such

a course. I ask Hon. Members to note, I ask the people of Saskatchewan to note, that last week Ontario increased the head tax by 70 per cent. Today a single individual in Ontario pays \$66 medical premium; that compares with \$36 in Saskatchewan. They pay \$132 for a family; that compares with \$72 in Saskatchewan. What is even more significant, Mr. Speaker, is the fact that in Ontario the head tax only covers hospitalization.

This Government does not believe that increasing the head tax or the sales tax or any other levy of a similar nature would get to the crux of the problem that faces the people of Saskatchewan. It's true such taxes would yield revenue, but they would not slow down over-utilization. They would not bring Saskatchewan's bed utilization back in line with the Canadian average. They would not control abuses. I repeat, these are the factors which persuaded this Government to introduce utilization fees for both medicare and hospitalization.

I want to remind Hon. Members that this is not a new concept. There is plenty of evidence that such fees in other countries and other provinces have provided safeguards against excessive utilization of services. Hospitalization utilization fees have been in force in British Columbia and Alberta for a number of years. Medical utilization fees were brought in in the Swift Current Health Unit many years ago, right here in our province. And despite what the Hon. Member for Regina North East (Mr. Smishek) had to say in the House the other day, Socialist countries like Norway, Sweden and also France, although it is not a Socialist country, have had very substantial utilization fees. Australia and New Zealand found it necessary to bring in utilization fees after they had had their plans for a certain time. Repeatedly this Government has received applications from the Saskatchewan Hospital Association, and from the Saskatchewan Physicians and Surgeons. In order to rescue our plans from financial chaos, we received requests to introduce utilization fees.

Last Friday the Hon. Member for Regina North East (Mr. Smishek) opposed deterrent fees and I quote from the Regina Leader-Post: "Because the public health plans prevented bankruptcy and life-long debts." I say that such statements are nonsense. And they are made only for political reasons.

SOME HON. MEMBERS: Hear, hear!

MR. THATCHER: — He and his friends are trying to put fear into the minds of the people of Saskatchewan, particularly the aged and the sick. Our Minister of Health has already outlined the fee schedule. As far as hospitals are concerned, the utilization fee for the first month will be \$2.50, which means that no one can pay more than \$75 for that first month. The Provincial Hospital Plan while that individual is paying \$75 will pay \$885 in rural areas. If the individual is in a Regina Hospital, the plan will pay \$1,005. For the second and third month, the deterrent fee is \$1.50. That means the individual will pay \$45, the average hospital will receive \$915 for a month; in Regina \$1,035. At the end of 90 days, the utilization fees will cease. In other words, Mr. Speaker, an individual will not pay more than \$165, at least on one visit to the hospital, no matter how long he is there. This can hardly mean bankruptcy or life-long debt as suggested by the Member for Regina North East (Mr. Smishek). The Minister of Health has pointed out that in the future a call

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to a doctor's office will cost the patient \$1.50, a house call will be \$2.0. Cancer patients are excluded, so also are calls made by the doctor in a hospital.

Our Medicare Act was based originally on recommendations made by the Commission under the chairmanship of Dr. W.P. Thompson. I've been a little tired in this debate so far, Mr. Speaker, listening to my Hon. Friends opposite lifting out a sentence here and a sentence there from the Report to suit their own viewpoint. Let me remind you, Sir, that the Thompson Commission recommended the use of utilization fees. Such fees, said the report, would limit the volume of service, limit the overall cost, limit the services demanded by patients and discourage frivolous and unnecessary requests. Utilization fees said the report might deter a doctor who was inclined to over-service his patients. They would allow the physicians to devote more attention to persons in real need. They would give the beneficiary a sense of direct contribution towards the services he seeks and desires. Mr. Speaker, these are not Liberal statements; these are the words of a Commission appointed by the Socialist.

I want to reiterate what the Hon. Member for Maple Creek (Mr. Cameron) said the other day. Originally the CCF had every intention of introducing utilization fees with the first plan. The Government and the Cabinet officially made such a decision on the basis of the Thompson Advisory Committee Recommendations. However when the Cabinet and some of the back benchers got up to the 1961 CCF convention the labor unions had taken over. They objected, and my Hon. Friends opposite lost their nerve. Thus political expediency prevented a reasonable fiscal policy from being adopted with the original plan. This is to be regretted, because the result might have been a pattern of service utilization which would have avoided the abuses which have developed. Our opponents opposite claim without exception that we are taxing the sick, taxing the unfortunate and so on. Well the people who use hospitals are not necessarily the poor and the unfortunate. I want to say also that anyone who is on social aid will automatically have his premiums picked up by the Department. Now I claim that we are asking those who use this fantastically expensive service to pay 6 per cent or 8 per cent of the overall cost. Almost without exception there is no one who cannot pay these utilization fees and still live more cheaply in the hospital than he can live at home. These fees won't even, Mr. Speaker, cover the cost of meals.

Today as Leader of the Liberal party and the Liberal Government I again assure the people of Saskatchewan that no one, no one will be turned away from any hospital through lack of funds. I suggest this afternoon that our utilization fees will improve the operation of our plan, not hurt it. Today there are people in Regina who must wait for six months to get into one of our hospitals. What good is a hospital plan if you get sick and can't get into a hospital? I say that these utilization fees may improve this situation. In future the wait could be sharply curtailed.

Today there are many patients in Regina, Saskatoon or in Moose Jaw who go down to a doctor's office and sit for hours before they can get in to see their doctor: there are some who can't get in at all. I say that utilization fees may mean that such waiting period will be sharply reduced.

I wonder how many of my Hon. Members opposite have tried

to get a doctor to make a night call. Doctors have told me that often they are so busy with frivolous calls that they haven't time, when an urgent case comes up, to go and see that individual. I suggest that utilization fees may make it easier for doctors to see the people who really need help. We hope that utilization fees may result in a more responsible use by people, and by that they will impose some restraint on the constant and alarming increase in these services. This measure will provide net revenue I suppose in the coming year of about \$5 million. We need that revenue, but that isn't the main reason we're going about utilization fees. Far more important we hope this legislation will contribute in a major way to curbing the almost unbelievable annual cost increase in the field of health. Today most people, certainly most sensible people, Mr. Speaker, realize if they will admit it, that no government service is free. Health services must be paid for in precisely the same manner as any other government service, right out of the pocket of the taxpayer. \$137 million gross is a lot of money to find. We believe that utilization fees, as I have mentioned, are the fairest and the most effective way of alleviating this burden. Now there may be some hardships involved temporarily, there may be some kinks that have to be ironed out. The Government intends to review the regulations in about six months' time and I give that commitment today to the people of Saskatchewan. If necessary, if we find there are hardships that we hadn't foreseen, the Minister of Health will amend the regulations to remove those hardships. For example, to mention only one, we hope that some formula may be found, we haven't found it yet, to place an annual family ceiling on utilization fees.

SOME HON. MEMBERS: Hear, hear!

MR. THATCHER: — Mr. Speaker, I say again that the Government realizes how unpopular this measure is. We are well aware over a period of time how many votes may be involved. But surely Government must try to act responsible in the overall interests of the Province, whether or not an issue is politically popular.

AN HON. MEMBER: — Well, I wish you would for a change, it would be something new for you.

MR. THATCHER: — The imposition of utilization fees is part of our general overall policy of maintaining the sound financial position of the Government of Saskatchewan. Recent news broadcasts, recent news stories have featured the financial problems being encountered by governments all over the world. The US dollar today is being subjected to terrible pressure, partly because of the Vietnam War of course, but partly also because of the deficit financing which that Government has been indulging in. In Great Britain there is financial chaos largely because of course there is a Socialist Government, but also because of budgetary deficits.

AN HON. MEMBER: — Irresponsible.

MR. THATCHER: — The last ten years here in Canada we haven't had one Federal Budget that has been balanced. Province after Province in Canada, even including wealthy Ontario and wealthy Alberta, failed to come even close to a budgetary balance. That's why,

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Mr. Speaker, financially the Government of Saskatchewan looks better week by week.

SOME HON. MEMBERS: Hear, hear!

MR. THATCHER: — Mr. Speaker, the Government of Saskatchewan has tried to act with economic sense. This measure will help to keep our budget in balance. But even more important this measure will help to control the rising costs of our health plan. The people of Saskatchewan are realistic. They know that no government can give away something for nothing. They found that out from 1944-1964. I am confident that over a period of time, our citizens in general will agree that we have tried to act in their real and genuine interest. On this side of the House, Mr. Speaker, we are convinced that in this Legislature we are doing what is right. We are doing what is required.

MR. W.E. SMISHEK (Regina North East): — Mr. Speaker, before the Premier resumes his speech I wonder whether he would permit a question.

MR. THATCHER: — Just one second, may I make one statement. I am informed by my colleague that I said we were going to give free eye glasses, while I was speaking, I meant to say, eye examinations. I would be pleased to answer a question.

MR. E. KRAMER (The Battlefords): — Mr. Speaker, . . .

MR. SPEAKER: — Order, order, just a minute. I ask the Member for The Battlefords not to make perpetual interjections. He not only interrupts speakers on this side and interrupts his own speakers. Now we are listening to the Member for Regina North East who asked permission to ask a question, and the Premier has indicated that he will accept the question. Go ahead.

MR. SMISHEK: — Mr. Speaker, I would like to ask the Premier to explain what he meant by the promise that he and his party made in 1964 when they promised to maintain the Medical Care Insurance Plan and the Hospital Insurance Plan legislated by the Socialists and to extend the plan to include pre-paid drug insurance; also why the Liberal party did not include in their 1967 platform during the last campaign . . .

MR. B.D. GALLAGHER (Yorkton): — Mr. Speaker, on a point of order, this man has spoken on this debate. If there is some information that he wants to get he can hand the question to some of his colleagues and somebody on this side of the House will answer him. He just wants the chance to make another speech. He's out of order.

MR. SMISHEK: — Mr. Speaker, I'm directing a question to the Premier, the Premier agreed to answer it . . .

MR. SPEAKER: — When a Member directs a question to anybody he gets to the point with a reasonable degree of speed.

MR. SMISHEK: — I did direct a question on the promise made by the

Liberal party to maintain the plan and to extend it to include drug care, and why in the 1967 elections the Liberals did not tell the people that, if they were elected, during the first session they would issue deterrent fees? Thank you.

MR. THATCHER: — I thought I had made our position clear when I spoke, but I will answer the question again. We are pledged to maintain both of these plans and that is precisely why we are bringing in utilization fees. We are convinced that if we don't bring them in, the costs will escalate so rapidly that in a few years the people of Saskatchewan simply will have no plans at all. You don't get something for nothing in this world.

SOME HON. MEMBERS: Hear, hear!

MR. R. ROMANOW (Saskatoon Riversdale): — Mr. Speaker, as I'm going to start off again, I know it irritates some of the older Members on the opposite side, but as a new Member of the Legislature on this side, it is only the second time that I've had the good opportunity of being entertained by the Hon. Premier. When the Hon. Minister of Mineral Resources (Mr. Cameron) speaks I thought, especially when he gives advice to us, that he was the Polonius of this House; but now I am convinced that he is topped only by the Hamlet of this House and that's the Hon. Premier and the show that he puts on. But I must say that I do agree with one statement that the Premier has made. He said the people of Saskatchewan have a tiger by the tail. It isn't hospitalization and medicare. It's the Premier of the Province of Saskatchewan. The people of the Province of Saskatchewan do have a tiger by the tail and it's this Government and the Premier who leads it, and I'll tell you why, Mr. Speaker. He presents an argument of sky-rocketing costs for medicare and hospitalization, then in the same breath says that \$5 million is going to be the answer financially to the solution of the problems of medicare and hospitalization. Five million dollars! I ask the Hon. Premier - and I am sorry that he isn't in his seat - how in the world does he expect \$5 million to buttress a plan where in his own words of \$75 million, \$80 million, \$173 million overall Budget is being spent on medicare and hospitalization. What kind of economic sense is that? At the same time, Mr. Speaker, this Hon. Premier also told this House that there were ways, more equitable ways to impose and get the revenue, if in fact the plans are in jeopardy financially. He talked about the sales tax. He talked about the premiums and the head tax. It has these other opportunities available to it. But no, the Premier and this Government have thrown that to the winds and have imposed a \$5 million only - and I emphasize that - deterrent fee on the sick, the old, the chronically ill and afflicted. Does that make good economic sense? Does it make good sense or is it good priorities of this Government if it wants \$5 million. And that's all it is going to get from the collection of deterrent and hospitalization deterrent fees. Does it make good sense for it to have a Highway budget of \$58 million when it could have reduced it by \$5 million to \$53 million. \$5 million could be gained there.

Where are its priorities there? Where do we have the prim Victorian lectures with respect to highways? Now four-lane highways are built, but no one gets up in this House and lectures about the cost of highways, new public buildings, renovations to this building. We don't have any prim Victorian lectures on the costs there to these edifices. No! What kind of lectures

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do we get? The Victorian lectures on the very basic social programs for the people of the Province of Saskatchewan. The Premier and the Minister of Health (Mr. Grant) talk about participation. Participation and recovery. You know it's some sense I suppose by the Government to say that you participate when you are well, because you pay your premium, your sales tax and the like, but you also participate when you're ill. You participate both ways, coming and going. If they talk about participation in public programs, why doesn't the Minister of Public Highways say he's going to put a toll on the brand new four-lane highway? There's a participation. There's a reminder to the motorist every time he uses a four-lane highway that he is participating in the payment of the cost. It's a deterrent, a utilization. Mr. Speaker, it's a fatuous argument economically. It's a philosophically sterile and old argument that this Premier has continually baited and harped on since he has become the Premier of the Province of Saskatchewan.

SOME HON. MEMBERS: Hear, hear!

MR. ROMANOW: — Not only is it prim and it's old, I question some of the facts of the Hon. Premier. How in the world is he going to tell this House that European countries have utilization fees, as he calls them, and then he stops there without defining where the utilization fees fall. Did he tell the House that the utilization fees are not on hospitals, as this Government proposes, but on doctors and only general practitioners? No, he doesn't. It's a half truth, a half truth of the type of practising politics that this Government is harping on and continually practises. When he talks about \$165 for 90 days only, my gosh, Dr. Philip Blaberg the heart transplant patient only spent 74 days in hospital with his major operation. What big benefit is 90 days to the people of Saskatchewan? What benefit to the chronically ill under circumstances of that nature? Let him come out to Riversdale, let him come out to the people of Saskatchewan, the old age, the sick and the afflicted and tell them that \$75 a month isn't going to hurt them. Fine for the Government opposite and the Cabinet Ministers opposite to tell the old and those who are living on \$76.50 a month that they can afford to pay \$30.00, but we can't afford to cut down our Highways budget by \$5 million. Fatuous and specious arguments, Mr. Speaker! I get a very wonderful kick out of the Hon. Premier talking about fear being instilled in the people of Saskatchewan by Members on this side. He said, you know, "Don't try and scare the people of Saskatchewan that hospitalization and medicare are on the chopping block. Don't present yourselves as holier than thou." If there is anybody who has instilled fear in the people of Saskatchewan about hospitalization and medicare, it's the Hon. Premier and the Minister of Health. I tell you why they've instilled it. Because their statements are certainly open to some question. I have here in Saskatchewan Debates and Proceedings, 1962, volume 4, page 28, a very interesting quotation by W.R. Thatcher, then Leader of the Opposition. He said this, quote.

The Liberals upon forming a Government will bring in a plan which is acceptable both to those rendering and those receiving the services.

I presume he was talking there about medicare at the time.

We will bring in a plan which is financially feasible and without a substantial portion of the new tax burden which has recently been imposed by the Socialists.

I might stop there. Some arguments and some fine words about tax burdens imposed by the Socialists by the then Leader of the Opposition in light of the Black Budget of 1968! Then he continues and here are the important words, Mr. Speaker.

We will bring in a pre-paid Medical Care Insurance Scheme rather than state medicine, and as with other insurance schemes there will be a deductible at the bottom end. We will bring in a scheme which will take care of indigents and those unable to pay their premiums.

He didn't say that he was an advocate or a supporter of universal coverage for medicare, the kind that we have in the Province of Saskatchewan now. What does the Minister of Health say? His Minister of Health rose last Friday to introduce second reading of this Bill and he talks in these terms, page 7 of the transcript notes.

Compulsory participation in health schemes is a potentially dangerous situation. It is likely to create a resentment among those who need immediate health needs and they can express their resentment in indiscriminate utilization.

Who is putting the very intrinsic worth of medicare on the block by statements like that? If you go to the Budget and the remarks of the Hon. Treasurer, what did he say? He said that the plans of Ontario and Alberta were realistic. Members in this Legislature, the people of Saskatchewan, know that the plans in Ontario and Alberta aren't the type of plans that we in Saskatchewan have. Now I ask this, Sir. If their plans are realistic, is the Hon. Treasurer saying - I am sorry he's not in his seat - that our plans are unrealistic? Those are very carefully chosen words, Mr. Speaker, and I say this. There is fear being put in the people of Saskatchewan but it's by this Government because it is laying the groundwork by statements such as this to put medicare and hospitalization on the block.

SOME HON. MEMBERS: Hear, hear!

MR. ROMANOW: — The very basic theory and principle of medicare and hospitalization is that you pay when you are able to pay, Mr. Speaker. You don't pay when you are not able to pay and that is when you are sick. But this Government is going to tax the sick. Now if that isn't contrary to the philosophy of medicare and hospitalization I don't know. And I'm going to ask the Hon. Premier again: who is instilling the fear with respect to medicare and hospitalization? The Members opposite!

Now for another nice misquotation, Mr. Speaker, from the Thompson Commission that the Hon. Premier was quoting for the benefit of the Members of the House. He said that Commissioner Thompson advocated that deterrent fees be imposed in the Province of Saskatchewan. I happen to have here the Report of the Advisory Planning Committee on Medicare for the Province of Saskatchewan, and it says this:

After reviewing the subject the Committee came to the conclusion that we would recommend the establishment of utilization fees under these specified conditions: (a) they will be small in amount, (b) they be restricted to home and office calls, and that the utilization fee will be less for office calls than for home calls. We

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suggest the charges be \$1 on office calls, \$2 on day home calls, \$3 on nights, Sunday and holiday home calls, (c) they would not apply to referred specialist services.

Is there any mention of that in this proposed program of the Government?

(d) they would only apply to the first three visits in any one illness.

Is that principle adopted by this Government in the Thompson Report? No, they don't follow that.

(e) the doctor would have the right to waive the utilization fee.

Does the Government adopt that principle of the Thompson Committee Report? No.

(f) records and receipt of payment of utilization fees should be kept by the physician and recorded with his claim to the Commission for payment.

Then it goes on to say also that utilization fees should be directed to those items of service which are initiated by the patient. That kind of fatuous and specious argument was again advanced by the Premier. He is quoting, Mr. Speaker, half-truths. All one has to do, is pick up a copy of the Thompson Commission Report and read that they would under special circumstances. This Government has failed under three of the six conditions laid down by the Commission. They're not following the recommendations of the Thompson Committee at all. At the same time the Premier fell into rather fallacious logic, the very curious mixture of logic and philosophy throughout the speeches of the Hon. Premier and the Minister of Health, and also, the Minister of Mineral Resources, but I've come to accept that from him. The Premier like the Minister of Mineral Resources raised this argument. He said - you know in 1961 when we were the Government, when the CCF was the Government - there was a section in the Medical Care Insurance Act which said, "that the Cabinet or Lieutenant Governor in Council will have the right to make certain Order in Council Regulations" and then somehow, by queer logic, he said that that was implied approval for the imposition of utilization fees, that if it was immoral then, why is it not immoral now? This was the argument advanced by the Premier and by the Minister of Mineral Resources. Mr. Speaker, I've only been in this House five weeks but I bet you there are at least a half a dozen Bills that give the Cabinet the power to make regulations. I think in those Acts the Cabinet has got to be given those powers to make those regulations. But does that say that, if the Cabinet makes a wrong regulation, I condone it? Of course not. Does it mean to say because this Government passed the section of the Medical Care Insurance Act which gave the Cabinet the power to make such regulations that I condone the particular regulation that has been put in with respect to medicare deterrent fees? Of course not! They're separate Acts and we have a right to make separate judgments with respect to those Acts. I'm going to say to the Hon. Minister of Mineral Resources again (He's not going to like it) the imposition of deterrent fees is immoral and is indecent. No amount of fallacious logic is going to convince the people of Saskatchewan otherwise. And now the Hon. Premier says it will be a lot easier for the doctor to go ahead and see the people who really need to be seen in the case of

illnesses. He said, you know if you have the utilization fee, somehow - I don't know how he got to the particular conclusion that he reached - the doctor is actually going to be able to see the patient that is seriously ill. What he is really saying is this. The doctor will go and see the patient that has the money to pay for the utilization call. How is he going to be able to judge the serious or the non-serious cases? Again, Mr. Speaker, a fatuous and specious argument. The philosophy of this Government, I said, Mr. Speaker, in the remarks that I made in the Speech from the Throne and I can only repeat, is a philosophy which is just absolutely out of date and out of touch with modern Canada. This Government, Mr. Speaker, uses such terms as the Hon. Minister of Health did and the Premier did as well saying, not say, chiding, lecturing the people of Saskatchewan, that you tend to be negligent when you have social programs. The Minister of Health and the Premier say, you know, under the present programs of Saskatchewan people tend to adopt an attitude, "I paid my way." Fancy that! I say to the Premier and the Hon. Minister, "Don't you think after having paid a \$72 Medicare and Hospitalization premium, plus sales tax, plus personal income share, that I have a right to say that I have paid my way." They say that somehow the personal character, the personal fibre, the moral fibre of the nation, are going to be affected by this non-participation in our own recovery. Big deal! Participation in the recovery when you are flat on your back and you are ill and unable to work.

They argue about responsibility, Mr. Speaker. You know the Hon. Minister of Health (Mr. Grant) said, "It will give us a good feeling to know that we are participating in our recovery." I am sure he's going to give a lot of good feelings to the asthmatics and the chronically ill about them having to pay \$2.50. I said somewhere along the course of my remarks that the thinking of this Government is a curious mixture of logic and philosophy. Indeed, Mr. Speaker, I and the people of the province are entitled to say that we have paid our way and we are entitled to say that the people in the Province of Saskatchewan are now participating in the payment of the cost of these programs through their premiums. The argument of the Hon. Premier saying, "You know nothing is free in this world," we know that. The people of Saskatchewan know that nothing is free. That's why they are paying the Hospitalization and Medicare premiums. That's a payment for services that are being provided. We don't need these prim and prissy Victorian lectures about nothing is free in this world, these Chamber of Commerce-like phrases when it comes to the public welfare programs and social programs. Mr. Speaker, all the way through, this Government, the Hon. Premier and the Hon. Minister (Mr. Grant) and the Minister of Mineral Resources (Mr. Cameron) sprinkled throughout all of this enunciation of Government policy on deterrent fees lectures to the people of Saskatchewan about responsibility. The Minister of Health (Mr. Grant) had the audacity to say to people of my generation that deterrent fees would help teach the youth of the Province of Saskatchewan that we are going to have proper respect for the social services that we are getting. It was in essence the very same argument that this Government uses to deny free university education to the youth of our province. I say to the Minister about respect - and I am sorry that he is leaving - that nothing causes loss of respect more in government, politics, social services than school-masterish statements, like one that impugns the integrity and character of Saskatchewan citizens, like you have done, Sir.

SOME HON. MEMBERS: Hear, hear!

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MR. ROMANOW: — When the Hon. Minister talks about respect, when he talks about negligence, when he talks about participation and the like, what he is really saying is that the people of Saskatchewan can't be trusted with their own social service programs. He is saying that adult men and women, unchecked and undeterred, are like little school boys and school girls who are going to take advantage of, abuse, and generally show contempt for social services of the Province of Saskatchewan. That's what he is saying! And that, Mr. Speaker, is the same manifestation of the old Puritan ethic that says an individual does not really appreciate social services if he himself is not directly involved somehow in paying and providing for those services in the manner that this Government tries to impose by deterrent fees. Translated another way, Mr. Speaker, it says this: "You have to touch fire to know that it hurts." We can't learn this by reading books or by experience. No! The people of Saskatchewan in the eyes of the Minister of Health and the Premier of this province are like children. They must first suffer before they appreciate and understand the programs of social services. I can say this again to you, Mr. Minister, that my generation and in fact all of the people of Saskatchewan are going to reject this old attitude of participation in our social services.

We expected this Government to be positive, to be young and forward-looking, to be dynamic and not to be old, not to be sterile in its thoughts. We wanted it to deal with some sort of social progress and justice in the field of health programs. But the respect shown by Saskatchewan citizens and they have respect, Mr. Minister, they don't have to be taught respect by the imposition of deterrent fees as they have the respect now for hospitalization and medicare. This respect is based on the acceptance by the people of Saskatchewan that government must now be an activist, an activist in the co-ordination of social programs such as health for the benefit for all and not a passive observer as you are trying to make government be with respect to health and medicare.

MR. WILLIS: — On a point of order. Would the person in charge of controls turn off the mike at the front desk over here? We can't hear what is being said here because of the noise which is emanating from the front bench across the way.

MR. STEUART: — This mike is as dead as your head.

MR. SPEAKER: — Order, order! We have just heard from the picador from Prince Albert. What's wrong with the microphone?

MR. WILLIS: — Mr. Speaker, it must be on because I can hear distinctly the Member for Prince Albert (Mr. Steuart) speaking over the speech which is being given on this side.

MR. SPEAKER: — Oh well. Probably the key was open on the switchboard and I trust that it is rectified by now.

MR. WILLIS: — Of course it could be fixed if the Member wants to. His colleague and he could go out in the lounge.

MR. SPEAKER: — Order, order! We are listening to the Member for Saskatoon Riversdale and I hope that the operator up in the sound booth will be able to look after the keys correctly.

MR. ROMANOW: — Mr. Speaker, I am afraid that my colleague from Melfort-Tisdale has pointed out the very sad and truthful observations of the Government opposite. They don't have respect for Parliament or Legislature or for the people of Saskatchewan. Far from it, nothing but contempt.

SOME HON. MEMBERS: Hear, hear!

MR. ROMANOW: — They are indifferent, Mr. Speaker, and they are a Government of fat cats.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: — Order, order! I think that it is high time this Legislature tried to maintain a little more dignity. Saying that Government Members are fat cats having waggling mouths, and all such expressions that are being thrown back and forth across the House eventually get down into the school-yard type of thing. You are so and so and he is something else. It can go right down into the gutter and I am going to ask the Hon. Member for Riversdale, who is a talented speaker and is a member of the legal profession, to withdraw the statement that he just made and let's have no more of that type of statement in this House.

MR. ROMANOW: — Mr. Speaker, I will do as you request and I'll withdraw the statement. I could think of no better term to describe a group of men who are either unable or indifferent to the problems of Saskatchewan people of today. I want to say, Mr. Speaker, that when the Minister talks about respect for health programs, for hospitalization and medicare, respect does not come through a system of penalization, but through a system of social reform that places the utmost trust, faith and confidence in humanity. I say to the Minister of Health and this Government, you get the respect once you stop debasing man's character and show that you respect his honesty and intrinsic worth. Democracy, Mr. Speaker, is based on the concept that man is rational. I am not going to lecture Members on democracy, but when man is rational he can choose between good ideas and good men. Extended, Mr. Speaker, this theory says that man's rational side will generally control his emotional dictates. I say that the manner in which the Hon. Minister and the Premier have talked of responsibility holds out the principle that cannot be trusted and if you accept this tenet, Mr. Speaker, you are saying that man cannot follow democratic principles. I say that, when the Minister talks of resentment among those who now contribute to the plans but never have occasion to use them, I can tell the Minister that there is resentment today in Saskatchewan.

SOME HON. MEMBERS: Hear, hear!

MR. ROMANOW: — It is not the type of resentment that he is talking about or that the Premier is talking about. It's resentment by the people of Saskatchewan that this Government is attacking the

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principle of medicare and hospitalization that I have talked about earlier. There is resentment, Mr. Speaker, that the premium is now important. We pay \$72 and it's really valueless. The imposition of deterrent fees on hospitalization and medicare means that the hospitalization and medicare premium can only come to life when a person pays that deterrent fee. Why, I ask the Hon. Minister of Health, should those who resented premium payment of medicare and hospitalization, as he talked about in his speech, be less resentful, now that there is added to the responsibility daily deterrent fees? The argument is illogical. Surely the position of these people's resentment has not been changed any by the actions of this Government. Rather, if the thinking of the Minister is correct, the resentment should be more wide-spread because there is going to be added payments for these people to make. Similarly, when the Hon. Minister talks of participation, this too also runs in my respectful submission against the grain of democratic theory. As I have said, participation is when a person is healthy and able to participate and not when he is ill and in hospital and not earning anything.

I talked about the question of a four-lane highway, and the deadening silence of the Government opposite when it comes to rationalizing and explaining away the particular costs in building four-lane highways. The type of participation theory that the Minister talks about reminds me of a colleague of his, the Federal Minister of Finance (Mr. Sharp), who in December of 1966 increased old age pensions by \$30 and then in doing so he said that these increases would have to be paid for by increased taxes. When some Hon. Members asked, why, since there are sufficient reserves in the old age pension fund to cover the raise, the Minister of Finance said that the Federal Government had to show the people that government programs must somehow be paid for. If you will, it is the same argument that is advanced by the Hon. Minister in the Government. Is it really necessary, Mr. Speaker, I ask the Government, is it really necessary to demonstrate how much the poor and the old, the large families, the chronically ill and the like, are costing the people of Saskatchewan by their legitimate use of health services? Do we really have to demonstrate it in the manner similar to the demonstration given to us by the Federal Finance Minister. There surely should be no need for justification of programs of this nature. I say in the enlightened age of 1968, the philosophy of this Government is really out of touch. And, furthermore, it is not in keeping with the fact. I say, Mr. Speaker, that this Government is indifferent or unable to recognize the facts of illness in Canada. There are many surveys of illness in Canada. In 1964 one of the noted social scientists, Frederick Elkin, carried out a study which is entitled 'The Family in Canada'. He reports on a group of 47 multi-problem families from the Ottawa area. The families were living in houses that were crowded, in poor physical condition, and costly. The education of the adults occupying those families were grade nine or below and all the families were suffering from serious financial problems. The cost to the community must have been enormous because their health cares had to be looked after. However, the facts of the study are this, that the highest proportion of physically ill people is to be found in the ranks of the poor. This is supported by the Hall Commission on Medical Services, the Canadian Sickness Survey that my colleague from Regina North East (Mr. Smishek) mentioned. The plain facts are that no matter which way you cut it, the highest proportion of physically ill in Saskatchewan and in Canada is in the ranks of the poor. No amount of philosophical justification by the Hon. Premier and

the Minister of Health on participating in your recovery or learning responsibility or showing respect for social services, no amount of economic juggling or half-truths that we heard this afternoon, would get around this basic fact of Canadian illness, and that is, that poor people need more medical attention than others.

And some are poor because they are sick, but far more are sick because they are poor, because they cannot afford nutritious food, adequate housing, clothing, or preventive medical care. The Canadian Sickness Survey showed that the poor, while sicker, are also receiving less attention medically than the other classes of people in Canada. At the same time when the poor people need more time, they are getting less of it. Family Service Association of Canada discovered that 11 out of 25 poor families suffered from ill-health and they lived on bare minimum economic levels.

This Government cannot say that it's humanitarian or that it has concern for the sick and the poor, because it just flies in the very face of the statistical survey that I have quoted to the Members of this House. Mr. Speaker, when government and business leaders talk, as this Government has done, about waste, about cost, the catch-all phrases, they ought to consider the waste in human resources which in some parts of Canada the present system supports.

SOME HON. MEMBERS: Hear, hear!

MR. ROMANOW: — They don't stop to consider the costs of poverty in terms of disease, disability, emotional breakdown, delinquency, slums and the like. For example, the highest proportion of tubercular victims, the highest proportion of emotionally distressed children and adults, the highest proportion of juvenile delinquents, come from the ranks of the impoverished. The Ontario Welfare Council's director said this: "Poverty is destroying people, causes social breakdown and health problem." It is supported by social scientists and yet this Government flies again in the very face of proven statistical facts in Canada and says, like the Hon. Premier had the gumption to say today, that people can afford \$75 a month when they are poor and they are ill. It is basic recognition that poor people require services of health more than others. And there is, also, Mr. Speaker, a recognition that, if this Government would only adopt the new philosophy, there has to be a rearrangement of Saskatchewan's and Canada's affairs, not only to strengthen and broaden the base of medicare and hospitalization, but to make government a more useful instrument for those who can't help themselves, these poor, sick and afflicted.

And if these surveys are accurate, and I haven't heard anything yet by any of the speakers opposite to say that they aren't, how can this Government say that its deterrent fees will not hurt the poor, the old, and the seriously ill? We all ask ourselves this question: does the imposition of deterrent fees keep in step with the aims of medicare and modern government for example, and that is provision of medical services for all regardless of the economic background? Clearly it does not because, when you impose the deterrent fees, you are breaking down the principle of giving health services to everybody, because the poor who cannot afford the fees but yet need the services more, are going to be penalized. This philosophy and this program, Mr. Speaker, mitigate against Saskatchewan's

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people and Saskatchewan society as a whole, and particularly it works against those who are least able to pay for their services. The end result is that all of Saskatchewan's citizens are the losers by this Government's policy.

Mr. Speaker, governments must present their cases through Parliament, and through Parliament to the people of Saskatchewan. Before legislators are asked to make a decision on important matters such as deterrent fees, they should be provided with all the facts. It is insufficient for the Minister of Health or the Premier to hurry over the arguments in favor of deterrent fees with some vague references to patient days spent in hospital, as if that was something that was dangerously alarming. Why not, if you have good health facilities, why shouldn't more people make more use of those facilities? What is wrong with that? This Government views this with alarm. We say that's a credit to the system that we established. No longer is there an economic worry if you have to go to hospital. Greater utilization of hospital beds. This is a step forward. But if this Government says that there are abuses, the duty falls on it to make out its case that the abuses are proven before this Legislature.

SOME HON. MEMBERS: Hear, hear!

MR. ROMANOW: — Now before Members can make their own minds up and the decision as to how they are going to vote on this, we must be provided not with histrionics or with flashy oratory, or fancy philosophy, but we must be provided with cold facts on the abuses.

SOME HON. MEMBERS: Hear, hear!

MR. ROMANOW: — This Government, Mr. Speaker, steadfastly refuses to present the evidence of the abuses. This could only lead Members on this side of the House to wonder if the Liberal Government actually does have evidence that the people of Saskatchewan are abusing these programs. For example, if one looks at the 1967 Medicare Report that the Minister tabled just a few days ago, one will see there that the grand total of all services provided in 1967 as compared to 1966 in Medicare is only up 4.3 per cent or in terms of money, using the Minister's own document, the increase is only 4.3 per cent. These are shown on pages 40 and 41 of the Report. On page 19, there are other 1967 highlights and these highlights, Mr. Speaker, will show to all Members even to the casual observer that although the costs are up, there is nothing alarming or spiralling or sky-rocketing in the manner, in the form that the Premier and the Minister would have this House and the people of Saskatchewan believe.

SOME HON. MEMBERS: Hear, hear!

MR. ROMANOW: — 4.3 per cent in terms of cost of medicare. I ask the back benchers opposite; are you going to tell your constituents that that is a sky-rocketing increase of cost in medicare? How can it be justified? And if you do a further analysis of the medicare, if I may use the phrase man-produced usages, you will notice, for example, that obstetrics is down. Down 27 per cent since 1964. The report shows, Mr. Speaker, that 30 per cent of the beneficiaries received no services whatsoever. The only significant fact about the report is that the services by the

doctors did in fact increase. Diagnostic services are up 32 per cent since 1964 and per capita costs of psychiatric services are up 100 per cent. But the important thing to note that these aren't people-sponsored, to use that phrase, but they are doctor-induced costs. These cannot be attributed to abuses by the average citizen. I ask the Government; where are the abuses? You failed to produce the necessary facts for the allegations that you have made against medicare and hospitalization. And Members on this side of the House can only come to one conclusion, and that is this, that there must be some other basic fundamental philosophical reasons for the imposition of deterrent fees.

Perhaps it is the philosophy of this Government, as I discussed earlier, that it is out-of-date and out of touch with the 1968s, and I am going to repeat - and I am sorry that the Premier isn't here - perhaps it is a beginning of a wholesale attack on the body of medicare and hospitalization. The Hon. Premier tends to make a lot of very strong and emphatic statements. He made a couple in the October 1967 election and regretfully the people of Saskatchewan are suffering for them now. So you will forgive me, Sir, if I am a little bit dubious about some of the positive statements made by the Premier and his Government. Actions speak louder than words and if the Premier really wants to assure the people of Saskatchewan and the Legislators on this side of the House that he is for the principle of medicare and hospitalization the way it is set up on the philosophy of paying while you are able to but if he is really in favor of those two plans, then remove the imposition of the deterrent fees on hospitalization and medicare. You will then, and then only, allay the fears and I say legitimate fears, of the people of Saskatchewan and those of us on this side of the House, that medicare may be on the block. The evidence which says that there are abuses in hospitalization and medicare is just threadbare. It wouldn't meet the test in a court of law and it doesn't meet the test in the Saskatchewan Legislature; and come next election time, Mr. Speaker, it won't meet that test either.

SOME HON. MEMBERS: Hear, hear!

MR. ROMANOW: — Now, Mr. Speaker, if I might be permitted I am going to very briefly outline to the Members of the House, those few who are present from the Government opposite - and I am very sorry to see that so few of them are willing to participate in the debate. I am rather disappointed also in the Premier's remarks about one of the most respected jurists in the Province of Saskatchewan, Judge Hughes. The Premier took the liberty unfortunately, in the Legislature where he has amenity of questioning or at least of putting in some doubt the validity of the letter that was tabled by my colleague for Saskatoon Mayfair (Mr. Brockelbank). I suppose . . .

MR. STEUART: — On a point of privilege. The Premier never questioned the validity of the letter. He questioned the motive behind it but he never questioned the validity of the letter. I think that he should withdraw that.

MR. ROMANOW: — I'll withdraw and thank you for clarifying that, Mr. Treasurer. He questioned the motivation behind it. I suppose the Hon. Treasurer and the Minister of Mineral Resources

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and everyone opposite would say that the letter represents a letter from a bunch of Socialists. Is that what the Government would say?

MR. STEUART: — Pretty near.

MR. ROMANOW: — Pretty near. The Hon. Treasurer says that the Saskatoon City Hospital Board is pretty near to a bunch of Socialists. Well again, Mr. Speaker, I talked about some illogical comments and arguments but that really is the best one, I think. It almost matches the Minister of Highway's statement about the Saskatoon Star Phoenix being a Socialist newspaper.

Now, Mr. Speaker, there are several major disadvantages to the proposed fees, specific disadvantages, and if I might take them by category. First of all, the disadvantages to the patient. I enumerate those disadvantages as follows: First, there is a distinct possibility that patients will have to make payments first before service is given. In the Swift Current Health Region No. 1, it has been suggested by some medical authorities that patterns developed where patients deposited their deterrent fees as they entered the door of the doctor's office or the hospital. I am not saying that it is going to happen, but if the possibility exists, Mr. Speaker, the danger and the warning sound ought now be made to this Government. And I submit that it is a first disadvantage to the proposed imposition of these fees.

Secondly, the disadvantage to the patient is the possibility of payment in relation to services which are in fact contained now within one composite fee that he pays the doctor. If payment is to be made before the service is given, the deterrent would be made in relation to such things, for example, as composite fees for pre-natal visits, post-surgical visits, or other visits and the like, in fact, where one composite fee already is paid by the central Medicare Insurance Commission. I view this as a disadvantage, a second disadvantage to the patient.

Thirdly, there is the distinct possibility of a payment in relation to doctor services or hospital services where there is no merit for the fee being collected. The proposed deterrent could establish patterns where payments are made, Mr. Speaker, and kept by the person to whom they are made, say for example, with respect to families asking about relatives, or persons who merely come to confirm their appointment arrangements and the like. In other words, fees might very well be paid in areas which are totally unrelated to the medical services that the patients ultimately will receive. That's a disadvantage and a danger.

Fourthly, the fact that payments would fall particularly on patients who must make repeated visits to the physicians or who will remain in hospital over a long period of time makes the deterrent particularly odious. This pattern is contrary to the patients' best interests, contrary to the general principle that insurance, be it hospitalization or medicare, equalizes throughout personnel with a great variety of risks. In other words, it equalizes among the people who are chronically ill and those who may be the casual, if I may use that phrase, visitor or user of the hospital. I have already talked about some of the basic aspects in his regard, that the imposition of the fee will work against this equalization principle of insurance.

Fifthly, there is discrimination against persons on low income. Members will have noted my remarks in that regard. But again, Mr. Speaker, I want to re-emphasize because it can be said over and over and over again - it's such an important principle - that deterrent fees will act as a deterrent in inverse relationship to the size of the family income. That is to say, Sir, it will deter those who need help most but can't afford it, but will not deter those who may not need care as much but can afford to pay the deterrent fees.

Now if I might, Mr. Speaker, I submit there are also disadvantages to the doctor. And these may be set out as follows: First, there probably will be increased administration costs for the family doctor. Undoubtedly, these will arise from increased billings. There will be billing now perhaps through more than one agency, for example, in the case where a patient is a partially insured under the Medical Care Insurance Act and partially the financial responsibility of the municipality or a social assistance program or such some similar agency. The handling of cash in a doctor's office, the doctor's office where, I might add, Mr. Speaker, previously there has been no such gearing (at least not since 1962 and perhaps even earlier to this handling of cash) will only add increased burdens to the doctors. To me, although I am a layman, it appears to be a totally inefficient and unbusinesslike manner in which to collect deterrent fees and it will only hinder our medical people.

The second disadvantage to the doctor is that I predict that he will be saddled with increasingly bad debts. I think this argument speaks for itself, that this is a disadvantage to him and also in the light of The Collections Agents Act, also to the person who is being harassed necessarily so by the doctor for the payment of these debts.

Thirdly, the disadvantage to the doctor is that the pattern of billing will probably be discriminatory against physicians who have major income from certain services. For example, the deterrent fees are much less likely to be disruptive to obstetricians, surgeons and the like than they would be for example to the general practitioner who sees a variety of people with a variety of ills and on a variety of occasions. The former does his work, if you will, in sort of one opportunity, but the other has to do his with a number of people. This is discriminatory. The nature of the work of the first two that I've talked about, the obstetricians and the surgeons, is such that their income will not likely be disturbed to any amount by the imposition and collection of these fees. But, to the general practitioner, the largest number of doctors in the Province of Saskatchewan, he will doubtless be handicapped by increased paperwork, and I say will be further affected in the matter of his income.

Fourthly, there is a distinct possibility that undesirable competition may develop between physicians and/or clinics on the basis of circumstances as to whether or not they will in fact charge the deterrent fee. Some physicians or clinics may devise a form of financial management or philosophy that will enable them to not charge the deterrent fees from their patients. To the extent that this danger may arise, Sir, I submit that it would foster the kind of financial competition and disharmony which might very well lower the general tenor and quality of our physician's services.

Finally and fifthly, with respect to doctors, I feel that the fees disturb the basic principle stated in the Saskatoon

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Agreement. That Agreement said that doctors could at their discretion choose to have all services paid for on the basis of direct billing to the Medical Care Insurance Commission. The legal implications of the breach of this Agreement are perhaps yet not known. It's a danger. But the moral implications, I submit, Sir, are clear. This Government has broken faith with many of Saskatchewan's doctors in the Saskatoon Agreement that was signed.

SOME HON. MEMBERS: Hear, hear!

MR. ROMANOW: — Now I submit also that there are disadvantages for Government. First, there will likely be increased use of the reimbursement system in handling of claims through the Medical Care Insurance Commission. It only stands to logic - we had a very illuminating talk about costs the other day by the Hon. Member from Cannington (Mr. Weatherald) on the Ombudsman - it only stands to reason and to logic that this is going to increase administrative costs to the Government. It is already known that of \$7.4 million that will be collected, the net to the Treasury will only be \$5 million. As I've said before, any good businessman would know that this is a very inefficient and uneconomical manner in which to collect taxes and to collect revenue. But then perhaps my friends opposite don't have all that very good business experience that we've been led to believe.

Secondly, my colleagues have argued that there will be a reduced return to the Province of Saskatchewan from the Federal Government because the Federal Government will not share as the Government knows, I'm sure, in hospital or medical care payments made directly by the patient to the doctor. In fact, in point of fact, Mr. Speaker, the imposition of the deterrent fees on hospitalization and medicare will really be a form of reimbursement to Ottawa. And I say that this is contrary to the best economic and social interests of the people of Saskatchewan.

Thirdly, Mr. Speaker, there will be increased administrative and jurisdictional problems with respect to patients who are the responsibility of various provincial welfare and municipal agencies and I've talked about that. That can't help but increase the problems and the costs for the Government opposite. Now for the hospitals and the disadvantages to them, Sir, I don't think they could be better enunciated than by Judge Hughes and the letter to the Saskatoon City Hospital Board.

But to re-emphasize, I view the disadvantages to be as follows: First, the existence of a patient-direct payment associated with outpatient visits could likely introduce the problems of multiple billing for certain outpatient services. For example, the hospital will bill the Medicare Commission for a portion of the outpatient charge, and must bill the patient or the agency responsible for the patient for the balance of the charge. This will be one of a number of factors which will also increase the administrative expense and the bad debts that will necessarily accrue, Sir, for the hospitals. It hinders them.

Secondly, Mr. Speaker, if bad debts accumulate, they represent a particularly acute problem for hospitals. These debts represent off-setting revenue, and therefore reduced income from the Saskatchewan Hospitalization Services Plan. Again,

Mr. Speaker, arguments at the introduction of the said program again revolve that it's simply not efficient. It's against the best interests of these people. Now, Mr. Speaker, the people of the Province of Saskatchewan will now be faced if the proposed plan goes into effect with the obvious wish to insure themselves against these deterrent fees. And this too will only compound the problem, because the patient then, if insurance outside agencies provide protection for the complete service, does so now for the complete over-all service but at additional cost. This also applies for the hospital because it, too, comes completely protected, but at additional administrative cost. If a government such as the one opposite persists in using the term utilization, one can say with safety that utilization will not be affected because both the patient and the physician would, if the outside insurers come in, be in a state of complete insurance anyway. They won't be deterred because they'll be insured. The Hon. Minister, as well as the Premier as he did this afternoon, says that deterrent fees are going to hold back people from using the hospitals. What does he say if these people insure themselves with outside agencies and have nothing to worry about then and then, according to the Hon. Minister of Health and the Premier, again abuse the system. Now the Government has either failed to take an account of this possibility or, Mr. Speaker, it has taken account of this possibility but still has decided to impose the deterrent fees for reasons other than deterring, if there is a case to be deterrent. I say again to the Premier - I'm sorry he is not in his chair - that I have a legitimate right to question the safety of medicare and hospitalization in the light of this. I don't blame the people of Saskatchewan if they now want total insurance. I merely wish to point out what I submit is a fallacy of the argument of the Premier and the Minister of Health (Mr. Grant) when they advocate this theory of responsibility. Who's fiscally responsible now, I ask you, Sir, if such a program were implemented in the Province of Saskatchewan at additional costs? Not the Government or the gentlemen opposite.

Now, Mr. Speaker, I want to emphasize, as a small segment of Saskatchewan residents live in Riversdale, and I think it is a pretty good sampling of people of Saskatchewan, I want to re-emphasize the point made by my colleague from Saskatoon Mayfair (Mr. Brockelbank) and I'm sure the point made to the Government and the back benchers opposite through the letters that they are getting but are refusing to acknowledge to the public at large, the fact that this move is against the wishes of the people of Saskatchewan.

SOME HON. MEMBERS: Hear, hear!

MR. ROMANOW: — It is being opposed, Sir, by church organizations, individuals, other responsible groupings of Saskatchewan citizens. The Saskatchewan Association of Rural Municipalities, at their 63rd Annual Convention, requested the Government to rescind the utilization fees. Members opposite, like Members on this side, have received dozens and dozens of letters from old age pensioners, young people, newly weds, church organizations, protesting the imposition of these fees. The voice of the people is being heard by this Government but not being listened to.

SOME HON. MEMBERS: Hear, hear!

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MR. ROMANOW: — Petitions are circulating everywhere in the Province of Saskatchewan. My colleague from Saskatoon Mayfair points to 1,200 signatures on it. I have others added on top that would make it pretty close to 2,500 some odd names from the people of Saskatoon. Letters such as this one as my Hon. Colleague from Mayfair already referred to from the Pensioners and Senior Citizens Organization. To hear the Premier or the Hon. Treasurer, you would say that they are Socialists, each and everyone of them because they oppose. Does this Government say the Senior Citizens Organization is a Socialist-front organization? The petition here with 1,200 names, Sir. The letter that was tabled by my colleague by the Saskatoon City Hospital Board. Again, you can't simply dismiss representations by so many people by cavalier and off-handed remarks that the Treasurer is so prone to making simply as being Socialistic. I merely want to emphasize to this Government and to the back benchers opposite that your Government is out of tune with today's Saskatchewan.

SOME HON. MEMBERS: Hear, hear!

MR. ROMANOW: — To the back benchers opposite, I say this, your Government is gambling that the people of Saskatchewan are going to forget this one. To the back benchers opposite, I say this, that your Government is not now supported by the people of the Province of Saskatchewan as it has always been. But as usual, it will take the next election to prove that point to some of the Members opposite.

Now, Mr. Speaker, as a young Legislator, if I may use that term, I view this issue, as the Premier does, to be one of the most important of this session. I've tried to emphasize some of the philosophical differences that he and I have and some of the economic half-truths, respectfully, that I feel he's submitted to the people. Well I say there's a duty of all Members of this House to clearly and in a straightforward manner declare his position on this issue. I feel there is a duty of individual Members opposite, particularly the back benchers, to get up and explain to the residents of Saskatchewan and to explain to their constituents their reasoning behind their individual actions. If Members opposite want to adhere to old, out-dated concepts and notions that this Government adheres to, let it be so. There is no shame in admitting their attachment to sentimental concepts of yester-year. If Members want to support this Government because of facts, and I said some of the facts I wish they'd table, let them get up and tell the Government and tell the people and tell the Legislature what those facts are. If the Members are simply against medicare and hospitalization, let their views be known. The important thing is for all of the back benchers, because I have long now lost, after five weeks, any hope for the Front Bench in the Government, the important thing is that all Saskatchewan be given the opportunity to judge their reasoning when their actions finally come on second reading of this Bill. They must participate in debate. The press gallery, the people of Saskatchewan will be watching their actions and whether or not they explain their conduct.

My desk-mate, the Member from Regina North East (Mr. Smishek), talked about the Liberal commitment back in 1918 or 1919, whenever it was, to medicare. The said problem is still unfulfilled, probably not even recognized by this Government. He talked about the involvement of my good friend, at least I consider him to be,

from Regina South West (Mr. MacPherson) on the Thompson Committee on health services for Saskatchewan. I respect, and I mean this sincerely, the Hon. Member for Regina South West. He explains and he puts forth his views forthrightly. I think they are individual views. I think they are old views, and they are old-fashioned and out-of-date, to be sure. I respect his right to say it and he does it in a democratic way. What worries me is this. When you couple the statements made by the Treasurer (Mr. Steuart) on realistic medicare programs in Alberta and Ontario, when you couple the statements made by the Hon. Minister of Health (Mr. Grant) on responsibility and the need to teach people respect for their own social programs, when you couple this statement of a deductible at the bottom end (a quote that I referred to earlier of the then Leader of the Opposition, now Premier), when you take into account that my friend from Regina South West (Mr. MacPherson) did not further attend any of the Thompson Committee meetings after the interim report was submitted - and I say this in no personal way whatsoever, but I'm entitled to believe I submit, contrary to an explanation otherwise, that he refused to so attend because he didn't accept the basic principle and philosophy of medicare at the time and boycotted the meetings. He's got the perfect right to do so and I don't deny him that right but, if you couple all of these statements and all those who compose this Government, it seems to me simply that the inference can be drawn that, if there is fear abroad, as the Premier talked about earlier this afternoon, then he has instilled it in the people of Saskatchewan.

Mr. Speaker, famous political scientists have stated that in the affairs of men and women, there must be in essence that body of men and women who fight for social reform, progress and justice. There must be that body of men and women who want to use the state as a positive servant to the people, so that, if you apply it to Saskatchewan, the vast resources of this province will be used for the benefit of all the people of Saskatchewan. There is also that body of men and women who will ultimately, in political affairs, dedicate themselves to making the environment of Saskatchewan one of equality of opportunity for all regardless of financial abilities. I say this group is not afraid to take action and move decisively with the times. And may I also add, Mr. Speaker, that there is no merit to moving boldly and courageously, if what you have done is contrary to the wishes and bad to the programs of the people. At the same time there is another group of men and women, represented and embodied by the Members opposite, the Liberal party, who are dedicated to preserving institutions and concepts that are old, who view government merely as a vehicle to hold fast the values and institutions of Chambers of Commerce, big businesses and invested interests as they know them. It's perhaps only in this context, Mr. Speaker, that you can explain the emergence in this Province at this time of this particular Liberal party in Canada. It is a party that wants to conserve and consolidate and look back. It refuses to be bold. It refuses to innovate new social programs. It's a party which fears, as the Hon. Treasurer does, the label of being called social planners. It is a party of reaction to positive social action.

SOME HON. MEMBERS: Hear, hear!

MR. ROMANOW: — And, Mr. Speaker, these political scientists will also say to you that the pendulum of voter sympathy always comes back to the progressive party that's in tune with modern times. And I say that it is good that Saskatchewan gave the New

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Democratic party a chance to stand back and to catch its second breath before it moves on again to conquer the challenges of the 1968s and the health needs of the people of Saskatchewan.

SOME HON. MEMBERS: Hear, hear!

MR. ROMANOW: — Because, Mr. Speaker, as sure as I'm standing in my place today, I'm going to predict, Sir, to you and the Members opposite that, when the people next have their say on the position taken by this Government on the economic method, with which it seeks to collect taxes from the people, the people of this province will say that it is time once more to move forward with vigor, idealism and positive progressive thought, the type of thinking, Sir, that has characterized the people of this province and not reactionary thought as embodied in the people opposite, the Government.

Mr. Speaker, I notice that it is very close approaching 5:30 and I'm wondering if I might at this time call it 5:30 and adjourn the debate.

SOME HON. MEMBERS: — No, no, no.

MR. SPEAKER: — Order, order! The Member has asked leave to call it 5:30 and to adjourn the debate. He cannot do both. It now being 5:30 I do now leave the chair until 7:30 this day.

SOME HON. MEMBERS: Hear, hear!

MR. ROMANOW: — Mr. Speaker, and Hon. Members of the House before the rather abrupt adjournment, I had one rather small point to make and that was on the question of the economics of medical care insurance and hospitalization insurance. I thought that that would be best summarized in the journal that reported health services costs, the Hon. Emmett M. Hall, the commissioner on Canada's health services needs. The quotation that I thought particularly relevant, Sir, goes as follows. Talking about the costs, Mr. Justice Hall said:

Costs are going to rise even without the implementation of our recommendations.

He is talking about costs of health services:

They will of course rise somewhat more as all Canadians received the health services they need.

In other words, the amount that we are going to be paying in terms of our taxes, according to Mr. Justice Hall, would be going up anyway. This is something I think this Government opposite ought to recognize and to acknowledge that, when the financing of health programs shifts from a private sector to a public sector, the leading authorities seem to indicate that costs would be going up. However, and continuing with the quotation, he says this:

The important thing is that Canada's national income will also rise.

This reasoning behind this is this: the over-all cost of the health services program as a percentage of total expenditures

on all goods and services will not change greatly. What will happen, Mr. Speaker, as a consequence of the recommendations, is a substantial shift in the costs of health care from the private sector to the public sector. The over-all costs won't change greatly, percentage-wise, but if individuals are relieved of paying for the services, governments will pay more. The individual will pay out less for the services but the tax bill will be larger. So it is correct to say that, when the Premier and the Hon. Minister of Health (Mr. Grant) talk about increased costs in health services, it is correct to say that this is what the experts forecast, that, when there is this necessary shift-over from the private sector to the public sector of health care, the costs are going to significantly increase. The point I want to make here, Mr. Speaker, is that the Government ought to have taken this into account before making any harsh decisions on deterrent fees for hospitalization and medicare.

SOME HON. MEMBERS: Hear, hear!

MR. ROMANOW: — I don't feel that a careful review of the authorities in this matter will have revealed anything less but an acknowledgement that this is what we could expect, namely somewhat increased fees. Again the moral decision that Members have to wrestle with is simply this: are we as citizens and as a Government of the Province of Saskatchewan prepared to pay for that small shift even if it does go up? And I say simply this as a matter of social decision on my own part. In fact, indeed, the citizens of Saskatchewan are also prepared to make that payment. I think the Government opposite is panicking with respect to the question of costs and I would respectfully urge them to look at the authorities again before further considering the implementation of deterrent fees.

In conclusion, Mr. Speaker, I feel that there is the one important aspect of the argument that I presented this afternoon to those Members that were present. I'll repeat it because I notice that there are significantly more present tonight. I take it that they enjoyed the discourse this afternoon, Mr. Speaker. Firstly the disadvantages to the Government, and I think this is what we are dealing with here in the Legislature, are that deterrent fees will likely cause the increased use of reimbursement systems, and I submit that this is going to cost the citizens of Saskatchewan more in administrative costs. It is expensive already with \$7.4 millions for \$5 millions. Secondly, I feel that the Federal Government will really be the beneficiary of such a program of tax collection and that, as I indicated this afternoon, Mr. Speaker, is not in the best interest of Saskatchewan. As well, I feel there would be a numerous variety of jurisdictional and administrative disputes that can do nothing but harm and add confusion for the Government and for the people of Saskatchewan.

May I say, Mr. Speaker, again in conclusion that the imposition of deterrent fees by this Government is absolutely immoral and indecent. I can find no other alternative but to oppose it on second reading.

SOME HON. MEMBERS: Hear, hear!

MR. T.M. WEATHERALD (Cannington): — Mr. Speaker, I wish to keep my remarks brief. The Member for Saskatoon Riversdale (Mr. Romanow) has mentioned that a number of Members on our side should speak on this matter

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and I fully intend to, Mr. Speaker, but this being Friday night and the fact that I am a bachelor and so forth, I feel that it would be totally unfair that I should delay the House here and try to prove to the people of Saskatchewan . . .

SOME HON. MEMBERS: Hear, hear!

MR. WEATHERALD: — I feel that it would be totally unfair that I should take up the time of this Legislature to try to prove to the people of Saskatchewan just how hard we are actually working. Therefore, Mr. Speaker, with undoubted very strong reasoning on my part, as I have already suggested, I would like to have at least two days to think over what all the Hon. Members on the other side have said. They have said a great deal about this matter and I think I need a little time to think. So I suggest that with your leave, I will adjourn the debate on this matter until the next sitting of the House.

MR. I.H. MacDOUGALL (Souris-Estevan): — Mr. Speaker, before the Member takes his seat may I ask him a question? Does this mean we may be looking forward to a wedding in the near future?

Debate adjourned.

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