

**LEGISLATIVE ASSEMBLY OF SASKATCHEWAN**  
**First Session — Sixteenth Legislature**  
**38th Day**

**Thursday, April 11, 1968.**

The Assembly met at 10:00 o'clock a.m.  
On the Orders of the Day.

**Mr. J. Messer (Kelsey):** — Mr. Speaker, I'd like through you and to you to introduce 15 students to the Members of this Assembly from the Caragana consolidated school. With them is Mr. Herman, their principal, their two drivers, Mr. Clayton Marshall who is the reeve of that municipality and his brother, Mr. Bob Marshall. These students left at 4:45 this morning to get here to see the process of this Assembly. I'm sure that all Members of this Assembly will join with me in wishing them an interesting day and a safe journey home.

**Some Hon. Members:** Hear, hear!

**ANNOUNCEMENT**

**NDP MEMBERS DISASSOCIATE THEMSELVES WITH CROWN CORPORATIONS  
COMMITTEE REPORT**

**Hon. W.S. Lloyd (Leader of the Opposition):** — Mr. Speaker, before the Orders of the Day, we've just had a report from the Crown Corporations Committee which I know is out of the discussion, but if I may, Sir, may I register the fact that Members of our party on that Committee disassociate ourselves with the Report.

**Some Hon. Members:** Hear, hear!

**STATEMENT BY MR. SPEAKER ON RESOLUTION NO. 4**

**Mr. Speaker:** — I draw the attention of Members of the House to Beauchesne's Parliamentary Rules and Forms, Citation 131, I quote:

In determining whether a discussion is out of order on the ground of anticipation, regard shall be had by Mr. Speaker to the probability of the matter anticipated being brought before the House within a reasonable time.

The Anticipation rule, which forbids discussion of a matter standing on the Paper being forestalled, is dependent on the same principle as that which forbids the same question being twice raised in the same session. In applying the Anticipation rule, preference is given to

the discussions which lead to the most effective result, and this has established a descending scale of values for discussions, Bills, Motions, Amendments, etc.

I would further draw Members' attention to May's Parliamentary Practice, page 399:

A motion must not anticipate a matter already appointed for consideration by the House, whether it be a bill or an adjourned debate upon a motion.

And further:

Stated generally, the rule against anticipation . . . is that a matter must not be anticipated if it is contained in a more effective form of proceeding than the proceeding by which it is sought to be anticipated . . . A bill or other order of the day is more effective than a motion.

Since Bill No. 76 — An Act to amend The Vehicles Act — is drafted in such terms as to allow all of the subject matter of Resolution (No. 4) to be debated on motion for second reading of the Bill, and since a Bill is a more effective form of proceeding than a resolution, Resolution (No. 4) is out of order under and by virtue of the anticipation rule and the Chair so rules. I would refer Hon. Members to May's Parliamentary Practice, page 399.

## ADJOURNED DEBATES

### SECOND READINGS

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

**Mr. E. Kramer (The Battlefords):** — Mr. Speaker, I only want to say a few words. I hope the Members opposite will stay in their seats and remain attentive. It has been some time now since this Bill has been before this House. A good many words have been said and a good many statements have been made, some, I think, regretfully and especially by the Premier when he spoke in this debate. I want to draw the attention of this House to the statement made by the Premier regarding the excessive number of hospitals, the fact that we in Saskatchewan have too many hospitals. I think this will come somewhat as a surprise to many people in Saskatchewan, especially to those people who heard the Premier and many of the people opposite going back and forth across the country, saying that the threat to small hospitals by the former CCF Government was a terrible thing, that the thought of closing them was a terrible thing, when in fact there had been no intention of closing by the former Government. We simply had done an investigation. A report was in the process of being made. We had no opportunity to make any statements or form any

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opinions on the basis of the report. At the same time, the very fact that a report was being or had been undertaken and an investigation had been undertaken, these people opposite chose to go up and down the length and breadth of Saskatchewan, threatening every community that their hospital would be closed and promising that if the Liberals were elected they would not be closed. Now it's rather strange when voting on Bill 39, we hear these words from the Premier. He says:

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.

We on this side of the House always thought that this was something to be proud of, Mr. Speaker. This is the Premier's speech. He decries the fact that we have so many hospitals that the people in Saskatchewan were diligent enough to build hospitals in all these centres to provide for the needs of the Saskatchewan people in this vast and scattered province.

**An Hon. Member:** — Read it all.

**Mr. Kramer:** — Oh yes, I'll read it all.

"Ontario has a population of more than six times that of Saskatchewan," he goes on to say, "yet they have only 44 fewer hospitals." (still quoting from the Premier's speech, the 27th day of March) —

Quebec has a population five times Saskatchewan yet Quebec has 18 fewer hospitals. British Columbia has double our population — 62 fewer hospitals than Saskatchewan.

It appears that the Premier commends these provinces for being so lax in providing for the needs of their people. And yet before the election in 1964 and before some by-elections, the Hon. Provincial Treasurer was in Mossbank, I believe, telling about the wonderful things they were going to do to protect these communities against the CCF plan to destroy their small hospitals. Possibly the Provincial Treasurer doesn't remember that speech in Mossbank during the by-election. The forgetery of Liberals exceeds their memory by a great deal. We have some quotes here too, one by Mr. Snedker, MLA for Saltcoats in the Legislature, 1964 concerning hospitals.

They serve their people and they serve them well and still can. Decisions to close hospitals should be made by hospital boards only. It's a crime that the Government should even consider closing them.

Saltcoats hospital was closed in 1966. Mark that 1966, by the Government that sits opposite. I don't know what the Member had to say about it at that time. Then the Leader-Post, April

13, 1964, reported an address by Mr. Thatcher at Rosetown:

Mr. Thatcher said that, despite a large number of hospital beds in major centres, there still were long waiting lists of persons seeking treatment.

He said it would not make sense to close the small hospitals under these conditions.

What a change, what a change, from April 13, 1964! I wonder what has happened to the thinking of these benevolent people who were so benevolent and so concerned in 1964. Today without any consultation, they move to close hospitals and then decry the fact that we still have too many. Who is next? In this Bill 39 we have many statements here from the Premier, indicating that he has done a complete about-face in his total thinking on health care. He has made some statements about the tremendous cost. There again they will not hold water. 3.7 per cent of an increase over a fairly lengthy period of time, Mr. Speaker, is not a great increase. They have offered no evidence, as other speakers have said, no evidence whatever that there is a need for Bill 39. We have had protests and considerable protests from many people throughout this province. We have had petitions and these have been brought before the House. We have had countless letters, many of those I don't intend to read. I have a stack equally as large as, if not larger than the Member's for Melfort-Tisdale. I don't intend to read all these letters . . . No, George, there is a long weekend coming up and I don't intend to read them.

**Some Hon. Members:** Hear, hear!

**Mr. Kramer:** — They all look alike to me. At this point they are beginning to look more alike, behave more alike, it is difficult to tell one from the other.

**Mr. R. Heggie (Hanley):** — Mr. Speaker, on a point of order, this apparently is lawyer's week but I won't give up. I wasn't going to say anything, as I was just merely delivering a letter. I saw this book here "Benito Mussolini". I wasn't going to say anything until the Member for The Battlefords (Mr. Kramer) then made his remark, and I just thought I would show him that it was Mussolini that I was reading.

**Mr. Kramer:** — Well, nobody on that side of the House ought to be better acquainted with the tactics of Mussolini, Mr. Speaker. And I don't wonder that they are studying the habits of that type of people.

**Some Hon. Members:** Hear, hear!

**Mr. Kramer:** — I don't happen to have a copy and I don't

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particularly want a copy of Benito Mussolini. History has told us about these people. And the performance of these people to your right in bringing in Bill 39 before this Legislature is reminiscent of the actions of that particular creature, in the book he holds up before this House.

**Some Hon. Members:** Hear, hear!

**Mr. Kramer:** — Mr. Speaker, we have had as I have said protests. I have here — I'm sorry that the Premier is not in his seat — 2,716 names from the North Battleford area, signatures, names, addresses of people. These incidentally, Mr. Speaker, were not canvassed for. There were canvasses, the odd one in certain districts, but in the main, these sheets were left in stores for people to sign. They were not solicited. There are at least 2,000 unsolicited names and some very eminent names on here. Some members of the Liberal executive in The Battlefords are on this, again unsolicited. The father-in-law of the Minister of Agriculture, you will find his name among the eminent people in here. Mr. Speaker, this is a protest and I suggest that the Government would be wise to heed this protest before it is too late. We have an eminent person Pierre Berton giving of his time in here yesterday who spoke and warned the people of what was happening. He stated that something, which Canada and certainly the people of Saskatchewan, our Medicare Plan, something to be proud of, was being destroyed. I don't think that any Members sitting opposite will ever view his record with pride for having voted for the beginning of this destruction. I think they should heed the voices of the people when they are asking for reconsideration. It's not too late yet, it's not too late to admit you are wrong, not too late to admit it is wrong to tax the sick and the poor, Mr. Speaker. I would like to send this list of names across the floor and put it on the Premier's desk. I had thought possibly I should read those names and addresses to convince them that they are all authentic, but I don't think I will take the time of the House to read all the names. We are in a hurry to finish this session off and I don't want to take any more time than I possibly can of this Legislature.

This is a sad and sorry day for the people of Saskatchewan. And here is this Thatcher Government, less than four years in office, resorting to this most cruel, unfair and unnecessary legislation. This so-called Government that sits to your right, Mr. Speaker, attempts to justify its actions on the basis of fiscal responsibility and as usual their allies, some chambers of commerce, some of the press, screamed the outworn, old-fashioned slogans and excuses that somehow the users of the plan are responsible for the extra costs, the rising costs of health plans, when in fact there has been a diminishing of costs, a diminishing of use. The Government and the Minister of Health well know that from the fact that attention to people's health is available, available to them simply by going to a doctor, that they don't have to worry about the costs and now that the first rush is over, a good many of elective surgeries have now been performed — old hernias that were hanging back before 1962 -

and other operations that were being held back because the fear of the cost have been cleaned up, there will now and should be a decline. I suppose, Mr. Speaker, if this decline which is already evident continues, the Minister of Health will get up and say, "This was because of deterrents." No such thing, no such thing, the decline was in the use of the plan and because of it. It was as we predicted in 1960 and 1962. The decline in the use of the plan is because people can go to doctors without fear, without fear of costs and go when they need care. They can get their annual and semi-annual examination so that the doctor can forestall what possibly might be a lengthy illness.

These people across the way ask, "Where are we going to get the money?" Mr. Speaker, I reply to them, 'What did you do with all the money?' I submit that the Government across the way stands condemned by its actions and its own improvidence. Bill 39 is an admission of inability to cope with fiscal problems. It is an admission that it has squandered the taxpayers' money to such an extent for the past four years that it is no longer able to finance without taxing the unfortunate people least able to pay. Millions of dollars have been squandered since it took office. There is not one single department of Government that does not share in this guilt. There is not one single Minister sitting opposite, that can avoid accepting the responsibility for having failed in their duties to use the monies provided for them by the people of Saskatchewan and use them prudently and economically. This dastardly, cowardly Bill embraces all the medieval philosophy of the Thatcher Liberals. It is a prime example of the worst of bad governments. To make my point about waste and unnecessary taxation and the needlessness of this tax on the sick, let me list some of the obvious wastes, and give-aways in terms of dollars, costs of highway construction mounting each year by millions of dollars, \$14 million extra in needless costs compared to the average for Canada as was proven by the Dominion Bureau of Statistics in a recent report. The cost of inefficiency and highway maintenance will also run into millions of dollars. One of the most lurid examples I have related to this House is that completely, unnecessary and ill-conceived and ill-planned expensive highway through the northern muskegs, the Primrose path from Canoe Lake to Cummings Lake in northwestern Saskatchewan, a complete waste of Government money, just a rack track for the moose and the timber wolves, nothing more. Oh yes, we are taking a long time, we can't even get answers we are entitled to.

**An Hon. Member:** — You'll find out.

**Mr. Kramer:** — Yes, we sure will. We are having an awful time, I might say, finding anything out from these people across the way, Mr. Speaker. In four years we'll find out and so will you. This so-called highway carries no traffic today and will carry no traffic in the foreseeable future. At least another million dollars was thrown away in waste and inefficiency between Lashburn and Lloydminster and you're not quite through yet.

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There is another unnecessary million dollars built into the road complex and the bridge at The Battlefords, which fortunately hasn't gone downstream yet. Down in the south we have the South Saskatchewan bridge and the Saskatchewan dam and up at North Battleford we have the North Saskatchewan dam to kind of hold the bridge. We are going to call this the Boldt dam.

**Some Hon. Members:** Hear, hear!

**Mr. Kramer:** — It is quite a picture! Part of the dam has already gone downstream, with the June flood and it will all be erased. And I hope that the slide defences hold. Mr. Speaker, I am talking about . . .

**Mr. J.J. Charlebois (Saskatoon City Park-University):** — On a point of order. Mr. Speaker, may I remind this Member that he is speaking on a Bill and not on the Primrose path.

**Mr. D.W. Michayluk (Redberry):** — You get up . . .

**Mr. Charlebois:** — Mr. Speaker, am I permitted to answer this gentleman from Redberry? I'll speak on the Bill. Mr. Speaker, is Mr. Michayluk running this House or are you?

**Mr. Speaker:** — Order, order!

**Mr. Charlebois:** — Mr. Speaker, I ask this gentleman to withdraw this junior stuff or I'll stick it in his ear right up to my elbow.

**Mr. Speaker:** — I didn't catch the last, but it may be just as well. The Member from City Park-University (Mr. Charlebois) will have ample opportunity to enter the debate when the Member for The Battlefords is finished. Now who else wants to rise on a point of order? Let's get it over with right now.

**Mr. Kramer:** — If the flying Frenchman from Saskatoon is finished, Mr. Speaker, I will continue.

I am pointing out, in case the Member for Saskatoon City Park just came in, I am pointing out to one of the junior Members from Saskatoon, Mr. Speaker, for his edification. Mr. Speaker, may I continue? It seems to me that these people must have some physical difficulty. They speak better sitting down than they do standing up. I wonder if they ought to take advantage of the plan before the price goes up some more and have a doctor look at their posterior. Again, for the information of those who are popping in and out of the Chamber, Mr. Speaker, I was simply drawing the attention of the Government Members opposite to the fact that they have been wasting money needlessly for the last

three of four years, and that, if they had not wasted this money, Mr. Speaker, there would be no necessity to tax the poor and the sick.

**Some Hon. Members:** Hear, hear!

**Mr. Kramer:** — Possibly their heads are too thick to understand this. Possibly their heads are too thick to recognize waste when they see it. Possibly the Member for Saskatoon didn't see that pile of dirt beside the No. 11 Highway at Dundurn, for four years growing Russian thistles. What good did that do for the public of Saskatchewan. Let them stand up in their places and tell that that is not waste and, if these things had not been undertaken, that this Government would not now be needing to bring in all these needless taxes.

Mr. Speaker, this is evidence of only three items of waste in the highway program. More than \$3 million in one small corner of Saskatchewan. The average taxpayer can see this with his naked eye. I haven't even mentioned Boldt's Bend down at Langham which has been sitting there unfinished and the people have been struggling through the mud, getting into the northeast corner of Saskatoon. If he had built it in the proper place, rather than play politics with it, it could have been completed in on 22nd Street, where the road was already widened. Now they are spending more millions of dollars in that area north of Saskatoon. More waste, more indication that if they had used the money prudently, Mr. Speaker, and I am speaking to the point, this Bill would not be necessary. This is my point.

How many millions of dollars have been wasted throughout the rest of the province because this Government has only been concerned with playing politics, providing profits for few of their friends and because they have lost a lot of competent staff and failed to pay attention to those who remain? How can we excuse a Government that builds a \$2 million bridge and \$2 million of road approaches simply on a whim, simply because the Premier and some of his friends wanted the bridge built at that particular point at any cost as quickly as possible?

The Premier and his friends wanted political publicity. This publicity is going to be costly to the taxpayers of Saskatchewan. One of the reasons that this Bill is being brought in is that they can get the money from the poor. And the new Treasurer (Mr. Steuart) is going to extract from the sick and the needy of the province once again to make up the loss. I understand that the Members across the way are now being shaved by their wives and their barbers because they can't even stand to look at themselves in the mirror.

**Some Hon. Members:** Hear, hear!

**Mr. Kramer:** — There is not a single Minister that can avoid the blame for this situation. There is not a single Minister that



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does not deserve to have the finger of scorn pointed at him and pointed at him for some continual period of time. They have all taken part directly or indirectly in this evil conspiracy. There is not a department that did not supply money out of the taxpayers' pockets to MacLaren Agencies over the past three years, using the information bulletins for political propaganda. More waste! The policy introduced by this Government to pay high rents on buildings rather than own them itself, for example, facing each other across the street, Avord Towers and the Power Corporation Building, built by the people and owned by the people of Saskatchewan. It is going to be interesting in a few years from now, Mr. Speaker, when we look at these two buildings. One paid for and owned — providing that they don't sell that too — by the people of Saskatchewan and another one paid for, too, by the people of Saskatchewan but owned by a few buddies of the Government. The money that is being paid in rent by the Department of Education is a guarantee that the building will be paid for with no worries on the part of the promoters. Over a short period of years they will own it and we will have paid for it. This is the Government policy. Provide for a few of their friends and tax the poor and the sick.

Millions of dollars have been provided by the people of Saskatchewan for the purchase of Crown lands. There is nothing wrong with this policy, but what has happened to the money? It has been squandered again. And you can only sell the farm once, Mr. Speaker. The money is gone. Now that the Government has sold everything that it can, it is going back to the people with over-taxation. As I said, you can only sell the farm once. Unnecessary concessions to the potash companies will cost this province at least \$50 million over the next 20 years. This money would have provided enough to pay not only the needs in medicare, but also for a complete and comprehensive drug plan and many other services as well. Once again the people of Saskatchewan have lost, because hucksters sit on the Treasury benches, Ministers that are frittering away the birthright of the Saskatchewan people. So now, they bring in Bill No. 39, to tax the people who are least able to pay. Not only this, Mr. Speaker, for people who are so good at running business, the people who are going to get well quicker, as it was said earlier, through participating in their own recovery by paying the \$2.50 a day, are going to feel even happier knowing that they are saving Mr. Trudeau now, another \$1.25 every time they wake up in the morning, because \$1.25 is all that they are going to get, because they relinquish or give up \$1.25 from Ottawa. Mr. Speaker, this is supposed to be good business? Is the Federal Government in need of help so much that we have to bail them out? \$2.50 paid by the sick to save \$1.25 for the Government of Canada is sick. Well I would sooner tax the sick Government than sick people. I don't know that the Premier was so concerned about the finances of the Federal Government that he would choose to save \$1.25 at the expense of each patient that enters hospital, in order to shore up their resources at Ottawa. I had thought that he would be more concerned with the people of Saskatchewan. Each year for the past few years the people of

Saskatchewan have been receiving a dividend of approximately \$1 million out of our sodium sulphate plants. What have the hucksters done with the best known deposits of sodium sulphate? It is quite obvious. They do the same thing that hucksters always do for reasons best known to themselves. Give them away for a few measly dollars. Invest in the hands of their friends. What kind of dealing is this with public money and public property? Strange priorities indeed, Mr. Speaker, that will continually give to the rich to make them richer and then come begging to this Legislature to pass a Bill on the poor and the sick so that the needy can pick up the tab.

**Hon. W.R. Thatcher (Premier):** — And we are going to do it!

**Mr. Kramer:** — Obviously! Pass him the book on Mussolini, Mr. Member for Hanley (Mr. Heggie), pass the Premier the book, as he says, “We are going to do it.” He has spoken. The little book that you were so interested in passing to me, please pass it down to the Premier. Oh, I think possibly it may be prescribed reading. Something you missed, Mr. Premier, and I am sorry you did. It is asking the poor and the needy to pick up the tab. This Government has the callous gall to bring this Bill into the Legislature, asking us to support legislation that is nothing short of being criminal. It came to us after being elected in 1968 with a solemn promise, on the basis of a solemn promise, to improve the Medicare Plan, not only that but to add a prepaid drug plan, to cut taxes. During their first three years in office it spent millions of dollars kidding the public that all was well, that things are really going good in the new Saskatchewan. This, Mr. Speaker, was fraud, plain fraud, one of the greatest frauds that has ever been perpetrated by a government anywhere. It decked the halls with boughs of holly. Santa Clause in his little red suit. It created an atmosphere with expensive propaganda, lulled not all, but enough of the public interest in thinking that all was well in the new Saskatchewan. Well we know how well it is now. With the assistance of the paste pot and the glue sniffers and a few judicial actions, it has a majority of Members over there to push this Bill through . . .

**Hon. D.V. Heald (Attorney General):** — Mr. Speaker, on a point of order. I know that the Hon. Member wouldn't want to leave this implication, but he made a reference a minute ago, by the use of judicial action, if he is referring to judicial action which is improper, I know that he would want to withdraw it.

**Mr. Kramer:** — I am not inferring any impropriety, Mr. Speaker. I want to make that clear. But I am simply saying that some Members are sitting here because of court action and not because of electoral action.

**Mr. Speaker:** — These matters are sub judice. Matters that are sub judice

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are not proper matters for debate in the House. Citizens of this province regardless of why they may be in court, whether they are in court for a criminal matter or on a civil matter, or whether it be an electoral matter, have a right to be tried in a court by a judge and a jury and not by politicians in the Legislature. That is the reason for the rule.

**Mr. Kramer:** — Very well, Sir, I had no intention to transgress. The tragedy of it all is that there is no way that an injured public can sue a government for fraud and breach of promise. The people of Saskatchewan will have to pay dearly for the mistake of placing confidence in a group of hucksters that sit on the Treasury benches.

**Mr. Speaker:** — Order, order! That word has been used before, I agree. I let it go by but I am not going to let it go by again. I think that the use of the word ‘hucksters’ is unparliamentary and improper. I don’t think that it should be used. I don’t think that it adds to the dignity of this Chamber one iota. The dignity of this Chamber, let me tell all Members, and in particular the new ones, is a collective dignity. He who lowers the dignity of this Chamber, as an individual Member, lowers the dignity of all. If the word ‘huckster’ is to be used, it puts every Member in this Chamber in the position of being alluded to as a huckster. I am going to ask the Member to withdraw. I always take a dim view of these things. I don’t like limiting a person’s freedom of expression, but I think that it is an improper word and I ask the Member to withdraw it.

**Mr. Kramer:** — Well, Mr. Speaker, if this is your ruling I submit to it. I must admit that I find difficulty in finding a better word. This Bill demands that those least able to pay shall provide most of the money to pay the debt created by waste and improvidence. Not only does it ask these people to pay for the past mistakes of this Government, but it asks that they provide more money for the future. This new tax is unnecessary, but it will provide money, more money than the Government needs, as will many of the other new taxes. I think that they have under-estimated deliberately the amount of money that will be received from these taxes, more money than the Government needs, once again to build up the Treasury the next two or three years so that in the year or so before an election rolls around, the medicine show can go on the road once more, telling the people that all is well, that things are moving again in the new Saskatchewan, that all they need is another mandate to bring about a new heaven and a new earth; that monies being wrested from the people of Saskatchewan are monies for the Liberal hope chest, for its political war chest. Once gain it hopes that the public of Saskatchewan is going to forget. It hopes that when the present Premier or someone else in his place, blossoms forth at the next election with another Christmas tree hung with goodies that the gullible public will succumb once again to its sob stuff and like the children that followed the Pied Piper of Hamelin will

follow it for a third time. I don't believe that they will, Mr. Speaker. I think that seven years in the wilderness will have been quite enough. Seven years in the wilderness! There were other things that followed the Pied Piper too and probably some of those will stay with him. Bill 39 will be remembered. Remembered long!

**Mr. Speaker:** — Order, order! I am surprised at the Member for Swift Current (Mr. Wood) putting the Member for The Battlefords up to that sort of a thing, indicating that people were rats. This wasn't said in so many words, but it was implied. For goodness' sake try and get this debate upon the level of one conducted by gentlemen.

**Mr. R.H. Wooff (Turtleford):** — Mr. Speaker, on a point of order. I think that the House does have a little room for a joke now and then. I think that they should be able to take it in the spirit in which it was given.

**Mr. Speaker:** — I welcome levity and laughter just as much as anybody. But I take a very dim view of this type of humor.

**Mr. Kramer:** — Well, Mr. Speaker, we will leave the story, the children's story, which most people know, and the followers of the Pied Piper for the consideration of the people opposite. One thing is certain. They will have had seven of the most costly years that the people of Saskatchewan have ever known. Heaven only knows that the former Liberal Government left a sorry mess to clean up in 1944. I predict that it will be much worse after this Thatcher Government gets through, or whatever they may call the Government at that time is through and gets thrown out of office. Mr. Speaker, it is quite easy to see that this Province has been going into the red at a tremendous rate, a far greater rate than it ever did even in the '30s. This is why we are in this unhappy situation where we are here asking that a Bill be passed. The most unfortunate people in the country, people who have no choice; cancer patients, who have no choice. How are you going to deter a person with cancer from going to the hospital? I ask the Minister of Health (Mr. Grant), I ask the Premier, I ask the Provincial Treasurer (Mr. Steuart), how are you going to deter these people when they have no choice? This is a shameful thing. Surely the Government could have made an exception here. I will not admit that any part of this Bill is necessary, but certainly, if it thinks it is necessary, surely it could have an exception in this instance.

This horrible Bill which is only another example of Thatcher tyranny will go down in history as another black mark on the spotty record of the Saskatchewan Liberals, a record which will make the fumbings and bunglings of the present Liberal Government at Ottawa look like a masterpiece of honesty and efficiency.

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Mr. Speaker, it would take hours to list all the examples of waste and inefficiencies that one sees about them in every phase of government endeavor. One could make list after list, as long as your arm, showing small and large amounts that have been lost, thrown away, and worse — and I do mean worse — by this Government.

This Bill indicates that the people opposite have the wrong priorities and that they are completely irresponsible. A Government, that would spend hundreds of thousands of dollars on unnecessary renovations and trappings for its own comforts as it has in the renovations of our Legislative Buildings, and especially its own area; a Government that would spend millions of dollars on unnecessary highways for a pulp mill; and further unnecessary millions of dollars in subsidies for that same concern; a Government that allows psychiatric services programs of this province — a good program — to be run into the ground at a cost of further hundreds of thousands of dollars — these will, incidentally, have to be spent in order to repair it; a Government that will do all these things and is guilty of all these things, certainly has the wrong priorities and has no right to govern at all, let alone bring in a Bill of this type. Its actions have proven beyond a doubt that it is inept and improvident. That is putting it kindly and mildly as I can, Mr. Speaker.

This is another step in the Liberal conspiracy to destroy the Medicare Plan in Saskatchewan. This is a move to give the knife to a plan it tried to destroy and prevent from being brought in by organizing the doctors' strike in 1962. It has never changed its mind about medicare. It is still the same birds of prey that carried petitions, gave false impressions, organizing KOD committees and created a wave of fear and hysteria in the province about a plan it never wanted, it never intended to keep.

**Mr. G.G. Leith (Elrose):** — Mr. Speaker, on a question of privilege. I certainly object and I think that other Members of my party and Members in this House, object to being called birds of prey. I would ask you to have the Member for The Battlefords withdraw as quickly as possible.

**Mr. Speaker:** — This is as good a time as any to bring to the attention of the Members of the House, what is parliamentary language and what is not. And I hope that Members will be guided thereby. I draw your attention to Beauchesne's Parliamentary Rules and Forms, citation 154, subsection (3) which is the relevant passage:

The imputation of bad motives or motives different those acknowledged,

(that is acknowledge by the other person)

misrepresenting the language of another, or accusing him, in his turn of misrepresentation, charging him with falsehood or deceit; or

and I think these are the words that fit this case:

contemptuous or insulting language of any kind; all these are unparliamentary and call for prompt interference.

I think possibly I can find a better one than that.

Unparliamentary statements include imputations against Members of corruption in the execution of their duties. Wilful misrepresentations of the proceedings of Members. Contemptuous or insulting language of any kind, by word of mouth not in the category of actual slander or threat of bodily injury.

I have a list here which I read to the House on one other occasion of words which together with others are improper of use. I draw Members' attention to Beauchesne, citation 155. It is a long one and I suggest that Members read it at their leisure. I also draw the attention of the Members to citation 150:

If a Member should say nothing disrespectfully to the House or to the Chair or personally opprobrious to other Members, or in violation of other rules of the House, he may state whatever he thinks fit in debate, however offensive it may be to the feelings, or injurious to the character, of individuals.

I draw your attention to the word personally opprobrious, and Members, I would think, would consider the words 'birds of prey' as being personally opprobrious, and I do too. And I hope that the Member will not use it again. I think that he should withdraw.

**Mr. Kramer:** — I would respectfully ask a question of the Member for Elrose (Mr. Leith) or yourself, Mr. Speaker, if I may. What is a hawk?

**Mr. Speaker:** — I presume a hawk is a bird of prey. And it all depends in what context you are using these words. I am reminded of a speaker in the British House of Commons who was faced with the problem . . . No, I have better not tell you that one.

**Some Hon. Members:** Hear, hear!

**Mr. Speaker:** — You can read it in the Journals of the British House of Commons I think in the session of February 1922.

**Mr. Kramer:** — I find it difficult, Mr. Speaker, when we are very

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closely knit, every day across the country in the news, we hear about hawks and doves. Apparently there are people who are very friendly with the line of thought of the hawks of the United States across the floor. This type of thinking is apparently described as hawk things. They believe that what is good for General Bullmose is good for everybody and I find it difficult to use other terms. May I proceed, Mr. Speaker.

This Bill is not only designed to tax the sick, it is designed to open the door — and here is the crux of the whole situation — for private insurance companies to get back into the field of exploiting human needs and human suffering. It is providing the climate of insecurity that is necessary for insurance salesmen to operate in. It is the thin end of the wedge for the underhanded attack that has been planned ever since this Thatcher Government took office. The people who make their living, exploiting human fear and insecurity, are demanding their pound of flesh. And they are demanding that it be paid now for financial and vocal support in past elections. They are demanding their pound of flesh and the Shylock Treasurer is only too glad to deliver from the spot nearest to the heart, from the poor and the sick and the ill, with his dull little knife. There has never been a let-up in the hate that the Saskatchewan Liberals have for the Medicare Plan. They have not forgotten for a moment the humiliation of the defeat of the Liberal-led KOD in 1962. They intend to discredit our Medicare Plan, and they intended to discredit the one that was brought in by the former Government so that they can move their insurance friends into the field of health insurance once again.

**Hon. D.V. Heald (Attorney General):** — Nonsense.

**Mr. Kramer:** — This is the real motive. If the Member for Lumsden (Mr. Heald) wishes to speak I am sure he will have ample opportunity to do so, Mr. Speaker, and he will have ample opportunity to reply and discuss the intentions. This is the way it appears to me.

**Mr. G.G. Leith (Elrose):** — Mr. Speaker, I am rising on a point of privilege again. The Member for The Battlefords (Mr. Kramer) has been instructed, as all Members have, that it is not parliamentary to impute motives and I have never heard such a parade of imputations. I am trying to confine myself to parliamentary language. I just ask you, Mr. Speaker, to inform and instruct the Member about imputation of motives. He has raised the worst kind of insult that could be raised in this House. He has said that we are paying off somebody for something that happened before an election and I, personally, will not stand for that.

**Mr. Kramer:** — Miss Clairol.

**Mr. Heald:** — Mr. Speaker, on a point of order.

**Mr. Speaker:** — Order, order!

We're not going to have a big debate about prima donnas and all the rest. We are listening to the Attorney General on a point of order.

**Mr. Heald:** — Mr. Speaker, really, we are trying to be very patient. We appreciate the knowledge of the Member's unfettered right to be as critical as he wants to, but I don't think we have to sit here and take insults about imputing motives to us and calling a Minister of the Crown, a Minister of this House, Miss Clairol. He's used that term from his seat about half a dozen times in the last day or two. Now surely he has to withdraw this kind of a statement.

**Mr. Speaker:** — The order is well taken.

**Mr. Kramer:** — Mr. Speaker, there was no one on his feet. If that was taken as to be a remark for the Member for Maple Creek (Mr. Cameron), I would glad withdraw.

**Hon. A.C. Cameron (Minister of Mineral Resources):** — Excuse me, Mr. Speaker, what's going on here? I rise on a point of order. I have tried to sit here in an honest attempt to follow the ramblings of this speaker and really I can't follow him at all. If he would stick to his notes he may make a bit of a job, but I admit that perhaps his vocabulary is so limited that he just can't follow the speech that is written out for him. I say again, Mr. Speaker, that he has been imputing motives to almost every Member on this side of the House and I think it is time that the dignity of the House was raised. I know it is difficult to find the vocabulary to do it, but I would ask you again, Mr. Speaker, in the interest of parliamentary procedure and the dignity of the House that the Member be confined, even though they are simple elementary words, to at least words that are appropriate to this House.

**Mr. C.G. Willis (Melfort-Tisdale):** — Mr. Speaker, on this point of order, I would remind the Members opposite that if they were to stay in the House and in their seats, they would know what was going on.

**Mr. Kramer:** — Mr. Speaker, this Bill shows how little this Government cares for the needs of humanity. It shows that its leadership is so busy worshipping at the throne of big business, and especially if that big business is American, that he has no thoughts for the feelings or sympathies or the needs of the people of Saskatchewan.

**Some Hon. Members:** Hear, hear!

**Mr. Kramer:** — I refuse to support a Bill that is brought in by this profligate Government to bail it out of its difficulties. No man or woman with a shred of conscience could stand up in this



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Legislature and support this Bill. I say to this Government, "Tear it up."

**Mr. Heald:** — On a point of order again. The point of order is here. He goes again, "Anybody with a shred of conscience." I think I have just as much conscience as he has. Same thing, imputation again.

**Mr. Kramer:** — You're very sensitive this morning.

**Mr. Heald:** — No, we're just fed up with being insulted.

**Mr. Speaker:** — Well, I ask the Member again to confine his remarks to the Bill, the subject matter of the Bill that we are discussing and that is a broad Bill. It's not a long Bill, but it is a Bill which one can bring up quite a large area of discussion. Surely to goodness Members should be able to discuss the subject matter of the Bill without resorting to personalities, and I would ask them to do this.

**Mr. Kramer:** — Mr. Speaker, apparently the Members opposite are very sensitive. I find this type of statement has been made before in this House. I find no other way that I can express myself in regards to this Bill. They will have an opportunity to reply regarding the state of their conscience.

Far better than bring this Bill in, far better that they burn it, Mr. Speaker. Far better they burn this Bill than burn information like the Economic Review, the property of the people of Saskatchewan.

**Mr. Steuart:** — Do you want a copy?

**Mr. Kramer:** — Far better that you burn this. I've got a copy of the Economic Review, very belatedly. I think the rest of the people of Saskatchewan would like to have a copy rather than have you people sit on it. I suggest that in the future you get the information out on time. I know it's difficult for them before an election to bring the information out that would be useful for the people of Saskatchewan in judging the record of this Government. This Government that is guilty of all the waste and inefficiency, this Government that is guilty of all these inefficiencies comes whining about being short of money. But it still can provide for all the luxuries, all the parties. It has provided as it has been said before by the Member for Maple Creek, so much liquor that it hasn't enough civil servants to find out how much it bought. In fact, it has no right to bring this kind of a Bill into the Legislature when it has failed to give information about how monies have been spent. Every man that sits to your right, Sir, should hang his head in shame if

he dares to support a Bill of this kind, if he dares to support a Bill that is nothing but a sell-out and a double-cross to the people of Saskatchewan and a double-cross to those who are least able to pay.

**Some Hon. Members:** Hear, hear!

**Mr. J.J. Charlebois (Saskatoon City Park-University):** — Mr. Speaker, we had a suggestion from the other side of the House, I'll mention specifically the Member from Melfort (Mr. Willis) that no one on this side of the House dared to stand up and speak on this Bill. I would like, Mr. Speaker, this gentleman to know that I've got just as much guts as he has or any other six Members put together on that side of the House. And as far as speaking on this Bill is concerned, I am speaking in favor of the Bill.

We have in this Bill an attempt to discourage the irresponsible demands being made on our health plan and certainly we are not the only ones that have recognized this. I am not going to bring in a lot of documentation. There is documentation though. The last issue of the Hospital Trustees mentions it, and I'll mention another here, the Canadian Conference on Hospital, Medical Staff Relations, held in Montebello, Quebec on December 4th to 6th in 1967. They brought in their recommendations, and recommendation No. 23 I think should be noted, that a policy be established by the Hospital Board and its medical staff to discourage the abuse of hospital facilities for non-emergent out-patient service and unnecessary admission to hospital. There are certainly other documentations that show that there are abuses and something should be done. To say that we should hang our heads in shame, I say for shame to those on the other side for not recognizing the fact that something has to be done to protect our Hospital Plan, these fellows that bring in letters and read them by the hour as if they are contributing to something. I mention here the Member from Saskatoon Mayfair (Mr. Brockelbank), the Member from Melfort (Mr. Willis) and others.

**Mr. Willis:** — Mr. Speaker, on a point of order.

**Mr. Charlebois:** — Sit down, George. I sat down while you were talking. Sit down and take your place.

**Mr. Willis:** — On a point of order, Mr. Speaker.

**Mr. Speaker:** — Order, order! Now I want to hear what the Member is saying on this point of order. His own Members are kicking up such a clatter I can't hear. The Member for Melfort-Tisdale.

**Mr. Willis:** — Mr. Speaker, I object to being called the Member for

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Melfort, I am the Member from Melfort-Tisdale.

**Mr. Charlebois:** — My apology to the Member, Mr. Speaker, I'll try and remember the next time I refer to him and I will refer to him again before I am finished.

Now these letters we speak of, I would like to read one and one only, because I do think that the time of this House should be respected more than it is being respected through this debate. This is a letter, I am sure you will recognize who it is sent to, but I have asked permission of the Member to use it, because I think that it is directly to the point and it shows that there is another side to this question. The letter is from Saskatoon.

Dear Fernand:

I have been wanting to drop you a line for sometime, more so in connection with the proposed deterrent fees regarding Medicare and Hospitalization Plans. I am really sick and disgusted from all the propaganda carried on against such measures as asking questions as regards abuses of the plan. Even our city council last night passed a resolution condemning these fees. One really has to ask himself what is wrong with our people of today. Abuses abound and in flagrant measures. A close friend was telling me in recent days that a couple of years ago he sojourned in hospital for correction and timing of his heart which was giving him trouble. He became quite friendly with his doctor who after he checked out of the hospital kept on making house calls. My friend thought that they were just social calls, until he got a report from Regina stating that they had paid on his account some \$176 in house calls, which according to my figures represents 44 such calls. That same doctor would make such calls in the evening, would not leave the house until the whisky bottle was empty. My friend soon learned to have only a bit of liquor in the bottle for these visits as otherwise each such visit would have to cost him a full bottle. When my friend found out about the charges for these social calls, he kicked out his doctor and that was the end of it. North Park where our French parish is now located is populated by a group of French people who live and know each other as residents of a small town would. They also compared notes and discovered similar abuses by a doctor who kept on calling on his patients in his spare time with the same results as detailed above. Yes, abuses prevail and in a large scale and the doctors in most cases are to blame. Of course, the public are also to blame for running to see their doctor too often and when not justified. But here again the doctors should have a way of checking them in such an abuse. Stay by your guns and do not weaken to all this unfounded propaganda. It will result very little in the line of hardships. The old age

pensioner now gets a minimum of \$107.10 a month which is over \$3.50 a day. When he is hospitalized, all his home expenses stop and he gets lodging, board and washing in hospital so he can afford to pay those fees.

Mr. Speaker, I am reading this letter.

Surely the time has come when a stop should be made as regards spoon-feeding the population by our governments. These fees are most appropriate and recommendable plus some more which could come in due course. My friend would not want to get involved in substantiating what I am reporting about. This is to set your mind at rest and to induce you to carry on the good work while shedding no tears for all the crying we are constantly hearing. You know I am getting to despite those CCF more right along.

I would like to table this letter, Mr. Speaker.

**Mr. J.E. Brockelbank (Saskatoon Mayfair):** — May I ask on a point of order, who was the letter addressed to?

**Mr. Charlebois:** — Mr. F. Larochelle.

**Mr. F. Larochelle (Shaunavon):** — . . . Saskatoon.

**Mr. Charlebois:** — Mr. Speaker, we know, and I have said, and I'll repeat that the utilization fees have been introduced for three basic reasons. No. 1, it is desirable to eliminate the incidence of trivial and unnecessary demands on publicly supported health services. No. 2, the Government wishes to reduce the public cost of medical care and hospital services. No. 3, the Government believes that direct patient financial participation will encourage a responsible use of services. In view of this I see no reasonable justification for the procrastination in this debate that has been taking place.

**Mr. E.I. Wood (Swift Current):** — Mr. Speaker, on a point of order. The letter that has been tabled is unsigned.

**An Hon. Member:** — Fraud, fraud, fraud, shame!

**Mr. Speaker:** — Order, order! Now when a letter is tabled it's available for people to see. If people want to raise that in the next debate when they rise to speak, that is their privilege.

**Mr. Wood:** — The point that I raise on this, Mr. Speaker, I believe the rules are quite clear that unsigned letters are not to be read in the House.

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**Mr. Charlebois:** — Here's the original. May I ask the permission of the Member who received this letter to table the original. I must say here that I hesitated to do it in the first place, because I don't think it is fair to bring people of this kind who are trying to help the Hospital Services Plan of our province, to bring their name to be dragged through this House. If we want to start to do anything I would suggest that nobody on that side dare to bring this man's name and drag it through a bunch of mud like they have been doing with this debate.

**Mr. Willis:** — We object to such language. Nobody has been dragging anybody's name through mud.

**Mr. Charlebois:** — If you want to hear some language, buster, you sit down and I'll give you some.

**Mr. Willis:** — On a point of order, Mr. Speaker, the Member shouldn't be allowed to get away with she nonsense. He must have to withdraw that statement.

**Mr. Speaker:** — I would draw Members' attention to Beauchesne's citation 140, section 2.

The whole law of Parliament on this subject is admirably summed up and expressed in the following Standing Order of the House of Lords.

'To prevent misunderstanding and for avoiding offensive speeches, when matters are debating, either in the House or at committees, it is for honor's sake thought fit, and so ordered that all personal, sharp or taxing speeches be forborne; and whoever answereth another man's speech shall apply his answer to the matter without wrong to the person; and as nothing offensive is to be spoken, so nothing is to be ill taken, if the party that speaks it shall presently make a fair exposition, or clear denial, of the words that might bear any ill construction; and if any offence be given in that kind, as the House itself will be very sensible thereof, so it will sharply censure the offender and give the party offended a fit reparation and full satisfaction.'

That goes back to a ruling that a Speaker made in 1679 and is I think a most apt quotation that fits the situation and the subject well. It is always one that I thought Members should have inscribed on their hearts and enshrined in their minds.

**Mr. F.A. Dewhurst (Wadena):** — On a point of order, Beauchesne's 4th edition, on page 134, citation 158(3) says:

An unsigned letter should not be read in the House. On the 16th day of May, 1928, a member stated during the debate that a letter which he had been quoting was not signed. The Speaker said: 'Such a letter should not be read into Hansard: all letters when read must be signed and they become part of the documents of the House.'

**Mr. Speaker:** — That's right and I have a plentiful supply of letters here, one signed and one unsigned and they are both the same.

**Mr. Wooff:** — Whose hand writing?

**Mr. Speaker:** — They are all typewritten letters and Members can see them.

**Mr. J. Messer (Kelsey):** — Watch your language.

**Mr. Charlebois:** — May I proceed, Mr. Speaker. I watch my language. I must say, Mr. Speaker, this is a great place for some of the Members opposite to get up and quote from Beauchesne and all this jazz. I wish to God they would learn something about proper procedure in debate.

I would like to say here that we certainly agree that there are two sides to any question, but I would like to say a word about the unreasonable manner in which the Members opposite are treating this debate. Theirs is a deliberate and absolute abuse of the debating procedure and as an example I would like to refer to the Member from Melfort-Tisdale (Mr. Willis). I hope I have that right, George. But I would like to refer to his idiotic harangue that proved nothing but his disrespect for the procedures of this House. Then the Member for Saskatoon Riversdale (Mr. Romanow), a very brilliant young man who has a great gift of oratory, a gift which is equalled only by his egotism . . .

**Some Hon. Members:** Hear, hear!

**Mr. Charlebois:** — . . . a week ago last Friday, took up what I think the Members will agree was an undue length of time speaking about anything but the points of debate.

**Mr. Wood:** — Mr. Speaker, on a point of order, I do not see a signature yet on the letter that has been turned in. There is no signature.

**Mr. Charlebois:** — Mr. Speaker, I would like to say a word about this if I may. That letter was sent in by an old age pensioner who uses a white cane. There is no more than just the facts right there. That letter was sent in to this Member by an old age pensioner who uses a white cane and who has enough guts to recognize that

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there are abuses that need to be attended to.

**Mr. Willis:** — On a point of order, the Hon. Member mentioned when he put this letter on the table that there was a signature on it. Now there is no signature on it. If the Hon. Member is going to play the game according to the rules, this person who wrote the letter should be identified.

**Mr. Heald:** — In past sessions I am sure and I speak from memory and I could stand to be corrected here, but surely we have accepted unsigned letters and copies of letters. They are accepted for what they are worth. I think we have done so in past sessions. They are accepted, they have the probative value that this kind of a document has, but I don't think it renders them inadmissible the fact that they are not signed. The Member tables them on his responsibility.

**Mr. Wood:** — The point of order that I raised was not asking that the writer of the letter be identified, but I am simply pointing out that it is against the rules of the House to read unsigned letters in this House. I think this is what we have had this morning. Any letter without a signature is an unsigned letter in my definition.

**Mr. Speaker:** — Is a letter signed when it is signed with a typewriter or isn't it? This is the question the House is going to have to decide.

**Mr. Wood:** — I don't think you can sign a letter with a typewriter.

**Mr. Speaker:** — I don't know. I would presume that if you were using a Braille typewriter you would. I don't know how else you could do it.

**Mr. W.J. Berezowsky (Prince Albert East-Cumberland):** — Sir, I don't know too much about parliamentary procedures, but the Hon. Member quoted a letter that he had received from somebody else. He didn't receive the letter so he can't even take the responsibility for the letter. The letter wasn't directed to him. He admitted that, Mr. Speaker.

**Mr. F. Larochelle (Shaunavon):** — I accept the responsibility.

**Mr. Speaker:** — He stated at the time that the letter wasn't addressed to him, but he read the letter and I think he is entitled to do this if he tables the letter. Everybody can then read it and make their own minds up. The House decides. As for the signing of the letter I'll look into that a little later on and decide

what I think about the method by which it is signed.

**Mr. G.T. Snyder (Moose Jaw North):** — Mr. Speaker, I think we will just have to accept the letter at face value and on the strength of the fact that the Member submitted a letter to the Assembly and then indicated to us that he would submit another letter that was signed. It turned out that neither one of them was signed. I don't know what kind of game the Member is playing, but we will accept it for what it is worth.

**Mr. Charlebois:** — On a point of order, as I recall it I didn't say that it was a signed letter, I said it was the original letter.

**Mr. Speaker:** — Now order, just a minute. The reason for tabling letters is more important than the actual rule. The reason for the rule is the same as that in a court of law, which says that evidence produced must be equally available to the counsel for the prosecution and to the counsel for the defence. The counsel for the defence is entitled to see any and all evidence submitted by the prosecution and vice versa. They and the court make their own minds up as to its worthiness and its value on the basis of what they see. This is the reason for tabling letters. This is the basic reason. The Members of the House, indeed this House, acts much as a court of law, with a prosecution on one side and a defence on the other. It's the same basic principle that runs through all the whole proceedings, both in law and in parliamentary procedure. Now what should be tabled and what shouldn't? Anything that can be used as evidence has to be tabled in a court of law so that both sides to the action can see it and the same principle governs the tabling of letters and documents in a legislature.

**Mr. Wood:** — Mr. Speaker, I would just like to say that it's a well known rule that unsigned letters are not to be submitted in the House, but if the Hon. Members will take it on their own authority this was taken on a Braille typewriter by a blind man, I think we are quite prepared to accept it.

**Mr. Charlebois:** — Well, Mr. Speaker, I will be quite happy to let the House treat the letter in any manner it wants. I was simply trying to point out that there were two sides to this question and I am not pretending to bring in a whole lot of documented material here. I would like to see the debate proceed. When I hear Members opposite claim that letters are unsolicited, I can tell you of letters that are solicited, but I don't want to go into this part of the debate. There are two sides to this question and I am trying to point out that there is one side that I stand for. Here again I was making some remarks, Mr. Speaker, about the conduct of this particular debate and I think it is a horrible display. I mentioned here about the Member from Riversdale (Mr. Romanow).



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**Mr. A. Thibault (Kinistino):** — Mr. Speaker, on a point of order.

**Mr. Charlebois:** — This point of order is to thwart me from speaking, Mr. Speaker. I would like to have these points discontinued.

**Mr. Speaker:** — Order, order! Just a minute. I would like to draw the attention of the House to the proper procedure when a Member rises on a point of order. When he does so he must be then heard. His point may be nothing at all, but you don't know that until he has stated it. When a Member rises on a point of order then he must be heard by the House forthwith. The Member for Kinistino on a point of order.

**Mr. Thibault:** — The letter that was tabled here by the Member for Saskatoon City Park, is typed . . . which means, it is written in French, his father, so it doesn't say very much.

**Mr. Charlebois:** — This matter about the letter I am sure has already been dealt with. We have accepted your ruling on it, I think the letter should not be brought up any further.

**Mr. Dewhurst:** — Mr. Speaker, on the point of order, I think that we are well acquainted with the rule that telegrams cannot be read in the House because a telegram is not signed. Also in Beauchesne in 1575 it says it is not in order to read articles in newspapers, letters or communications emanating from persons outside the House and referring to or commenting on or denying anything said by Members or expressing any opinion reflecting on proceedings within the House. This along with what I quoted earlier, Mr. Speaker, the letter must be signed. I think myself that the Member who has been speaking owes this House an apology for misleading it when the letter is not signed.

**Hon. A.R. Guy (Minister of Public Works):** — If you will recall yesterday, the Member for Melfort-Tisdale (Mr. Willis) read 350 letters and he admitted that one of them was not signed and yet he tabled it in this House.

**An Hon. Member:** — He didn't.

**Mr. Guy:** — He did read it and he asked to have it tabled. He admitted it at the time that it wasn't signed.

**Mr. Speaker:** — We can't hold up the proceedings of the House with a long procedural discussion on order about this particular letter. The letter was read, the letter was tabled. Anybody can read it who wishes to do so. A Member yesterday tabled all

his letters and Members can make up their minds in regard thereto. The Member from Wadena is quite correct that a telegram shouldn't be read in the House, because there is no method of authenticating the signature. That refers to telegrams. This isn't a telegram. This is a typed letter with a signature typed on the bottom. Whether that qualifies as a signature or whether it doesn't, I'm not able to adjudicate. At the same time the reason for the signature on the bottom of a letter is so that Members might know who wrote it. Whether Members are going to be able to find out who wrote that particular letter or whether they are not, I can't say, but I do know one thing that we are debating this Bill and we are going to debate the Bill and not the point of order from here on in. Now that's the end of all the points of order on that letter until such time as I confer with the Clerk and get further advice in regard to it.

**Mr. Willis:** — Mr. Speaker, before we continue, before the Member for Saskatoon continues, on the point of order raised by the Minister of Public Works regarding the letter which I tabled, I informed the House that the one letter was not signed, I did not try to mislead the House regarding this one letter out of the 350 which I tabled.

**Mr. Charlebois:** — On the point of . . .

**Mr. Willis:** — Oh, Mr. Speaker, here we go again. This is terrible.

**Mr. Speaker:** — That point is quickly cleared up. I heard the Member distinctly say that the letter was unsigned and that was that. So there needs to be no misunderstanding in regard to that. I also read the letter that he had in the file.

**Mr. Charlebois:** — Mr. Speaker, I'll be less than five minutes I assure you. If the Members opposite want to interrupt me, that's their privilege. I'm at this time trying to point out that in this debate the procedure is being abused in some way or another, but there's no commonsense in the way this debate right now is being conducted. I say this with all respect to you and the difficult position that you are facing, Mr. Speaker. I was referring to the time, a week ago last Friday night, when the Member from Saskatoon Riversdale (Mr. Romanow) took up the whole afternoon of the House. I'm saying here and I'm sure that the Members will agree that what he said was an undue length of time speaking about anything but the points of the debate and it was the greatest display of nothing in one full afternoon that I have ever heard in my life.

**Some Hon. Members:** Hear, hear!

**Mr. Charlebois:** — Now, Mr. Speaker, here was a young man that I would say that we expected great things of when he came into this

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House and we still do. He certainly has great ability. He pretended in his initial talks to tell us that we should streamline our affairs, that we should have the forward look. I think we would look at him to bring in suggestions and ideas that would remedy the difficult times we are having in these debates and put them so that they can be properly conducted, and so that they would take place without any undue length of time. Instead of that, this young fellow seems to have his mind dedicated to thinking in terms such as “fat cats, archaic, Victorian.” When he refers to me as the junior Member he knows he bristles me up, but I must say that here with all respect to the Members here when I get to be a little more senior Member, I think I’ll try to contribute a lot more than he has done towards the procedures of this House.

**Some Hon. Members:** Hear, hear!

**Mr. Charlebois:** — Mr. Speaker, I’m sure that we would appreciate seeing this debate dealt with without the unnecessary repetition and procrastination that is taking place and see that it is brought to a proper close. I would hope to have the privilege of recommending that all procedures be reviewed and revised so that in the future our House will not be turned into a nut house.

**Mr. Guy:** — Another nut!

**Mr. W.J. Berezowsky (Prince Albert East-Cumberland):** — Another what? Another what, Mr. Speaker? Another what — a nut! Mr. Speaker, this gentleman across the floor here whom I respect except when he gets up and insults me in this House, he just said that I’m a nut.

**Some Hon. Members:** Hear, hear!

**Mr. Berezowsky:** — This isn’t the first time he’s called me a liar in this House with no reason for doing so. He’s called me a nut for no reason at all. I don’t think that the people back home who elected me would appreciate this kind of remark from any Members of this House. I could call him a nut but it is below my dignity, Mr. Speaker, to refer to him as a nut, which he probably is.

**Some Hon. Members:** Hear, hear!

**Mr. Berezowsky:** — Mr. Speaker, after listening the last few minutes to the Hon. Member from Saskatoon City Park-University (Mr. Charlebois) you can realize as I do that it’s very difficult to make political and human decisions in absolute freedom. Sometimes I think that never are we able to make these decisions in freedom. They remain under circumstances such as we find ourselves in today where you have two political parties, one the Government and one the Opposition and because of allegiance to these parties

sometimes the public suffers. So often we find ourselves having to decide between alternatives. Now I know that in speaking today I cannot debate the items in the Bill and I must keep to the amendment, so I want to point out what I intend to say. I want to point out to this House today why we need a Committee as suggested by the amendment; who should be on the Committee and why; some of the things the Committee should consider and why; and who should be heard and why; and why we should have a report from the Committee. I will be trying to restrain myself to the amendment, I hope that I do not offend you, Mr. Speaker. Circumstances at the present time are of such importance that I must do the best I can to try to persuade the Government to do what I consider justice to the people of the Province of Saskatchewan by supporting the amendment and having a Committee set up. Now I must refer to some of the reasons why we should have a Committee set up. I do not wish to see any government, this Government or any other government bulldozing its way, barricading this Parliament and this Legislature, denying rights to the people of the Province of Saskatchewan which they desire. I do not want to see in this House a Government when considering items of business and importance, being just a rubber stamp to the Executive Council so, I suggest that one of the main reasons why a Committee should be set up is to bring democracy into action, to see that the will of the people of Saskatchewan is carried out. I know, Sir, you yourself said on a number of occasions that we sit in this House by the will of the people of the Province of Saskatchewan and from that point of view we must consider that we sit in this House only to carry out the desires of the people of Saskatchewan.

**Mr. Larochelle:** — Mr. Speaker, on a point of privilege, I've just seen that the letter that was tabled a while ago has been taken out of this House. Is it quite right that this letter could be taken out of the House? It has now been taken out into the outer Chamber over there. Is this quite right? I don't think the Member should be allowed to go . . . This letter was tabled on the table for them to see but not to be taken out of the House and photographed and so forth.

**Hon. D.T. McFarlane (Minister of Agriculture):** — I think the point of order is well taken. I think this defies all the rules and regulations of the Legislature. I think the letter should be brought into the House immediately.

**Mr. Larochelle:** — I don't want this letter photographed.

**Mr. Speaker:** — Matters that are tabled are under the jurisdiction of the Legislative Assembly Office. If I understand this correctly, this is where they stay. They stay in the jurisdiction of the Clerk and you may read them. You may look at them but they are still within his jurisdiction. Am I right in this? The Clerk has made copies and I know he made them for me.

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**Mr. McFarlane:** — Mr. Speaker, I wonder if you would make sure that no photostatic copies are made of this letter outside this Chamber. This may be going on at the present time. There may be other matters happening to the letter. I wonder if you could use your authority to see that it is returned to the Chamber immediately and put under the proper custody.

**Mr. Speaker:** — I have no idea who took the letter or where it is, but it had certainly better come back here pretty darn quick.

**Hon. A.C. Cameron (Minister of Mineral Resources):** — On this point of order, I think this is such a serious matter that we should take the time to settle it right now. If the letter has disappeared from the Clerk's desk and has been taken from the Chamber, that is indeed a very, very serious matter. I think we should take the time of the House right now to deal with it and I would suggest that, Mr. Speaker.

**Mr. McFarlane:** — Mr. Speaker, the Member who took the letter from out of the custody of your care should be dealt with appropriately.

**Mr. Laroche:** — Mr. Speaker, the Member for Kinistino (Mr. Thibault) and the Member for Shellbrook (Mr. Bowerman) took this letter out. I saw them walking out of the House with it and going into the Members' room.

**Mr. Wood:** — Mr. Speaker, I would like to inquire if it is not permissible for Members to have documents that have been tabled in their own possession to examine them. Or do they have to be left in the Clerk's possession at all times?

**Mr. Heald:** — Let the records show that the Member for Moose Jaw North (Mr. Snyder) just came through the door with the letter. He brought the letter into the Assembly. Mr. Speaker, I want the record to show, if you would, Sir, that the Member for Moose Jaw North (Mr. Snyder) came in with a Legislative Assembly document that he had outside the Assembly. He brought it back into the Assembly.

**Mr. Wood:** — Mr. Speaker, it seems to me that anyone bringing a document into the House is not to be criticized.

**Mr. Guy:** — Mr. Speaker, I certainly think that under these serious circumstances the Members who have taken the letter out of the House should be censured by this Legislative Assembly.

**Some Hon. Members:** Hear, hear!

**Mr. Larochelle:** — Mr. Speaker, if this letter has been photographed outside of this House, I want this Legislature to take the proper action against the people that took this letter out of the House.

**Mr. Snyder:** — Mr. Speaker, on this point, this just goes a little bit against my grain. You see the Minister of Public Works standing in his place with stately dignity talking about the rights and privileges of this House after the antics that we've been through here in the last number of days, with him piping the debates and proceedings of this Assembly into the Members' lounge.

**Mr. Speaker:** — Order, order! Now who was the next fellow that was on his feet? I think it was the Attorney General, wasn't it? Members have a perfect right to read that which is tabled, but they have no right to take it out of the House, whoever did it and I didn't see who it was. The Clerk did not either as he was in conference with me on another subject entirely unrelated to this matter. Besides, how are you going to keep track of all this anyway? Members are entitled to read these letters at their desks, but they are not entitled to take them out of the House, and they are not entitled to take them out of the Clerk's office. They can have copies made in the Clerk's office. This has been done repeatedly. Those are the rules and the regulations, and I leave it to the House as to what they are going to do about it in this instance.

**Mr. Snyder:** — Mr. Speaker, to make it clear, I think perhaps your ruling is to be regarded as a good one and I want to make it clear that my purpose was in returning the letter. I didn't remove the letter from the Assembly. My purpose was in returning it.

**Mr. McFarlane:** — Mr. Speaker, would the Member for Moose Jaw North indicate to this House where he got the letter to bring it back to the Assembly, so we can have the procedure checked on this? Would he give a statement on that, where he received the letter to return it to the Assembly?

**Mr. Wood:** — Mr. Speaker, on a point of order, I asked the question a few minutes ago. I don't know if the procedure is entirely clear on this. Documents that are tabled, I believe, are open for inspection in the Clerk's office. Is it never permissible to remove such a one from the Clerk's office? I don't know if the ruling is clear on this. I would like to have this clarified. There are many documents tabled in the House from time to time and I never realized that it was a culpable thing to remove such a one from even the Clerk's office.

**Mr. Speaker:** — Well the only previous

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experience that I have had with a matter such as this was sometime ago. When I was in the Opposition there was a certain amount of material tabled and it went to the Clerk's office. I required a copy of it, and a copy of it I got, but I wasn't allowed to take the originals out of the Clerk's office. The Clerk wouldn't let me do it. I think that he was quite right and I accepted his ruling. I thought it was right and reasonable. After all was said and done, I had a whole mass of stuff in there. If I'd been able to take it out or take it anywhere — I did I did ask to take it out and have it photostated. This was denied me and I didn't question the denial. I thought it was right and reasonable. I got a copy but I got it in the proper way — the Clerk's office. To the best of my knowledge that material is still there, from 1962 in the Clerk's office.

**Mr. Willis:** — Mr. Speaker, on this point of order, I understand from you to say that we can obtain a copy just by requesting it of the Clerk. Now I would like to request of the Clerk a copy of both these letters, the one which was deliberately unsigned and signature deliberately left off, and the other one submitted as a bona fide letter.

**Mr. Speaker:** — You can hardly raise that as a point of order in the House. All you have to do is go to the Clerk's office, make your request and I'm sure it will be taken care of. You can go there and ask him to photostat the whole 152 that you have tabled and he will do that too.

**Hon. D.G. Stuart (Provincial Treasurer):** — Mr. Speaker, I don't think this matter is quite as simple as they'd like to make out. These are the people that raised the point about parliamentary procedure and the sacred rights of this Legislature. Now, they may have had a point. They've raised it and they've debated it in this House. No one denied their right to raise it or debate it, when we piped the proceedings of the Legislature into our lounge. Now someone deliberately comes up to the table and takes a letter, a document that's been tabled in this House, out of this House. I think that this House should demand to know who took it out, where the Hon. Member for Moose Jaw (Mr. Snyder) who returned it got it from, and I think those people should be censured. I don't think it is good enough just to leave it at that to sneer and say whether this letter was signed or unsigned. It was tabled, it's a document of this House. Someone deliberately came up and stole it from that table. I think we should know who they are and I think they should be censured.

**Mr. Speaker:** — Order, order! We cannot debate this all day. I don't know whether I'm going to settle this in the right way or whether I'm going to settle it in the wrong way, but settled it's going to be here and now. I hope the House will

agree with the settlement. If they don't they can challenge the ruling. This to me is a question of privilege, the privilege of this House. A document was tabled, a document was taken from the table, the document was taken out of the House and the document came back into the House. That's the history of that letter. The question has been raised; what about the person who took it out of the House because he didn't have the right to do so? I don't think he did and I think that this is a question of privilege. On a question of privilege the Chair will entertain one motion and one only (and this matter must be settled by a motion. The House can't continue with a tit-tat disorderly debate such as is going on now and the House must have a proper motion before it to have a proper debate). The question that the House can move and that I will entertain is one of privilege. I will rule that this is a prima facie case of privilege and the only motion that I will entertain and the only motion that has ever been entertained by the Chair on a question of privilege since 1820 is, "That the matter be referred to the Committee on Privileges and Elections." The Committee can then study the matter and report back to the House. Now, there you are. They can move the motion or not. If you don't the debate is going to continue on the original subject which we were on before this letter question arose. If you do care to make this motion, I will agree that a prima facie case of privilege has occurred.

**Mr. W.G. Davies (Moose Jaw North):** — Mr. Speaker, this is not on your ruling. The Provincial Treasurer a moment or two ago, in speaking to the point of order, used the expression that this document was stolen. I think that is unparliamentary language. I think he should be asked to withdraw that statement.

**Mr. Steuart:** — Mr. Speaker, on the point of order, what is the word then when something is taken that should not be taken that doesn't belong to somebody, what is the word? You tell me the word.

**Mr. Willis:** — Mr. Speaker, I can tell the Provincial Treasurer (Mr. Steuart) the word. I requested that this letter be brought to me from the Speaker or from the Clerk. I asked the Clerk for a copy of this letter to see it and it came to me. Now whether my desk mate or I turned it back again, I'm not positive, but I did not steal this letter. I requested this letter, this illegal letter which was read here in this House and unsigned.

**Mr. Speaker:** — Order, order! Whether the letter was stolen or whether it was not stolen, what happened to the letter, this way or that way, that's a matter that can be discussed on the motion of referring this question of privilege to the Committee on Privileges and Elections, if the House wishes to proceed with the motion. Now if the House doesn't wish to move the motion and I have already ruled that this is a prima facie case of privilege, that is up to the House. When a case of privilege comes before



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the House the Speaker is in a similar situation to that which he is in when someone moves the adjournment on a matter of urgency. The Speaker in both cases is behind the eight ball. In an emergency debate he decides whether the matter is sufficiently important to put all of the business of the House to one side to allow an emergency debate. In a question of privilege he decides whether the matter is or it is not a prima facie case of privilege, and whether the Chair will entertain that particular privilege motion. I have said that I will entertain the motion. If nobody wishes to move it, if the House does not care to proceed along these lines in an orderly fashion, then we will go back to the debate that we were on before this started.

**Mr. Steuart:** — Mr. Speaker, we certainly would stand by your ruling and we will introduce such a motion at the appropriate time.

**Mr. Speaker:** — You have to do it now.

**Mr. Steuart:** — Mr. Speaker, then I so move that this matter be referred to the Standing Committee on Privileges and Elections in the matter of stealing documents from the table.

**Mr. Speaker:** — Order, order! I'm not quite sure of myself on this, I'm not sure whether the motion needs notice or whether it doesn't. Just wait until I find out. The Clerk informs me that I was correct and having stated that this is a prima facie case of privilege that does give the motion the right of way for immediate introduce and debate without notice. It has been moved by . . . You will have to write it out on a proper form, and you will have to have a seconder.

**Mr. Snyder:** — Mr. Speaker, on a point of order, I think this House has to take objection to the statement made by the Provincial Treasurer with respect to stealing documents. I think that, if there was any misdemeanor at all and I'm not suggesting that there was, it was perhaps a misunderstanding in the matter of the Members of the House perhaps not being clear as to their rights with respect to documents that are tabled in this House. I think it is unfair and unrealistic for the Provincial Treasurer to suggest that anything was stolen. It was removed from the House for a particular purpose for only a short period of time, and it was returned almost as quickly, Mr. Speaker. This imputation of theft is untrue.

**Mr. A.E. Blakeney (Regina Centre):** — Mr. Speaker, I think we have all been interested in the comments of the Provincial Treasurer, the motion he moved and I trust the motion that is written out will compare with the motion that he moving having to do with the matter of a stolen document.

**Mr. Steuart:** — Mr. Speaker, on a point of order, you couldn't be more wrong. I got up and I said, I move the question of the document being removed from the table be referred to this Standing Committee . . .

**Mr. Blakeney:** — Aha . . . what happened?

**Mr. Steuart:** — I said the document that you stole.

**Mr. Speaker:** — Order, order! Just let's treat this with a little bit of decorum. One step at a time. We haven't got the motion yet. I am waiting and I think the Clerk will probably go and get it and I will then put it before the House.

**Mr. Kramer:** — Mr. Speaker, while they are writing out this motion, preparing this motion, there is still the question of the statement that the charge of theft is here. I would like you to rule on this. I saw the Member for Melfort-Tisdale (Mr. Willis) ask the page to go over and ask the Clerk for the letter which the Clerk gave to the page to give back to Mr. Willis. Now, maybe the Provincial Treasurer is an expert on theft. I don't know but this to me is ridiculous . . .

**Mr. Steuart:** — You find the words, you know the words.

**Mr. Kramer:** — I find the words? I could use a lot of words to describe what you are doing but certainly this is an unusual matter.

**Some Hon. Members:** Hear, hear!

**Mr. Steuart:** — Be a gentleman once.

**Mr. Speaker:** — Order, order! It has been moved by the Hon. the Provincial Treasurer, seconded by the Hon. the Attorney General (Mr. Heald) that the matter of removing certain letters which had been tabled during debate be referred to the Select Standing Committee on Privileges and Elections. I find the motion in order and the debate will continue on the motion. First I must get back to the point of order, that the Member for The Battlefords (Mr. Kramer) was raising. That was, if I understood him correctly that he objected to a charge of theft being placed against some person or persons in connection with this letter. Now whether or not the letter was stolen indeed, or whether it wasn't, whether or not this was a case of theft or whether it wasn't, that is something that will be settled in the Committee, not in this House now but in the Committee later if the motion passes. They will decide that and because they, the Committee, are going to investigate and decide it, it would be improper to

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lay a charge of theft against a Member of the Legislature now. Such charge with the accompanying proof should be placed before the Committee, if anywhere. I ask the Member to withdraw the charge of theft. I forget who said it now. Who did say it?

**Mr. Steuart:** — Mr. Speaker, I will withdraw any imputation of theft.

**Some Hon. Members:** Hear, hear!

**Mr. M. Kwasnica (Cutknife):** — May I speak to the motion now?

**Mr. Speaker:** — Oh yes, just a minute. I have put the motion before the House and the Member who moved it has the right to speak to the motion after it is proposed. Now where do I go on that one? If he wants to speak to the motion he's got a right to do it. It is a debatable motion. I'm not going to chop him off just because he didn't get up in the right spot.

**Mr. Heald:** — Mr. Speaker, the Member for Cutknife (Mr. Kwasnica) made a statement and we all heard it. I think he should withdraw it.

**Mr. Speaker:** — Order, order! This was a question and a mistake which the Chair itself made. Now if the Member had been going to speak to the motion, I shouldn't have proposed it. The thing came up and this is what took place. I'm rather at a loss to know how to settle the matter, to tell you the honest truth. We have been settling so many points of order and dealing with charges and counter chargers. Yes, I'm going to let him speak because I'm not going to deny him that right. It is his motion and he can speak to it.

**Mr. Steuart:** — Mr. Chairman, on a point of order, he is not closing the debate. He is just opening it, right?

**Mr. Speaker:** — Well, darn it, that's something else too. I'll bring the thing into order right smartly. He may be closing the debate, but I'm not going to consider it as such.

**Mr. Steuart:** — Well, Mr. Speaker, two days ago, or three days ago, we had three motions brought into this House that questions the propriety and the attitude that the Government took towards the rights and the privileges of the Members of this Legislature. I have never doubted the right, and I don't today, of the Members opposite to bring in these motions. Mind you, I thought that one motion would have done it, but they brought in three. They have proposed to stop the business of the House and discuss it. I am not proposing, nor are we proposing, nor

did we propose, that the business of the House be stopped to discuss this matter. But it strikes me as very strange — and it is typical of the Opposition and their holier-than-thou attitude towards everything that goes on in this province and this House — that the same people would bring in a motion and stand up and attempt to betray themselves as the defenders of the rights of the Legislature. In fact they went right back to Magna Carta. The rights of Parliament . . .

**Mr. Speaker:** — Order, order! I bring to the attention of the House, the motion that is before the House and we are going to stay strictly on it too. We are not going to wander off into a lot of other places. The motion before the House is, that the matter of the removing of a certain letter which had been tabled during debate be referred to the Select Standing Committee on Privileges and Elections. What the House has to decide is: shall this be done or shall it not be done? Either yes or no. We should get a pretty clear cut debate on that and a pretty short one too. The question is: shall it be referred to the Committee or shall it not? If the motion passes then the Committee will act and do as it sees best. No, you can't refer to previous debates that have taken place in this Chamber.

**Mr. Steuart:** — Thank you, Mr. Speaker, for your remarks. I think that this is a most serious matter and I think that the proper procedure should be followed that has been suggested and outlined in this motion, namely, it be referred to the Standing Committee, which is set up to consider questions of this sort. Let this Committee meet and discuss the problem, discuss the situation and discuss the event that took place and bring back their recommendation for consideration of this House. I hope all Members, indeed I think that all Members, if they are sincere in what they have said and what they do say about upholding the rights and the privileges and the dignity of this House, will join with us and support this motion. We refer this act to this Committee, to its proper place, to find out if this sort of thing can continue or should continue, or if the people who did it should be in fact censured. I hope that every member, if they truly mean what they say about the rights and dignities and the responsibility of the Members of this Legislature, will support this motion.

**Some Hon. Members:** Hear, hear!

**Mr. Willis:** — Mr. Speaker, I am not going to enter into any holier-than-thou speech, I just want one point cleared up regarding this motion which is before us now. Will the Committee, to which we are referring this matter, have the right to inquire into it, to have the writer of the letter named to them? This unsigned letter which we have before us now. This is a legal document which was presented to the House. Will the Committee have the right to inquire that the writer of the letter be made known to the Committee and to the House?

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**Mr. Speaker:** — This is a matter that has to be settled in and by the Committee I would think. I am not too sure on that either. Wait until I find out what the Clerk has to say about it. The matter referred to before the Committee will be what this motion contains, and the Committee will have the right to interpret its own view thereon.

**Mr. F. Larochelle (Shaunavon):** — Mr. Speaker, I want to speak on this motion for just a few minutes. I would like the people who took this letter out of this House to have the internal fortitude to get up and be identified right now. If they will not, I will name them in this House. I will. The Member for Kinistino (Mr. Thibault), the Member from Shellbrook (Mr. Bowerman), and the Member for Redberry (Mr. Michayluk) took this letter out of the House and I saw them going out with it. I think that this was a shameful thing for them to do. These documents are on the table of this House to be identified and I think that this is the place that they should be identified. I feel sorry for them because I think that it was a shameful thing for them to do.

**Some Hon. Members:** Hear, hear!

**Mr. J.E. Brockelbank (Saskatoon Mayfair):** — Mr. Speaker, will the Hon. Member permit a question before he takes his seat?

**Mr. Larochelle:** — No.

**Hon. A.C. Cameron (Minister of Mineral Resources):** — Mr. Speaker, I rise to speak to this motion for a moment or two. I think in view of the comment in the past about proceedings in the Legislature, emanating from the Legislature being carried beyond the Legislature was discussed and considered a very serious matter. This is a matter in which a document was tabled in the House, which under the rules of the House, rests in the custody of the Clerk of the House. It is thus made available for inspection by any Member of the House. But this is a document in the custody of the Clerk, which was without the Clerk's knowledge removed from his custody and taken out of the Chamber of this House. Now it wasn't apparently taken out of the Chamber by someone who was innocent of the knowledge that such couldn't occur, because if it had been so, this person I should think would have identified himself, would have said, "I took the document and I did not realize it was against the rules of the House." But he didn't do so. It was no innocent mistake. I think that the other serious aspect is that the Member from Moose Jaw North (Mr. Snyder) stood in his place — and I would like the House to record this — and stated that the letter, the document was removed from the House for a particular purpose. For a particular purpose! Then after that particular purpose was served the letter would have remained outside of the House. It was only due to the fact that a Member

of the Legislature observed and reported it to this Chamber, or we would have had no guarantee even that the document would have been returned. The document was taken from the possession of the Clerk and was not returned to the Chamber after the Legislature was notified by the Member of this House. Then, and only then, did that letter or document return to the possession of the Clerk. I think that this is a serious enough matter to cause us to proceed with this motion and refer it to this particular Committee, particularly when a responsible Member who has some experience in this House didn't claim ignorance of the matter, when he claimed that they took it for a particular purpose. Therefore, I join in this motion that this serious matter of removing documents from the custody of the Clerk, to be removed for a particular purpose and questionable whether or not it would have been returned, is a most serious breach of the rules of this House. Therefore, it should be investigated without delay by this particular Committee.

**Mr. G.R. Bowerman (Shellbrook):** — Mr. Speaker, I'm not informed on the nature of the motion as I wasn't in here for most of the debate. I very plainly state however that I took the letter from the House and I carried it out in my hand. It wasn't that heavy that I needed two other people to help me. If I have been in error, I apologize to this House, to the Members opposite and to my colleagues. I specifically did not know that I was unable to take that letter out of the House. I took the letter but I didn't bring the letter back. The reason that I took the letter was because of the address at the top. I wanted the address to confirm whether the person was a real person or was in fact somebody that was conjured up in the mind of the speaker who introduced the letter. I phoned the person in Saskatoon. The person said he was partially blind. He said he typed the letter with an ordinary typewriter and he could have signed his name. It wasn't that he was blind and couldn't sign his name. He could have if he had wanted to. I have talked to him on the phone. I am not prepared to give you his name as I don't wish to. But simply, Mr. Speaker, if I am in error, I make this apology. I am sorry that I have made this error.

**Mr. Speaker:** — We have listened to a statement from the Member from Shellbrook and I draw the attention of the House to the fact that he is a new Member serving his first term in the House. In the light of his statement it is now up to the House to take what action it sees fit to take from here on in in regard to the motion.

**Mr. J.J. Charlebois (Saskatoon City Park-University):** — Mr. Speaker, if I may say a word. Because I tabled this letter, I think that I am certainly prepared to accept the apology that this Member has made, although I do think that it was a most despicable thing. I ask that this gentleman be not dragged into this debate. This Member says now that he phoned this gentleman. He said that he wasn't in here listening to

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the debate, but he seemed to take over the whole thing in his hands. I still think that there should be a proper censure of his behavior in spite of the fact that he has apologized. The apology is accepted, but his behavior with the letter is not acceptable. Mr. Speaker, I would like to ask him a question. I would like to ask whether or not he had this letter photostated or copied in any way. Because if he did I think that this should also be censured.

**Mr. G.R. Bowerman (Shellbrook):** — Mr. Speaker, I would be very glad to answer the question. The letter was in no way photostated. I didn't need to take the letter out of the House. The only thing that I wanted was the address. I wanted to confirm whether the person was a person or was in fact a fictitious name. I didn't need the letter. I could have left it with the Clerk or with any Member in the House. I have no reason to take it out. I could have gotten the address on a piece of paper and gone out of the House and got the information that I wanted. And there was no other.

**Mr. Charlebois:** — I just want to comment that I don't appreciate this Member questioning my integrity.

**Mr. Blakeney:** — Mr. Speaker, I think that we have heard the episode described by the Member for Shellbrook and by the Members opposite. I think our position is that this is not a matter of very great seriousness. The Member for Shellbrook has explained how the letter came to be taken out of the House because of ignorance, being a new Member. He has apologized to the House. Our position is that, if Members opposite feel that this is an appropriate matter to be referred to the Committee on Privileges and Election — which by the way has not met in my time in the Legislature — if they think that this is a matter of such serious breach of rules of the House, that it ought to be referred to that Committee, we have no objections. They make their own judgments on these matters and we have no objection. We are perfectly willing to have our conduct scrutinized by a Committee of this House. If the Members feel that this is a matter of such seriousness that this ought to be done, then by all means let's have a Committee. I do suggest to Hon. Members that this is really not a sufficiently serious matter to convene the Committee. The Committee has not met in my time in the Legislature and there have been a number of little transgressions here and there. Insofar as I am aware Members have not suggested that any Member's conduct be called before that Committee. However, if the Government feels that this is such a serious matter that this Committee ought to be convened, as I say, for the first time for 10 or 15 years, and that the conduct of the Members on this side be held up for censure, then by all means let's have it. I respectfully suggest to all Members of the House that the matter has been adequately explained. The Member has apologized and it ought to be dropped there.

**Mr. D.W. Michayluk (Redberry):** — I want to advise Hon. Members and to clear a statement that was made by the Hon. Member for Shaunavon (Mr. Larochelle), that somehow or other I was connected with the removing of this letter. Probably Hon. Members noticed that I did walk over to the Member for Kinistino (Mr. Thibault) and at that time I did take down the address which was at the top of this letter. In doing this, I think that I was in my right as a Member of this Legislature. I did not take the letter out of this House as was mentioned by the Member for Shaunavon.

**Mr. A. Thibault (Kinistino):** — I also want to make it quite clear that this letter came to my desk. I am not sure who brought it here. But all I did was interpret the French words that were printed at the bottom. The accusation that I took the letter out of the House, was absolutely false — and the Member for Shaunavon is out now — but I want to make this clear. That statement should be withdrawn. It is an accusation against my integrity and I like to abide by the rules. I feel sorry for the Member for Shellbrook (Mr. Bowerman) for what he did. But he did it without any intentions of violating any rules of this House. I think that we all make mistakes now and then. Certainly when the letter came to my desk, I had no thought that anything was being violated.

**Mr. Speaker:** — I must draw the attention to the fact that the mover of the motion is again closing the debate. Does anyone wish to speak?

**Mr. Steuart:** — Mr. Speaker, I think that we have debated this long enough. I think that the Hon. Member from Shellbrook said that he had taken the letter out. I don't think that he had any ulterior motives or bad intentions and I think that the point has been cleared up about the handling of documents that are laid on the table. We all know now exactly where we stand. I would like to withdraw the motion with the consent of the House.

Motion withdrawn by leave of the Assembly.

The debate continuing on the motion for second reading of Bill NO. 39, the amendment.

**Mr. W.J. Berezowsky (Prince Albert East-Cumberland):** — Mr. Speaker, before this unfortunate incident, I pointed out to you that I intended to speak strictly and according to the rules of this House. I for one have been brought up in the tradition to respect Parliament. Sometimes I wonder whether we all respect the dignity and the decorum that is necessary in Parliament. I can't help to mention before I go on with my speech that at times it embarrasses me somewhat to sit in the House and hear, say, like the Premier did this morning



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when referring to the Bill under discussion and the amendment, he said, "It doesn't matter what you do we are going to pass it anyhow." Such arrogance is to me not compatible with democracy. It is not the kind of thing that the people of this province and of this country expect from a government. As I pointed out to you before, we are here because the people have put us here and they can put us out just as easily if they so desire. So, we must at all times respect the desires and the wishes of the people. When I began to speak, I wanted to point out why we need a Committee. One of the main reasons why I think we need a Select Committee is because the people of the Province of Saskatchewan have not as yet been heard by this Government, and yet, they must be heard somehow or other. This is the main reason why we should vote for this amendment and set up a Committee to hear all segments of the public, so that the Government could be guided in bringing in the kind of legislation that would be popular and not the obnoxious legislation that is so unpopular at the present time.

Now of course there are many other reasons why I think that the amendment should be voted upon. As yet so many things are not clear. We have had the Minister get up in the House and say, "Well, all people who go to hospitals will have to pay deterrent fees." Why? What about a situation like this. I think the why should be heard by a Committee. Here is a headline in the Star Phoenix yesterday and it says:

"Public must help check increase in venereal disease."

Do you have VD? Or has the pretty little daughter of whom you are so proud been infected? It could be a favorite boy/girl friend, husband or wife. How do you know? In this age of affluence, free love, extramarital sexual relations and widespread promiscuity, venereal disease is turning up in the most unlikely places.

Now here is a situation where people may be sick, where they now have to deposit \$25 with the hospital before they can be treated. Or is there going to be an exception in such case? Now this kind of thing should be considered by a Committee. As well the Committee should consider the importance of studying deterrent fees in connection with cancer and other illness.

I have listened to this debate for a long time and I responded in two ways. I responded emotionally and I hope I have some intellectuality, although the Member for Athabasca (Mr. Guy) doesn't think so, but I think that I did respond intellectually. I have tried to asses this whole, unhappy situation. I feel, as my Leader does, that we have come to a point now that the only way that we can decide in a logical way is to have a committee hearing. I point out that this Committee could decide whether deterrent fees are good, because there are certain areas where deterrent fees aren't charged. Let the Committee tell us. It is apparent from what we have heard in the past few weeks that there are no experts on the Government side, including the Minister. They have opinions of course. They

have only opinions, but we on this side have presented solid facts and figures. Yet the Government feels that it is right. So let a Committee decide whether the Government is right or whether we are right, or just what the situation happens to be.

As I have said, this is a matter of serious concern and so it should be studied. Now I grant that the Government has prerogatives. But I also point out that it has its duties. The Government has the prerogative to bring in this Bill. But does this prerogative extend to the point that it is going to bulldoze this legislation against the people of Saskatchewan? I say no! It has a duty to the people of Saskatchewan and the only way that it can exercise that duty is to have the people heard. Therefore, this amendment should be passed.

**Some Hon. Members:** Hear, hear!

### WELCOME TO STUDENTS

**Mr. G.F. Loken (Rosetown):** — Mr. Speaker, I want to draw your attention to the Speaker's gallery and the fine group of students from the Howard Powell school which is in the Rosetown constituency. They are under the direction of their principal, Mr. Booth. I know that the Assembly will join with me in extending a hearty welcome and wishing them an enjoyable stay with us and a safe journey home.

**Some Hon. Members:** Hear, hear!

**Mr. D.A. McPherson (Regina South West):** — Mr. Speaker, I would like to introduce to you and to the Members of this Assembly students from Davin school which is a school situated in the constituency of Regina South West. Davin school is one of the older schools in Regina and was named after one of the pioneers, Nicholas Davin. The students are here under the direction of the vice-principal of the school, Mr. MacDougall. May I on the behalf of the House wish them a pleasant day and may their stay be educational.

**Some Hon. Members:** Hear, hear!

**Mr. Berezowsky:** — Mr. Speaker, before I sat down at 12:30 o'clock, I pointed out that governments did have prerogatives and also that governments had responsibilities. Now it may be said that this is the highest court of the law. Yet I can say this, we don't function the same way as a court of law functions, because when you have a situation where there is defence in a court of law and there is a prosecution, you do not have the same people who defend, prosecute and decide the issue. You have a judge or a jury and it is to their wisdom that the matter is given and for them to decide. We are somewhat in a different position here, because in this House, as I pointed out, we are partisan and we make decisions sometimes very unwisely on the basis of party politics. And this to me is most regrettable.

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As I said, it is very important that we have the public's will known and I think that the only way at the moment that this can be done, is through an appointment of a Committee to hear the public voice.

Now here are more reasons why. Last night, according to the Leader-Post, a gentleman by the name of Pierre Berton, who is very well known to all of us, I think, spoke to some 1,500 people. Here is one of the statements that he made. Here is Berton, a man that is respect across the whole of Canada. He says in the first paragraph:

Imposition of utilization fees will be the first step in the campaign to destroy the only really universal medical care scheme in North America. You must stop this retrograde step, stop it dead.

Now, Mr. Speaker, my job in this Legislature is service and that is what I am getting paid for, that's why I am here, that's why I am dedicated to serve my people and propose what is public opinion. This Bill has to be stopped dead. The Government tries to push it through. It is trying to bulldoze it through. But obviously people who know something about it say that we should stop it dead because it will destroy what to us is very, very precious.

Mr. Speaker, not only do we have these kind of representations but take another example, people who are concerned about hospitals. They are also very disturbed and I would like to quote to you from March 6, 1968, from the Leader-Post:

“Hospitals against the fee plan.”

The premium of Saskatchewan Hospital Services Plan should have been adjusted to a more realistic level to cover increased costs rather than to impose these utilization fees, E.C. Glass president of the Saskatchewan Hospital Association, said Wednesday in a press release. Mr. Glass said the Association acknowledges that if an adequate level of hospital care is to be provided, more money must be made available at the hospital level, but because of the utilization fee collection method, hospitals may have less money than ever before.

So you see there is another danger there. This Government has not told us whether it would be so or not be so.

The president said that he understood that all hospital budgets will be reduced by \$2.50 per bed per day under the new setup. It will then be left up to the individual hospital to collect the utilization fee to make up for the reduction, and this will require additional staff for the bookkeeping and the collection procedures.

You get these kinds of reports from people that are at the top of their organizations. They have been giving good advice

to the Government, but the Government refuses to move, and this, as I say, endangers the whole structure of Parliament and of democracy. All we are trying to do on this side of the House is try to bring democracy into action by giving the public the right to make the necessary representations as they should have the right to make.

Now there is another reason. I don't think the Government's Executive Members have done their jobs. A week and a half ago the Hon. Member for Prince Albert (Mr. Steuart) and myself were invited to a public meeting. I turned up on this Sunday at the meeting. The Minister said he couldn't come down for the simple reason he was too occupied with legislative business. Well, the Legislature doesn't sit on a Sunday and he didn't turn up, but the peculiar thing is that he did turn up the next morning to meet with the council of Buckland municipality in connection with a highway that is cutting across some lands in my constituency. Again I say the Government has failed to hear the public, to hear public representations. This Ministers have failed and have refused actually to listen to the public. Therefore, what else can we do but suggest to them that they have a public hearing through the setup of a Committee?

**Mr. Steuart:** — Bill, who put the meeting on?

**Mr. Berezowsky:** — Mr. Speaker, the United Packing House Workers are citizens of this province just as well as the Minister is a citizen of this province. This was a public meeting and the Minister knows about it, and he did not say to these people, "I am not coming down to your meeting because you the United Packing House Workers called it." He gave an excuse he was busy in the Legislature on legislative business, which is not true because this was a Sunday. He could have come down for he was there the next morning.

Now, Mr. Speaker, there is another reason why I think the Government and the Legislature, and all of us, should consider setting up a Committee. It is because of the numerous letters that have been coming in. You see, Sir, the people have been trying in every way they know how to make representation to this Government. They sent letters to me but I don't intend to start reading them. You heard enough yesterday. Every one of us has received numbers and stacks of letters from many people, I didn't ask them to send these letters in. They sent them of their own volition, protesting against this action, against this very unpopular Bill, and the Government has done nothing about it, absolutely nothing.

**Mr. Steuart:** — We moved second reading.

**Mr. Berezowsky:** — You did? A pity! These people who are the citizens of the Province of Saskatchewan have the right to approach the Throne, Mr. Speaker. They have the right to approach this

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Government as this is the kind of democracy we live in and this is the only way they can be heard. Since they've not been considered, through letters, through the press, through petitions, (I know in my own city of Prince Albert there is a petition, I'm sure they must have it by now with some two or three thousand signatures on it. As a matter of fact I saw another copy of a petition — I should have brought it down — to be sent to the Premier, asking the Government to either call a plebiscite on this whole issue or resign), and yet this Government has done nothing and the only recourse now is appointing a Committee. I suggest that what the Government should have done is to have kept its commitment. It said that on any new program that is being brought in, whether it is a backward program or progressive program, yes, it said that we would have a plebiscite. Yet they have not given the people of this province a chance to vote on this important issue, this very costly issue, this very dangerous issue. Mr. Speaker, on lesser issues than this in the past, the Government of this province has acted appropriately.

I would like to refer you back to 1963, when we were the Government. There was a problem in connection with the expropriation of land. It was decided to let the public speak and be heard. So we set up a Special Committee on Expropriation. In this Committee may I mention the kind of procedure followed. I'll just read one paragraph on page 7 of the report. It said:

At its first meeting the Committee considered the procedure to be followed in conducting its study of all matters relating to the expropriation of land.

In this case it could be in all matters concerning deterrent fees.

The Committee was of the opinion that it was essential to canvass as widely as possible the opinions, the experience and points of view both of authorities empowered under Saskatchewan statutes to expropriate land and of individuals in the province from whom land might be expropriated.

To achieve this purpose the Committee then invited departments and agencies of the Provincial Government, local government parties, private organizations and individual citizens to submit briefs. The response to this invitation was encouraging and the Committee owed much to the many individuals and organizations who participated. I am proud that the Government of that day did just that on what you could call a less major issue than this one today. Yet this Government of the day has refused to hear the people of the Province of Saskatchewan. Please note, the former Government listened to a group of people representing not all the people of Saskatchewan, because all the people of Saskatchewan weren't concerned, yet we recognized our democratic responsibility to the groups. We appointed a Committee. The Committee sat, I could read you the terms of reference but it isn't necessary, I think we all know about it. We sat, we heard these people, and a decision was made wrongly or rightly, but certainly democratically, Mr. Speaker. Yet here is a Government that to this day has refused to listen to the public.

Yet I think that it should be supporting this amendment if it believes in democracy whatsoever.

Well, it may say, "Well you say the CCF did that." But again on a minor issue in the year 1965 when Liberals were the Government, Mr. Speaker, there was a Special Committee set up on Highway Traffic. Why? Because it was felt necessary to be democratic and in order to note public opinion on this particular matter which really affected all people in Saskatchewan, at least mature people. It appointed this Committee. This Committee sat. Then it was given terms of reference. Mr. Larochelle, who said today that he was going to vote for the motion and against the amendment, sat on this board as Chairman with Messrs. Howe, MacDougall, Loken, Heald, Thibault, Whelan, Willis and Mrs. Merchant. They had their order of reference here and they had a method of operation again. They consulted with the public. I believe that is how we must sustain our Parliament as it has developed over thousands of years. I don't mind mentioning the Magna Charta, I don't mind mentioning Simon de Montfort, I don't mind mentioning other people that came into the history of the development of Parliament over the years. I think we should remind ourselves from time to time about this. But I must remind Members here today, Mr. Speaker, that the democratic functions of Parliament, the decorum, the dignity are daily slipping out of our hands because of the behavior of this Government. I might point out to you, Mr. Speaker, (I hope I'm in order) but on one occasion when I asked for an adjournment after I had just started to speak and because I wasn't fully prepared at the time, because I sat on this side of the House, and because I am Ukrainian — I don't know — I was refused an adjournment. Well that was fine with me, but when the Hon. Member from Yorkton (Mr. Gallagher) picked up the Resolution and asked for an adjournment, they used their majority to allow him to adjourn. And you call this a democratic Parliament, democratic justice! The same thing happened yesterday, Mr. Speaker, if I may point out and I think this is not only silly, I think it is derogatory to Parliament, that when a Member of this House at one minute before closing time asked to adjourn the debate so that he could continue next day, this Government uses its stiff, steel, iron hand to deny him the right to go ahead and adjourn the debate. Then the Members laughed at him.

**Mr. Heald:** — Mr. Speaker, on a question of privilege, I wouldn't want the Hon. Member to state something that isn't correct. There is no question of the steel arm. If the Hon. Member for Riversdale (Mr. Romanow) had remembered the rules which he could have very easily remembered, because he had been caught twice before, all he had to do was talk for one more minute and the Speaker would have left the Chair because it was 5:30. The rules are here to be adhered to and they must be adhered to by people on that side of the House and the people on this side of the House. The Hon. Member lost his opportunity to speak in the debate because he forgot what the rules were. Surely everybody in this House has to abide by the rules.

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**Mr. Wood:** — On the point of privilege, there is no rule in the book that says a Member can't ask to adjourn the debate.

**Mr. F.A. Dewhurst (Wadena):** — On the point of privilege, Mr. Speaker, at 5:29 yesterday it is true that the Member who was speaking at that time could have continued until you, Mr. Speaker, interrupted and called it 5:30. But then his name would not have appeared in the Journals for today. Had there been an evening sitting he would have automatically been in place to continue, but the Journals would have reported today without any mention of an adjourned debate, and unless he could have caught your eye first, Mr. Speaker, any Member was free to take the debate. The Member did ask at that time so I don't think the Attorney General's point of privilege is well taken.

**Mr. Speaker:** — I'll straighten the House out on this and do it right now. When a Member asks for leave to adjourn a debate, he is in fact moving a motion that the debate be adjourned. If he loses the motion he is out of the debate. Of course, if he wins the motion he is in. If I call it 5:30 the person who is interrupted by the 5:30 rule automatically gets up to speak the next time the House opens up that debate again. The Member from Cumberland (Mr. Berezowsky) has just done that. He was speaking when I left the Chair at 12:30, he is speaking again now at 2:30.

**Mr. Dewhurst:** — I just agreed with you, Mr. Speaker.

**Mr. Speaker:** — Oh, no!

**Mr. Dewhurst:** — Yes, I did.

**Mr. Speaker:** — Alright then, I'll make the ruling and I'll make it right now. You can like it, lump it, straddle or jump it. Should anybody be speaking in a debate when the debate is interrupted by the clock, that person has the right to get up and continue his speech immediately that particular debate is reopened, but he must rise and continue at the first opportunity or he will lose the right to speak further. I'll see that goes on the records of the House. It is only reasonable that if a person is interrupted by the clock he should not be denied the right to re-enter the debate.

**Mr. Dewhurst:** — But, Mr. Speaker, that wasn't the point I raised. The point I raised was that his name would not appear in the Journal, in the Votes and Proceedings as having been speaking when you called it 5:30 and adjourned the House. It would appear blank and that is the point I raised. I realize what the practice is, Mr. Speaker, and I realize that you give any of us the opportunity. I'm not saying you don't, but I am just saying it wouldn't have appeared in the Journals.

**Mr. Speaker:** — It is true that his name would not appear in the Journals as having adjourned the debate. That's true, but to what great advantage is this? If his name appears in the Journal as having adjourned the debate and he doesn't choose to rise and speak when his name is called, he doesn't have to. He can enter the debate at a later time. Of course, that same thing would not apply to a person who was interrupted by the clock. If a Member who is interrupted by the clock (and the Member for Cumberland was) had not chosen to speak when the House went back into the debate, then it would have been concluded that his speech was finished. And he would have been finished if he had not chosen to rise and to speak, but he has chosen to rise and speak.

**Mr. Berezowsky:** — Thank you, Mr. Speaker.

**Mr. Wood:** — Mr. Speaker, I am sure that you will agree with me that any Member has the right to ask to move the adjournment of the debate. Whether or not it is carried is beside the point, but he has the right to move that the debate be adjourned.

**Mr. Speaker:** — I don't think anybody suggested that he didn't.

**Mr. Wood:** — Well from what the Attorney General said that he should not have done it.

**Mr. Speaker:** — That's neither here nor there. I'll settle that point of order when it arises. I can tell you right now if anybody wants to move the adjournment of a debate he'll have the privilege of moving it.

**Mr. Snyder:** — Well, I hope, Mr. Speaker, that this point has been clarified because I don't think it was an indictment against the Member from Riversdale at all, because I am sure that there are many of us in this House that were of the opinion that he should have had the opportunity to adjourn the debate last night. I think the point was well taken, Mr. Speaker, and I am glad that you have clarified it. I hope that it will be adhered to in the future because there has been some discussion with respect to your ruling last night. If it is understood that even when we don't sit that evening, if the Member rises at 5:30 and the clock runs out that he has every right and opportunity to pick up the debate the following morning. I hope this is a ruling that you adhere to because there is some discussion as to whether this is allowable or not.

**Mr. Speaker:** — It has always been an understood thing in this House. At least I always thought it was. I didn't think I had to say anything about it.



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**Hon. D. Boldt (Minister of Highways):** — Mr. Speaker, I have been a Member in this House in the Opposition. What happened last night happened when I was sitting on that side of the House too.

**Mr. D.W. Michayluk (Redberry):** — Mr. Speaker, am I to understand that the Hon. Member for Saskatoon Riversdale (Mr. Romanow) lost his privilege of speaking because the Government Members did not extend him the courtesy to adjourn the debate?

**Mr. Speaker:** — Well, there is no sense debating a point of order that should have been raised at the time it occurred but I hope that I have made everything thoroughly clear for the benefit particularly of new Members of the House. Certain it is that, if a Member loses his adjournment motion, he can't re-enter the debate later on. The reason for the rule is just about as important as the rule itself. The reason for this is that when a Member moves that a debate be adjourned he has indicated that he has got nothing further to say at that particular time. The House decides then whether the debate is to go on or whether it isn't. Now if the House decides that the debate is going to go on, why should a person who has indicated he has got nothing to say be allowed to get up and say it. If by chance he really had something ready to say, then he shouldn't have wasted the time of the House by asking for the adjournment of the debate. If he is ready to go, if he has his speech ready he shouldn't have asked for adjournment. Now that's the reason for the rule. Another reason for the rule was, of course, in the British House of Commons that, when Parnell and the Irish Unionists were sitting there, they perpetually and everlastingly delayed the business of the House by moving a motion to adjourn the debate and then moving a motion to adjourn the House back and forth, as a method of obstruction. It is a discipline that is imposed on Members and you take your chance. You pay your money, you take your chance. If you win your motion you keep speaking; if you don't win your motion you can't.

**Mr. Berezowsky:** — Thank you, Mr. Speaker. I did not intend to leave any impression that I disagreed with your ruling. I think you made the proper ruling. All that I was trying to bring out, that to me at least, it seemed that, when we are here in Parliament, there should be extended a certain amount of courtesy and understanding, because after all we do speak for our people and I think we have the right to be heard. I do not think that because of a trivial technicality or every time there is a technical mistake immediately we must be cut off or denied our basic rights. That's all I am saying and the Government has been using its majority that way. However, I will not carry this point further.

I would just like to summarize what I have said so far and that is this. I think you need this kind of a Committee to

study the situation, to find out what the public thinks, because the public has the right to be informed. I say, Mr. Speaker, that the public has the right to know and the public should have a right to choose whether they want this kind of plan or not. They have a right to participate with the rest of the people of Saskatchewan if they so approve. This has all been denied to them but it can be made possible once this House decides to pass the amendment. I think that we must have dialogue with our people at all times, otherwise we will fail in our responsibility. I say that people have the right to the best possible health services and the kind of services they want, not the kind of services the Government wants or the Opposition wants. The only way we are going to discover what the people want is to have them appear in public and make representation or to have a plebiscite. I think we all recognize that all citizens must have access to needed health services without any blocks or deterrents. I think this is recognized and it is difficult for me to understand why the Government has taken the course that it has and I would like to see that it takes another good look at it. Surely, we the people of Saskatchewan want to make progress and we don't want to go backwards. Again, as I say, if we are going to have progress let's find out from the people of Saskatchewan what they consider progress is. Let's have a Committee hearing so that they can all be heard, and so organizations can be heard, and the local government organizations can be heard, so they can give the Government a guiding hand in legislating. Just like a chess player playing a game with another chess player, you have to make certain moves, but God help you if you make the wrong move because you lose out. I think what the Government is doing at the present time, is making the wrong move and I will not be sorry for you when you lose out. I'll not feel sorry for it, Mr. Speaker, when it loses out, but because I am concerned with the interests and the desires of the people of Saskatchewan I don't want to make this false move. I appeal for reconsideration to have this Committee set up. Surely there must be alternatives, surely there must be alternatives to deterrent fees. Surely there must be some way that the public will feel satisfied. I do not want to see in Saskatchewan a situation such as we have in the United States today where the people have been denied certain basic civil rights. One of the civil rights is for the people to be heard. Surely we want this right in Saskatchewan, it could be a tragedy to Saskatchewan if the Government proceeds with its stubborn determination to go ahead with the Bill and I suggest again that it should have a public hearing. There is only one way that we can protect the interests of our sick, unfortunate and the poor, all of us, and it is to legislate democratically and by the consent of the electorate. This Government has decided in its wisdom that this is it. It is not it, at the moment, and I emphasize to the Government that it isn't it. Wherever I have gone across this province I find our people up in arms. They are discouraged, many are apprehensive, they are afraid of what is going to happen to their plan, their future. Surely the Government should have enough wisdom to take the proper course instead of the course it has been following. I say that the course it has been

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following is not a proper course. It has been said in this House by others as well that to date it has not substantiated or justified the course of action it is taking. There must surely be some other alternatives, some other course of action.

Then there is another point. This has to do with democracy again, Mr. Speaker. Our people believe that we are living in a democratic country and in a democratic province. One way we can prove it to them is, after all this debate, after all this discussion in this House and in the press, the Government can prove it to our people by saying to them, "We are in a deadlock, we don't know where to go from here, so we will set up this Committee and we would like you to come and appear before us and state your case. We will have a second look and use second judgment to see whether we were right in the first place or not." If we don't do that then, Mr. Speaker, how can we guarantee the future or for the future that programs, policies, trends, taxation are going to be approved by our society. We can't guarantee a thing. When the next election comes around people will say, "Here we elected a Government which didn't listen to us, which brought in legislation which is not popular, therefore, we don't believe in government at all." That's what the people are going to say. Just think of it from the democratic point of view. Don't use your majority to legislate obnoxious legislation, but for goodness' sake use your majority not to be just Liberal but to be democratic. If you do that then, Mr. Speaker, our people will have pride in their Government, pride in this Parliament, and we will not only be respected by them but we will have respect in ourselves. I think one of the reasons why we have such a lack of dignity and disrespect in this House at times is because of the way that we are doing things. If must be wrong, surely it must be wrong, because if you were in a court you wouldn't experience procedures of this nature. You would find decorum, you would find dignity, you would find respect between the counsel and the judge and the jury, but here apparently we have lost a lot of that.

There is rally not much one can say on an amendment. I cannot touch on the subjects I would like to speak on again, I spoke on them before, but what I can say is that we all have or should have a common interest in health. We should frown upon precipitous decisions by government such as we have experienced in this Bill. We should try and correct an injustice if one exists, or any wrong actions, and procedures. And the only way to do it, I suggest to Hon. Members of this House, is to support this amendment. We did not bring this amendment in because it is our CCF or NDP policy. We brought the amendment in to try and save a situation, to try and protect the prestige of government in the Province of Saskatchewan. I appeal to the Hon. Members of this House to support the amendment and give the public a chance to say what must be said. Thank you, Mr. Speaker. I think that is all I will say at this time.

**Some Hon. Members:** Hear, hear!

**Hon. D.V. Heald (Attorney General):** — Mr. Speaker, I would like to make a few comments on the amendment, particularly as a result of the remarks just made by the Hon. Member from Prince Albert East-Cumberland (Mr. Berezowsky) having to do with the fact that he feels that this is a matter which should be dealt with by way of plebiscite or at least by the setting up of a Committee. There is something to be said for the constitution of committees alright to look after some of these matters, and I think you can make a good argument for a plebiscite or a committee on such things as time and liquor votes and so on. But when you get to matters affecting the welfare of an entire province or nation, it has never been the custom to take a plebiscite. Now I wonder if my Hon. Friends agree with that statement? Where you have something that involves the whole province it is customary not to take it to a plebiscite or perhaps refer it to a committee.

**Mr. Berezowsky:** — Mr. Speaker, if the Hon. Member is asking me, I can only refer him to highway traffic safety which concerns all the people of the Province of Saskatchewan, and you did appoint a committee.

**Mr. Heald:** — I take it from what the Hon. Member has said that he thinks this is the kind of thing that there should be a committee or a plebiscite and this is a case where there should be one. Well, I thought that's perhaps the answer that he would give, so that is why I took the trouble to look up the Debates and Proceedings of this Legislature in 1961, the second session, and I would refer Hon. Members to Part 3, volume 11, page 76. It was Premier Douglas speaking at that time dealing with this self-same thing. Premier Douglas and the Opposition of the day were raising the question as to whether or not there shouldn't be a plebiscite on medical care insurance. This is what Premier Douglas said and I want to read it into the records of the House at this time:

As a matter of act it has been said often in the House that we take plebiscites about things like time, liquor votes. This is true. These are not matters of government policy; these are matters of local preference as to whether the people of one community want to have beverage rooms, liquor dining rooms or cocktail bars.

This is a matter of local preference, and for those kind of things, of course, you take a plebiscite. But, Mr. Speaker, when you come to deal with great major matters affecting the welfare of an entire province or nation, fiscal questions, it has never been the custom to take a plebiscite. The Liberal party ought to know that.

This is Douglas talking.

They brought into the Federal House several years ago

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the Prairie Farm Assistance Act and I voted for it. I commend them for bringing it in, which gave them the right to put their fingers into every farmer's grain cheque to take out a levy of one per cent. No plebiscite. The Unemployment Insurance Act was passed which allowed them to put their fingers into every worker's pay cheque and take out a certain amount of money.

He goes on, Mr. Speaker:

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

And that is why I am against the amendment. I think the place to discuss this and decide it is on the second reading and the Committee reading of this Bill. We will all have an opportunity to get up and say why we are for the Bill and why we are against the Bill. So let's not shelve our responsibility and kick it into a Committee and put it off and leave it there for another year or two. We on this side of the House are prepared to defend it before the people of this province at the appropriate time, the reasons for this Bill and that is why I am against the amendment.

**Mr. Michayluk:** — Mr. Speaker, before the Hon. Member sits down will he permit a question please?

**Mr. Speaker:** — Order, order!

**Mr. Michayluk:** — Mr. Speaker, the Minister mentioned that he did not agree with plebiscites and you referred to a speech made by Tommy Douglas in this Legislature in 1961. I want to bring it to the attention of the Minister that in 1960 we promised that we would bring in medical care. In your election program you did not promise that you would institute deterrent fees. The question is that there is a difference. Do you recognize that there is a difference in the two situations?

**Mr. Speaker:** — Order! Now if the Member for Redberry wants to speak, he'll have to make a speech and I haven't called on him to make

a speech yet. So he will just have to wait. If you are rising on a point of order, fine, not that's the end of that. Now, do you rise to get in the debate?

**Mr. Michayluk:** — No.

**Mr. Speaker:** — Alright, the Member from Hanley.

**Mr. R. Heggie (Hanley):** — Mr. Speaker, it was not my intention to enter into the debate on the amendment. I don't think that I would have entered into it after listening to the speech from the Member from Prince Albert East-Cumberland. Although many of us on this side of the House perhaps do not agree with many of the points and policies he puts forth, I think that we would agree that he is sincere in what he is trying to do. However, it was the Member for The Battlefords (Mr. Kramer) that prompted me, after listening to his tirades, innuendoes and half truths, to come into this debate. Now everyone knows that health costs are rising at a staggering rate and to staggering proportions. Something had to be done to make the health schemes carry themselves to their greatest extent. If the party opposite was in power, it would have to do something to halt the rise in health costs just as we have to do. Our Government had the courage to initiate deterrents as a measure to reform the system. The figures from the Health Department indicate that deterrents will work. Needless to say, they may have to be altered or modified, but this is the Government's prerogative and not the prerogative of the Opposition. It is a calculated risk and the Government is prepared to courageously take that risk.

Now, Mr. Speaker, the Opposition's job is to oppose and bring to the notice of the public the other point of view. The Opposition has done this, and up to a point I believe effectively, but endless repetition of the same clichés, "tax on the sick", "tax on the poor", "gouging the taxpayer", "huckster" and all the other words, is carrying it too far, as far as the public is concerned. The public is getting fed up and sick and tired of hearing the endless tirade against Bill 39.

There is plenty of opposition to the deterrent fees, but there is plenty of support for it too. In my seat I had about 10 letters, mostly from people that I don't know, protesting against deterrent fees. But among the rural people I am agreeably surprised at the number of farm folk who say that it is about time that something was done about medical costs. If the former CCF Government had had the fortitude to have initiated this program at its inception, this debate would not be necessary in this House at this time. Any Saskatchewan citizen would have been completely happy to have gone from paying 100 per cent of his hospital bill to paying only 20 per cent or 15 per cent of it in 1945. But no, the former Government promised free hospitalization. This is where their doctrinaire Socialism sells them short. They become prisoners of words, and "free", to them means paid by someone else.

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I daresay, if 80 or 85 per cent of all hospital bills had been paid for by the general taxation since 1945, the scheme would be on a sounder basis today. If the Opposition thinks as they say over and over again, that this is the first step to destroy the medicare scheme, they are thinking wrong. They will never get elected on that premise or become the Government of this province.

Make no mistake, the Liberal Government will reform the scheme but it will not destroy it.

**Mr. Romanow:** — Did you say reform or deform?

**Mr. Heggie:** — Well, that's up to you. Mr. Speaker, one reference was made to plebiscites and petitions. The matter of plebiscites was answered by the Hon. Attorney General (Mr. Heald). Now as far as petitions are concerned, to say that we have a petition from this group and a petition from that group, that say they don't want deterrent fees. Why you can get a petition signed by almost anyone or any number of persons if you want to strengthen your argument. But petitions are not the method used to run our Government, although they can be useful. We have to take the responsibility. The Government has chosen to take that responsibility and only time will tell whether we have been correct. I venture to say that one year from now, there will be little or nothing said about it when this House convenes next year. Mr. Speaker, naturally I will vote against the amendment as proposed by the Opposition.

**Some Hon. Members:** Hear, hear!

**Mr. F. Meakes (Touchwood):** — Mr. Speaker, I too must rise to enter this debate or I can assure you it would not be safe for me to go back to Touchwood.

I have not had one person since the Government announced the intention of deterrent fees say to me that it is a good thing. I have talked to people of all political beliefs. I have had hundreds of people tell me to please oppose this Bill. I have had dozens of letters telling me to do the same thing.

Before I get into that, I have a few remarks that I would like to answer that have been made from across the way. I noticed that the Member for Hanley (Mr. Heggie) used that same word staggering and then he went on and talked about endless repetition. I'll have something to say about that later.

The Member from Saskatoon City Park-University (Mr. Charlebois) read a letter and, Mr. Speaker, please forgive me as I want to warn the Hon. Members across the way that I am not going to get into another letter debate, except to say this, that the letter that was read in this House which is no doubt a true letter, but the blame was being placed on the doctors. It was not being blamed on the people. The accusation was that

certain doctors were keeping patients in hospital. So I would suggest to my Hon. Friend that by his support of this Bill he is putting the blame and making the punishment on the wrong people. He went on and talked about the fact that for old age pensioners, while they were in hospital, it wouldn't cost them anything. Well you know, Mr. Speaker, I think that if they would just stop and think they would realize that that statement is not true. All these people either have to go on paying their rent, or that they will have to go on keeping their house warm in the wintertime. Their normal expenses go on except for the expense of food. Of course, if a man is in hospital and his wife is at home, she still has to cook. I am still not one of those who believe, Mr. Speaker, that it is cheaper for one to live than two. And for this reason I think that it is a pretty flimsy argument.

I want to answer the remarks of the Hon. Attorney General when he got up and quoted the speech from the then Premier, Mr. Douglas. It is a very different situation I want to point out. Because in 1960 every CCF candidate stood on platforms all across their constituencies and all across this province — and I know that I did — and I said that if you want medicare, vote CCF. But I didn't hear last October of any of the Members to your right when they were campaigning standing on their platform and saying, "If you want deterrent fees, vote for us."

It is quite a while since this debate first started and I had some time in finding the notes on the very few people who have spoken across the way. You know that the Hon. Member for Yorkton (Mr. Gallagher) rose in his place and said that he was supporting this Bill because he believed in responsible Government. All I can say to him is that quite a number of his constituents apparently don't think this, because I have been getting as many letters from Yorkton constituency as I have from my own. I am not sure why they don't write to him. Maybe they have. I also want to refer to some of the remarks made by the Member for Cannington (Mr. Weatherald) when he spoke yesterday. He is a gentleman that I have a great deal of respect for, but I was terribly disappointed when he said, and I hope that I am not quoting him wrong, "Hospital boards were loading hospitals so that they could get paid," and the other remark that he said, which I certainly challenge, is that some people enjoy being in hospitals. I have myself been two or three times in my life in hospital for quite a length of time. I know that I didn't enjoy it and I was awfully glad when I got out. I never heard one person that I was associated with while I was in that hospital say that they liked being in hospital. It seems to me that it is human nature that they want to be home and not be tied up in an institution when they don't need care.

I thought that the speech from the Member for Souris-Estevan (Mr. MacDougall), the speech that he made in this debate sitting in his chair was irrelevant. This apparently, Mr. Speaker, is the time when he speaks the best, when he is sitting down. I jotted it down and if I am wrong, I hope that he will correct me. But he referred to the letters that had been read yesterday



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as 'rubbish'. Now, Mr. Speaker, I don't think, at least I want to make it clear, that any letter that I received from any of my constituents or any other person in Saskatchewan, whether he is condemning me or whether he is praising me, I am not going to call rubbish.

**Some Hon. Members:** Hear, hear!

**Mr. Meakes:** — Certainly the views of any citizen should not be termed in that way. You know, I am told, that there is an old Chinese custom and it went on for many hundreds of years — it really was a custom of the rich Chinese people, who paid their doctor while they were well and as soon as they got sick they quit paying them so that the doctor made sure, the principle being that the doctor worked hard to keep them well. I suggest this as a possible solution to the problems of our friends across the way.

Also before I get into my main notes, Mr. Speaker, coming back to the Member for Cannington (Mr. Weatherald), also the Member from Saskatoon City Park-University (Mr. Charlebois) they talked about the old people, they may say what they did, I am sure that all Members got a copy of the letter from the Pensions and Senior Citizens Organization of Saskatchewan, which was addressed to the Premier and the Minister of Health (Mr. Grant). And in case some of them didn't get it and in case some of them got it and threw it away because they considered it as rubbish, I am going to again put it on the records of this House. It is addressed to all Members of the Cabinet and of the Legislative Assembly, to the Premier and the Minister of Health.

Dear Sirs:

The Pensions and the Senior Citizens Organization of Saskatchewan is strongly opposed to the Government's proposed hospital and medicare utilization fees on the sick, as a means of resolving the problems of alleged over-use of hospital services or health care financing. 1. A large percentage of our pioneer citizens are presently in low-income brackets and unable to maintain a decent standard of living. The imposition of deterrent fees will definitely accentuate the situation by seriously affecting people who should be helped by the plan. 2. The method of collecting deterrent fees at hospital level will impose extra workloads on overworked staffs. In fact it would mean in some hospitals additional staff for bookkeeping and collection procedures  
...

I am going to interrupt this letter for one moment, as I was told the other day that the General Hospital in Regina is going to have to hire an extra five employees to look after this job.

... and hospitals would end up with less money than ever before. 3. A similar method of collecting deterrent fees by doctors would have the same effect.

Then the letter goes on and quotes Chief Justice Emmett Hall.

**An Hon. Member:** — Is that rubbish?

**Mr. Meakes:** — Yes, I say, is this rubbish? I consider that it is not rubbish. It is the thoughtful thoughts and views of an organization who sat down and considered this and have spelled it out. I think the term rubbish should not be used in this kind of a concept.

One other remark that I want to refer to. The Hon. Member from City Park-University (Mr. Charlebois), in which he intimated that he thought that this debate was being abused and that the rights of the House were being abused. I want to say and I want to say in no uncertain terms, Mr. Speaker, that I come to this Legislature to speak for my people and if I must use the same words that some of my colleagues have used to describe what this Bill is going to be, then I make no apology for it. I didn't go to school this long, and I am not this well educated to know all the possible words to describe a Bill of this kind. Secondly some of the words, Mr. Speaker, that I do know and I might use outside of this Chamber I realize would be unparliamentary in this Chamber. So I make no apologies for what I am going to say in this regard.

All the letters that I have received, Mr. Speaker, in the last month, they all practically without exception have come from the same kind of people. They have come from people in the poor-income brackets. Practically all these letters are saying mostly the same thing. They are saying things like, "We have had a hard time in making ends meet before, how are we going to do it now?" They are all saying, "Where am I going to find the money if I or my family or my children get sick and have to go to the hospital?" They are practically all saying the same thing. They are saying, "We haven't abused the plan." Quoting what one lady said to me, "I am the mother of seven and I am a widow. The gross income on my farm last year was \$2,900. If my children are sick where will this money come from?" Then she went on to say, "This will also include the sick and our dear old folks." I want to point out to this House, Mr. Speaker, that if I get sick right now or tomorrow or six months from now, I will go to the doctor. I will go to the hospital. Why? Because I will have the money to go. It is easy for the Members on the other side to say and the Premier to get up and say that nobody will be denied care — and I appreciate it, and no doubt this is right — but I want to ask my friends: have they ever been in that position where they have to get down and beg for assistance? This is degrading, it is not really a degrading thing, but many people feel that it is degrading to have to do this. I want to say again, rich people this will not deter. Many of my friends, the same as myself, will still go and we will still pay the \$1.50 or \$2.50 whichever the case may be.

Another letter that I received and I quote just one sentence:

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1968 was set aside for as human rights throughout Canada and this Bill is enough to destroy every fragment of it.

You know, Mr. Speaker, I come back to the remarks of my Hon. Friend the Member for Saskatoon City Park-University. He kept talking about the repetition of words. Well, when I started preparing for this debate, I went back and I browsed over the clippings in different newspapers, clipping on medicare since 1964. I want to point out that ever since 1964 the Premier of this province has been spreading fear. All through those years he was using the same adjectives. And I am going to quote a few of them.

Ever since 1964 the Premier of this province has been using the same adjectives; staggering, frightening, terrible, escalating. Then in the last year or so he has been using a new one: got a tiger by the tail, awesome, inevitable, alarming, shocking, fantastic. Mr. Speaker, all these words — and I can show you many clippings and you will find that this is right — have been used by the Premier and his followers, or some of his followers, since 1964 as they were preparing for what they are doing today.

I want to express my opinion on these deterrents. Really money is not the big problem. I say again, and I say in repetition, that in my opinion the aim is really to sabotage medicare. Just before someone jumps on me, please remember that before anybody says poppycock or anything like this, the Minister of Health (Mr. Grant) admitted that one insurance company had already approached him about the possibilities of setting up insurance with a coverage for deterrent fees. If this is done, Mr. Speaker, I want to suggest that this is the first foot in the door, that once I take out an insurance policy to cover the deterrent fees, then the next step is why not take out a policy to cover everything.

I go back, Mr. Speaker, to 1962 when the then Leader of the Opposition, and now the Premier, kicked on the door out here and had his picture taken doing it. I want to come down, Mr. Speaker, to deterrent fees. What really do deterrent fees mean? I say again it will not stop me or anyone with money from entering hospital or seeing the doctor. I say again that it is only going to be those who are short of money. And who are they? I say again I make no apologies. It is going to be the very young, the very old, the sick and really, Mr. Speaker, as far as I am concerned these are the ones that I suggest deserve care. It is not going to stop one wealthy person. You know, Mr. Speaker, my memory goes back to my childhood in the '30s. My father was a municipal secretary. Those were the days when hospitals were in such a financial position that it was impossible many times for them to take patients unless they had some guarantee. Then my father just before he died said, "When Napoleon died, he said that Calais would be cared on his heart. When I die," my dad said, "you will find carved on my heart the phones calls that I had to answer in the middle of the night and make a decision on behalf of the municipality. Would they guarantee payment for

Mr. so and so or Mrs. so and so? This can well come again, unless something is done to stop it. Mr. Speaker, I am convinced that it is not going to save any money. And I want to call to witness, a very eminent man by the name of Judge Emmett Hall. I am going to quote from the Star Phoenix of 1964 and the heading is "Medical deterrent fees, a health tax on poor." And I am not going to quote the whole thing but just a few examples.

The Chief Justice said there was no greater challenge to free society than to provide all the fruits of health sciences without hindrances of any kind.

**Some Hon. Members:** Hear, hear!

**Mr. Meakes:** — He went on and said that the administrative costs of collecting these patient charges are out of proportion to the net realized, but the real objection to them is that whatever deterrent value they might have — and there is no worthwhile evidence that they have any — is that they would have a deterrent effect only on the poor.

**Some Hon. Members:** Hear, hear!

**Mr. Meakes:** — He went on quoting:

I put it to you this way: who goes to the hospital as in-patient? Generally speaking only those persons who are sent there by a doctor. Some go there, namely, accident case, emergency cases and some maternity cases.

Further on it says:

What has the experience been in a province where patients are charged on a per diem fee? This is done in Alberta. The Chief Justice presented figures to show the average length of stay in hospitals in Alberta was actually slightly higher than in Saskatchewan at 11.2 days compared to 10.6.

I want to come back to that figure, Mr. Speaker, later on.

He said:

The result of deterrent fees would be to permit those who have the money to be referred to hospitals and welcomed in hospitals even though those who lacked it would not be.

Further on he says:

Stripped of all frills and regarded in the naked application, the so-called deterrents are attacks on the poor, predicated on the fallacious assumption that it is only the poor which would ask for frivolous service.

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**Some Hon. Members:** Hear, hear!

**Mr. Meakes:** — He said:

There is another side to health care. There are the gains made by keeping Canada health and able to work. There are benefits derived from returning to productive careers those who are handicapped or disabled. There is the entire employment created by those who would otherwise be out of work.

Mr. Speaker, I could go on and quote much more, but I want to come back to the Chief Justice later on. Let us take, Mr. Speaker, the figures from the reports on this Government, filed in this House.

**An Hon. Member:** — Is this your speech?

**Mr. Meakes:** — It sure is. I never read anybody else's speech in my life even though I presume that the Hon. Provincial Treasurer (Mr. Steuart) must, because otherwise he wouldn't think that the rest of us would do it.

**Some Hon. Members:** Hear, hear!

**Mr. Meakes:** — I am now going to quote, Mr. Speaker, from the report of MCIC and I am just going to quote some of the figures and let us study who is not responsible for these abuses.

Taking the first four groups of office calls, the first call and the repeat call and the home emergency and the hospital calls in the hospital. There was an increase, Mr. Speaker, over the year before of .07 per cent. In payments that increase was 2 per cent. When you get down into the doctor's services there was an increase of 16.3 per cent in use and 13.8 per cent in payments. As one of the Members from this side, yesterday, referred to the great increase in psychiatric services, when this Government loosened on Saskatchewan many of these people out of the mental hospitals, naturally there was going to be a larger number of calls and larger number of charges against MCIC.

But I want to come back, Mr. Speaker, to those figures that the judge quoted which he said Saskatchewan in that year, 1964, the average use was 10.4. Now I'm going to be quoting, Mr. Speaker, from the Saskatchewan Hospital Services Report of 1967 which we had such an awful time getting copies of. Let us look to see first of all whether there was a great increase in days of care in hospital. Well, Mr. Speaker, in 1965, there were 1,976,321 days of care in Saskatchewan hospitals. In 1966, there were 1,939,202, a reduction of something like 40,000 days. In 1967, the days of care of people in hospitals in Saskatchewan were 1,910,542, again a reduction of close to 29,000. Mr. Speaker, I want to point out to you the figures on the average

days of stay in the hospital. In 1965, the average days stayed in hospital was 9.6; in 1966, it was 9.5, a reduction of .1 per cent; in 1967, 9.5, exactly the same as the year before. Let us look at what it is in other provinces. The average for the province is 10.8; Saskatchewan is over 1 point, 1.3 days less than other provinces. When you look at the figures for other countries, their figures are 15.7. This for Saskatchewan is a reduction of over six days in comparison to other countries.

Mr. Speaker, I want to come back to the remarks of Judge Hall in which he said that there was something to be gained by having people cured and returning to work. I want to spend just a few minutes in this House in looking at what I consider the economic benefits of health services, of which this Bill that we have before us is going to tend to oppose the principle, and is going to make health services more costly. I am personally convinced that this Bill will not work for the economic betterment of our province. Actually, Mr. Speaker, the portion of income spent on health services in Saskatchewan and in Canada has not increased materially over the past generation. I would suggest whether a man produces or not, whether he is able to produce or not, should not be the criterion on whether he gets medical care. And I want to go on and suggest that, if our society is to be healthy, the more our society is healthy, the more it will increase our gross national product. The value of human life should not be decided on whether he can produce or not. If this were so, then the old and the sick should not be bothered to be cared for at all. I want to point out that the health industry, the growth of the health industry across Canada, has helped generally the gross national product the same as the agricultural industry or the automobile industry or the pulp industry or the mining industry or whatever industry you like.

I would like to quote, Mr. Speaker, if I may from Chapter 12 of the Hall Commission Report. On page 496 they have something to say about this and I quote:

The continued high level of demand from individuals, families and business firms for financial, government, and educational, and particularly health services has contributed substantially in maintaining the level of output and without this expansion, the national income would have been considerably smaller. Nor should it be forgotten that the service industries also used substantial amounts of capital, particularly buildings. Thus the investment component of the national product has also been maintained at a higher level than it otherwise would have been. The growth of the output of the health services industry was accompanied by an increase in output of the construction, electrical machinery, hospital supplies and pharmaceutical industries to name but a few.

We wish also to emphasize the role of the health services industry in creating employment, both directly as an

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employer of professional, skilled, semi-skilled, and unskilled manpower, and indirectly through the demand of the industry for the output of other sectors of the economy. While the recent upward trend in the proportion of output contributed by the service sector of the economy has not proceeded long enough to indicate whether it will continue to account for an increasingly larger share of total output, it seems that in order to produce the same proportion of output in a growing economy, an increasing proportion of the labor force must be allocated to this sector.

Mr. Speaker, I'm trying to say that the health industry which is a good health industry in this province is going to be in my opinion hindered by this Bill.

**Some Hon. Members:** Hear, hear!

**Mr. Meakes:** — I want to point out, Mr. Speaker, that I think that we as Members of this Legislature, we as citizens of the province should look on monies spent on health as an investment. It's an investment in the future; it's another way in which we can expand our economic growth. I want to suggest that the economic growth depends on the number and the quality of our population and that health services are an investment because of the increase in the supply of labor and also the quality. It has been said that it is hard to define the difference between capital goods and labor. The Hall Commission Report again has something to say on this on page 500. I quote:

The distinction between capital goods and labor is one, however, which is becoming increasingly difficult to maintain. Our own and other studies of economic growth have emphasized that economic growth is not solely to be attributed to additional amounts of labor and capital but also changes in the human factor, organization, and technology. A nation's wealth consists not only of structures, machines, inventories and resources, but also of its human capital, the productive skills, knowledge and creative genius of its people. It is the quality of human beings, their energy, ability, attitudes, education and training which make possible the expansion of the technological and managerial knowledge which increasingly yield economic progress in the modern world. To the extent that a nation, either individually or collectively, increases investment in human capital either by improving the physical and mental well-being of the population, or by providing increasing amounts of higher education, on-the-job training and retraining for those whose skills become obsolete, so will it have contributed to the growth of the per capita output with all that this entails.

Now again I want to emphasize, Mr. Speaker, that in my opinion the health services are not a cost to our society since they

have yielded economic benefits. And then again the Report says in part on this:

We wish, therefore, to emphasize strongly that not all, or even a greater part, of expenditures on health services are consumptive; they are not solely a cost to the individual or society since they may yield substantial economic benefits. They are investment expenditures. It is true that the conventional measurement of the national income or product considers expenditures on health services like those for food, clothing and education, as outlays for final products, and therefore, as consumption. It is also true that in one sense we have agreed with this classification since we believe that good health directly benefits individual welfare by improving the quality of living. But since health expenditures have led to a reduction of disability and illness for people in the productive ages and to a lengthening of life generally, in many cases benefits have more than outweighed their costs.

Expenditures, Mr. Speaker, I would suggest, on health care can generate a larger more productive labor force in several ways, first by extending the length of one's working life. People can work more regularly through their productive years. Since World War I, life expectancy in the world has increased from 54 to 70 years. In the last 25 years the Canadian life expectancy has risen from 61 to 70. I think, Mr. Speaker, that TB and polio programs are an example where it has been reduced to a low level to the point where in 1961 7.6 per cent of all Canadians were over 65 years. It was estimated that by 1991 it will be 8.9 years. As more young people reach productive years, they will be able to support larger numbers of unproductive people, like children, students in universities, the aged. Every person who cannot go and see a doctor, Mr. Speaker, in my opinion leads to less productivity. Many by early diagnosis can reduce disabling illnesses. Mr. Speaker, I use myself as an example. If it hadn't been for the fact that I was able to go to doctors in the last 10 or 12 years because I'm an arthritic and lived in the world of arthritis, if it hadn't been for the fact that I could afford to go or had a plan which I could go and take treatments, I today would not be what I am. I wouldn't be able to stand here as I do and I make no apology for it. I want to again quote from the Report on this subject, Mr. Speaker, on page 503:

It is of course necessary to recognize despite the level of health spending, indications are that the amount of disabling illness remains large and has not declined to the extent as mortality. In part the failure of morbidity to decline may be due to better reporting of illness compared to earlier periods and to the ability of an increasingly wealthy society to take time from work in order to avoid the possible serious complications of untreated minor illness. Yet, given the nature of man who



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must ultimately sicken or die, the volume of disabling illness has certainly increased as a consequence of health expenditures that permit the survival of the permanently disabled young person and the non-productive chronically ill aged. On the other hand it is also evident that there are many individuals, who a generation ago would have been chronically ill and thus unproductive, but who are now working and not only supporting themselves but also others. The marked decline in long-term disability from tuberculosis, mental illness, poliomyelitis and other diseases that disabled the working population has increased the output of the nation just as effectively as if the unemployment rate of a community were to decline permanently. In addition, to the extent that capital equipment lies idle or is used less effectively which may be common in some small firm, a reduction of work-time lost through illness may increase the productivity of capital as well as labor.

I want to suggest that the lengthening of life has played a vital role in increasing the stock of investments in Canadians, in human beings and the human beings that call themselves Canadians. Mr. Speaker, I suggest that this Bill slackens this program of investment. Health is essential to the economic progress in Saskatchewan. The lengthening of the life span by increasing the possibility of surviving into retirement will lead to an increase of savings and thus to a capital accumulation. Many expenditures on health are necessary costs of operating an industrial economy. I say it is essential to economic progress. But we have not approached this problem, Mr. Speaker, from this way. We have the many hazards but before I go into this I'll come back to what I was talking about.

I want to say one more thing before I leave on this investment. Every time, Mr. Speaker, that I went to a doctor, every time that I was able to get some treatment that made me able to carry on my business of farming, every time that I was able to do this, I was able to return more in terms of taxes and more in terms of service to my community than if I had not been able to. The reason, Mr. Speaker, that I was able to was because I had a plan in which I did not have to pay. But if some poor beggar hasn't got the \$2.50 and has some pride and doesn't like to go and ask the Premier on his knees and say, "Mr. Premier, I need this care, I need this care. Will you pay it for me?" so many of them will not do this because of this pride within themselves.

I was talking, Mr. Speaker, about the expenditures on health that are necessary in the costs of operating an industrial economy. I said that we have never approached it this way. What I'm saying is that this Bill discourages people from getting remedies for their ills at early stages. Mr. Speaker, I have been concentrating on the benefits derived from health expenditures of the productive labor force. But there are plenty of benefits on expenditures to those who make no direct contribution to the gross national product. To spend money on health services

for children is an investment for tomorrow. Prolonged education of them until, say, 20 years is still a good investment. By keeping housewives healthy, it is an investment. The whole of society benefits and also allows other women under the labor force in some other productive way. But I want to go on to some of the indirect benefits of health services.

Mr. Speaker, I'm trying to point out that this Bill will tend to deter the investment in human health. I have emphasized the direct benefits. But every time we eliminate some infectious disease, it not only allows a productive role again, but also prevents infectious infections of future generations. For instance, Mr. Speaker, and I'm using as an example the benefits of the eradication of tuberculosis, and smallpox have reached far beyond the generation of the person who had this disease. It will continue to influence our output in our gross national product in the generations to come. Just imagine the costs saved in case-finding and treatment of tuberculosis since that great dedicated man, Dr. Ferguson, back in 1930 decided he would do something about trying to really cure the disease of tuberculosis. If tuberculosis had continued to go on, rampant as it was in those days, how this would cost us and our society today. We must remember the mental stresses saved by good medical health services. I want to come back to the remarks I made, Mr. Speaker, about my father. The effects of a good health service that will save the strains by the saving of a husband or wife or a child or a permanently disabled member of a family, too, can affect the productivity of other members of the family. I want to suggest that every person, Mr. Speaker, who may be deterred from medical services is really a further future liability to our society. Mr. Speaker, as far as I'm concerned, this Bill that we are debating today, which my Hon. Friend from Saskatoon City Park-University (Mr. Charlebois) says we've been repeating and repeating, this Bill that we are debating today is a step towards a further liability to our society.

**Some Hon. Members:** Hear, hear!

**Mr. Meakes:** — Mr. Speaker, let us look at the value of health services. I come to this conclusion that health services bought, the health services that I buy may be different than the purchase of an ordinary consumer goods but they are an investment. Think of the estimated cost of illness, of the thousands of Canadians who die long before their productive contribution to society has been achieved. If there had been a cure for diphtheria 60 years ago or 80 years ago, we will say instead of 40 or 50 years ago, what this would have contributed to our society. There re thousands of Canadians, Mr. Speaker, who do not contribute to the gross national product, who are unable to do this because of mental or physical disabilities. Thousands lose time from work or school or home activities because of illness. I want to just quote, Mr. Speaker, again from the Royal Commission Report, page 509 and 510:

The economic cost of premature mortality can be indicated

by the applications of Professor Burton A. Weisbrod's estimate of the present value of net foregone earnings for American men and women in 1950 to the mortality against cancer, diseases of the circulatory system and accidents in Canada during 1960. Using a discount rate of 10 per cent, the elimination of these deaths in one year alone would have been the equivalent of a net gain — after deducting consumption expenditures of survivors — of over \$400 million, a return that would make some investment in health worthwhile. If the discount rate used were to be 4 per cent, the gains would be all the larger as can be seen from Table 12-Z. A lower rate of discount would also increase the value of production consequent on the elimination of accidents. This is especially true where the death of children is involved. With a high rate of discount, earnings far in the future possess only a small present value so that the loss of a child has a lesser economic significance than the loss of life of a young adult male.

Mr. Speaker, we face the problem of accidental deaths, which is a great problem. The loss and productivity from illness could be reduced by one-third, if it would mean \$500 million a year. This would be a large contribution in assisting those who must be maintained. The early diagnosis and ability of a person to get to the doctor have many benefits, and many benefits are to be derived from rehabilitation of workers. Both Federal and Provincial Governments have recognized this. They have joint programs. I want to look at a 1960 survey of costs of certain illnesses. The Commission Report quotes that the estimated cost to Canada is \$535 million for mental health; \$409 million for diseases of the circulatory system; \$241 million for accidents; \$178 million by cancer. I'll admit these are only rough estimates but it gives some indication of the costs of illness besides the lost productivity. Again, Mr. Speaker, I want to say that every person who is deterred in any way from going to the doctor, they cost our community and our society. The big thing is that those three surveys of those illnesses most of which arise right in the centre of a person's productivity of life. Mr. Speaker, every time we stop anybody from going to a doctor or anybody is deterred from going to a doctor because of money, then it is going to cost us money. Mr. Speaker, in closing, I have tried to identify the benefits from a free medical program and by the term free I mean that once I am sick whether I have money or not that I will be able to go and see a doctor. I believe that the evidence that I have given supports these benefits. The more money that is spent in research to stop illness, more research funds for cancer and accident and mental illness would have increased benefits. Here we have a Bill, in my opinion, restricting rather than encouraging early diagnosis. I think we must be prepared to accept this fact that the more money that we spend, the better return we get to our investment. I've tried to point out that sickness costs money and, Mr. Speaker, I want to say a couple of words on the amendment. My desk mate, the Member for Prince Albert East-Cumberland (Mr.

Berezowsky) I think pointed out very accurately the reasons why it would be a good thing to have a Committee or a study, for people all across the province would be able to express their views. I want to say to you, Sir, and this House that I am going to support the amendment. I'm certainly going to oppose the Bill to my last breath. I still could have gone longer.

**An Hon. Member:** — Keep going.

**Mr. Meakes:** — Did you say something, Sir? Keep going?

**Some Hon. Members:** Hear, hear!

**Mr. F. Larochelle (Shaunavon):** — Mr. Speaker, I wasn't going to take part in this debate because I think that pretty well all has been said about this Bill that could be said, pretty well. People from across the way here have accused us of being cowards because we are not getting up on our feet. I certainly don't want the records of this House to say that I haven't got the courage to stand on my feet and express my opinion in regard to this Bill.

Mr. Speaker, I listened for a while the other day to the member from Regina North East (Mr. Smishek). He said that people do not want deterrent fees. People do not want additional taxes. Mr. Speaker, nobody wants additional taxes. And I don't want additional taxes. But if people keep asking for more services and abuse the services that we now have, there is no alternative. They have to pay for it and there will be more taxes if they keep on asking.

Mr. Speaker, we also had this devastating speech from the Member for Melfort-Tisdale (Mr. Willis). It lasted for 2½ hours. And he was talking about the tax on the sic. Well, Mr. Speaker, I can assure you that, if this is the case, he is going to pay a lot of those taxes because I believe that he was very sick yesterday. The kind of exhibition that he gave us yesterday in this House, the whole afternoon, and the waste of time of this Legislature and in the way he did it! His own people, Mr. Speaker, were even falling asleep in their chairs. And I certainly do not blame them.

Now I can see our go-go kid here from Riversdale (Mr. Romanow) laughing. He is the new generation. He doesn't want to look back. Well, Mr. Speaker, I was sorry that the new generation was not quite fast enough last night and he lost the privilege of his speech. I was sorry about this. I was sorry to see him lose the privilege of his speech last night. He has given some good comments in this House. I would have enjoyed listening to him again last night, because I think that you have a contribution to make to this House.

**Some Hon. Members:** Hear, hear!

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**Mr. Larochelle:** — But I say again, better luck next time. Now, Mr. Speaker, as for deterrent fees. I do not like them anymore than anybody else does. But I think that they are a must in this type of a program. I was one that has always advocated utilization fees and this is not only from this year. I said this from the first minute that we sat in our caucus in 1964. I have always been supporting utilization fees. I supported them when the Swift Current Health Region was formed. And this, Mr. Speaker, was quite a long time before medicare was ever invented.

Now, in this medical plan that we have in Swift Current using utilization fees — and I am sure that my friend the Member opposite from Swift Current (Mr. Wood) will bear me out on this — we had a good plan and it worked well. We always had utilization fees in the Health Region; we still have them today. You don't hear anything about it. But, Mr. Speaker, there is a proverb and I think that we should all on this side of the House listen to this proverb: "Beware of the agitator. He is the worst kind of person that we could have in our society." Mr. Speaker, we see here today and in all parts of the world, the agitator and he is stirring a whole amount of trouble all through the population of this world today. We have a good example of what has been happening in this House in the last few days. Yes, Mr. Speaker, we should debate the question. But this is not what has been happening here in the House in the last few days. What has been happening in the House? This has been a question of agitators, trying to stir the public. Mr. Speaker, we have a problem. There is no question about it, that we have a problem. And as I said before, I do not like utilization fees any better than anyone else.

Mr. Speaker, I know that utilization fees are not palatable and I don't like them anymore than anyone else. But, from the figures we have in front of us today, and when we see the program that was brought to us at an estimated cost of \$4 million a few years back, and we see today that we are faced with a program that will cost this year, \$70 million, surely there must be something wrong. We could have charged 1 per cent more on education tax and hospitalization tax. We could have charged \$10 more on the head tax. This, I agree with, with the gentlemen across the floor. But would it have solved the problem? I don't think it would. It would have brought more money certainly, but I do believe and honestly believe that we have a problem with health in this province now. But, Mr. Speaker, I do believe that imposing this tax would not have been a remedy if we do not do something to curb these costs. Whether there is abuse or not, or maybe something else. I don't know. But, Mr. Speaker, as the Premier said before, if these utilization fees do not curb this uprising cost, then I think that this Legislature should take another look at utilization fees and remove them as they will not have served their purpose. But I do believe that they are worth a try. If they don't succeed I'm sure I for one will not support utilization fees, but I think that they should be given a chance. I don't know anymore than you do and I am sure that the people across cannot say that

utilization fees will not curb the position that we are in today. I think that it is worth a try.

I think that this Government is right in trying utilization fees. As I said before, we must do something to curb the cost, because I am afraid that if we don't we might find ourselves without a plan, because we will not be able to afford it in 10 years from now, if it continues the way it is. We know that it has been going up. What we have tried, I think the Opposition in their years of service also have tried, is to hold the plan down. We, since 1964, have tried to hold the plan down. It is going up every year. I can't say that utilization is the right thing. Maybe I am wrong in supporting this, but I have the conviction that we should try it. And for this reason, Mr. Speaker, I will vote against the amendment and I will support the Bill.

**Some Hon. Members:** Hear, hear!

**Mr. J. Messer (Kelsey):** — Mr. Speaker, first of all I want to express my appreciation towards some of the Members on the opposite side of the House who have finally seen fit to comment on this Bill. I can't say that I agree with their thoughts, such as the Member for Shaunavon who just sat down, who made several remarks in regard to it. He stated that nobody wants additional taxes. I can agree with him on this regard. But I would further say that these additional taxes, particularly the deterrent fees, would not be needed if there had been proper administration in the past and now.

He also made reference to the speech that my colleague from Melfort-Tisdale (Mr. Willis) gave yesterday and in reference to other speeches made on this side of the House, saying that they were a waste of time. I can assure him that these were not a waste of time, especially when we consider the kind of opposing reaction that we are receiving not only from our constituents but from all the people in the Province of Saskatchewan.

**Some Hon. Members:** Hear, hear!

**Mr. Messer:** — He further mentioned — he didn't mention it now — but this morning we spent a lot of time in regard to a letter, one letter, that was introduced to this Legislature that was more or less in favor of deterrent fees. I would like to remind him that this is one letter in comparison to thousands that we have received and I am sure that they have received, that are against deterrent fees.

Another statement that he made that I would just like to comment on briefly is in regard to agitators. Agitators are not only in this province, in Canada and in the world. He was giving them some discredit. I am terribly sorry to hear this because I believe that agitators are the people that bring powers and governments into proper perspective with the problems of the times

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and the age. One of these agitators, unfortunately for the cause he fought for, unfortunately for the American people, lost his life just several days ago, this man was Martin Luther King and we know what he was standing for and what his fight was. I suggest that these people would not be forging ahead and putting pressure on the American Government if it were not for agitators such as this man.

Now, Mr. Speaker, I rise to speak in favor of this amendment and in opposition to the Bill, because I cannot see any justification for this Bill nor can the people of my constituency, nor a great many, and indeed the majority of the people of this province. I have had many phone calls, letters and conversations in opposition to these deterrent fees that this Bill will incur, and justifiably so. I have also had several petitions that were sent in to me from my constituency and I would like to make it clear that these petitions were not solicited. They were petitions that were made available in various areas of the constituency in stores and so on, and the people signed them of their own good will. I think that it is worthy of merit to note here that glancing through them there are a great many signatures here that are definitely not supporters of the New Democratic party, or at least were not supporters in the past. However, many may be now. But because of their deep feelings towards such deterrent fees which they will incur under this Bill, they saw fit to sign petitions such as this and make them available to the Premier of this province. And I would like to have these laid on the desk of the Premier.

Mr. Speaker, as I said before, the majority of the people of Saskatchewan are opposed to this Bill. If I may be repetitious, I would like to repeat several reasons that have already been stated by my Hon. Colleagues why this is so. I believe this repetition is justified for they are the reasons why the people of this province whom we are here representing feel that we should be opposing this Bill.

I would like to refer to a newspaper article in regard to Chief Justice Emmett Hall and some of the viewpoints that he had in regard to deterrent fees. He stated that deterrent fees had been mentioned previously in Saskatchewan as a means of cutting costs under the Medical Plan and relieving hospital congestion. The Chief Justice further said, "There is no greater challenge to a free society than to provide all the fruits of health sciences without hindrances of any kind." This was his first speech in Saskatchewan since handing down the first volume of the Commission Report some time ago.

The administrative costs of collecting these patient charges are out of proportion to the net that will be realized. But the real objection to them is that whatever deterrent value they might have — and there is no worthwhile evidence that they have any — is that there would be a deterring effect on only the poor.

Those he defined as those to whom \$2.50 a day is of sufficient

consequence to keep them away from hospitals in the first place or to insist in being discharged a day or two sooner than they should be. He further went on to say:

Listening to some people it would appear that costs were rising because hundreds of thousands of people were rushing to hospitals unnecessarily and staying there too long. And this abuse could be eliminated by a normal deterrent charge. I put it to you this way: who goes to the hospital as an inpatient? Generally speaking only those persons who are sent there by a doctor. Some go that aren't sent, namely, accident cases, emergency cases and some maternity cases.

Chief Justice Hall further said that it would not be through abuse that costs would rise in the future, although some of the minor abuses were bound to occur. What has been the experience in the province where patients are charged a per diem fee? This is done in Alberta. If this type of patient contribution has any merits, one would expect to see it reflected in the number of patients per thousand population being hospitalized in Alberta, compared to the same rate in Saskatchewan. Generally speaking, conditions here are more or less similar. Chief Justice Hall presented figures to show the average length of stay in hospitals in Alberta, was actually slightly higher in Saskatchewan at 11.2 days compared to 10.6.

He further said:

The result of deterrent fees would permit those who have the money to be preferred and welcomed in hospitals over those who lacked it.

He went on to say:

Stripped of all humility and regarded in their naked application the so-called deterrents are a tax on the poor, predicated upon the fallacious assumption that it is only the poor that would ask for frivolous services.

There are great many other statements that he made in this newspaper clipping that I do not at the present time want to read because I am sure that they may come up later on.

This Bill that the Government has introduced charging deterrent fees for hospital care, is removing, and I will repeat, the cornerstone of the Medical Care Program. It is overtaxing the old because the aged are more hospital prone than the younger generation. Mr. Speaker, many of these people were the pioneers of this province. They helped to develop this province, clear the land and develop its natural wealth and resources, and in many instances made personal sacrifices for the Province of Saskatchewan which they considered their home. But to what avail! Now that they no longer have these youthful resources to offer, and when the province should be indebted to them to some extent, we find just the opposite under the present Liberal



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Government.

This Government wants to take the last resources that they have, their savings, their pension cheques when they are hospitalized. Because many are hospitalized frequently, this Government will succeed in breaking these people financially. They have, however, Mr. Speaker, made minor exemptions, exemptions because of pressure put on them by the New Democratic party and the people of Saskatchewan, exemptions such as 90 days after which there will no longer be a deterrent charge. But these 90 days have to be in succession. And as many of these people are in and out of hospital frequently, they will in all probability be paying the \$2.50 maximum deterrent fee at all times that they are in the hospital.

Mr. Speaker, these are the people that contributed to make Saskatchewan the province that it is today. Deterrent charges are not like the Provincial taxes and charges, such as taxes on cigarettes and liquor for instance, where if one does not want to pay the tax he or she has a choice of whether or not they desire such taxable items. But sickness or injury or any other reasons for requiring hospital care cannot so be administered. It may come at any time and deterrent fees will place an extra burden on those involved, especially those of low-income groups and those with large families who cannot afford in many instances such deterrent charges assessed against them.

Mr. Speaker, the Minister of Health (Mr. Grant) stated that the Medicare Plan is being abused, that there are many people who are hospitalized who should not be occupying a bed in the hospital. But he has failed to produce the needed statistics to back up these statements. Therefore, I am very doubtful, as many people of this province are, as to the accuracy and truthfulness of this statement that he has made in this regard. But if the costs of medicare have been steadily increasing, which is apparent, why didn't the Government investigate some means of relieving the plan of increasing costs, a plan that would not affect the health and welfare of the people of this province, a plan that would not further tax or deter the people who are in need of hospital care?

Mr. Speaker, one such avenue of investigation could very well have been home-care services. Investigators into facilities and services for patient care have been struck by the general lack of development of one of the most promising types of services for providing quality care at relatively low cost. This is the program of organized home-care in which experiments have repeatedly demonstrated that some patients are better satisfied and costs are lower. Home-care programs have been conducted over a period of at least 15 years in Canada and the United States and Europe and can now be said to have successfully passed beyond the experimental stage. I believe that in the interest of the patients and of cost, full-scale programs of home-care could be launched in every urban centre. These programs should be either hospital or community based, the first probably oriented to earlier discharge of hospitalized patients, and the second

primarily to patients not requiring ministrations in hospital. The first can readily be financed under present terms of The Hospital Insurance and Diagnosis Service Act. And both Provincial and Federal authorities should take the lead in assisting hospitals to establish and finance such programs, although the most important reason for making use of home-care is in the patients' interest, and the second would be to take advantage of the lower cost that home-care makes available.

Mr. Speaker, there would be problems in getting home-care programs underway. To be fully successful, they require the full coordination of medical staff, hospital administrations and voluntary agencies. They would in the end reduce costs of medicare. Another avenue that they could have explored and developed is that of group practice. There is much merit in this plan. In a view held by the profession especially those practising in groups is that group practice provides many advantages among which are opportunity for the professions: they may improve through consultants, consultations and post-graduate studies; satisfactory income, freedom from night calls and Sunday work except when it's the individual's turn; vacations with pay, relief from administration problems, and paper work and a retirement plan. Laymen who have studied the question generally agree that group practice has much to offer. According to evidence available it appears that productivity is lessened for a physician in group settings. This means that the medical services of comparable quality can be provided at a lower cost in a group setting than they can under conditions of solo practice. These gains can be attributed to the fact that the practice is organized to take advantage of specialization in division of labor, to use capital equipment efficiently and to avoid the costly misuse of time that many solo practitioners fall heir to.

Costs are lower too by virtue of lighter utilization for ambulatory patients who can be treated in the group practice offices for many procedures which would otherwise require hospitalization. Tests can be conducted at the group basis instead of at the hospital, saving hospital beds prior to hospitalization and in some cases, at least, improving the lot of the patient. The technique of group practice lends itself readily to upgrading non-urban medical care. This has been demonstrated in a number of instances. There is no doubt, however, that only the surface has been scratched so far. It is strongly suspected that communications technology has a great deal to contribute to the upgrading of medical care in non-urban areas so that adequate organization will be required. But this evidence, however, Mr. Speaker, definitely shows that here is a field if pursued and investigated could very well cut the cost of medicare. The Government could have investigated and incorporated such ideas as were put forward in briefs to the Royal Commission on Health Services by the School of Hygiene, University of Toronto and the Canadian Welfare Council.

According to these agencies low interest government loans should be made available for the building and the equipment of clinic offices, and research and demonstration projects in

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organization and coordination of local health services could have been encouraged. The group practice, the later projects would be designed to support and extend technical innovations, such as group practice, and to ensure a rapid adaptation of all forms of organization as needs change and knowledge advances.

Mr. Speaker, there are further definite advantages to the doctor under such a plan, which would provide better and less costly medicare for the people of Saskatchewan. Advantages would be that the doctor would have ready access to consultation, giving a sense of professional security. Group practices have been said to offer a comforting check on the possibility of error and a friendly support in adversity. This is probably the most compelling professional reason of all. Because of the tremendous strides that are being made in medical knowledge it is impossible for man to be an expert in more than one specialty. It is important, therefore, to have ready access to colleagues who can lend a hand in cases which require expert advice in other special fields.

The general practitioner needs this professional support also, so that in groups that are mixed, and in groups consisting of only specialists, the importance of what has been called curbside consulting can be hardly exaggerated. He would further be relieved of most administrative problems. He would be able to perfect his skill by virtue of time off for study because of on-the-job training, through which he will be able to see a variety of cases that he is likely not to come into contact with under solo work. He will be able to leave his practice temporarily with the assurance that his patients will be well cared for. The proximity of his colleagues provides a stimulus to improve his qualifications and performance. He would have capital equipment and technical aids at his disposal far more adequate than could be afforded in solo practice. He would be able to stabilize his practice so that he would have regular hours of work and opportunities for rest, recreation and study. Because of these advantages to the doctor, the quality of medical care can only improve and improve considerably.

If I may, Mr. Speaker, I would like to quote from a questionnaire on medical practice by the Royal Commission on Health Services taken in March of 1962. This questionnaire showed out of 4,739 self-employed practitioners that 49.9 agreed that the practice improves under medical care in a group practice. There were 50.1 undecided or felt that it did not improve the quality of medicare. Out of 1,428 practitioners practising in partnerships, 81.3 per cent felt that group practice improved the quality of medical care and 18.7 per cent felt that it did not or were undecided as to whether it improved the quality of medical care. Out of 1,081 doctors practising under group practice, 91 per cent felt that group practice improved the quality of medical care and only 9 per cent felt that it did not improve or were undecided as to the improvement of medical care under group practice.

This evidence is by no means conclusive but information

that I have been able to study shows that there is a marked tendency for group practices to utilize hospital space that solo practice does not make available. In the United States it has been found in several instances that hospital utilization under group practice is below the community average. The medical director of one large group said that the hospital bill for the patients cared for by his group is below the community average by one-third. A study of two health insurance plans in New York showed that between solo free practice and group practices of health insurance plans of greater New York, the hospital admission rate per solo practice was 11 per cent per hundred, but for the health insurance plan under group practice is was 6.3 per cent per hundred. Furthermore the number of hospital days per capita was 0.9 per cent for the plan involving solo doctored patients, but only 0.4 per cent for the plan under the group practice. Now, Mr. Speaker, these are only two avenues or alternatives, that this Government could have been investigating and pursuing in past years so that deterrent fees could have been avoided. To quote the Hon. Premier from debates in the Legislature on October 12, 1961 in regard to the former CCFs bringing in medicare in this province, he said and I quote:

Why all the rush?

And to further quote, Mr. Thatcher in that same debate on medicare he further said:

First, it should determine exactly the total cost involved; secondly it should tell the people the specific taxes that are necessary to finance the proposal — it should give the people this information honestly and accurately. Then it should go to the people and hold a plebiscite; let them decide whether or not they want the Medical Care Plan.

Now, Mr. Speaker, this situation is very similar now and I urge him to follow his own advice at that time. Give the information to the people honestly and accurately.

**Some Hon. Members:** Hear, hear!

**Mr. Messer:** — Go to the people and hold a plebiscite or an election to let them decide whether they want deterrent fees or not or to find out whether deterrent fees are justified or not. If the Hon. Premier does not choose to follow this procedure, which is his own, then all Members of this Assembly should as my colleagues and I will do, vote to defeat this Bill.

**Some Hon. Members:** Hear, hear!

**Mr. M. Kwasnica (Cutknife):** — Mr. Speaker, I rise to take part in debating the issue of imposing hospital fees in all sincerity and great concern for the added expense to be incurred by those who can't really afford it. The parents of large families, the sick who have lost their earning power, the average farmer who is now already in a

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financial straight-jacket and will be worse in the years ahead, and especially for the old timers who have worked so hard to save money, only to find it being snatched from under their noses by the Liberal Government which has, in four short years in office, Mr. Speaker, lost touch so completely with the people of this province. The second reason I rise to speak in this debate is to point out and refute the feeble and old-fashioned case for deterrent fees presented by the Minister of Health (Mr. Grant) and a few Members opposite. The third reason, we often hear the Minister of Health saying to us, "Well tell us what else we could have done." I have looked at some of the alternatives and I would like to present a few of them as well. Now the Hon. Mr. Grant said last Friday, March 15, that indications are that the greatest abuse of health privileges is incurring in the use of hospital services because prepaid plans encouraged the attitude of, "I paid my share so I'll make sure I'll get my money's worth," so, Mr. Speaker, we have words thrown out like, "irresponsible", "misuse", "abuse", to throw up a smoke screen for the utilization fees but nothing concrete, no facts or case, just generalities. The Hon. Member for Yorkton (Mr. Gallagher) came up with a doozie of an example, one example, Mr. Speaker, and that's all. He gave the case of a mother going to have a baby and having her four-year-old admitted to the hospital at the same time because she couldn't find a babysitter. Now the question I want to ask is this: how will the \$2.50 a day deterrent fee stop this? It is still cheaper than hiring a sitter and in this particular case the doctor should not have allowed admittance. But perhaps what the Hon. Member has failed to tell us was that there just happened to be room in the hospital and the nature of the ailment of the child was such that any day of admittance would have been all right. So why make an issue out of something? How ridiculous can Members get? They are clutching at straws. I'm sure that only a small percentage of Saskatchewan people abuse the plan and this small percentage would abuse any plan, even if it was set up by the independent sector. If there are abuses, let's deal with them, but let's leave the basic plan alone. I submit to Members opposite, you had the money to keep the Medicare Plan intact, we left \$9 million in 1964 just for that purpose. It's gone. Where has it gone? You are getting at least \$10 million or will be, or \$14 million from the Federal Government for medicare. Why don't you use that? I think that would take care of the increase. Now, we in the Opposition realize full well that criticism alone without concrete suggestion does not help the Government too much. So if Members of the Government's side would care to listen, I will present at least a few ideas that could be of use to help the high cost of hospitalization.

Now the first worthwhile suggestion is the setting up of home-care plans as an alternative to in-patient hospital care. Home-care could be a substitute for or a supplement to hospital care. In such a plan as home-care, the general practitioner must be in close touch with such a plan and the visiting nurse is the key to this plan. She goes to the home only long enough to discharge a certain function, such as applying treatment or giving health instruction to the patients or members of the

household regarding the management of the case. I would recommend that services here must not be charged for or else people would choose to go to the hospital instead. Now the whole home-care plan could be community-based or it could be run in co-operation with hospitals. The beauty of it is that a well organized plan costs considerably less than corresponding care in hospitals for certain types of patients, illness or stages of illnesses. Now there are at least two such programs in Saskatchewan already, the one in Moose Jaw, the Moose Jaw Community Home Care Program initiated by the Moose Jaw and District Medical Society, and the other one, the Home Care Rehabilitation project in Saskatoon. What a good investment of public money it would be if this Government would give public health grants for such plans and if it gave encouragement by sending out a few qualified personnel to help other areas set up such home-care programs.

**Some Hon. Members:** Hear, hear!

**Mr. Kwasnica:** — According to the Royal Commission on Health Services, costs of such home-care programs vary across Canada. They range anywhere from \$1.59 to \$7.44 a day per person, and the large variance here is due to the variety of services offered by the different home-care plans. Compare the lowest \$1.59 per day per person cost of home-care with the average cost of \$28.84 per day for hospital care in our province in 1967, Mr. Speaker, and you must agree with me that here is a logical and worthwhile alternative to deterrent fees as proposed by this present Bill.

A second alternative to imposing hospital utilization fees is the setting up of rehabilitation programs which would allow patients to get out of the hospital as soon as the danger period is over. The Hall Commission Report tells us that by 1962, some 18,840 beds had been provided in Canada in rehabilitation units and centres. Now these beds were designated as orthopaedic, dealing with deformities in children and others; geriatric, for old age and its diseases; convalescent or polio cases. Now in spite of these 18,000 some odd beds, Justice E. Hall states on page 635 of his Report and I quote: "On the whole rehabilitation services in Canada are insufficient." If this is true for Canada, then without a doubt Saskatchewan's rehabilitation services are also insufficient. Has our Minister of Health (Mr. Grant) explored this possibility and tried to offer guidance? No, he hasn't and this just proves that this Government is old and lacks new ideas, lacks the necessary drive in the right directions, Mr. Speaker. Instead of new money-saving programs, the Minister of Health has chosen the deterrent fees as the cure-all for the problem of rising health costs. With the present lack of home-care programs and rehabilitation services, a very significant number of patients are admitted to hospital who could easily be treated at home or in some out-patient departments.

There is yet a third angle this Government must examine. That is the setting up of more chronic hospitals to look after the old who are continually ill but who don't really need to be

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in hospital. Trained nurses could administer all the medication and the cost per day would be far below the cost of hospital care. Now in talking to the manager of the hospital in Lloydminster, he pointed out to me one day that a chronic hospital built in that area for the old would really solve the problems of hospital crowding and overuse in his area.

A fourth suggestion I'd like to offer to this Government is that it must examine closely the possibility of encouraging doctors in clinics to do as much minor surgery there as possible. Everybody knows that there are minor ailments such as cuts, boils, burns, etc., that can very easily be handled in the doctors' clinics. If doctors are not urged or encouraged to do this, then they might just prefer to send the patient to the hospital for the minor treatment. But the biggest concern, the biggest job that hasn't been tackled by this Government is the proper coordination within the province of all existing institutions. This Government has not invested money in this area to fully utilize present facilities or to build the necessary new facilities to save money in the long run. This Government has failed to look after Saskatchewan's Medicare Plan, and that is why it now feels it must add extra taxes to help pay for this lack of foresight in planning for Saskatchewan health services.

Mr. Speaker, I would be remiss if I did not bring to this House the views and wishes of my constituents back home. The line has been hot. I would admit that perhaps many who took time out to write to me probably voted New Democrat in the last election, but the thing that is most encouraging to me is that many who write or sign petitions are not known CCF supporters. I urge this Government to take a second, sober look at this vicious legislation which undermines the basic principles of a comprehensive prepaid medical plan. The people of my constituency are resisting these extra fees. They have paid their medicare premiums in good faith, but, alas, this Government hasn't got the courtesy enough to honor these premiums as complete payment for medical and hospital costs incurred by my constituents when they become ill.

I have a file full of letters from my constituents and I'm sure the Hon. Minister of Health is receiving hundreds of letters daily too by now. To save time in this debate and not be repetitious, let me just give the general gist of some. Some might say:

Dear Sir:

We are writing to protest the new hospital deterrent or utilization fees. After all, no one can get into a hospital without a doctor authorizing it. The sick of this province are being dealt a cruel blow by this Government. Thank God we elected you as our Candidate and not another Liberal to strengthen the Premier's two-faced tactics.

Yours sincerely,

Or letters from old-timers which read something like this:

Dear Mr. Kwasnica:

There is so much consternation over the Government's proposed health Bill. We should like to express our concern too. In our own case, as in many, my husband has just reached the pension age. With much good management and a depriving of luxuries we raised a family through the Dirty Thirties and have never received one bit of welfare help. Then, as the family grew, we deprived ourselves in order to save a little for retirement and to be secure without outside help. Medical care expenses increase as one gets older, and it can well be imagined how much we appreciate health security now! We could very well ask Mr. Ross Thatcher to forego the use of a personal plane for his use at this time and dispose of the same and return the proceeds to more needy enterprises.

Yours for every success.

But, Mr. Speaker, the most important mail I have received so far in this fight to save medicare is a petition of some 75 signatures from an area north of Lloydminster which has voted Liberal at the polls for the last 20 years. I did not initiate this petition. It has 75 signatures on it and I would like to read to this House the preamble to this petition. And I quote:

Memorandum to the Government of the Province of Saskatchewan:

We the undersigned hereby petition the Members of the Government of Saskatchewan to immediately remove the recent institution of deterrent fees on hospital care and medical care of Saskatchewan patients. (1) Deterrent fees destroy medicare's basic principles of preventative medicine. (2) Deterrent fees also constitute a direct tax on Saskatchewan's sick.

We also remind Members of the Government that people who are sick in many instances have also lost their ability to earn money and should therefore be entitled to comprehensive medical and hospital care insurance.

I will table this introduction to that petition.

**An Hon. Member:** — Table the names.

**Mr. Kwasnica:** — We don't need a witch hunt from your party after this. We don't need that kind of thing. I can table them if you like. By the way, you know you have 72 members in Cutknife constituency. Just in case you are wondering. Yes, 72 memberships on the last report. They are all on this petition. You lost them!



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I received in the mail just yesterday another petition of 58 names. I would like to read the preamble.

**Mr. Guy:** — Rubbish!

**Mr. Kwasnica:** — Rubbish preamble, eh? I'll make sure my constituents know about this preamble which is rubbish in your estimation. I'm not speaking. These are my constituents. If you don't respect that, that's too bad for you.

**Some Hon. Members:** Hear, hear!

**Mr. Kwasnica:** — The preamble to this petition which I feel is significant and it came from the same area but further north toward the river, Mr. Member from Athabasca (Mr. Guy).

Do you oppose the new tax Bill in regard to hospitalization and doctor's office calls? If so, please add your name to the list so our MLA can bring it to the attention of those responsible.

And then the petition of 58 names. And in the conclusion of this petition it says and I quote:

We the people of Saskatchewan feel that the cost of \$2.50 per day for the hospitalized above the Medicare Plan is a very unfair way of raising necessary Government funds and are also opposed to the \$1.50 per office call.

And more, Mr. Speaker, and quoting:

Not only are you adding distress to the sick, but also taxing the farmer,

I found this very interesting.

more heavily at time goes on and gradually taking away the bread of life which is so desperately needed all over the world. The cost of the farmer's profession is coming to the stage where he also will soon have to give up and seek the aid of welfare rather than slave from dawn until dark to survive and keep the people of the world provided with the necessary food to also survive.

And it ends by saying and I quote:

Please give us a grain of thought as we try to play our part in this mad world of today.

**Some Hon. Members:** Hear, hear!

**Mr. Kwasnica:** — Mr. Speaker, one question that crosses my mind is: why does this Government choose to tax the sick? They pay their

premiums that's good enough, but why tax the sick? Now the true answer, I submit, is to make the deterrent fees pesky enough to frighten the people into buying medical and hospital insurance from private insurance companies who are just sitting idly by, sitting idly by like a vulture on a crag, ready to pounce on the wounded prey and to gorge himself with a delicious feast of flesh and blood. Maybe that insurance company is MSI or some other who became quite frustrated with the inception of the Saskatchewan Medicare Plan in 1962. Mr. Speaker, how can any business stoop so low as to make profits on the sick. Yet this is exactly what this Liberal Government is doing by allowing to impose deterrent fees. What a mockery of humanity, Mr. Speaker! What a moral code to follow and to boast about by the independent sector as the Member from Regina South West (Mr. McPherson) did so proudly in this House. Pardon me, Mr. Speaker, but I get a bit angry at this stage of medicare. I feel deeply about it. I can recall the fight even though I wasn't in it in 1962.

Another question that crosses my mind, Mr. Speaker. Why did this Government not choose to raise the premiums instead of charging deterrent fees? I know many of the people in my constituency were expecting the premiums to go up because costs were going up — or are we going to get that too? The reason, I suggest Mr. Speaker, is that the Liberal party does not really approve of the principle of comprehensive medicare and is steadily working to undermine it. And I'm not saying this jokingly. I really believe it. You can see it. The Hon. Minister of Health in his speech on March 15 said and I quote from that speech:

Compulsory participation in health schemes is a potentially dangerous situation.

He said it himself, Mr. Speaker, that medicare in Saskatchewan is a dangerous situation. What more proof do you want that they are not in favor of this plan? I want to warn Members opposite that in my opinion at least 80 per cent of Saskatchewan residents and most doctors today are proud of Saskatchewan's prepaid plan and that they are against utilization and deterrent fees and I want to warn Members opposite that the Liberal party will never recover from this inhumane blunder and that in the next provincial election the people of Saskatchewan will return medicare to its rightful parent, the CCF, regardless of how badly the Thatcherites gerrymander the constituencies or how much time they buy on radio and television to try to win and buy votes.

Mr. Speaker, for all the reasons I have given, and I'm sincere in all these reasons, I will not support Bill 39, An Act to amend The Saskatchewan Hospitalization Act, but I will support the amendment so that the people of our province will have a chance to voice their opinions directly to a Special Select Committee of this Legislature.

**Some Hon. Members:** Hear, hear!

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**Mr. Guy:** — Mr. Speaker, I do not wish to cover the same ground that has been covered by my colleagues in the last few days or last few weeks, but I do wish to make a few comments about some of the ridiculous remarks and fallacies of Members opposite. We have been sitting here for some time, in fact the Member for Melfort-Tisdale (Mr. Willis) asked yesterday why we didn't get up and speak. When you get one donkey on . . . pardon me, Mr. Speaker, I'll have to withdraw that I know. I'll have to try and think of some other word that is more applicable. Mind you it's going to be difficult. But when the Member for Melfort-Tisdale speaks for 2 hours and 50 minutes for two inches of press, well then, I don't know how he expects the rest of us to get us here and speak.

**Mr. Willis:** — Mr. Speaker, I want to protest that remark. I was not speaking because of the press. I was speaking on behalf of my constituents.

**Some Hon. Members:** Hear, hear!

**Mr. Speaker:** — That's not a point of order, that's just a difference of opinion.

**Mr. Willis:** — Privilege, Mr. Speaker.

**Mr. Guy:** — He had his chance to make his speech yesterday and he must have been speaking to the press because there wasn't anybody on his side of the House listening and I'm sure that there wasn't anybody over here. I think you'll agree, Mr. Speaker, that complete irresponsibility and emotionalism have been the common denominator of speakers opposite. Reason and truth have been forgotten intentionally to create an atmosphere of fear and suspicion throughout the province. Members opposite are selling what little honesty, integrity and truthfulness that had been left after 20 years of office for political expediency. They are quite prepared to place politics ahead of the health and welfare of our citizens. They couldn't care less what happens to the Medicare and Hospitalization Plans in this Province. In fact they would be most happy to see them destroyed if they could put the blame on the Liberal Government. Every speaker on that side, no matter how high a level he starts out on, always ends up as did the last speaker by saying, "Wait until the next election and then we are going to see what happens to the Liberal party." In fact their only concern is what is going to happen at the next election. I don't blame them for being concerned when you consider what happened in the last two elections.

**Some Hon. Members:** Hear, hear!

**Mr. Guy:** — In fact, the Member for Riversdale (Mr. Romanow),

if I remember correctly, said that he was rather pleased they were defeated in 1964 because it would give them time to draw a second breath. I would suggest, Mr. Speaker, that it would give them time to draw their last breath.

**Some Hon. Members:** Hear, hear!

**Mr. Guy:** — In fact their main frustration results from the fact that we are taking steps to ensure that both the plans, the hospitalization and medicare will be maintained at a level that the citizens of this province can afford to pay. The Member from Regina North East (Mr. Smishek) carried out his usual hard sell, common to his union background. He and the Member for Biggar (Mr. Lloyd) spent a great deal of time reminiscing back to 1961-62 in the introduction of medicare. You know, Mr. Speaker, I enjoy being reminded of those years because those were the years that the Liberal party was on the upswing under our Leader, Premier Ross Thatcher. Those were the years when in Opposition we showed the people of this province what sort of a government they had been supporting. It was the best years that the Liberal party had since 1964 and they culminated in 1964 with the election which kicked the NDP out of Government and put them back where they belong, into the Opposition. Surely, Mr. Speaker, if Saskatchewan people had no concern in 1964 over the future of medicare they wouldn't have repudiated the Government that brought it in, would they? Instead the opposite was true. They had concern over the way the NDP had used the Hospitalization Plan for political expediency and they didn't want their Medicare Plan to be used in the same way. They remembered how the NDP before every election reduced the premium for hospitalization and then just as soon as the election was over they increased the fees again. In fact it was due to this action that they carried out, that we are in the process of putting in utilization fees today. If they had treated the Hospitalization Plan the way it should have been treated, and increased the premiums as the cost arose, there would be no need for utilization fees today. But because they put political expediency as usual ahead of the welfare of the people of this province, they lowered the fees when the costs were going up until they almost ruined the Hospitalization Plan. It would be the same with medicare today if they were the Government and that is why they are not the Government. The people of the province have had enough of the NDP Government playing politics with the health and educational systems of this province. No, Mr. Speaker, the people of this province knew the only way to ensure that their two health plans would be maintained was to elect a Liberal Government. This they did in 1964. They did it again in 1967, and because we promised responsible government and we have provided it, they will do it again whenever the next election comes.

**Some Hon. Members:** Hear, hear!

**Mr. Guy:** — We have not failed them in providing responsible government. We have recognized the problems that are facing our

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health plans and have put political expediency aside in an attempt to maintain these plans for the benefit for those who use them. It is for this reason that we on this side need to have little concern for the wailing and emotionalism of our friends opposite. The longer they carry on these tactics of creating fear and distrust in the minds of the people of this province, the easier it will be for us in the next election. The Members opposite have quoted a great many so-called authorities who oppose the use of utilization fees. But I would remind the House that these so-called authorities have the same common denominator as Members opposite. They have no responsibility for financing these plans and so can play fast and loose with the taxpayers' money. But our Government does have the responsibility and we intend to carry it out in the best interests of the people of this province. There is no sounder approach than to ask those who are receiving the services to accept some responsibility for paying for these services.

Responsibility does not stop at the top with the Government, but every citizen must accept his share of responsibility whether it's in the field of health, the field of education, the field of municipal affairs or anywhere else, if this is going to be a just society.

Now many Members opposite have advocated substantial increases in the head tax as an alternative to utilization fees. But this is not the answer, in fact it would have a reverse effect. It would make people use doctor-hospital services more, so as to get full value for their premium. Substantial increase in the head tax would provide a greater burden on more people, rich and poor alike, a burden on every poor person if they were paying a substantially increased head tax. What they would pay in increased premiums over a period of years will far exceed what they might pay in utilization fees. In fact, an increased head tax would take far more turkeys off the table, more toys from Tommy than will any utilization fees. I am sorry that the Member from Regina North East (Mr. Smishek) as usual is not in his seat. In fact I am surprised at the Member of Regina North East and his concern for Mary's dress and Tommy's toys and a Sunday turkey, because he knows full well, as does every Member in this House, that the compulsory union fees collected by my friends opposite for the support of the NDP, regardless of the worker's political affiliation, deprive more families of more things that they need, while receiving absolutely no benefits from these deductions, than any utilization fee ever will.

**Some Hon. Members:** Hear, hear!

**Mr. Guy:** — Why doesn't he oppose the compulsory fees that reduce the workers' income and cause hardships in the low-income groups. The answer to that of course is that they have no concern for any person as long as they continue to oil their political machine. The Member from Prince Albert East-Cumberland (Mr. Berezowsky) claimed that utilization punishes the sick. I would submit that they punish the sick no more than an increased head tax would

punish the well. We're not punishing anyone, anymore than buying a fishing licence punishes those that like to fish or paying an amusement tax punishes those who wish to attend a football game. What it does is ask those who are using the services to pay a very small share of those services, while at the same time they are helping to guarantee that the services they need will be maintained at high level, a concern I am sure of every responsible citizen in this province.

I was sorry for the Member for Melfort-Tisdale (Mr. Willis) when he spoke yesterday, because as mentioned a little earlier these utilization fees are certainly going to have a serious effect upon him. It is quite obvious that his sojourn in this Legislature will be a very short one and that he is on his way out. Old age will catch up with him . . .

**Mr. Willis:** — Old age or sickness . . .

**Mr. Guy:** — You know, Members opposite are making a travesty of this Legislature with speeches that are going on like broken records, straying from the subject, repeating over and over the misrepresentation that they are trying to leave with the people of this province.

**An Hon. Member:** — Written by Johnny Burton.

**Mr. Guy:** — Even their own Members are becoming impatient with the Front Benches. The Member for Regina North West wants to get back to his insurance business. The Member for Saskatoon Riversdale (Mr. Romanow) would like to get back to his law practice. The MLA for Cutknife (Mr. Kwasnica) I am sure would like to get back to his classroom. After all they have to make a living. They are not getting the old age pension like most of them along the Front Benches. After listening to the speeches of the MLAs for Riversdale and Cutknife regarding the new generation and new leaders, I am expecting to see them moving over here on this side of the House so that they can support a new progressive Prime Minister-elect. You know to these young people over there, Mr. Speaker, both their Federal and Provincial Leaders must look worn and tired and dragged out compared to the Leaders of the Liberal party both in Saskatchewan and in Canada. As the MLA from Touchwood (Mr. Meakes) staggered into the Chamber with another basket of letters, he proved what he thought to be true, that John Burton was writing the letters as fast as the MLA from Melfort was reading them. The MLA for Melfort, sometimes you wonder about how naïve he can be and how smart he is, but yesterday he showed his intelligence, because without knowing it he told the whole story about these letters. This is one of the letters that he read, "I was asked to write to you about deterrent fees." Yes, who asked him, the NDP executive in his home town? He said, now get writing to our Member so that he can read it in the House. I thought maybe I had misunderstood him and that he had made a mistake in one, but then he came to

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another letter and he didn't know enough to put it aside without getting himself into the jackpot. He said, and this was a quotation too. "I didn't know the way I could help, glad to get your letter." In other words he wrote to him and said you can help the NDP party if you'll write to me so that I can read it in the House and it will appear that it comes without any request or without any . . .

**Hon. D.V. Heald (Attorney General):** — Spontaneous response!

**Mr. Guy:** — Right, this is a spontaneous response that he tried to leave the impression was coming from the people of the province. He had to write to them to tell them what they could do. Of course I'm not surprised that NDPers have to be told what to do, because they are like a bunch of sheep going into the pen. You take one to the slaughter and they all follow. They will in the next election.

Now these letters that they have asked to have written and the number of phone calls that they asked their friends to make to the hot line are the usual NDP tactics of having their cardholders phone, write, send telegrams. It shows that they are ready to accept any shady tactic for their own political gain.

**An Hon. Member:** — Born educated!

**Mr. Guy:** — You know it is interesting to see how the NDP Members change. They can't get over the idea that they are no longer the Government of this province. When they were the Government, they had no desire to have the people voice views on their tax increases, but now in Opposition they want the chance to inflame the public against the Government for their own political gain by having a Committee put together. I want to tell you, Mr. Speaker, that our Government is responsible enough to act without the advice of Members opposite. The time will come when every citizen in this Province will have the opportunity to say whether we are a responsible Government or whether we are not. They had the same opportunity in 1964 and they showed then, as again in 1967, that they prefer the Liberal Government to the NDP. I submit the same result will occur when this opportunity comes again.

**Mr. R. Romanow (Saskatoon Riversdale):** — It's getting close to 5:30 now.

**Mr. Guy:** — Well, I'll know what to say when the time comes. The Member from Prince Albert East-Cumberland (Mr. Berezowsky) said the people of Saskatchewan should have a Committee, because the people have not been heard. Well the people were heard last October and will be heard again. The people weren't heard when the NDP imposed 600 new taxes and had 600 taxes increased when they were the Government. The people weren't heard when the

NDP raised the sales tax from 3 to 5 per cent. They weren't heard when the 6 per cent surcharge on their income tax was imposed. The Opposition of course will say they had no chance to consider the use of utilization fees prior to the election. But I would remind the House the people didn't have the chance to consider the cost of medicare prior to the 1960 election. In fact they were deliberately misled by little Tommy and his successor into believing that the medicare program would be free. But they found out after the propaganda that the hospital plan and medicare plan were not free and that is why they turned them out in 1964. They use the word democracy to cloud the issue, but I can tell you, Mr. Speaker, that democracy is not the issue in this amendment. From the time of the Magna Carta which our friends opposite keep referring to, it has been recognized that the responsibility for money Bills is the responsibility of government. It is not the responsibility of the Opposition or any Inter-sessional Committee. In fact as you are well aware, not even the Opposition can introduce a money Bill, nor can the Senate or any other appointed body.

So if the question of utilization fees was submitted to an Inter-sessional Committee, it would be an unforgivable aberration of our responsibility as the Government to the people of this province. I want to remind in conclusion that the question of utilization fees was considered by the Members opposite in 1962. They accepted the principle in The Medicare Act of that year and therefore, as I said at the beginning of my speech, all the wind and all the noise that is coming from that side of the House is for no other reason than for political expediency. Therefore, I am most happy and proud to support the Bill of my colleague and to oppose the amendment.

**Some Hon. Members:** Hear, hear!

**Mr. R.H. Wooff (Turtleford):** — Mr. Speaker, it is my intention to speak very briefly and to stay fairly close to the amendment. I am sorry that the Member for Saskatoon City Park-University (Mr. Charlebois) is not in his seat. The Hon. Member got up earlier in the day and suggested in no uncertain terms to this House that he has the intestinal fortitude to get up and speak on Bill 39. Well that be as it may. I would like to remind the Hon. Member that there are other portions of human anatomy that have much more to do with logic and profundity than those he mentioned. In fact, Mr. Speaker, the alimentary tract is a very useful part of our anatomy. We find it very difficult to get along without it. But if we say the most for it that we can, it is given to very uncertain sounds that are not necessarily edifying. Must I remind the Hon. Member that the brain and the mind are those portions of the anatomy which set the human being apart from the beast of the field. The amendment reads that this House declines to proceed with this Bill until the subject matter thereof has been investigated by a Select Special Committee of the Legislature, with provisions for public representation to said Committee and the report of such investigations be tabled in the Legislature. As I said, Mr. Speaker, I am going to be



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brief and I hope, at least, to the point.

One of the cardinal factors of British justice and the British Parliamentary system is that every subject has a right to lay their grievance at the foot of the Throne, either personally or by proxy, spoken or written. It is because of this very important factor in our Parliamentary system, Mr. Speaker, that I wish to present these petitions and these letters to the Premier on behalf of the residents of my constituency. I hope to do so. It is inevitable, Mr. Speaker, that in these letters there is repetition. It is inevitable that there is a great desire in the voice of these people to protest what they believe to be wrong and poor legislation. It is inevitable that there is an urgency written into every line of these letters, regardless of what the Hon. Minister of Public Works (Mr. Guy) may have to say. It is for this reason, Mr. Speaker, that I rise in support of the amendment.

I have said before and I repeat, Mr. Speaker, that it is a long time since the people of the province were so disturbed about a question or a piece of legislation as they are at the present time over deterrent fees. Like any matter which is crucial to day-to-day living, or shall I say a matter of life and death in many cases as hospital services and visits to family doctors are, people are more than concerned. They are becoming alarmed and frightened. I am only a stranger in the city of Regina, but only last night, I had a phone call with regard to a family who are in extenuating circumstances and asked if there was any assistance that could be procured for them. The breadwinner of this family has been lying in hospital unconscious for two months following a car accident. The mother and wife with all the worries of her husband on her mind is at home with five children, the oldest only 14, the youngest 2 or 3. What does this mother and family face at the present time in such a plight as they find themselves? There is only one thing that can happen and that is that the maximum this legislation allows regarding deterrent fees will be handed to them whether that husband lives or dies. Is there nothing better that this Government can offer people in circumstances such as this? I suppose somebody would say, social welfare. Mr. Speaker, I feel now that the public has become conscious of what the impact of this legislation really is, what it really means in daily living that there is only one course left open to this Government and to this Legislature. That is what the amendment that I just read to this House suggests and proposes, that this Bill be sent to a Legislative Committee where people may make written or verbal representation, in other words, Mr. Speaker, that they may be allowed to bring their grievances to the foot of the Throne. Mr. Speaker, I shall support the amendment.

**Some Hon. Members:** Hear, hear!

**Mr. Heald:** — I wonder if the Hon. Member would permit a question before he takes his seat. He made reference to a family in Regina where the husband and bread-winner was hurt in an

automobile accident. I just wondered whether he made clear to the lady that she is aware of her rights under The Automobile Accident Insurance Act, because there are benefits payable there.

**Mr. Wooff:** — Mr. Hon. Attorney General, at the present time I have done nothing about this case. I am leaving it at the present time and I am not doing anything personally. I shall refer it to somebody in . . .

**Mr. Heald:** — I want to assure the Hon. Member that if he be good enough to supply me with the name of the family, I will have somebody look into it and make sure that all benefits to which they are entitled under the Act are payable.

**Mr. Wooff:** — I would like to discuss it with the Attorney General.

**Mr. E.I. Wood (Swift Current):** — Mr. Speaker, I would like to rise to take part in this debate and to speak in favor of the amendment which we have before us and also in opposition to the motion that this Bill receive second reading.

I think that the claims that these utilization fees charged on hospitalization will serve to deter people from entering a hospital on the very face of them are rather ridiculous. As has been said in the House many times before and I don't want to be unnecessarily repetitive, everyone knows that you're admitted to the hospital on the advice and the prescription and the word of the doctor. The doctor sends you to the hospital and it is on his advice and only under his signature that you are released. Now I am sure that this type of a deterrent fee will have very little effect upon the doctor's decision to send a sick man to a hospital or to have him come out. It seems very ridiculous to suggest that it will. There may be some individuals who will put up a strong case against going to the hospital when the doctor tells him to go, because of this deterrent fee. If such is the case, and quite possibly it may be, I think it only serves to weaken the argument for the fees, because those who don't have this type of money will be the only ones who will be deterred. As the Hon. Member from Touchwood has said this afternoon that those in ordinary circumstances will not be deterred. They will go, but those poor who do not have this kind of money may be forced to not take the doctor's advice. They may fear to go to a doctor in the first place for fear that he will be sending them to the hospital. These are the people on which this deterrent fee will have effect. All of us pay for the upkeep of these hospitals, all of us pay for the Hospitalization Plan, but it is only the poorer section of our communities who will be deterred from going to the hospital because of the utilization fees. I feel strong, Mr. Speaker, that this Bill which we have before us is utter discrimination, in that it discriminates between those who have a certain amount of funds and those who do not. This Bill makes the Hospital Plan, of which we are so

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proud, which we have had here in Saskatchewan for so many years and which is paid for by us all, available to those of us who have a certain amount of substance, but those who are not in that position, will have to forego when at times the doctor says that they should be in hospital.

Now I feel particularly for those people who are in the area of needing or of coming close to needing welfare payments. There is a thin borderline drawn there, Mr. Speaker, as we all know, between those who are on welfare and those who are not. Those who are not on welfare in many instances are utterly deserving, but for pride's sake they are trying to keep going without going on welfare. I think that people who will go on welfare are entirely justified and I am entirely sympathetic. I think it is the right thing for a person to do when they are in those positions that they should go on welfare, but we do have those people. I cannot help but feel proud of them, who are doing their best to struggle along and not go on welfare, whereas they might easily be eligible. These are the people, Mr. Speaker, who are going to be hit by this Bill, these people, who are making a determined attempt to make do and a determined attempt to get by without coming to the welfare offices asking for help. They are making a determined effort to do so and there are thousands of them in this province of ours, I am proud of them. But these are the people who are going to be hurt most by this Bill. They are going to be denied in some instances the services of the hospital which are freely available or practically have been freely up to this time. Now the deterrent fee will not deter those who need to go to the hospital if they have the substance. I think that these are the type of people for whom we have sincere sympathy in this matter. Members have spoken here of people having pride and not wishing to go and ask for help. The Minister has said that none will be denied going to the hospital, that the money will be made available to pay these deterrent fees if the people don't have them. But these people whom I am speaking about, Mr. Speaker, are those people who suffer from a great deal of pride. This is what will keep them from going for welfare in the first place. This is what will keep them from asking for help and going to the hospital. I am afraid that this Act that we are dealing with today cannot but help keep many of these people from the hospital, because they don't have the money to get in. These are the only ones that will be deterred.

The Assembly recessed until 7:30 o'clock.

**Mr. Wood:** — Earlier in this debate, not earlier than the Minister of Public Health (Mr. Grant) but before this, the Member from Maple Creek (Mr. Cameron) had some things to say about the Swift Current Health Region and the plan which we have there. He had some very nice things to say about it and I certainly agree with him on this. I think that the Swift Current Health Region experiment has been a very good one. The Swift Current Health Region, encompassing the southwest corner of this province

from south of the Saskatchewan River down to the border, and from some few miles east of Swift Current over to the Alberta border, has led all of Saskatchewan and all of Canada and all of North America in regard to prepaid health plans.

**Some Hon. Members:** Hear, hear!

**Mr. Wood:** — I think that we have a good deal to be proud of. I think that we have set an example there in regard to the prepaid health plan and I would like to think that someday we would be followed in all of North America.

The Hon. Member did say that the Swift Current Health Region was built on Liberal legislation. I am afraid that I cannot agree with him on that. Pardon me, Mr. Speaker. I looked up a few records in the law books. Mr. Speaker, I don't intend to read all these as I just want to point out a few things from them.

Back in 1939 the then Liberal Government passed an Act respecting Medical and Hospital Services in municipalities. I don't have it here before me, but I do have the 1940 revised Statutes. I find that this is very much the same as the original 1939 Act. I find that this Act deals with the council of a municipality setting up a medical program of medical or hospital services within that municipality.

The wording throughout the Act points this out. It says that the definition 'municipality' means a town, village or rural municipality. Then it goes on to say:

The council of a municipality may at a regular meeting or a special meeting called for the purpose, resolve to submit to the voters of a municipality a bylaw empowering the council to make provisions for medical or hospital services or both to residents in municipalities.

It goes on through the whole Act in terms of a single plan in a single municipality.

The council of a rural municipality may, the council shall, and the vote upon a bylaw shall be taken in the same matter as a vote upon a bylaw submitted under the relevant Municipal Act.

As you go through it, you find that the Act has to deal with a medical or hospital service plan set up in that municipality. I find, Mr. Speaker, that the Act was revised in 1941, but again the same thing prevails. The Act reads that "the council shall at least one month before a bylaw is submitted to the voter . . ." The whole thing again is in the tone of a single municipality, and proposes a municipal doctor or hospital plan. The amendments still deal in this same tone. We had more amendments in the spring session of 1944 and there again still speaking of one municipality, the sub-section (2) of the amendments reads:

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Where the bylaws affect the whole municipality and a person becomes a resident thereon after the 31st day of October . . .

They are still talking about one municipality or a portion of that municipality, being in this municipal scheme. This is what the whole tone of this Act proposed.

Now we find, Mr. Speaker, that when the CCF were elected in June 1944, they proposed a special session that fall, and assented to on November 10, 1944, was an Act respecting the provision of health services. This Act proposed and it says:

There shall be a commission known as the Health Planning Commission and the members of the Commission shall be appointed by the Lieutenant Governor in Council.

And it goes on to set out the terms of reference of this Commission. It says:

The Commission shall (a) determine the costs of providing for health services with respect to which recommendations are received by the Minister and recommends to the Minister ways and means of financing these services; (b) outline proposed boundaries of health regions in consultation with other departments of the Government. (c) work out in detail the needs of one or more health regions to determine the health services required to satisfy the needs of regions and the costs of such services; (d) make an inventory of municipalities and local improvement districts which have not adequate health services and recommend to the Minister what action should be taken to provide better health services therein; (e) plan a scheme of compulsory health insurance for the population for one or more urban centres; (f) assist the government in planning health services from time to time under consideration of the Government; (g) recommend to the Minister qualified young medical graduates for post-graduate studies particularly in the fields of public health, psychiatry and cancer control; (h) recommend to the Minister qualified registered nurses for post-graduate training in advanced obstetrics and public health; (i) make recommendations to the Minister respecting extension of the faculty in medicine at the University of Saskatchewan and the provisions of adequate clinical facilities for teaching purposes.

This is the tone of this Act that was passed in the fall session in 1944 shortly after the CCF Government was elected. It set about planning for health services to be handled on a regional basis. In the following session of 1945, it had a few amendments to this Act dealing with the powers of the Commission. The Commission was meanwhile working out plans in regard to providing health services on a regional basis in Saskatchewan.

In 1946, Mr. Speaker, there was passed a new Act — An Act

Respecting the Provisions of Health Services. This Act, Mr. Speaker, goes on, and it has a Part 1 on Health Regions.

The Minister may divide the province into health regions and establish such regions, designating them by name and number for the administration of the Public Health Act or health services under this Act.

And it goes on setting out the various things that may be done in regard to these health regions. Section 8 says:

Subject to the approval of the Minister, a regional board may: erect, rent or lease, operate and maintain on behalf of the region, hospitals, health centres, diagnostic and therapeutic clinics and such other property as the board deems necessary for the provisions of health services; make arrangements with hospitals, medical practitioners, dentists, nurses and other personnel to provide health services designated by the board for residents of the region and may pay for such services; make regulations governing the provisions of any health service for which the regional board is entitled to pay, and prescribing the conditions on which payments may be made by the regional board for health services, and such other regulations as the board deems necessary to carry out the purposes of this part.

I could go on and read a good deal but I don't wish to unnecessarily take the time of the House in regard to this. The point that I am endeavoring to make, Mr. Speaker, and I think that the point is very clear for all those who wish to see, that the resemblance between the legislation that was passed by the Liberals in regard to municipal health plans, in comparison with the legislation which was passed by the CCF Government for setting up regional health services for giving of medical and hospital care, bears about the same resemblance as a Model T Ford does to a modern day Cadillac. In saying that the Swift Current Health Region was set up under Liberal legislation, I wouldn't say that it was an untruth, Mr. Speaker, but the facts are somewhat different from what I think was set out the other day in regard to this. I trust that I have not taken up too much time of the Assembly in going into these statues to show my point.

**Some Hon. Members:** Hear, hear!

**Mr. Wood:** — Mr. Speaker, the Minister of Health (Mr. Grant) is now in and I am sorry that I was taking his name in vain when he was not here.

**Hon. G.B. Grant (Minister of Health):** — I'm listening very carefully.

**Mr. Wood:** — Very good! Mr. Speaker,

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on this Bill as I pointed out a few minutes ago, the Hon. Minister of Public Health said that where you have a medical care deterrent fee you must also have a hospitalization deterrent fee. He cited the Swift Current Health Region experience where he said that we have 20 per cent more hospital utilization and 80 per cent more hospital visits by doctors than what we have in the rest of the province. I am certainly not going to dispute these figures, Mr. Speaker. I undoubtedly believe that he would have the facts in regard to this. But the conclusion that he draws from this, I cannot quite follow. He says because we have the medical care utilization fees is the reason that we have this higher utilization of hospitals. And I have a great deal of trouble following his logic. What he is saying, Mr. Speaker, is that the doctors of the area are putting patients in the hospital where it costs the ratepayers of the province, some \$27 a day, in order to save \$1 or \$2 a week to the patient in visiting the doctor. I just can't follow this sort of thing. It strikes me as being one of the most ridiculous things that one man ever said to another. As I say I don't doubt the figures and there must be some reason for it, but I cannot see that the fact that we have a deterrent fee in the Swift Current Health Region in regard to medical care has had the effect of causing more utilization of hospitals. I can't see doctors putting people in the hospital just in order to save a very few dollars in regard to medical care utilization fees.

I would also like to say, Mr. Speaker, that the imposition of deterrent fees in the Swift Current Health Region has been quoted in this House as showing how utilization fees cut down the utilization of such a service. I think again that a scrutiny of the facts does not really bear this out. When the utilization fee was first put into effect back in 1953, it did have a certain effect upon the use that was made of the facilities of the Health Region in regard to medical care. In 1952, we had 2,187 office calls per 1,000 beneficiaries. In 1953 with the institution of deterrent fees, we had 2,136. Now that wasn't very much of a drop. Deterrent fees didn't have too much of an effect there. The drop from 2,187 to 2,136 — about 50 calls per thousand, which I don't think is really worthwhile taking into consideration as a real effect in regard to utilization fees on calls to the office.

In regard to home calls there was a tremendous difference. In 1952 there were some 398 home calls per thousand beneficiaries. In 1953 with the imposition of utilization fees these dropped to 158, a cut to less than half. In regard to hospital calls, they in fact went up a little in 1953. There were 1,239 in 1952 and they went up to 1,259 in 1953. This I think shows that there was very little change in regard to the office and hospital calls, but so far as home calls there was a drastic reduction by the institution of medical care utilization fees. That was back in 1953 when these fees were first established.

Last year, Mr. Speaker, in the Public Accounts Committee, I asked some questions in regard to the Swift Current Health Region from the Department of Public Health which we had before

us. I asked a question in regard to the visit services, minor surgery, minor therapeutic procedures in the Swift Current Health Region as compared with the Medical Care Insurance Commission, throughout the rest of the province in 1965, which was at that time the last year for which we had figures. We find here, as in 1965, that the picture is along this line, that the initial office visits per thousand beneficiaries are 1,077 in the Swift Current Health Region and there are 1,124 in the rest of the province. There is a slight difference but again it is only a matter of 50 per 1,000 beneficiaries, not one that is really going to save the Medical Care Plan by the institution of utilization fees. The institution of utilization fees in Swift Current in a matter of 12 years has only amounted to the reduction of 50 calls per 1,000 beneficiaries as compared to 1,077. This is a very small percentage, Mr. Speaker. I do think that they must look for something other than this to save the Medical Care Plan.

So far as repeat office visits are concerned, there are 627 in the Swift Current Health Region per 1,000 beneficiaries to 859.7. Now there was a \$1 service in Swift Current on the repeat office visits and no charge in the rest of the province. Yet there are over 200 more calls per beneficiary in the rest of the province than what there were in the Swift Current Health Region.

Now how can you tell me, Mr. Speaker, or any of the Members opposite, that these deterrent fees are going to cut utilization? It showed that there was a cut, I am sorry, Mr. Speaker, I got my figures a little mixed up.

It shows that there was also a slight cut in regard to home and emergency visits. There were 288.8 in the Swift Current Health Region and 297 in the rest of the province. A drop of 9 visits per 1,000 beneficiaries.

Now I would like you to take a look Mr. Speaker, at the figures which you had when these fees were first instituted. In 1953 we had a drop of not much more than 50 per cent, the drop in home visits. But through the years, this change has not held. Now in 1965 you find that even where you have a \$3 charge for a home and emergency visit as compared to nothing in the rest of the province, the difference between them is infinitesimal, Mr. Speaker. Only a matter of 9 per 1,000 beneficiaries. And one has 288.8 in Swift Current area and in the rest of the province 297. You go on a little further and we have the extra patients seen at a home visit.

This is where the figures are the way I was reading before; there are 18.2 in the Swift Current Health Region and there are 14.8 in the rest of the province. In fact they are more in the Swift Current Health Region where you have a charge of \$1 per service for a patient on a home call, and they are free in the rest of the province; you have more in the Swift Current Health Region than what you have in the rest of the province in spite of the deterrent charge.



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The home visits — the \$2 per service is 221 in the Swift Current Health Region and 229.3 in the rest of the province. Again, they are less in the Swift Current Health Region, but again, I say, Mr. Speaker, there is only a matter of 8 visits difference. If this is what the Government is counting on, on greatly reducing their cost of the Medical Care Plan I think that they must look elsewhere for it.

**Some Hon. Members:** Hear, hear!

**Mr. Wood:** — You go on to home visits between 10:00 p.m. and 8:00 a.m. there is a \$3 charge. There are 45.9 per 1,000 beneficiaries in Swift Current and there is 50.5 in the rest of the province. A very small percentage difference, Mr. Speaker. Not enough so that it will appreciably affect the plans that we have here in Saskatchewan. Hospital visits it shows are greatly higher in Swift Current and this is what the Minister of Public Health pointed out earlier, 1,960 as compared to 1,087 in the rest of the province. This I cannot explain and I do not think that the Minister has satisfactorily explained this to us either, just why we have more visits in the Swift Current Health Region area than what we have in the rest of the province. The total of all visits under the Medical Care Plan and Swift Current Health Region, and not necessarily the city of Swift Current I may point out, but this comprises the whole area — all visits in the Swift Current Health Regions are 3,953.9 something less than 4,000, whereas in the rest of the province you have 3,369.9. On the average, Mr. Speaker, where you have deterrent charges in the Swift Current Health Region, the utilization of the Medical Care Program is a great deal higher than what it is in the rest of the province on the average. How anyone can take these figures and prove that deterrent fees are going to appreciably affect the medical care program is more than I can see, Mr. Speaker. I would say that the reverse is rather true.

**Some Hon. Members:** Hear, hear!

**Mr. Wood:** — Mr. Speaker, I would also like to point out to the House that just because we do have utilization fees for medical services in the Swift Current Health Region, it is not to say that these fees are universally popular in Swift Current. I have had people come to me who have large families and they have complained bitterly about the fact that they have to pay sometimes \$40 to \$50 a year more than what other people who do not use the services as much who may only have to pay a few dollars more through these fees. But if they have a large family, especially a family that is not very well, or have some children that have some complaints that it is very necessary to see the doctor from time to time, it amounts to quite an extra tax upon that family, and these families are not too happy about the Swift Current deterrent fee program.

I would also like to point out, Mr. Speaker, that there is a very vast difference between the use of the funds that are

derived from the utilization fee in the Swift Current Health Region and what are proposed under this Bill before us. In the Swift Current Health Region the funds that accrue to the region from the imposition of utilization fees are used for improving the plan. They are turned back into the plan and this is where we get our dental program for children.

**Hon. G.B. Grant (Minister of Public Health):** — Why do they complain about it?

**Mr. Wood:** — Well, as I say there are some who complain about it, but I say that there is a vast difference. Even so there are some that find this a pretty hard tax upon the families that don't have too much money. But I do say that this is different than the uses being proposed by this Government. There is a big difference between using the money for utilization fees for improving the plan and paying for the dental program for children, calling them back into the Consolidated Fund for making up for the waste of highway construction . . .

**Some Hon. Members:** Hear, hear!

**Mr. Wood:** — . . . or for replacing perfectly good doors in the Legislative Building. I think that when you are comparing the utilization fees in the Swift Current Health Region with the one that is proposed under this Bill, I think that you have to bear some of these things in mind. Another thing that I think must be taken into consideration is that these new fees that are charged by the Government in regard to medical care and in regard to the hospitalization program, as we have under the Bill before us, are certainly no more popular in the Swift Current area than they are elsewhere in the province. It is true that we have had deterrent fees in regard to our medical care program there for some 12 years, but this doesn't say that we like them added to. These new deterrent fees that are added in regard to the medical care program will put an exorbitant charge on going to see the doctor when added to the fees that we already have. If they are not handled in that way, it will either mean that the Health Region must find the money elsewhere by upping their annual poll tax or we must do away with some of our programs, such as the dental program for children. I want to tell the Members opposite that this isn't going to go down too well in the Swift Current area either. And so far as the hospitalization utilization fees are concerned they will have the same effect in the Swift Current Health Region as they have in the rest of the province. And they are certainly not more popular there than they are elsewhere.

Mr. Speaker, I would like to say a few words in regard to the amendment which we have before us and which I had the honor of seconding. I do maintain that the people of this province have not had the opportunity to express themselves in regard to this legislation. Back in 1960 where we made the promise before

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the election campaign that if elected we would install a prepaid medical care program, we made this promise in the election campaign and people knew what to expect when we were elected. This was proclaimed throughout the province. When this was brought in in 1962 the people could say that they had had the opportunity to express themselves in regard to it before it was brought in. But not so in the Bill that we have before us. This fall of 1967 when we went to the election there was not a breath, not a whisper of anything of this kind. But we were told in the election campaign that we were so prosperous in Saskatchewan. Candidates claimed that we had tax reductions in the past and we are going to have more of the same in the future, that the ball was just starting to roll, and in this new Saskatchewan no such things as taxes. Man, they are all going to be paid by our increased industrialization, and not one hint of this sort of thing of taxing the sick. I am telling you, Mr. Speaker, if this had been mentioned in the election campaign, I just don't know what the result would have been. But it would have been entirely different than what it was. I do not see why they should not some place along the line have some opportunity to have a say on this. It was certainly denied them in last fall's election. There certainly was no mention or even a hint of this. The Premier has said before now that we would have a plebiscite in regard to a drug program.

I cannot see why we should not be able to have something along the same line in regard to this which is proposed and which I think the people feel even more strongly about than that they would a drug program, this tax that is being put upon the utilization of hospital beds.

I think they could at least, if they cannot have a plebiscite on it, give the people an opportunity to express themselves before a Commission or a Committee. It would not be the first time that we have had that sort of thing. Back in 1958 we had a Liquor Committee. The Hon. Member from Pelly (Mr. Barrie) — I am sorry he is not with us tonight. I have always had sort of a soft spot in my heart for the Minister of Natural Resources from Pelly — and I got a little better acquainted on this Committee and I'm sorry that he and I are the only ones I guess that are left of this group. But we did have a Committee and we held hearings here in Regina. Different groups appeared before us, people who are interested in this matter and the people of the province were interested in it. We had committees from different organizations throughout the province that came here with their briefs and spoke to the briefs here in Regina, also in Saskatoon. Following this our Committee split up. Some of us who ordinarily lived in the southern part of the province travelled in the north part and held hearings in such places as Hudson Bay, Star City and some of these other points in the north, while the others from the north held hearings in the south in such places as Swift Current and other places along these lines. We not only held hearings here in Regina but we went throughout the province to hold hearings. I think the same thing applied to a more or less degree in regard to the

Expropriation Committee that was set up. Also the Committee on Highway Traffic and Safety held hearings so that interested people, interested organizations throughout the province could come and make their opinions known in regard to this. And I'm quite sure, Mr. Speaker, that none of these things had a response throughout the province that is being stirred up by this Bill which we have before us. Yet the Government says, "No, we don't need to talk to people about this. We have our minds made up." I think that organizations and people of the province should have an opportunity to express themselves.

I had a letter from the Cabri hospital board, at least a copy of a letter, I think the original was sent to the Premier and to the Minister of Public Health. I'm sorry, Mr. Speaker, I don't have it with me tonight. I cannot quote from it verbatim, neither can I table it. But this letter did express a good deal of dissatisfaction with the proposed hospitalization utilization fees insofar as the Cabri hospital board was concerned. They felt very strongly that this was going to make their operation a great deal more difficult. They were going to have to collect these fees and going to have to stand good for them if they weren't collected. The whole thing was going to work a hardship upon the hospital. It was something new and entirely different and we are not going to obtain further help from the Government in order to take care of the extra trouble that was going to be caused by these new fees. The hospital board has written to the Premier, to the Minister and to myself in this regard.

I'd like to say, Mr. Speaker, that insofar as utilization fees are concerned in regard to hospitalization, I feel they will not strengthen the plan. The only people that they will deter are those who will refuse to take the doctor's advice or fail to go to a doctor at all because they do not have the money that it takes. This cuts the very basis from our prepaid health care and it gravely weakens it, not strengthens it.

Now this Government, the Government opposite, Mr. Speaker, has promised to improve our health plans. You know, Mr. Speaker, last fall and the fall before we got homeowner grant cheques that were mailed out to the homeowners of the province. They proclaim that this money in these homeowner grant cheques was paid with the dividends from industrial expansion. I've said in the House here before and I say it again that the Government could just as well have said that the money was obtained by putting a tax on soap and by raising the medical and hospitalization yearly rates, by raising the tax on gasoline. This year, Mr. Speaker, the Government will be entitled to put on our homeowner grant cheques, "Raised by taxing the sick."

**Some Hon. Members:** Hear, hear!

**Mr. Wood:** — I think, Mr. Speaker, from the remarks that I have made that you will be able to gather that I will be supporting the amendment but I will not be supporting the motion.

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**Hon. D. Boldt (Minister of Highways):** — Mr. Speaker, I had intended to speak in this debate but my department has been mentioned on several occasions and some questions have been asked by the Hon. Members opposite as to what my people would be saying about the deterrent fees. Well I remember the time when we implemented the surcharge on the young drivers and I never received a letter from any young individual. As the Minister in charge of SGIO, I never received any letters from any one young person under 25 complaining about the \$2 surcharge on the operator's licence. But the Socialists on the other side received these letters. They are from the Socialists and were written by the Socialists and the young people were asked to sign them, exactly as happened, what the Hon. Member for Athabasca (Mr. Guy) said this afternoon. He pointed out that the letters that were written to the Member for Melfort-Tisdale (Mr. Willis) were dictated and told to be written. I want to tell you that my people in the Rosthern constituency — 60 to 70 per cent of the people are of Dutch Mennonite faith — certainly know and respect what the Government has been doing in regards to welfare. I think their reputation in regard to helping the poor is surpassed by no other faith of this continent. I have received one letter from the constituency and that was from one of the non-Mennonite faith, one letter. Those people were not complaining. They know that there are abuses. They know and they appreciate the fact that this Government wants to try and erase these abuses. Everyone on the opposite side knows that there are abuses by three parties: the hospital boards, the doctors and the individuals. Everyone of them is guilty. Our people in the Rosthern constituency certainly want the Government to do something about it because they realize that we are paying \$137 million in medicare and hospitalization this year. If it was totally paid for by the Government it would represent more than one-third of the budget of Saskatchewan and it is about time something had to be done.

Now the Members on the opposite side should get together so that they would make sense when they speak about Bill 39. Some of the Members say, "You know you are going to keep the poor and the old and the crippled out of the hospitals." Now the Hon. Member for Swift Current (Mr. Wood) said there were deterrent fees in the Swift Current Health Region and they didn't hold any people away from the hospitals. As a matter of fact there were exactly the same number per thousand people visiting the doctors and the hospitals as elsewhere in the province. Get your figures straight. Which is right? So actually if we are going to put the deterrent fees in, what the Hon. Member for Swift Current is saying is that the deterrent fees or the visits to the doctors and to the hospitals elsewhere out of the Swift Current Region . . .

**Mr. Wood:** — Can I be out of order on a point of order? I'd like to point out to the Hon. Member that I did say that there was a slight difference and I pointed out that that could affect the people who . . .

**Mr. Boldt:** — You made your speech. What I'm saying is exactly the way you said it. You said that deterrent fees were not going to keep the people away from utilizing the hospitals and the doctors. The other Members have all said that it is going to happen. "You are going to keep the poor, and the sick, and the crippled and the young out of the hospitals." Well if you could get together at your next caucus meeting and try and attack this Bill in a sound and sensible way, then I would appreciate this.

**Mr. Wood:** — Mr. Speaker, I said that there was a slight difference, but it was not enough to save the hospitalization plan, and I pointed out that it would be on the people who were too poor to afford it that made this slight difference.

**Mr. Boldt:** — Well, what you are saying then is that since 1964 prosperity has come into Saskatchewan so that deterrent fees don't matter at all. That's what you are saying. Well you get your figures and your thinking straight. Now yesterday we heard a speech from the Member from Tisdale (Mr. Willis) and you know if that were my brother, I'd put him in the mental institution. I certainly would.

**Some Hon. Members:** Hear, hear!

**Mr. Boldt:** — The waste of time here in this House, I have never seen anything like it. You know I respected him up until now. But here he read 200 letters written by the Socialists and signed by a few people in his seat and wasted two and one-half hours of Government time. You know you are getting paid for sitting over there. You should be ashamed of yourself. Well he talked about these deterrent fees. Let's look at what has happened in England. I was at a home yesterday and they read a letter from a young engineer who went over to England on a scholarship. He wrote back to friends of ours. I haven't got the letter here but I want to say something about what was contained in this letter. It went something like this:

You know folks that gas in England is 80 cents a gallon.

I think it is a little more than 80 cents a gallon but I'll say 80. He wrote and said that the standard of living in England is horrible, far lower than in Canada and the United States. They are just anxiously waiting until he is finished his course and comes back to Canada. This is what is going to happen here. This is what has happened in England. Do you know many of their medical doctors are in Canada, a good number are in Saskatchewan, and they are good medical doctors. I'm glad they are here. But you know if it wasn't for the doctors that came in from India and Africa into England, there would be no medicare in England. Those are the doctors that are helping out England and England is helping out Canada. The English doctors know that they can come here under medicare as it is. In many parts

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of the United States and Canada, the profession is far better off here than in England because there it is just Socialism. That's all it is. I want to tell the people opposite and many of the people in the world know this that Socialists go on the assumption that we can spend your money much better than the individual. This is their doctrine. If a government can give the people everything, I want to tell them that the government can also take everything away from them. Now we have had a visitor here in Saskatchewan by the name of Mr. Berton.

**Mr. Guy:** — John?

**Mr. Boldt:** — No Pierre — Pierre Berton. You know someday it won't be too long, I remember the day when they had this fellow Laurier Lapierre speaking at the CCF convention. Where was he during the last election? Never had him, didn't want him, did more harm to you than good. This fellow Berton, I've heard, I don't know what his financial standing is but I've heard that he is a millionaire. So if he has a heart for the poor let him give some of the millions to the poor. Sure. Look at what he said. You know he is a real agitator. I don't believe in marches of any kind and I want to say this here today that I don't believe in the marches that Dr. Luther King made. This has caused him his death. Yes, Sir. I'm against any marches. I'll come back to Pierre. I want to show you something about Pierre. A friend of the Socialists. A friend of the clinics mostly supported by Socialist doctors. He recommended establishing a citizens' committee with funds and a clever publicity person who knows and understands the media as well as a couple of mean, nasty organizers to get it going.

**Some Hon. Members:** Hear, hear!

**Mr. Boldt:** — Well if he wants mean, nasty organizers he can get them from that side of the House.

**Some Hon. Members:** Hear, hear!

**Mr. Boldt:** — The Member from Turtleford (Mr. Wooff) said a few minutes ago or just before supper recess, "Never have the people been so disturbed." Well you know he knows that that's a falsehood. I can tell you never were the people so disturbed as when you brought medicare in in 1962. Have we had any people over here at the Legislative Buildings? Have we had any here? Not one soul. The only people that are disturbed are the Socialists. They've been disturbed a long time before we brought in this Bill.

**Some Hon. Members:** Hear, hear!

**Mr. Boldt:** — I can tell you and I want to say this to the Minister of Health (Mr. Grant) you'd better keep these mental

institutions open because by gosh they are going to be filled.

**Some Hon. Members:** Hear, hear!

**Mr. Boldt:** — Well you know Mr. Berton says he has made a thorough study of the Medicare Plan in Saskatchewan. He says that the Government has made no study of the abuses. How does he know that? I want to tell Pierre Berton and I say it here and I'll say it outside the House that that fellow can go back to Toronto and he can mind his own business in his own province. He has no business and neither have I any business to go to Edmonton and tell the Social Credit Government there what to do. That's their business and the people's business. We can manage our own affairs and let Pierre manage his. Well he's gone.

I want to tell you something, in 1948, I believe, when medicare or the Co-op Insurance had its first universal coverage, I was one of its first members. I happened to visit a home where they had a family. The lady there asked me, "Dave, are you in the Medical Co-op Insurance?" I said, "yes." These people lived in the city of Saskatoon. The lady said, "Well isn't it just wonderful." We paid about an \$18 premium at that time and practically everything was covered. She said to me, "Isn't it just wonderful, anytime Bobby has a little cold, we phone the doctor and he comes up and it doesn't cost us a cent." I said, "Yes, that's wonderful." I said, "You people in the city here are going to raise the premium of Medical Co-op Insurance," and it wasn't too long before the Co-op Insurance was \$80,000 in the hole. They raised the premiums until finally you just had to break your back or your neck before they would give you any coverage. These are the abuses that we are talking about today and I would say that the people in the city are abusing it more than anybody else because they are so very handy, it is so very handy for them to go and visit the doctor.

**An Hon. Member:** — Gordon Grant . . .

**Mr. Boldt:** — Never mind what Gordon Grant said.

**Some Hon. Members:** Hear, hear!

**Mr. Boldt:** — He can say what he wants. I know what abuses are and so do you. And abuses are as I've said before with three parties, the doctors, the hospital boards and the individual patients. Whom we want to put the most blame on, that is up to the individual to decide. But there are abuses in every respect, because the hospital boards — the grant from the Saskatchewan Hospital Services Plan is based on bed occupancy of the hospitals — if the doctors keep the patients out, will step on the doctors and say, "You see that those beds are filled or we are going to lose X number of dollars."



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**Hon. D.T. McFarlane (Minister of Agriculture):** — He didn't get hit over the head with a frying pan.

**Mr. Boldt:** Well if you go to a hospital you'll sure need it. On the other hand, we know that the doctors through the hospitalization plan and medicare are extremely busy. But I don't blame them, I don't blame them one bit. They would like to have their patients under one roof so it is quite logical that they'll bring them into the hospital. On the other hand it is the patient who pays for it. If you raise the head tax the more he will demand, so you have pressures from three areas and something has to be done to curtail this. To raise the head tax would increase the utilization of hospitals and of the doctors because we are paying \$72 now. If you raise it to \$100 they would very certainly want to make certain that they got \$72 worth out of their payments.

I'm sure that everyone will admit that there is a certain degree of abuses. I want to tell this House here, if I remember correctly and I'm quite sure that I do, that in 1962 the doctors fought medicare and this was the basis of what they thought. They said that services and research would diminish. They didn't say it in so many words but you could read between the lines. What's happened today is what they told us in 1962 would happen. Just like in England. All the money that we are collecting through taxes you people want to pay to hospitalization and medicare. The same argument holds true that when we took office in 1964 you hollered about the welfare program that this Liberal Government implemented, the new program, this issue you were going to defeat the Government on. Was it ever mentioned during the last election? Not once. The same thing will apply to the utilization fees.

We have stated and the Premier has stated that we are trying to save the plan. You are trying to wreck it. You are trying to break the backs of the taxpayers. All this cry about the poor and the sick, well you know the rich get sick too. I want to tell you that those people that are on welfare will get medicare just as they do now. They won't be charged. And I agree with the Member from Swift Current (Mr. Wood) that there is a grave area, the people that I am proud of too, that are too proud to go and ask for welfare but they are not rich and they might not be able to afford the \$2.50. But how was it done in the pioneer days? Haven't you got neighbors? If there is somebody in my community that can't afford the \$2.50, let them come to me and I'll pay it. If I won't pay it, I'll tell you there are many church people in this country today that are going to help the poor.

**Mr. Snyder:** — Charity!

**Mr. Boldt:** — Charity yes. Your Government — that's all your Government is made up of is charity.

**Some Hon. Members:** Hear, hear!

**Mr. Boldt:** — That young fellow there from Saskatoon (Mr. Romanow) if you want to speak then don't get yourself voted out of this debate.

**Some Hon. Members:** Hear, hear!

**Mr. Boldt:** — The smartest man from Saskatoon, just a young fellow that wants to come up and become the leaders of the NDP party has voted himself out of the Throne Speech debate and the Budget Speech debate. You know I don't know how he can contribute. I've asked the Minister of Municipal Affairs (Mr. Estey), I've asked the Minister of Municipal Affairs to get the lawyers together and teach him the rules of the House. I hope that this meeting will come about very shortly because I wouldn't mind if that fellow spoke a few minutes in the House if he had anything to say. But, Mr. Speaker, you said this morning, you said that he sat down to adjourn the debate. He had nothing to say. I'm quite satisfied that that gentleman had nothing to say, absolutely nothing. Those speeches that we have heard on the opposite side had been repeated over and over and over again. It reminds me of a little story about a mouse. It came about this way: — do you want me to tell you a story? Well there was a little mouse that took a kernel out of the elevator and put it into its hole for its winter's nest. It went back and got another kernel and you can continue there until kingdom come. This is the way this debate has been going. I'm ashamed to be a Member of this Legislature where you have taken the dignity out of the House just to waste time, just not to get this Bill through before April 15, so that maybe we could be embarrassed. Well you have a lot to learn. You say, I think it was the Member for Swift Current (Mr. Wood). He would like to know what the outcome would be if we had said that there were going to be deterrent fees in the last election. Well you know we hear during the last two election campaigns in 1964 and 1967, "You know the Liberals are going to implement deterrent fees. The Liberals are going to implement deterrent fees on the hospitalization. The Liberals are going to sell Saskatchewan Government Insurance. The Liberals are going to sell automobile accident insurance. They are going to do everything." You told them but the people didn't believe you. The people wouldn't believe you and they won't believe you now. You have told them so many falsehoods. As a matter of fact, you are so crooked that you couldn't fall in a well. Mr. Speaker, it is quite evident that I support Bill 39 from its first clause to its last clause and I shall not support the amendment.

**Some Hon. Members:** Hear, hear!

**Mr. J.E. Brockelbank (Saskatoon Mayfair):** — Well, Mr. Speaker, it is interesting to note that the Minister of Highways (Mr. Boldt) observes that the smartest

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man from Saskatoon was on this side of the House but I'm a little disappointed in where he pointed. I know the smartest man from Saskatoon is not on that side of the House.

**Some Hon. Members:** Hear, hear!

**Mr. Brockelbank:** — We've had a long adjournment, Mr. Speaker, previous to this debate just beginning again and there was some reason for that debate. As yet I've been unable to fathom the reason and we haven't been enlightened by the remarks of the Member from Cannington (Mr. Weatherald) because his remarks weren't really very enlightening at all in this debate.

I have had the opportunity of speaking on second reading of this Bill and I will attempt to confine myself to the amendment. Now the amendment simply says, Mr. Speaker, "this House declines to proceed with this Bill until the subject matter thereof has been investigated by a Special Select Committee of this Legislature with provisions for public representation to said Committee and a report of such investigation is tabled in this Legislature." I think that is an honest attempt, Mr. Speaker, to get the view of the public on this very important matter of deterrent fees. Since the time I first spoke I have received a considerable number of letters in addition to the first ones that I tabled in the House. These letters show that the public is still concerned about the matter of deterrent fees. Before I deal with those letters, I just want to deal with some other comments that preceded me this afternoon in the debate and I couldn't help but notice the remarks of the Hon. Member for Athabasca (Mr. Guy) who said more than once, in his remarks that we were playing politics with the matter of deterrent fees. He then proceeded to give one of the most political speeches I have heard on deterrent fees. The Minister of Highways (Mr. Boldt) in his place, just now, wandered far afield but the bulk of his address was political in nature. Now the Hon. Member from Athabasca (Mr. Guy) says this should not be a political matter and I agree with the Hon. Member that this should not be a political matter. It is interesting to note that the letter that was tabled by the Member from Saskatoon City Park-University (Mr. Charlebois) this afternoon in the House, a typewritten, unsigned letter, Mr. Speaker, tabled in this House, and I think the most revealing part in that letter was the last paragraph and the sign off. The last paragraph is this:

You know I am getting to despise those CCF more and more right along. Yours for good politics.

A non-political issue, Mr. Speaker! These are the people that say it is a non-political issue. They are attempting with all their might to make it a political issue.

I wanted for a brief moment to refer to some letters that I have received to show that the public is still concerned about this matter of deterrent fees. I have some letters from unions

here and I would like to read them into the record, I think they are rather important.

**Mr. Willis:** — Are they signed?

**Mr. Brockelbank:** — Yes, they are signed. They are all signed with a signature, you can rest assured and for your enlightenment I will lay them on the table at the conclusion of the reading of them. This one is from a union in Saskatoon, addressed to me:

The membership of the Building Service Employees International Union, Local 333, which consists of 920 organized hospital workers in northern Saskatchewan, with some 700 living in the city of Saskatoon, are very concerned with the proposed utilization fees which our Government has proposed. We are aware of the situation that the hospital and medicare schemes are in but we are concerned that the utilization fees will tax the low paid workers in our community. We also feel that if extra monies are to be forthcoming to support our excellent hospitalization and medicare scheme it should be on the premiums that all participants now pay. Under the proposed utilization fee it has been suggested it would cost some \$2 million to collect the utilization fees. It is our contention that these monies could be put to better use for additional coverage to the citizens of Saskatchewan and also close the gap of the underpaid hospital workers with the rest of the community. As one of our representatives from the city of Saskatoon the Provincial Legislature we are requesting that you oppose the utilization fees that are now being contemplated.

A signed letter, Mr. Speaker. Now from one of the biggest unions in that group of unions, the University of Saskatchewan Employees Union, and it is addressed to me and dated April 10th:

One of the greatest resources in this land of ours is the health of its individuals. It was with a feeling of pride that our Province of Saskatchewan was first to recognize this by instigating a scheme of health insurance. It gave all the people of Saskatchewan the richness of health care regardless of financial status. The proposed utilization fees in essence take away from the poor and give to the rich. And we view this with great concern. Sickneses that our people endure are not of their choosing and some are of long duration such as cancer. It is a great burden to bear that they are ill without saddling them with a fee for being ill. The members of our Local fully realize that the cost of any programs the Government has given to its people is increasing and that it is the Government's responsibility to raise this money. We know that the Government has at its disposal methods in which it can do so without penalizing the sick, the old and the poor. We respectfully request that the Government review its position on medicare and find its way

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clear to withdraw the utilization fees.

And it has a signed signature, Mr. Speaker.

This is a letter from Saskatoon from the United Packing House Food and Allied Workers, District No. 8, Canada. It's addressed to the Hon. Mr. Grant, and I am sure that he won't be reading it in this Chamber because the Members from that side of the House that read letters in this Chamber are most selective in their reading material.

Dear Sir:

The enclosed resolutions were unanimously passed at our meeting on March 20th, 1968, and I have been requested to forward them to you.

It is signed by the President of the Local 518. Copies went to Mr. Thatcher, Mr. Lloyd, Mr. Estey, Mr. Charlebois, Mr. Forsyth, Mr. Romanow and Mr. Brockelbank. The resolution reads as follows:

Whereas the members of our local union are convinced that the utilization fees proposed in the Budget will endanger rather than safeguard the health of them and their families by — 1. making doctors' visits a financial decision rather than a medical decision; 2. seriously curtailing second visits to doctors even though requested by doctors; 3. making a decision to accept doctor's advice to enter hospital a financial decision rather than a decision to have proper health care. And whereas we believe the deterrent feature to be a deterrent against getting necessary health care with regard to low-income groups and the poor, therefore, be it resolved that we urge the Government to withdraw the proposed utilization fees.

And it is signed by a written signature. An additional resolution which is attached, Mr. Speaker:

Whereas the Provincial Budget brought down on March 1st is mainly directed towards the wage earner, the small farmer and low-income groups, and whereas when taxation as severe as has been passed should more properly be directed to those with an ability to pay, therefore, be it resolved that we register our protest the Provincial Treasurer, the Premier of the Province and also notify the Leader of the Opposition.

Again a written signature, Mr. Speaker. Now, Mr. Speaker, I have one additional letter from an individual in my constituency.

**An Hon. Member:** — Is it a signed letter?

**Mr. Brockelbank:** — Yes, this is a signed letter with a signature at the bottom, a perfectly legitimate letter:

This is to advise that we object to deterrent fees and to the amount of coverage under the present Medicare Plan. We have a family of six children, one of whom is a brain-injured child and requires at present much medical attention.

They go on to state something about the treatment that this child receives. They conclude in the final paragraph:

We hope that this deterrent fee will not come into being and also that cases like our little boy will be covered by a medical care insurance, even if the premium had to be raised.

And it is signed, Mr. Speaker.

Now, Mr. Speaker, I am requesting that this matter receive further consideration because it has not yet been considered by the public in Saskatchewan. Prior to the election of this Government it was not brought to the attention of this province that these fees were going to be implemented. Therefore, the people had absolutely no chance to make a decision on the information that the Government had in its mind at that time. I am seeking to get information, Mr. Speaker, and so far I haven't been successful. One month ago on the 11th of March I submitted a notice of Motion for Return worded as follows:

During the period May 1st, 1964 to March 1st, 1968, has the Government of Saskatchewan received any studies or reports dealing with the matter of utilization fees on medical or hospital services, and if so who submitted each report or study and when was each report or study submitted.

This was submitted one month ago, Mr. Speaker. I have not received an answer from the Government and the Government is asking us to make up our mind on this most important decision for the people we represent in this Chamber on the basis of less information than they claim is available to us. Consequently I think we are quite within our rights to suggest in this amendment to the Bill that this be referred to a Special Select Committee.

We are faced with, for the first time since the CCF formed the Government in 1944, with cancer patients being put in the position where they are going to have to pay more than they had to pay previously. This decision was not brought before the electorate of Saskatchewan. It has not received their attention in a meaningful manner in which they can make some decision based on the Government's information — if in fact there is information. Therefore, again I state this amendment should be carried by this House. I understand today that the Government received from the city of Saskatoon a petition with 1,300 names on it.

**Mr. Romanow:** — 13,000.

**Mr. Brockelbank:** — Well, maybe it was 13,000.

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The Minister apparently hasn't mentioned how many names were on that petition. I guess we can assume there were 13,000 names on that petition, Mr. Speaker. These are people who want the Minister to listen to them and I believe I still have faith in the Minister. Even after all he has done to me this year in Crown Corporations and in this House, I still have faith that were he unfettered he would listen to the voice of reason in this Chamber. He would give these people an opportunity to be heard at this Select Committee. He will, no doubt, be receiving further petitions in the next few days and I hope this will serve to have him change his mind. It is interesting to note in addition to this, Mr. Speaker, that statistical evidence was presented to us in the form of the Saskatchewan Hospital Services Plan, and I don't intend to refer to it at this time other than to show by the table on pages 62 and 63, that the people who have a large utilization of our hospitalization plan are the women of child-bearing age and the old people. This is going to be a burden of family and on the old.

**Mr. W.A. Forsyth (Saskatoon Nutana South):** — Out of order. The Member is not speaking to the amendment. He is now re-entering the debate on the main motion. He has already spoken for some two and one-half hours on the main motion reading letters.

**Mr. Brockelbank:** — Mr. Speaker, I realize that I am in a very sensitive area with the other Members from Saskatoon City because they are on the spot on this matter. I merely want to show that there is reason for reconsidering. Considering that the Government held this report back as long as possible, considering that the Government is holding back the answer to this Order for Return as long as possible, hoping that they can get the Bill passed through this House before more statistical evidence piles up to show that they are on the wrong track. I beg the Government to reconsider their position at this time.

**Mr. Forsyth:** — Mr. Speaker, again on a point of order. He is talking about the Bill passing, he is not talking about an amendment to the Bill passing. He is once more back on talking about the Bill passing. Will he kindly refer to the amendment and keep his comments to the amendment.

**Mr. Brockelbank:** — Mr. Speaker, I'll just reiterate my closing remarks on the Bill and the amendment thereto. The amendment thereto states that this House declines to proceed with the Bill. I am asking the Government to reverse its stand that it has been taking and vote for our amendment. I think the Member from Nutana South (Mr. Forsyth) is splitting hairs and I think the time for hair-splitting is past. We should get down to the business of reconsidering this particular matter via the Special Committee.

**Some Hon. Members:** Hear, hear!

**Hon. D.G. Stuart (Provincial Treasurer):** — Mr. Speaker, I would like to say a few things in regard to this Bill. We have been subjected to a great deal of criticism since we introduced this Bill and we expected that. Much of that criticism has been theoretical, theoretical questioning whether utilization fees could or would achieve their desired purpose. We are prepared to accept such criticism because we considered it ourselves before we decided to introduce the concept of utilization fees. However our purpose remains firm. We are convinced that we must save our health schemes and if utilization fees will do this job we will stick with them. If they don't work alternatives will be considered. But if there is one thing that I cannot understand it is the hollow assurance being peddled about Saskatchewan that nothing is wrong with our health scheme, that rising costs don't have to be considered, and that over-utilization is a myth. When you hear something like this you know that either the people that are doing the talking just don't know what they are talking about or you are talking to someone who has no sense of responsibility. In no place is over-utilization more dramatically illustrated than in our hospital plan. The Minister of Health (Mr. Grant) has mentioned how Parkinson's law applies to hospitals and I think it should be repeated. It is simply that demand always rises to meet supply. One of the best indications of hospital utilization is the number of discharges per one thousand people in the area the hospital serves. In 1966 Saskatchewan averaged in this regard 218.3, but look at the difference that exists in various parts of the province. Here in Regina where the quality of hospital service is much more comprehensive than in the smaller centres, the hospitals are only handling about 178 discharges per thousand people, Saskatoon City Hospital has a utilization rate of 152 discharges per thousand, which is even lower than Regina's. Saskatoon St. Paul's rate is 155 and the University Hospital in Saskatoon is 188. But out in the country in some of our smaller hospitals where beds are more readily available, even though the services are not as wide or as varied, the utilization rate soars as high as 400 discharges per thousand. In fact, Mr. Speaker, in some areas you would think the community had been struck down with the bubonic plague. Local citizens look at this and get alarmed and say, "Look at this. We must have more hospital beds." But we must realize that when some of these hospitals closed down because of a faulty boiler or because the doctor leaves, what happens to the patients? Most of them go home and they recover just as well as they would have in the hospital. The highest rate in the province is in a rural hospital and it is actually 403 discharges per thousand population. Just compare that figure of over 400 to the provincial average of 218, and tell me that we don't have over-utilization in this province. While we are at it let's compare that utilization rate, that is the provincial utilization rate of 218, to the rest of Canada using Dominion Bureau of Statistic Reports for 1966. The rate for our nearest rival, Alberta, is only 185; in Quebec the utilization rate was only 123 compared to 218 for the Province of Saskatchewan. Now utilization is directly proportional to beds available and we do have more beds than



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anyone else. So it has become obvious that is one reason why we use more beds than anyone else. Another result was that our cost per citizen was the highest in Canada, fully 50 per cent higher than Prince Edward Island which has the lowest cost.

Let me bring another significant figure to your attention. Even though we have the greatest number of beds per population in Canada and the highest utilization rate in Canada, we have the second lowest cost per patient day in the nation. Our cost per patient day was \$30.64 compared to a Canadian average of \$38.66. A clear indication that our standards of service are not as high as they are in the rest of Canada. Make no mistake you get what you pay for and that low cost per patient day means that in many cases we have sacrificed quality for quantity. Yet there are people in this province who say over-utilization is not a factor and all is right, and it is alright to charge our average citizen more than anywhere else for hospital services, while we give our average patient less than they receive in most other parts of Canada. I don't believe this. If utilization fees can bring about a more responsible use in this area then I am ready to give them a chance. I have been told over and over that only a doctor can say when a patient is admitted or discharged from a hospital. But when I was the Minister of Health I was told privately by many doctors that patients often pressured them to keep them in the hospital because drugs were supplied free there, or because they just weren't ready to go home. In other case where a patient was elderly or chronically ill, the doctor was pressured to keep them in the hospital for a longer period of time than was necessary. This only points out that the financial factor can cause patients to want to be in the hospital and that they will and they do put pressure on their doctor. Anyone who tries to deny this simply does not know the facts.

In 1964 we had a Doctor Hartman. He came to Canada and he studied the hospital utilization in both Prince Albert and the city of Regina. He was an individual that had been contacted before we became the Government and his qualifications I think are above reproach. He reported after analyzing the Prince Albert situation with the doctors, I might say, that 45 per cent of all the patients in the Prince Albert hospitals could have been cared for at a lesser level than the level of care they were given in the general hospitals in that city. When he looked into the Regina situation he reported a need for new and extra facilities, but he also pointed out that even with the crowding in Regina it was not uncommon for patients to be admitted to Regina hospitals, and this is true all over the province, for from four to seven days before they were operated on, before an opening came in the operating room schedule. He also stated that over 20 per cent of the patients in the Regina hospitals on the day that he carried out the survey didn't need to be in those hospitals. They could have been in some lesser unit of care, and over 7 per cent of them in fact could have been at home. This was told to him by the very doctors that had the patients in the hospitals.

Now, Mr. Speaker, should we accept this as normal? We all know of someone who was in the hospital for days without any treatment. So far we have tended to shrug this off. I maintain that with utilization fees people won't stand for such nonsense and will insist that the time they spend in the hospital is only that time that is absolutely necessary. You know, Mr. Speaker, over-utilization in our hospitals has existed for many years. When the CCF were in power they didn't have the courage to take the necessary action. They recognized this as far back as 1951. Speaking in the Budget debate in 1951 the then Minister of Health, the Hon. J.G. Bently, said this:

The reason for the Department of Public Health's decision to base per patient day grants to hospitals on average occupancy are over-utilization of hospital facilities.

The Hon. J.G. Bently, Minister of Public Health told the Legislature in the Budget debate, "The new system of payment should eliminate abuses of the Hospitalization Plan." Mr. Speaker, we will spend over \$100 million this year on the hospital and medical care plans combined. I tell the people of this province that they are not receiving full value for this money. Medical science has made great strides in the last 20 years but we have failed to keep pace with many of these advances here in Saskatchewan. This has happened because we have failed to use our health dollars to their best advantages. We do not have the right to waste precious health dollars providing quantity of service at the expense of quality. The Government of Saskatchewan under both the Liberals and the CCF, for many, many years, has had to turn down requests from all of our major hospitals for medical equipment because of lack of funds. We spend more per capita on health in this province than in any other province in Canada but we do not provide the highest quality of medical service in this nation. We spend more money per capita but we do not supply the highest quality of medical services. In fact we are falling behind. Why? Because we put the wrong emphasis on the wrong priority. We have, Mr. Speaker, attempted to supply total security in the health field and while total security might be something worth aiming at, we have put emphasis on total security at the cost of excellence. It's typical Socialist thinking. They try to pull everyone down to the same level in an effort to give everyone the same opportunity. Well, Mr. Speaker, we don't think there is anything wrong with security in the health field, or the economic field. It's a goal worth working for and worth fighting for, but we cannot afford to waste health dollars, we are wasting health dollars and anybody that denies we are wasting health dollars just is not prepared to face the facts.

The Premier of this Province stated publicly that no one would be denied hospital or medical coverage because of lack of money. We stand behind this pledge and we reiterate this pledge, but we know that we have a serious responsibility to try and do something to control the costs of these two insurance plans, two programs in the field of health, only two, that will soon, we are told by reliable sources, cost the people of this province over

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\$200 million if they are not controlled.

Mr. Speaker, make no mistake, we are not doing the people of this province, old or young, rich or poor, any favor if we hide our head in the sand and refuse to take the difficult decisions that must be taken if we are to control the finances of these two plans and secure them. We are not doing this in an effort, or as a first step to destroy or discredit these plans. We have been in office for four years and if we had wanted to do this we would have done it long ago. I don't think anyone can accuse this Government of failing the courage to take difficult and unpopular steps. We are doing this for one reason and that is to make these plans safe and secure for the people of this province. And I mean all the people of this province, not just a few. Mr. Speaker, these have been difficult days. These have been difficult decisions to make. I resent the fact that our motives have been dragged down in this House and across this province as some kind of a devious first step in destroying the plans. Because I'll tell you this, if we did destroy these plans we would not last any length of time as a Government nor would we deserve to last. But a government has a responsibility, and we've all seen what has happened to governments who have failed to face their financial responsibility in this nation, in Great Britain, in the United States. Surely one of the reasons we are elected as responsible people is, when we see that some reform is needed that it be carried out. Reforms aren't always necessarily giving people just what they think they need today. Sometimes reforms are changing things when you see you have made a mistake. When you see you have gone too far, reforms in that regard must be to pull back, to make difficult decisions. This is what we are doing and I ask the Members of this House to get on with this debate, to support it, to give us a chance to see if these utilization fees work. If they don't do what we set out to do and what we think and hope that they will do, and that is to bring a responsible use of these two plans that all the people in the province want and desire, if they don't do this, then we have again pledged to the people that we will re-examine them in six months, in a year and in 18 months. If they don't accomplish what we set out to accomplish then we will try something else. But, Mr. Speaker, make no mistake, whoever sits on this side of you, whoever has the responsibility of governing this Province had better control the costs of these two plans or they will fail the responsibility of the ordinary people of this province. One or two crop failures and the very plans themselves could be destroyed. I say to the people opposite to have a little responsibility in this debate. Let us get on with the debate. Let us try this and quit spreading fear and terror as far as you can among the people of this province. If they don't work we will change them. We have to try it. We have a responsibility and I urge support and to get on with this debate and let it be finished.

**Some Hon. Members:** Hear, hear!

**Mr. E. Whelan (Regina North West):** — Mr. Speaker, I rise to

support the amendment and to oppose the main motion. I am very pleased, Mr. Speaker, that the Minister of Highways (Mr. Boldt) entered the debate and indicated to us that there is obviously a split in the Cabinet on some issues and there is obviously some difference between the Minister of Highways and the Minister of Public Health (Mr. Grant).

I was quite interested in a number of remarks that the Minister of Highways (Mr. Boldt) made about the \$2 levy on young drivers and whether or not he had received any correspondence. Well, in the constituency where I am this is quite an issue. In 1964, when the collegiates' poll was taken, the party that he belongs to won all of these polls. They won them by about 55 per cent to 40 some per cent. In the last election, the same collegiates took a poll and this time we won, 63 per cent to 43 per cent and the issue was the \$2 levy. The Minister believes that no one under 25 years of age has any judgment obviously. The young people, in voting as they did, were saying clearly that you can't try them and find them guilty and charge them with a \$2 fine and expect them to vote for you.

I say, Mr. Speaker, that when the Hon. Minister rose to speak in this debate, that he should have been prepared to tell us why the cost of highways — he was talking about the expenditures and the way Socialists spend money — if they had managed it so well, had risen so drastically since 1963. I was interested in the very passionate plea by the Provincial Treasurer (Mr. Steuart). I want to tell him that every time I go home for a meal, my telephone rings continually and the message is always the same, "Keep up the fight."

I don't care if we are here until June and I don't care how many pleas he makes and I don't care how many times he rises in his place, we intend to put up a fight because the people in our constituencies are telling us to do exactly that.

**Some Hon. Members:** Hear, hear!

**Mr. Whelan:** — Mr. Speaker, when we look at Bill No. 39 there are some questions that I would like to ask the Members opposite, questions that I think that they should be prepared to answer. Who asked for this legislation? What organization will injure the pride of a pensioner? Who suggested that they attack the sick? What pressure could force ordinary people like the people sitting opposite, to sponsor and to vote for and to impose restrictions on the use of facilities that have been built for the sick?

Mr. Speaker, watching the Members opposite, it is hard to imagine that they came here by democratic procedures. Surely those who wrote the sections of this Bill were not elected Members. One must conclude that they have terrific power over those who did write the Bill. Traditionally legislation originates from a group, particularly when it affects so many people. The fact that it didn't or that no group has been identified,

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puts the question of motive before us. Mr. Speaker, unless Members rise and identify those who instigated this Bill, we must assume then that it was the insurance companies, those trying to make huge profits from the sick; profits which would be unbridled and beyond measure and gigantic if the Medicare and the Hospitalization Plans failed.

You know I get a kick out of the Premier. I get a real kick out of him. If money was manners, the Premier would be bankrupt. That is the first conclusion that anybody could come to. He sits in the front seat and yaks away and disturbs anyone who tries to speak. Don't run away. I have a message for you, Mr. Premier. I don't want you to leave.

**Some Hon. Members:** Hear, hear!

**Mr. Whelan:** — Oh, I am very disappointed. Are Government people afraid of these people? If so, why would they be afraid of insurance companies? I urge them to ignore the pressure and the persuasion and withdraw this Bill, until this Committee that we are suggesting has met. A minority, over-confident, smug, self-satisfied must sit gleefully somewhere, gloating over the misery of the Government and the prospects of the Hospitalization Plan in Saskatchewan. As small as this minority is, it must be pretty powerful because by imposition of deterrent fees it will introduce insecurity, financial hardship and worry to a group long free from such anxiety in this province.

I say this. We should look at it. No tough street gang or boss in any of the big cities or any syndicate has picked more defenceless or more helpless victims. Victims flat on their backs, fighting for their lives are now faced with the unkind coercion of financial restrictions to aid them in making a recovery.

Mr. Speaker, hundreds of years ago, Chinese leaders, philosophers in their wisdom, organized payment of medicare in a unique and careful manner. We are told that they had each member of the community, head of the household, pay a very small sum each day that he was well. When he was sick he ceased to pay. The theory was that he was so pleased to be well, that he never hesitated to pay. Mr. Speaker, this Bill moves the clock back centuries before the days of the wise Chinese philosopher. Back to the time when we pay when we are least able to. We pay when we are sick. As the Leader of the Opposition said in this debate, the sicker you are the more you pay and the longer you are sick the more you pay. After 90 days you don't pay anymore. Isn't that a kindly and generous gesture! Exemption after 90 days! As one of my colleagues pointed out on this side of the House, a heart transplant in South Africa took exactly 74 days. Real, wonderful exemptions! The Bill represents financial hardship. But there is a more serious aspect. Charging deterrent fees will make the doctor lose faith in the plan. Paying will make the patient lose faith in the plan. With the patient and

the doctor in this frame of mind, a complete withdrawal of government from medicare and hospitalization could follow. Mr. Speaker, I submit this is the objective of those who wrote this Bill. This is why we must oppose it with all our strength.

Mr. Speaker, from all the messages that I received — and they come to me constantly, and I should bring my baskets full of letters to the House and read them — I think that point has been made and I wouldn't want to repeat it. I see that they appreciate this and I am glad that they do. There is one statement that is contained in the telephone conversations and letters and representations, that continuously comes up and I am glad that the Minister of Highways (Mr. Boldt) is in the House. They say that if the Government needs money they should cut some expenditures. I have perused the material at hand and I find that by a 10 to 1 margin, those who talk about reductions specify two particular areas. These people suggest two areas. One suggests that we eliminate the homeowner grant. Ten suggest that we talk about the reduction for the construction of highways, while one suggested that we eliminate the homeowner grant. Their reasoning regarding highways goes something like this:

Highways at the present time are costing too much to build. We can do without them until the price for construction goes down.

They point out that contractors are charging too much because there is more than enough work to go around. The competition for a highway project is not strong enough to reduce costs. A slow-down in contract allocations might be justified, they suggest, at the present time. They could reduce the highway budget and make money available until we have an opportunity to examine methods for consulting the public regarding the introduction of deterrent fees. The homeowner grant, these people insist, is a political game of now-you-see-it and now-you-don't, a blatant bit of political manoeuvring to curry favor with the general public.

Mr. Speaker, the Committee of the Saskatchewan Legislature would provide the general public and chosen representatives of the general public, with an opportunity to state a preference for a reduction in expenditures rather than a deterrent charge. The public has never been advised, never asked to consider the imposition of deterrent fees. October 11th would have been a good opportunity for an expression of opinion. Any date prior to that time particularly 30 days prior to that time, would have been an opportune moment or period for consideration of this most novel and reactionary amendment to a thoroughly accepted and well tried Hospitalization Plan.

Mr. Speaker, the fact that no opportunity was given has left the public annoyed, upset and convinced that they have been misled and deprived of their democratic right to be heard. Mr. Speaker, Members of this House were elected to represent their constituents. Nothing in this Bill, no amendment to the Saskatchewan Hospitalization Services Plan, that has been introduced

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in this House, represents the majority of people in my riding or their ridings. It would be surprising to me if any Member opposite — and I am waiting for some of them to present evidence, good evidence — can prove that a sizeable portion of their constituents are in favor of this outrageous legislation that imposes a discriminatory tax on people who are sick.

If Members of the Government are going to represent their constituents they should be on their feet against this Bill. Failure to do so is a failure to practise representative government, in my estimation. Failure to do so is a violation of the trust placed in them by the electorate. Failure to do so represents political manoeuvring. Failure to do so will result in a lack of faith in all political representatives. A lack of faith can only be renewed by the holding of an election.

Mr. Speaker, if we had this Committee organized, as recommended in this Resolution before the House, we could have the Minister appear before it to explain to us this statement, “The greatest abuse of health privileges is occurring in the use of hospital services,” and furthermore to give evidence to prove his further statement that utilization fees for medical care alone only encourage abuse of hospital services.

Mr. Speaker, let’s look at the position of the Minister of Public Health (Mr. Grant). If there is a problem on hospitalization utilization — and I am not prepared to admit that abuses exist — I want to ask him and what any committee would want to ask him, is this: do the abuses justify the proposed cure? The Hon. Minister presents an image of a kindly, fatherly, gentle type of individual. This legislation when invoked, when reduced to its most obnoxious application, reveals him, and history will record him, as the Minister in charge of the Department of Public Health, who spoke of abuses without giving evidence and proposed to cure them by picking on those who are sick.

Who are the sick? The Committee should ask him and he should know. Well, I suggest that the sick are the children. The sick are people who are chronically ill. They are the older people. The Committee will want to know and will want to ask the Minister: Mr. Minister, do you realize that the mothers and fathers of young families will find it a great financial hardship to pay the \$2.50 deterrent fee? Do you realize that in some cases this will keep the sick child at home? Do you realize that the chronically ill will avoid going to hospital? Do you realize that the elderly who have every right to expect complete health care will deliberately shy away from \$2.50 per day expense? The Committee will know this. And those who appear before the Committee will tell the Minister. Maybe by the time the Committee has met a few days, the Minister will know. The Minister, I suspect, has a defence and he can say, “I know that you can’t afford a bed. I know that your child is very ill. I know that the hospital doesn’t want to collect the money. I am sure that the doctor realizes your circumstances and he doesn’t want to send your child to the hospital. But this is a dollar

and cents proposition with us and we are going to make this plan pay, even if it endangers the lives of children and the chronically ill and the older people, even if it endangers the lives of all those in the low-income group, for we are a financially sound Government, and we are going to have to think on a sound financial basis. This plan wasn't organized to guarantee security for medical and hospital bills. Apparently it was organized as a paying proposition and if you can't pay it one way, we will have a free enterprise insurance company in to see that you are covered."

Mr. Speaker, the Minister has another defence. The Minister is going to make this plan work. The Minister whose kind approach to people has now been shattered can say to them: "You are in the clear if you are on social aid or if you live on a reservation. These are the lucky ones." Even the exemption for this segment of the poor and of our native population is a black mark against the Government that has introduced this policy. I say, Mr. Speaker, that it is a black mark against all the people of this province. Built like a barrier in order to free the population of this financial burden, the people of this province can revert to two groups if they want to be free of the deterrent fee. They can become part of the Treaty Indians group or they can go on social aid.

Mr. Speaker, in the new Saskatchewan under the new Minister of Public Health, this new policy to bring new humiliation to those who are ill would not stand the scrutiny of an Inter-sessional Committee. The Minister of Public Health is out of touch — and this is about the kindest thing that I can say — with the people, or else he is deliberately imposing on them at a time of financial crisis, hardship for the young couple of Saskatchewan who cannot understand, much less endure the cost. The Minister pleads for responsibility by the doctors and by the patients. He says regarding the patients and I quote:

Humans are capable of irresponsible action when there is nothing to remind them of the consequence.

And when speaking of the result of this deterrent fee he says:

I am hopeful that the doctors will also demonstrate additional responsibility.

Responsibility? Does the Minister know the meaning of the word? Does he think it is responsible to worry the mothers in the low-income bracket when their children are ill? Does he think it is responsible to force these people to make a decision to keep the child home when it may endanger the child's life? Does the Minister think that it is responsible to say to senior citizens after they have given their life-work to this province, "We will take care of you, but we are going to build the barricades so that your limited income will now allow you to go to hospital?" I ask him: does he think that this is responsible? This is what the public is asking and this is what the public is demanding an



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answer for. Does he think that it is responsible to talk about abuses of hospitalization and medical care, while at the same time refusing this Legislature one iota, one shred of evidence to back up his irresponsible charge regarding abuses? For that's what it is. It is irresponsible, without the evidence. Does he think that it is responsible to say that humans are capable of irresponsible action when there is nothing to remind them of the consequence? Mr. Speaker, let these humans, whether they are senior citizens or the chronically ill, or children of young families, let them state who is responsible. Does he think that it is responsible that there is even the smallest amount of integrity, to maintain on October 11th, 1967, that this province is swimming along a sea of affluence and wealth, and on October 12th, 1967, to be talking about deterrent fees?

Mr. Speaker, the day after the election, after the people had been properly fooled, the Premier introduced discussion of deterrent fees as reported in the Leader-Post of October 13, 1967.

Premier Thatcher Thursday afternoon put before his cabinet several major financial problems on education and health which face the Government as it begins its second term of office . . .

One of the most pressing problems discussed by the cabinet is the doctors' request for major increase in fee schedules . . .

Somewhere the money has to be found, either in a head tax or some sort of deterrent.

He said this the day after the election. Does the Hon. Member for Regina South, the Minister who taxes young families, the Minister who taxes the sick, does he think that this is responsible? He accuses the doctors of irresponsibility. Does he think it is responsible when the Dominion Bureau of Statistics shows a 63 1/3 increase in the cost of highway construction in Saskatchewan since 1963? Does he think that this is responsible?

Mr. Speaker, at the rate that we are paying for highways, while at the same time we are worrying and accusing doctors and patients, I question whether it is responsible. We will ask the Minister when he is before the Committee: is it responsible to build roads to nowhere in the bush of northern Saskatchewan and at the same time accuse the medical profession of being irresponsible? Does the Minister think that it is responsible to carry on a mental health program that is a scandal to the Province and introduces terror in communities in this country? Does he think that this is responsible? Does the Minister of Public Health, and I ask him, does he think that he was acting in a responsible fashion when he shut down six hospitals without prior consultation? Look at the Member who sits as the Minister of Public Health who lectures us on responsibility, who would lecture patients and doctors on

responsibility.

Mr. Speaker, there is an old saying, "He who comes before a court of justice should come with clean hands." The Hon. Minister is before the court of public opinion. If this Minister comes before the Committee we are suggesting with the record that he has, and his Government has responsibility, he will be exposed and the Bill will be exposed and the policies of this Government will be exposed. And the people of this province will tell him in no uncertain terms, terms that will explain clearly who they think was and is at the present time irresponsible.

Mr. Speaker, the statement by the Minister on second reading of the Bill, should be scrutinized by an Inter-sessional Committee and examined for what it is worth. I submit that it is so out-dated and reactionary that one would almost expect that one would look in a Charles Dickens' novel and find it coming out of the mouth of one of his characters, lecturing the unfortunate inmates of a workhouse of that day. There are several philosophical gems, but none more reactionary than the following in the statement on second reading:

Utilization fees allow a beneficiary to know that he is participating in his recovery.

Mr. Speaker, the philosophy in this statement suggests that along with the pain, along with the hypodermic and the pills, the necessity of being away from one's family and friends, along with the worry of the ultimate outcomes of a serious illness, the beneficiary knows — he must know — that he is participating in his recovery by paying deterrent fees. It isn't sufficient that he might need a transfusion, that he might have to have his stomach pumped, that he might have to have a leg or an arm amputated, that there is a possibility that he might die from cancer, that his wife and children might be in the hands of the Welfare Department of the Government opposite. No, Mr. Speaker, all this is not enough. Like a hateful character in Charles Dickens, the Minister must insist that the patient knows that he is participating in his recovery.

If the man is unconscious, I suppose it will be essential that the doctor know. Like many doctors when I was a child who didn't charge anything because they knew the patient couldn't pay, these people will have no choice. Neither will the hospital. The unconscious patient will be brought to long enough, I suppose, to make sure that his eyesight is good enough that he can sign a cheque and his hearing is good enough so that he can hear the bell on the cash register. But as the Minister has said, the patient must know that he is participating in his recovery. But there is a problem here and I want the Minister to understand and I want the Committee to ask him: what he would do in these circumstances? If the patient doesn't recover and if you don't have a chance to bill him, the bill to teach him his responsibility, how do you let him know that he is participating in his recovery? I suppose, Mr. Speaker, if

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he died, we were just not successful, this beneficiary didn't know. But you'll have to be sure that his family knows and his heirs that he was participating in his recovery.

**Some Hon. Members:** Hear, hear!

**Mr. Whelan:** — I assume, Mr. Speaker, until we get the Minister (Mr. Grant) before the Committee, the public must assume that his widow and his children or the parents, if it happens to be a child, will be presented with a bill as a deterrent just to make absolutely certain that he knows that he is participating in his recovery. Mr. Speaker, the callousness of this approach, the introduction of a fee to teach doctors and patients responsibility and to prove to the patient that he is participating in his recovery, mark the Minister not only as a reactionary but a person who does not understand and who obviously does not care about the economics of medical care for the vast majority of the people of Saskatchewan. He talks about responsibility, using such outdated excuses without explanation. Unless he can explain to the Committee the abuses, this marks him not as responsible but as one of the most irresponsible Ministers who ever introduced a piece of legislation in this House.

While explaining irresponsible actions, perhaps he should explain to the Committee why the Government he sits with purchases a posh executive aircraft and uses it to fly to regional political meetings outside the province. Perhaps he can explain this as an act of responsibility. Many times during this session and since the Members opposite have become the Government, we have been lectured for being holier-than-thou. To lecture us on responsibility, to lecture on responsibility by the patient, and the doctor, and in the light of the Government's activities in so many areas, places Members opposite in the holiest of the holier-than-thou group. Every sick person who is asked to pay \$2.50 for a hospital bed will not recognize or appreciate the sanctimonious lecture and the sergeant major attitude toward the sick. One almost expects that if a Government had not introduced the fee that it might have asked each patient to write out 50 times, "I will go home when the Minister of Health tells me and I promise never to be sick again." Fifty times. What a pompous, high-handed, calloused approach to utilization if such a problem exists.

If the patient is well enough and he is still there and he is still costing money, there is some other approach. Perhaps the Minister could insist that the doctor stand in one corner of the room for ten minutes and the patient in the other corner because of over-utilization. After all, they are both irresponsible and we have it straight from the Minister.

Mr. Speaker, when the Advisory Planning Committee on Medical Care reported in September, 1961, four members of the Committee submitted a minority report. In the period since this retrograde, reactionary, vicious legislation now before us came down, I have been wondering who or what group of people in the Government

benches could be the authors of the sections in the Bill. Now I have found some evidence and this evidence is available. I thought Hon. Members would be interested. I find that the Hon. Member for Regina South West (Mr. McPherson) who was a member of the Advisory Planning Committee on Medical Care submitted a minority report, and he added a number of things which I think should go into the records of this House. I would suggest that we have him appear before the Committee that this resolution proposes. This is one of the statements in the minority reports signed by the Hon. Member for Regina South West. I found it extremely interesting in the light of present developments. I quote page 119:

It is further to our view that the quality of medical services rendered under state monopoly tend to achieve a mediocrity which in the long term would not be in the best interest of the health of our people. The regulatory powers of the administration under any State plan are very great indeed, and we regard with apprehension the restrictions which are likely to be applied to patients and doctors in the guise of controls . . .

I would say they certainly do so at the moment. I continue the quote.

The advances of medicine which we have inherited and which we are currently proceeding have been achieved in a climate of professional freedom and we have a duty to resist any proposals which may impair the liberty which is essential to continued progress.

Well I hope he gets on with his duties, Mr. Speaker. Now let's look again at this quote. "We regard with apprehension the restrictions which are likely to be applied to patients and doctors in the guise of controls." The success of a plan depends not on whether it is state controlled but on the motivation and humanitarian instincts and the objectives of the Government in power. A Committee might ask the Hon. Members opposite if these restrictions were placed on the patients and on the doctors in order to kill the effectiveness of the plan, to curtail its coverage, to regulate its use and to open the gate for the insurance-type of private sector plan that the Hon. Member from Regina South West would obviously prefer. There is another statement in this minority report that I now find very interesting. Again on page 119:

Dissent was expressed at that time, as we believed that such a plan would not provide the best medium of supplying medical care, and might even result in poorer quality care in the long run. In our opinion, studies should have first been given to all alternative types of plans for providing government assistance in the field of medical care.

Mr. Speaker, here is a Member who wanted plenty of study.

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Now we are offering him a chance to study the effect of legislation which ahs the people of this province in an uproar. He was in favor of a committee then. I ask him — I'm sorry he is not in the House — to tell us that he is in favor of this Committee now. We will be interested in his remarks in this debate. I certainly hope that he takes part. I am certainly going to make known his remarks to every vote in Regina South West. The Hon. Member went on to say and let me quote him:

Nevertheless, we differ from the majority of our fellow committee members in that we recommend to you, in place of the monopolistic plan, a system of selective aid to the needy elements of our population to permit them to obtain the medical services insurance which they require. This alternative has been presented in considerable detail.

Yes, Mr. Speaker, the Committee might want to know what he means by selective. Has he applied it here? Does he mean by selective those on social aid? Treaty Indians on reserves? Are they the ones who have been selected? The Committee will want to know. The young families with children, the senior citizen, the hundreds who have lived in security from hospital and medical bills since 1962, will want to know what the Member from Regina South West (Mr. McPherson) meant when he said 'selective'. If he means that he has selected the rest of the population to penalize, to live in fear of hospital charges and medical charges, then he has accomplished his purpose. In this minority report he said something else which I think is very significant:

A self-supporting majority of our fellow citizens should be encouraged to cover themselves for the comprehensive range of medical benefits available through the plans of prepaid medical care and other insuring agencies which have operated successfully for many years. We believe that these persons should have free choice to secure insurance coverage which meets their individual requirements.

Mr. Speaker, what he is saying here and what is being said is that, as soon as this House adjourns, if this Bill is passed, and if the public is worrying about their medical bills, if you are worrying about paying your hospital deterrent fees, see the Hon. Member for Regina South West. He will have the answer, he will have a list of his friends who have just opened offices for prepaid medical care insurance plans and they will provide coverage. It will cost you something, of course, but you will be safe from all of these charges for just a small payment each month. Yes, Mr. Speaker, this is the private sector approach.

That was his approach then, that's his approach now. And let's not kid ourselves, the Hon. Member for Regina South West wields a tremendous influence in this Government. The Hon. Member for Regina South (Mr. Grant) may have written the Bill but the hand that guided the pen was the hand of the Hon. Member

for Regina South West. Add it up any way you like. It will cost the people of Saskatchewan more, it will force them by a ruthless piece of legislation to be driven into the arms of a waiting group of insurance companies who will prey on them, charging them as much as 50 per cent for administrative costs to protect them from unforeseen hospital and medical expenditures. Mr. Speaker, I would like to see a Committee ask the Hon. Member what significance his comments then have in the context of the present day, in view of what is taking place at the moment. This black chapter in the medical history of our province will be erased, not by the Members of the Government but by the people themselves. Democracy has some great advantages and the people of this province will enjoy that advantage some time in the future.

**Some Hon. Members:** Hear, hear!

**Mr. Whelan:** — Mr. Speaker, no more ineffective argument has ever been presented in this House than the argument that was presented early in the debate by the Hon. Minister of Mineral Resources (Mr. Cameron). He's in the House. I thought when he was debating this Bill that the Committee could have ample opportunity to check the argument that he made regarding utilization fees being introduced by a previous Administration. But when he says this it reminds me of a story — the evidence he gave us is so meagre, so illogical, and so isolated, that I think the story illustrates the futility of his attempts. An Inter-sessional Committee would have a look at his attempts. But the story is about an older doctor who was training a younger doctor. He advised the young doctor when a patient was ill to look around the house for evidence to find out what made the patient sick. When he returned from visiting a patient the older doctor asked him what was wrong with him. The young doctor said he had been eating too much horseradish and the older doctor wanted to know what evidence suggested that. The young doctor said, "Well there was a jar of horseradish in the kitchen." We passed some legislation about utilization fees. There is an old saying, "If you have a pipe in your mouth it doesn't mean you are smoking." Because you have your feet on the ground it doesn't follow that you are running. I suggest that because another Government considered utilization fees does not show that it intended to introduce them, or that it did introduce or that it would have introduced them.

**Some Hon. Members:** Hear, hear!

**Mr. Whelan:** — I just want to say to the Minister of Mineral Resources (Mr. Cameron) that I have been in the House long enough and I have seen him hang a lot of debates on some pretty flimsy evidence, but this is the flimsiest evidence and the flimsiest debate I have seen him present. The only thing that was hanged was his political judgment. The Committee might want to ask him why he was not out looking for potash instead of wasting his time talking such illogical nonsense.

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The Premier will be asked some questions, too, when this Committee meets. In his most emphatic fashion he says that he is going to improve the plan. I want to ask him how he is going to improve it, by keeping it financially beyond the reach of young couples with children, or senior citizens. He will improve it financially, it will be solvent, it will have lots of money, but this plan was organized to provide for the health needs of the people of Saskatchewan. This is the first priority. The Premier has never been in favor of medical care. His pretence here, his pretence since he was elected, his phony platform, I suggest, was a farce. The minute he was elected and with a reasonable majority, even though by the thinnest margin, he has driven a dagger into the body of the hospitalization and medical care scheme. An Inter-sessional Committee will want to know how he plans to improve it, by shutting people out, improve it by denying them services. He says there must be more responsible action by patients and physicians. A Government that promises extension of services, drugs for instance, will be asked by a Committee when it curtails services, "Are you responsible?" A Government that talks even now about eye examinations in a vague manner will be asked, "Are you responsible?" Without giving this Committee that we are proposing the evidence to show the abuses in the individual cases, I say that the Premier and those who sit behind him are not responsible. They are not responsible, and furthermore, they are not reliable, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Mr. Whelan:** — Mr. Speaker, we will be asking in Committee for evidence of abuses and we will be making suggestions as to how this might and should be curtailed, about how to check over-utilization of hospitals without a deterrent fee. Outpatient services should be developed.

**Mr. Guy:** — Take a drink, Ed. You're dry.

**Mr. Whelan:** — You compliment me when you interrupt because when your mouth's open at least you are listening. You are listening or you wouldn't be able to comment.

Control should be placed in the hands of responsible, neutral people. An Inter-sessional Committee could call before it those who were on the Hall Commission, those who talked a great deal about utilization. Let me quote from the findings of the Hall Commission regarding hospital facilities:

The development and increasing use of alternative services such as outpatient clinics and organized home programs are bound to have some effect on the future demands for hospital facilities. But these, as well as changing patterns in psychiatric care, rehabilitation, medical group practice, medical and outpatient care insurance, have not been sufficiently evaluated to permit the

measurement of their impact on the hospital. Home care is expected to relieve the pressure on hospital beds to some extent, and rehabilitation may remove some patients from long-stay beds, but bring others to the hospital for active rehabilitation care.

Mr. Speaker, here is an area that has never been examined according to the Hall Commission. An Inter-sessional Committee should look at the development and the increasing use of alternative services by calling before it people in the know, people thoroughly acquainted with the trend. Changes may be made and improvements could be suggested. The Hall Commission report continues on page 596 in this same area:

The lack of information on these various programs is due partly to their comparatively recent origin, and their still largely experimental state. New treatment methods of the future are, of course, unpredictable but they may work either way. For example, new forms of drug therapy may enable some patients to be treated at home, but new equipment or treatment methods may require that the patient be treated in hospital.

These statements, Mr. Speaker, suggest that there is a constant need for research in this field, the use of hospitals. An Inter-sessional Committee could get the necessary research people. These people when they are confronted with these problems are constantly and continuously seeking solutions. We should examine some of the solutions that they are trying at the present time, some of the problems that they are considering before we introduce a utilization fee. The type of information and material we would need is suggested again by the Hall Commission and I quote on page 601:

Although we predict a further slowing down in the rate of the growth of hospitalization, is it necessarily the case that we must expect it to continue to climb slowly as it has in the period since 1957?

And it goes on to say:

To answer this question would require data which show the relationship between hospital utilization and the factors described in other sections of this Report such as the types of conditions treated in hospital, changes in attitude toward hospitalization leading to increased use of the hospital for childbirth, the age and sex composition of the population, rural and urban residence, income status and hospital prepayment, the quantity and type of hospital or alternative facilities available, advances in the general level of education and the increasing ability and propensity of the physician to treat his patients in the hospital.

Mr. Speaker, an examination of facilities for inpatient and out-



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patient care, as being co-ordinated in other areas and in other provinces, by the Inter-sessional Committee would give us some criteria and some measure to work from if we are considering the imposition of utilization or deterrent fees.

Mr. Speaker, the Hall Commission also recommended an administration-discharge committee and various control measures available to hospital plans and an examination as well of people who do not get inpatient care that they need. Allow me to quote the recommendations of the Commission, page 601:

We would, however, not accept the mere fact the hospital beds have been filled as fast as they could be built as conclusive proof that we are faced with some kind of inescapable law which will indefinitely . . . We know little of the extent to which the actual use of inpatient hospital care exceeds the actual need or falls behind it. In other words, are patients needlessly admitted or staying longer than necessary despite the attending physician's responsibility for his patient's hospital stay, the work of admission-discharge committees and the various control measures available to the hospital insurance plans? Are there, on the other hand, patients who do not get the inpatient hospital care they need? In order to determine over-utilization or under-utilization we would have to relate the effective demand to the actual need for hospitalization. Over-utilization may be due to two factors, namely, misuse or lack of alternative facilities. It has become clear that the existence of alternative facilities and arrangements can reduce the pressure for hospital accommodation.

Mr. Speaker, in working out procedures for decreasing the use of hospitals and a plan for outpatient services and home care, there is a need to develop understanding within the community. And the Hall Committee points out, and a Committee could examine this most carefully, the role of a physician in this respect, and I quote:

Another factor that could tend to decrease the rate of hospitalization is greater care on the part of the physician in admitting patients to hospitals and wherever possible discharging patients at the earliest possible time consistent with his responsibilities as a physician. There are two factors besides the lack of home care facilities and outpatient benefits which influence the physician to admit patients who could be cared for elsewhere. The first of these is that the hospital has become the physician's workshop in which he finds the equipment and personnel required to treat his patients.

Mr. Speaker, all of us will agree that Mr. Justice Hall of the Supreme Court of Canada, who was Chairman of the Royal Commission, should be called before this Committee. This eminent jurist, hospital director, highly respected Saskatchewan citizen, headed the Commission which examined medical care in Canada.

Mr. Speaker, he spoke on deterrent fees in Saskatoon on October 16, 1964, and I would like to quote him in part. Mr. Justice Hall of the Supreme Court made this statement in an address to the Saskatchewan Hospital Association. He said:

Deterrent fees have been mentioned in Saskatchewan recently as a means of cutting costs under the medical plan and relieving hospital congestion.

‘The administrative costs of collecting these patient charges are out of proportion to the net realized.’

I think this is a good point when we talk about collecting these fees. Allow me to repeat:

‘The administrative costs of collecting these patient charges are out of proportion to the net realized. But the real objection to them is that whatever deterrent value they might have, and there is no worthwhile evidence that they have any, is that they would have a deterrent effect only on the poor.’

**Some Hon. Members:** Hear, hear!

**Mr. Whelan:** —

These he defined as ‘those to whom \$1 or \$2 a day is of sufficient consequence to keep them away from hospitals in the first place or to insist on being discharged a day or two sooner if in hospital.’

He said to listen to some people it would appear that costs were rising because hundreds of thousands of people are rushing to hospital unnecessarily and staying there too long and this abuse could be eliminated by a nominal deterrent charge.

Now that sounds very familiar. I heard a speech like that tonight as a matter of fact. Mr. Speaker, he continued:

‘I put it to you this way. Who goes to hospital as an inpatient? Generally speaking, only those who are sent there by a doctor. Some go that aren’t sent, namely accident cases, emergency cases and some maternity cases.’

Chief Justice Hall said that it would not be through abuse that costs would rise in the future although some minor abuses were bound to occur. He said, “The results of deterrent fees would be to permit those who have the money to be preferred and welcomed in hospital over those who lacked it.” He went on and later in his speech he said something like this:

‘Alert and properly functioning admission and discharge committees will do more to head off over-utilization than so-called deterrent fees.’

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The same would apply to suggestions of fees being paid directly to the physician.

Stripped of all sophistry and regarded in their naked application, the so-called deterrents are a tax on the poor, predicated upon the fallacious assumption that it is only the poor that would ask for frivolous services.

Mr. Justice Hall said that there was no doubt that the hospital costs in Canada will continue to rise by an average annual amount of 9.4 per cent until 1971. Mr. Justice Hall said:

‘In short this means that the hospital bill for the nation as a whole will have more than doubled in the ten-year period. But having said that I must also say that per capita income will continue to rise by 60 per cent in the same period and Canada’s Gross National Product will about double.’

Here is the reasoning of an eminent person who is a lawyer, a hospital director and a man who has spent many months studying the hospital problem and the medical care problem for the whole of Canada. He said, however, that he was convinced that health costs would not bankrupt the country or interfere with its normal development and growth. “Population increase, higher quality medical care, more employees, higher wages and accidents would all contribute to higher medicare costs.”

Mr. Justice Hall pointed out that there was another side to health care. There are the gains made by keeping Canadians healthy and able to work. There are the benefits derived from returning to a productive career those who are handicapped or disabled. There is employment created for those who would otherwise be out of work. He presented figures to show that in 1960, 30 million man-days of labor were lost through illness in Canada and this compared with 747,000 man-days lost through strikes.

Mr. Speaker, on another occasion, Mr. Justice Hall made a statement to the Thomas More Guild of Toronto. As I pointed out, he’s an eminent person who has studied this matter, he’s objective, he has no reason to come to any conclusions but his own and I think he is reliable. The people of Saskatchewan trust him. They know him and they understand him and they know of his qualifications. On that occasion he said, and I quote:

You hear about and you read frequently, for instance, that hospital costs are going up and up and where the spiral will end, nobody knows. And this is put forward with some innuendo that there is something amiss, that this upward trend in hospital costs appears immoral in some way. Certain costs are rising and they will continue to rise. The increase stems from many factors including: 1. population increase; 2. higher quality of medical care; 3. more employees; 4. higher wages; 5. accidents and other eventualities.

He also suggested — and I say this on behalf of the people in my riding who work in hospitals, and it must be said often — that none of these people are overpaid, none of the people that work in hospitals. I certainly know none of them that are overpaid. Mr. Justice Hall said, so when you are called to comment on increased hospital costs, maybe you can quietly suggest that nobody in the hospital industry is making a killing or lining their pockets or just wasting public money.

He suggested that those not fully acquainted with the facts and less informed are likely to suggest deterrent fees. Let me repeat that. He suggested that those not fully acquainted with the facts and less informed are likely to suggest deterrent fees.

**Some Hon. Members:** Hear, hear!

**Mr. Whelan:** — And I would again urge the Committee to call him and present Mr. Justice Hall with this quotation and I quote:

To listen to some, one would think that costs are rising because hundreds and thousands of people are rushing to hospital unnecessarily and staying there days too long and that this abuse could be eliminated by some more or less nominal per diem patient charge of \$1 or \$2 at most per day.

He underestimated them; it is \$2.50 not \$2 per day. Isn't that what you hear and read in less dramatic terms perhaps?

Now let us analyze this claim. I put it to you this way. Who goes to the hospitals as an inpatient? Generally speaking, only those persons who are sent there by doctors. Some go without being sent by a doctor and they are (a) accident cases, motor and industrial; (b) emergency cases, heart attacks, strokes and this would include the odd alcoholic; (c) some maternity cases; most are arranged for in advance.

**Mr. Steuart:** — Bet Jackie Hoag . . .

**Mr. Lloyd:** — Court jester.

**Mr. Whelan:** — He was in this debate tonight. I didn't think he was effective at all; he's not effective from his seat either. And when do they leave hospitals? When they are discharged by their doctor. A few have been known to discharge themselves before their doctor thought they were ready. Some elderly patients are held over an extra day or so where no alternative accommodation is available outside.

Mr. Speaker, may I call it 10:00 o'clock.

The Assembly adjourned at 10:00 o'clock p.m.