LEGISLATIVE ASSEMBLY OF SASKATCHEWAN
First Session — Sixteenth Legislature
39th Day

Monday, April 15, 1968.

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

QUESTIONS

DETERRENT FEES

HON. W.S. LLOYD (Leader of the Opposition): — Is it correct that as of today deterrent fees or utilization fees with respect to physician services are in effect?

HON. G.B. GRANT (Minister of Health): — Yes they are.

MR. LLOYD: — Mr. Speaker, a supplementary question. Will the Minister table the authority on which these are based?

MR. GRANT: — Mr. Speaker, is the question physician fees?

MR. LLOYD: — Physician services.

MR. GRANT: — Yes, I'll table that.

MR. LLOYD: — Mr. Speaker, will the Minister also table a copy of the directive which he sent to the physicians across the province with respect to this?

MR. GRANT: — Yes.

MR. LLOYD: — A further question, Mr. Speaker. Has the Minister notified the College of Physicians and Surgeons that the Saskatoon Agreement is as a result no longer in effect?

MR. GRANT: — Not to my knowledge.

MR. LLOYD: — Is the Minister intending to do this, Mr. Speaker?

MR. GRANT: — No, Sir.

MR. LLOYD: — Mr. Speaker, may I ask . . .

HON. D.G. STEUART (Provincial Treasurer): — You need a lawyer . . .

MR. LLOYD: — Well, look who's here, look who's coming out of his hole so early in the morning. May I ask the Minister another question, Mr. Speaker. Is it also true that deterrent fees or utilization fees with respect to hospitalization are in effect as of today?

MR. GRANT: — Yes, Mr. Speaker.

MR. LLOYD: — Mr. Speaker, will the Minister then table or alert the House as to the authority under which he proceeded in this regard.

MR. GRANT: — Yes, Mr. Speaker.

MR. LLOYD: — Mr. Speaker, I didn't quite get the Minister's answer. Did he say yes? May I ask when we may have this authority?

MR. GRANT: — As soon as it's available.

MR. LLOYD: — Mr. Speaker, surely it must be available today. Will the Minister table them . . .

HON. W.R. THATCHER (Premier): — Point of order. On Orders of the Day there are supposed to be a few odd questions on things of great urgency. Now the Leader of the Opposition has asked seven and I suggest that we get on with the business of the House.

MR. LLOYD: — Mr. Speaker, on the point of order, it surely seems to me that it is great urgency that this Legislature know specifically of the Government's action, particularly in applying hospitalization fees when there is no legislation to warrant it as the moment. May I ask the Minister if he will then table also the directives which he has sent to hospitals with respect to collection of deterrent fees.

MR. GRANT: — I already answered that, Mr. Speaker.

AN HON. MEMBER: — No, you didn't!

MR. GRANT: — Yes, that was the last question the Hon. Member asked and I said I would table it.

MR. LLOYD: — I am sorry. My first previous question was: would he table the authority? I am now asking for the directive to the hospitals. Is he prepared to table that?

MR. GRANT: — Yes.

MR. LLOYD: — May I ask what the Minister proposes to do in the light of the Hospitalization Act, Chapter 253 of our Statutes, Section 5 in subsection (5) of that Act which says specifically that a hospital shall not make any charges, except for private ward or semi-private ward services. It further says that a person wilfully rendering an account or causing an account to be rendered for hospital services which are provided under this Act is guilty of an offence and liable on summary conviction to a fine not exceeding $500. It seems to me that the Minister has put hospitals in the position of acting contrary to the laws of this Province, that they are subject to a fine as a result of this, because there isn't adequate authority for them to do it. I would like to hear the Minister's comment as to how he is going to help hospitals out of that predicament.

MR. THATCHER: — Mr. Speaker, I propose to answer this final question as Leader of the Government. Utilization fees go into effect today. When the legislation is finalized there may be a retroactive clause as there are in many tax laws. In other words, we will give the Leader of the Opposition further details in Committee of the Whole. This is the final question we propose to answer this day.

MR. LLOYD: — Mr. Speaker, let me ask a question on a further subject.

MR. SPEAKER: — Order, order! For the benefit of the new Members of the House, for I am sure the older ones are well aware of this, I would like to say, as I have said before and repeatedly, that I have drawn the attention of the House to the position of oral questions in the Legislature. In using this device, and that is what I have said in previous years, we are of course copying a very well known procedure used in Westminster. What is perhaps not so well known is the fact that the British House imposes a very severe discipline on itself as also does the House in Ottawa, which includes the giving of notice respecting oral questions. Our Standing Orders make absolutely no provision for oral questions and unless and until the House is willing to make such provision, it would be my hope that the practice will not develop to any extent, unless and until the House is prepared to exercise self-discipline which will ensure that the asking and answering of oral questions on the Orders of the Day does not degenerate into a disorderly debate. Members will recall the statement which I made regarding oral questions. I pointed out the possibility that the practice if allowed might prove productive of disorder and confusion, thereby wasteful to the time of the House. I draw attention of all Hon. Members again this year as I did last year to the fact that oral questions are asked in the British House of Commons and the

Canadian House of Commons under notice. Those questions which are not going to be asked orally appear on the Order Paper just as do the others. But those questions which it is intended should be asked and answered orally appear as starred questions.

What we are doing here is asking questions without notice being given. Of course the House by courtesy has accepted them to a limited extent, and to a limited extent only. I repeat that we have no formal proper procedure for the asking and answering of oral questions. I'll allow one more question from the Leader of the Opposition and that's it.

MR. A.E. BLAKENEY (Regina Centre): **—** Mr. Speaker, I wonder if I might direct the question to the Attorney General (Mr. Heald). In view of the fact that the Minister of Public Health has advised that he has, as I understood his answer, instructed hospitals to collect deterrent fees or utilization fees contrary to the provisions of the Saskatchewan Hospitalization Act, specifically contrary to the provisions and that he has advised hospitals to indulge in something which is a specific offence under that Act, I wonder if the Attorney General will say whether the Government proposes to handle the defenses of any person who may be charged with an offence under this Act and whether he opposes to provide pardons or other remission of fine, if anyone is convicted of an offence under this Act.

HON. D.V. HEALD (Attorney General): — The matter will be dealt with in Committee, Mr. Speaker.

ADJOURNED DEBATES

SECOND READINGS

The Assembly resumed the adjourned debate on the proposed motion of Hon. G.B. Grant (Minister of Public Health) that Bill 39 — **An Act to amend The Saskatchewan Hospitalization Act** and the proposed amendment thereto by Mr. Lloyd, be now read a second time.

MR. E. WHELAN (Regina North West): — Mr. Speaker, when the House adjourned last Thursday evening, I had been quoting Mr. Justice Emmett Hall when he addressed the Thomas More Guild in Toronto on September 19, 1964. He suggests in that particular address that those not fully acquainted with the facts unless informed are likely to suggest deterrent fees and I would again urge the Committee to call him and present Mr. Justice Hall with this quotation from that particular speech, I quote:

> To listen to some, one would think that costs are rising because hundreds or thousands of people are rushing to hospital unnecessarily and staying there days too long and this abuse could be eliminated by some more or less nominal per diem patient charge of $1 or $2 at most per

> day.

Isn't that what you hear and read in less dramatic terms perhaps? He continues:

> Let us analyze this claim and I put it to you this way. Who goes to the hospital as an in-patient? (1) Generally speaking only those persons who are sent there by doctors. (2) 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 and most are arranged for in advance.
>
> When do they leave hospital? When they are discharged by their doctor. A few of them are known to discharge themselves before their doctor thought they were ready. Some elderly patients are held over an extra day or so and at times longer where no alternative accommodation is available.

In concluding his remarks on that occasion, Mr. Justice Hall made two points which I am positive he would be glad to explain to an Inter-sessional Committee, and I quote them:

> 1. That as a nation we should now take the necessary legislative organizational and financial decisions to make all the fruits of the health sciences available to all our residents without hindrances of any kind, and 2. Whenever possible the emphasis must be on prevention and we must give higher priority to rehabilitative services so that the individual may become self-supporting and families will be restored to independence.

Mr. Speaker, the deterrent fee is a hindrance and it will place a penalty on prevention. There will be no priority for rehabilitative services. This is shortsightedness, I am prepared to bet that Mr. Justice Hall can prove this if he appeared before an Inter-sessional Committee.

Mr. Speaker, when I spoke last Thursday evening, the Hon. Member for Regina South West (Mr. McPherson) was not in his seat. Some remarks I had intended to direct to him were omitted at that time because of his absence. I regret that he is not in his seat now, because I would like him to clarify his position on motions which are before us. Time and time again in the last week or so, people known to both of us have in conversation with me suggested that the Hon. Member for Regina South West is opposed to deterrent fees. These Regina citizens, some of them in my riding and some of them in Regina South West, insist that the Hon. Member has told them, (1) that he is opposed to deterrent fees (2) that two-thirds of the Cabinet are opposed to deterrent fees and (3) that a small handful of people within the party is forcing deterrent fees down the throats of the Liberal Caucus. Mr. Speaker, I will save the Hon. Member the embarrassment of quoting those of his colleagues who have been named too, but

those of us on this side of the House know them by their deeds.

If the Hon. Member is going to insist on telling my constituents and others that he is opposed to deterrent fees — I'm glad he is coming in — if the Hon. Member for Regina South West is going to insist on telling people from my constituency that he is opposed to deterrent fees, but that he has to go along with the Caucus, then I suggest that it is about time that we place him on the record of this House, that we place him on the record with the cold-blooded facts of the case. The facts are these, Mr. Speaker, already on one vote regarding cancer patients in hospital, the Hon. Member for Regina South West on the recorded vote ran out while his fellow Members voted to sock it to the sick people with cancer to the tune of $2.50 a day. In case there is any doubt as to what that means, it means, it can only be interpreted as indicating clearly that the Hon. Member is in favor of and endorses deterrent fees for cancer patients. He didn't vote against them; he'll vote here in this Assembly, not in the hall. When the vote comes up on second reading of this Bill, it is my intention to photostat the Votes and Proceedings and in order to get it straight to the people the Hon. Member is trying to confuse and trying to mislead, I intend to send a copy of that page of the Votes and Proceedings showing that he voted for deterrent fees, if he has the courage to, to those that he has been telling that he is opposed to Bill No. 39.

Mr. Speaker, I don't think he is opposed to Bill No. 39, I think he is trying to kid the voters, and those in my constituency, those who claim the Hon. Member is an independent, and that he is really and truly opposed to deterrent fees. I say let him get on his feet in this House and speak against deterrent fees. This is the way to prove him. Let him speak in favor of referring this matter to a Legislative Committee so that we can call in the constituents. I say to him that, if he is an independent and if two-thirds of the Cabinet are opposed to deterrent fees, and if he is opposed to deterrent fees, let him vote with the two-thirds of the Cabinets who are opposed to deterrent fees. Let him vote for referral to the Committee and let him vote against Bill No. 39 in this House. Mr. Speaker, I think it is about time we called those Government Members who go around telling innocent citizens that they are really not in favor of this Bill and that they are opposed to deterrent fees. It is about time we told them that in this House when the chips are down, the only thing that matters is how you vote when your name is called and how you speak when the chance to speak comes up. Running out doesn't count. As I said before you can't cast a vote in the Members' Lounge.

Mr. Speaker, I challenge the Hon. Member for Regina South West (Mr. McPherson) to get on his feet and state that he is opposed to deterrent fees. I challenge him to vote against this Bill. As the Chairman of the Hospital Board I think it is just exactly what he should do. I suggest that he quit the double talk, I suggest that he quit trying to kid the people in my constituency and in other Regina constituencies when they ask

him for his position on this nefarious, unconscionable piece of legislation.

SOME HON. MEMBERS: — Hear, hear!

MR. WHELAN: — Mr. Speaker, there are two Don McPhersons in Regina, one that is progressive and one that sits as the Member for Regina South West. Each time that I was approached and each time that I have had a conversation, each time that someone has suggested to me that I should discuss deterrent fees with Don McPherson, I have asked them to describe the Don McPherson they have been talking to. I can assure Hon. Members that the description of the individual they have been talking to fits the Hon. Member for Regina South West. The descriptions fits him, but I can say also what he is alleged to have said and the position he claims to take do not coincide, do not fit, and they are not in the slightest bit similar to the position that his party is taking on deterrents fees in this House.

If this legislation passes, each time a constituent of mine talks about paying deterrent fees I will express to them my concern for the fact that they are forced to pay onerous taxes at a time when they are ill. I will make to them a pledge that the moment an election is held and the Government is defeated this discrimination against those who are ill will be removed.

SOME HON. MEMBERS: — Hear, hear!

MR. WHELAN: — In my estimation, taxing a man, woman or child while he is sick isn't fair play. It is like kicking a man while he is down.

Mr. Speaker, from my comments you may conclude, (1) I do not think patients have been irresponsible. No evidence has been presented to prove that they have been irresponsible. (2) No evidence has been presented either to prove that doctors have been irresponsible in their utilization of hospital beds. (3) I disagree strongly and sharply with the Minister when he insists that the patient must participate in his own recovery. (4) There is a definite need to study the use of hospital beds and outpatient care. (5) Research in all areas that have anything to do with the use of hospital beds has not been undertaken by this Government. This should have been done before utilization fees were introduced. (6) The advice of prominent, informed people who have studied admission procedures, hospital utilization, outpatient programs, should be sought. These people should be asked to give evidence, and finally, (7) The public of this province must be informed and it is our duty to tell them that you cannot be opposed to deterrent fees and, at the same time, vote for them in this House. Mr. Speaker, I will support the amendment, I am opposed to the motion.

SOME HON. MEMBERS: — Hear, hear!

MR. J. KOWALCHUK (Melville): — Mr. Speaker, I have got the right speech this time. Mr. Speaker, in rising to speak in opposition to this infamous Bill I would first want to tell you, Sir, that probably some of the things I am going to say are going to be repetitious and this is probably because of the fact that we haven't any ghost writers writing our speeches. We each one, Mr. Speaker, write our own speeches and we use our conscience in dealing with each of the Bills.

In rising to speak to this Bill, and in support of the amendment, I am very much encouraged by a feeling more obvious to me personally than ever before. This feeling arises from the knowledge that we are not just representing our party, that I am not just representing my constituency. This feeling arises from something much greater. We feel, Mr. Speaker, that we are representing all the people of Saskatchewan, that we are representing the common unanimous view of the entire province. From the electorate of Morse to the electorate of Athabasca, and many of the other constituencies, Mr. Speaker, in fact I think, every constituency, my Hon. Friends opposite, I say, are failing to represent. Mr. Speaker, when the Hon. Members opposite reject the general protest so strongly submitted by their individual constituencies, then I submit, Mr. Speaker, that they are no longer responsible. This Government has been strongly urged to reassess the introduction of these deterrent fees. Many people from this side of the House and I know many people out in the country have so told them that the Government has been the recipient of protests from many people, the old age pensioner, the doctor, the housewife, farm groups, farm unions, labor unions, senior citizens, hospital employees, railroad unions, miners, packing-house workers, teamsters, religious organizations, wholesalers, retailers, hospital boards and most of all the important people, the common man.

The Hon. Premier, (Mr. Thatcher) when outlining the reasons behind the deterrent fees in the Regina Leader-Post of March 21, states that one of the reasons was to curtail abuse. I would like to know how you get into the hospital when not classified as either an accident case, an emergency case, or a maternity case, if not admitted on the recommendation of a doctor? Something else I would like to know is how do you curtail abuse when none exists, Mr. Speaker. And no abuse exists where a person is a diabetic, a cancer victim, or suffering from chronic arthritis, when they require treatment. On this point alone the utilization fee is a savage form of penalizing the sick, Mr. Speaker. I submit that being concerned about one's health is not abuse. In fact this is the kind we've been repeatedly stressing to the people across the whole province in schools and everywhere else to go and see a doctor whenever you think you need to see him. Since the Premier likes making comparisons in an attempt to justify his actions, I would like the Hon. Premier to look at the Swift Current Health Region. I will have to repeat some of the remarks made before, Swift Current's the region where the deterrent fee has been levied for many years. Let him show me where it has curtailed abuses and therefore brought down the

utilization of the hospital beds! In fact the use of the hospital services there is quite a bit above the national average in spite of the deterrent fees, Mr. Speaker, as he suggests abuse exists and the deterrent fee will curtail.

Mr. Speaker, the Hon. Premier stated that the Government in introducing the deterrent fees is not out to destroy the health plans but to save them. Now this statement leaves room for a lot of discussion and a lot of discussion has already taken place in that regard. Possibly the Premier visualizes the insurance companies playing the Messianic role in the salvation of the health plan. Patronization of the exclusive independent sector will then be an obvious role. It seems to me that the Premier's policy of plying destruction against the health plan's salvation concurs with the war in Vietnam where General Westmoreland in order to save the city said we have to destroy it. Now what irony, Mr. Speaker! The initiation of deterrent fees is likened to the bombers which drop their weapons of destruction upon the women, children and the old of the Vietnamese city, whereas they said in order to save it we must destroy it. Mr. Speaker, what the Hon. Premier is advocating is that some must die and some must really suffer so that the rich can live a more comfortable life. Mr. Speaker, the Premier also said that no one will be turned away from the hospital due to the lack of funds. The last couple of days I am not so sure about that and I don't think the Premier is, neither are many of his Members on that side of the House. Many hospitals have indicated that you must have so much money before you come in the door of the hospital. This statement leaves room for thought for you to wonder whether those in possession of the greenbacks will not be more welcome and easily admitted into the hospital while those who lack the funds will not be discriminated against because of this factor. I doubt that very much. Mr. Speaker, let's face the facts. What doctor wants to run around collecting fees from patients. The collecting of these debts for services from these not too well-off patients will increase administration costs and personal cost to the hospital and to the doctor. In some cases, by the time you collect the payment of some of the bills, you have spent much more in the process than that bill will amount to. Also, Mr. Speaker, there is the question about the time spent in the hospital after the 90 days where the deterrent fee will discontinue. When the patient stops paying the deterrent fee after his required 90 days, will he be as welcome or will he be speedily discharged because of the fact that he no longer pays $1.50? Mr. Speaker, the Premier and the Minister of Welfare (Mr. MacDonald) seem to contradict each other. In the Leader-Post of March 23, the Premier is quoted as saying:

> There is no one who could live much cheaper at home than he or she will be charged in the hospital. Now the fee will not even cover the cost of meals.

According to the Premier, the cost of meals in a hospital will exceed the $75 of the first month, and by that will exceed the

$45 of the second and third month. If the Premier is correct then why does the Hon. Mr. MacDonald's Department only allow the welfare recipients $28.50 a month for meals at home? Surely there is a contradiction. Mr. Speaker, I also wonder, when the Premier made a statement of what a bargain you receive as a hospital patient, whether he talks about the facts that a wage earner loses his daily salary because he is unable to work. Think of the farmer and the small businessman who lose money because of the fact that he is self-employed and can therefore not collect compensation. Even those who do collect compensation do not receive enough to live on as they would if they were working regularly. Now, Mr. Speaker, I seem to be wandering a bit on all these things, but this is the way it has to be, because there are so many areas that you have to cover. But it is quite unavoidable when you get something as vicious as these deterrent fees. You can do nothing but find things that are wrong about this measure. Throughout Saskatchewan today we have people who have no desire to be confined to a nursing home. They prefer to live in a home of their own. Generally these people have no income, outside of their pension. Even this is a very minimum. The deterrent fees will certainly discourage their trip to the hospital because of this fact. What we then have is the possibility of these people more anxious to get into the senior citizens' home, because they cannot afford this fee to go to the hospital. Now I can see this developing into a trend and the Liberal Administration may find that they may have to expand geriatric centres and nursing homes and services in far greater grants. Probably this is the way it should be, but this is the way that it may turn out. I say to all the Members of this House that the senior citizens deserve the best of care. By putting a tax on the health plans, Mr. Speaker, the Government is making a direct attack on our senior citizens, on our poor and on those who must see the doctors and have hospital care.

SOME HON. MEMBERS: — Hear, hear!

MR. KOWALCHUK: — Mr. Speaker, since the present Government has announced the introduction of deterrent fees, the people of Saskatchewan have risen in strong protest. This is true in my constituency of Melville. Mr. Speaker, allow me to read a petition that I have received from the electors residing in Goodeve and Fenwood areas.

> We, the undersigned members of the electorate within the constituency of Melville, do officially and publicly make formal protest against the Saskatchewan Liberal Government's multi-tax increases, especially the tax on farm fuels and the tax on the sick which the Liberal Administration mildly terms the deterrent fee. Furthermore we formally protest the Liberal party's tactics as displayed in the election campaign of October 1967. The electorate was deceived by the above party's contention that Saskatchewan was booming.
>
> We, the people of Fenwood and the surrounding areas,

strongly protest the fuel tax and the deterrent fees. We suggest that the present Government's patronization of the private sector and the corporations has butchered the medicare program and has put the almighty dollar before the people. Our district, being an agricultural one, will feel the great burden too great because of the tax increases and the deterrent fees. Our income is dependent on the God-given soil, yet as our income increases very minimumily our expenses accelerate. We submit that the present Liberal Government which shows little concern for the common man and the farmer's needs has no justified right to turn around and attack our moderate incomes with unjust deterrent taxes.

Therefore, we the electors of the above mentioned district beseech the present Liberal Government to show some responsibility and humanity. We do demand an immediate cutback of the increased fuel tax and immediate removal of deterrent fee. We suggest that the needed revenue be obtained from the corporations and high-income group and not from the sick and the needy. We demand immediate action or immediate resignation of the present Government.

SOME HON. MEMBERS: — Hear, hear!

MR. KOWALCHUK: — Now, this petition was signed by 129 people. Now 135 people were approached, Mr. Speaker, and the six who didn't sign did not sign because they were afraid of repercussions from the Government in power. But they did agree though that deterrent fees were the worst tax on record.

Now I have another petition here signed by 122 people of the Goodeve district. 125 were approached but three didn't sign because of the same fear posed by the others. We also had, and I don't intend to read the whole petition heading, although I should, another one signed in Melville and allow me to read that petition:

We, the undersigned members of the electorate in the Province of Saskatchewan again do hereby officially and publicly put forward protest against the Saskatchewan taxes and the deterrent fees.

I will not go on to read the whole thing. But, Mr. Speaker, I think that it is quite evident that a great many people are opposed to deterrent fees, the deterrent fees which tax the sick. This petition was signed by 217 people and all who were approached signed it.

Now, Mr. Speaker, I have a petition from Neudorf and allow me to read this petition, Sir. Now this is a very small petition because of the fact that only seven families were approached.

Dear Mr. Kowalchuk:

> We oppose the utilization fees for medicare and hospitalization which is itemized on the 1968 Budget by the Liberal Government of Saskatchewan. If some people are abusing medicare, the Medicare Commission should use the doctor's medical diagnosis as information to receive payments from the citizens who are abusing this service. The sick should not be taxed.

This is signed by 17 people. It states that only seven rural homes were visited, Mr. Speaker, in the rural area of Neudorf. In this petition are the signatures of the occupants of these homes.

I would like to say something about the information that we received from the Hon. Mr. Boldt (Minister of Highways) the other day wherein he stated that he represents a constituency of some 60 to 75 per cent of the Mennonite faith. I haven't had too much contact with people of that faith but anything that I have heard about them is very, very good. The impression he left though is this. In my area I represent an area of many nationalities and many religions, Catholics, Seven Day Adventists, Baptists, and if you would go through these petitions of 700 names, Mr. Speaker, you would find all of them there. I resent the fact that it was being implied that somehow people in my area, of many other faiths, were just a little bit less honest. And the same thing with Mr. Willis of Tisdale. His people sent a lot of letters. I think that my people are sincerely and honestly concerned with these deterrent fees.

SOME HON. MEMBERS: — Hear, hear!

MR. KOWALCHUK: — Now we also have a telegram which I am not supposed to read and which I am not going to but it also protests the bringing about of deterrent fees, Mr. Speaker. I also have another letter here from the Canadian Union of Public Employees. This was also sent to Mr. Thatcher and it says:

> Hon. Ross Thatcher, Premier of Saskatchewan, Legislative Buildings.
>
> Your Honour:
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> We, the members of the Canadian Union of Public Employees Local 75, are very disturbed and have instructed the tabled officer to write to you opposing the deterrent fees that are being introduced in the present session of your Government.
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> We appeal to you and your Cabinet Ministers to reconsider and rescind this legislation. This type of legislation can only add a burden and hardship to the working people and their families. It is, indeed, difficult to understand how your Government could justify deterrent fees at this time. The consensus of opinion by our members is that an increase in the hospitalization premium would be

> more acceptable.
>
> Signed by the President.

Again, another form of protest against deterrent fees, Mr. Speaker. I also have a letter sent to me which I think was read once before in the House and I am not going to read it. This is from the senior citizens of Saskatchewan signed by their Provincial president and the Provincial secretary. And this was brought to your attention quite a number of weeks ago, Mr. Speaker.

I have a news release from the Regina Labour Council:

> Executive in a special meeting today unanimously and without reservation condemned the method of taxing sickness as proposed by the Hon. Steuart in this Budget Speech.

I am going to read the rest of it because I think it explains their viewpoint quite well.

> We are living in an age where the majority of sick people need every dollar that they can get, what with the high cost of drugs and medicine. We are certain that abuse of the medical system by the average Saskatchewan resident is the further thing from his mind when he visits a physician. We are exhorted by the advertising media, 'to give a cheque and go for a check-up' as prevention against cancer. Reports by some of the finest medical minds say that prevention is better than a cure and infinitely cheaper.
>
> Clinics that practise preventative medicine operate on a far smaller budget than clinics that offer only remedial cures. Surely in this day and age a far more equitable method of paying for our medicare system can be devised. We presume that the College of Physicians and Surgeons of Saskatchewan were consulted before this proposed travesty of taxation was finalized in Mr. Steuart's chambers.
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> If in fact the doctors and others were not consulted it seems to us that the Government assumed much more than was their moral right in proceeding as they have done. This legislation is the worst to hit the Statute Books of Saskatchewan in 50 years and in the name of humanity should be opposed by you, the elected Members of the Legislature and all who have Christian feelings towards his fellow men.

Mr. Speaker, I have another letter here written by a young Indian lad in my constituency. I think that I have to read this one.

John Kowalchuk, New Democratic Member of the Legislative Buildings.

Dear John:

I am writing to you in regards to the deterrent fees or the utilization fee. In my mind it matters not what the Liberal Administration brands it, it still remains a tax on the sick. And the Saskatchewan Liberals spoke of the new Saskatchewan prior to October 11th. For once they told no lies. Saskatchewan is new. Yes, John, on March 1st, this Province donned the robe of black, befitting the Premier's Budget. We are the first and only Province to tax our poor and our sick without a definite need.

Now if you were to acquaint me with your Hon. Members sitting opposite you, you would probably receive this reaction: just where does the Indian fit into the deterrent picture? Maybe if the Premier's statement in an Eastern paper and I quote, "Thatcher says Indians breed like rabbits" goes to his head! We may say just see the Hon. Members taxing every newborn child of Indian ancestry a special tax. But I suppose that I shouldn't give them any ideas. I will grant you that the deterrent fee doesn't affect my pocketbook, but it does increase the burden for the Saskatchewan taxpayers. If you went to the hospital you would pay your $2.50. If I went to the hospital, the Federal Government would pay mine. But where does the Federal Government get the money? From you. I strongly feel that the people of Canada have a great responsibility to me and my people, but I don't want to be a heavier burden because some independent sector maniac gets a brain wave to tax this province's sick.

I am sure that my people would agree with me when I say that we don't want to take from you more than is necessary. And the deterrent fee is not necessary, not even morally justified. You recall the announcement by the Federal Health Minister that they will cutback services for Canada's indigenous population. I assume that if this suggestion materializes the Province will be required to take responsibility for at least part of the expenses besides cutting down services. What if the Provinces are asked to share part of the expenses? You will once more have to pay the deterrent fee. But much more than that, if it was shared by the Dominion instead of just Saskatchewan. Stop and calculate the costs. Say that the Provincial share was 50 per cent and that each of this province's Indian population spent one day in hospital. That would mean an expenditure of $42,500. With the knowledge that this is only estimated by one day of service and that the Indian has the highest birthrate and more . . . This would be the extreme minimum and it will increase every year. But the private enterprise system has no room for my people. Does it? Good Lord,

they don't even have allowance for the common man, the farmers and the sick.

In the Leader-Post of March 23, 1968, Premier Thatcher was quoted as saying, "That one of the reasons for introduction of the deterrent fees is that I hope to curtail abuse." A perfectly ridiculous statement. In the first place a doctor has to place you in the hospital. You just don't walk into a hospital and occupy a bed. If a person is sick, he is sick. It is as plain as that. I can see no room for abuse. I should think that the Government would be happy to have such a health-minded province. Besides is it not better to curtail sickness before it becomes worse? In the same paper of the same day the Premier went on to say, "An individual will not pay more than $165 no matter how long he or she stays in the hospital." What if this individual, who will just happen to be head of the household, and five of his ten children are confined to the hospital. That would be $825. Do you know what that means to the rural and many city residents? Just about two months of living expenses. Mr. Thatcher went on to say, "There is no one who could live much cheaper at home than he/she will be charged in the hospital? This is too darn much.

While in the hospital the patient will not be earning money. They will spend time which is priceless and while away from home for a lengthy time the family and the patient will suffer psychologically. How can life be possibly cheaper in the hospital? Mr. Thatcher went on to say that the deterrent fee is not to destroy the health plans but to save them. That's like saying that the bombs in Vietnam are saving the people of that country. There they burn villages, massacre citizens and murder the military. And this is considered very constructive. Surely maybe the Government needs revenue for the plan, but I can think of other and better places to get the needed money rather than by taxing the sick.

I also noted that the Liberal Administration uses comparisons of Saskatchewan to other provinces in an attempt to justify their measures. The object looming far too bright before the Liberals' eyes is money. I should think that comparisons are irrelevant. What is relevant is the health of our people. We should take pride in our health programs and the health of good standing in this booming province of ours. I submit that the initiation of deterrent fees hints strongly of Hitler, where the Premier expects all to be Superman 1968.

John, it does seem to me that our beloved Premier is trying to undermine and sabotage the medicare program. It would appear to me that his foot is still draped in the bandages of July, 1962. Or maybe the Liberal Administration is really concerned about the independent sector. What better form of patronage than to collapse the medicare

structure so that when it is forced out into the cold, people will have to accept the fluffy wings of the insurance companies.

The purpose of Medicare and Hospital Plans, as defined by C.A. Robson and Dr. Samuel Wolfe, is to spread the costs based on the ability to pay so that no more will be burdened when sick. I submit that the Liberal Administration is wielding the axe of destruction against the medicare program by introducing the deterrent fees which fully contradicts this accepted definition. This past week I was assisting work on a small scale petition in my constituency, so I became quite familiar with the feelings of the members of the electorate. Although we could not see everybody, we did get the distinct and obvious impression that everyone, yes, even the long-time Liberal supporters, are dead against the deterrent fee.

I submit that when the present Government chooses to overlook this fact, that they are breaking down the democratic responsibility entrusted to them when elected on October 11th. When a government displays such dictatorial methods our province is in trouble. Of course it has been thus ever since 1964, hasn't it?

In closing, allow me to put forward some personal opinions which are in direct link with my people. First of all let me say that I and my people resent the manner in which we are involved in little spatters in the Assembly. They argue how much liquor was bought from my people. They preach good-will towards my people and then turn around and hint by these arguments that we are freaks or animals of some novel breed. The Members use my people for either smear or sympathy. This is discrimination in my books. We desire to be treated like people and not a novelty. Pertaining to the suggestion by a Liberal Member that my people hold an election to elect two MLAs I am personally against the idea for many reasons which I will not go into. The Member who suggested the idea was probably very sincere about it, but I wouldn't trust the big boys to fool around with that one.

Personally I would think that the majority of my people once they are made aware of the pros and cons would reject the idea. However if the idea comes into effect, I will probably be forced to support it, or should I say, defend it from the corruptive hands of private enterprise.

I suppose that all that there is left to say is fight the deterrent fees, fight because it will definitely be the fight of the people.

Sincerely,
Mathew Bellegarde.

SOME HON. MEMBERS: — Hear, hear!

MR. KOWALCHUK: — Mr. Speaker, there are a number of other articles that I have here to read. And if you want to look at statistics and we have plenty of them here today, Mr. Speaker, I want to say, that the Junior Member from Saskatoon City Park (Mr. Charlebois) gave three reasons the other day why deterrent fees have been applied. Now I say, Mr. Speaker, that the reasons he gave were nonsense. The three main reasons are: 1. dismemberment of our great medicare and hospitalization. 2. more money needed in the treasury. 3. to tax the poor and sick people, Mr. Speaker.

I have another article from the Weekly Free Press, the Sifton Liberal press in Winnipeg, of April 3, 1968, wherein it says something like this, Mr. Speaker.

> About deterrent fees. The cost has gone up of the hospitalization as it is in Ontario. Now the question is, "Why?" But what can't be proven from the trends that it's all the fault of the patients and the public. Indeed, the statistics show that if anybody has been abusing the plans it's the doctors.
>
> Actually, the number of admissions to hospitals over the years has gone up less than the number of insured persons, and the bed occupancy rate has in fact declined — no doubt because the median age of the population is lower. The average stay per patient in hospital has increased by only 7 per cent from 11.8 days in 1960 to 12.6 days in 1966.
>
> What has gone up tremendously are the things that the doctors order for the inpatients in hospital. Between 1960 and 1966 (the latest year available) the number of diagnostic x-rays increased by 58 per cent, the number of units of laboratory work by 130 per cent. Such services inevitably require more staff and more staff to administer; although hospital admissions increased by only 17 per cent, for example, full-time staff in the public hospitals increased 38 per cent, part-time staff by 67 per cent, and the total paid hours of work by 40 per cent.

And it goes on to show, Mr. Speaker, farther down and it says:

> 'Machine medicine' now dominates the economics of private medicine practice as well. Statistics show that while the frequently of the patient visits to doctors' offices has actually declined, the frequency of diagnostic x-rays has gone up 57 per cent, other diagnostic procedures by 70 per cent and so on. The general pattern was to rely mainly on hospital facilities for such work, but with the event of Medical Services Insurance a new trend has developed; in the past year over 200 doctor-owned corporations have been formed in Ontario to operate medical laboratories.

I think that if this whole article was read, Mr. Speaker, you would find out that the patient is the least to blame. It is the doctor who says whether the patient goes in or goes out. It's the hospital, if anybody, that has some say as to what goes on in a hospital. The price of these things, the price of x-rays, the price of the other things that go into detection and curing of diseases. I think that it goes without saying, Mr. Speaker, that the least to blame is the patient. There may be an odd abuse, but again I say the least to blame is the patient. If there are abuses elsewhere, and I again am not pointing a finger at doctors or at hospitals, but if there are abuses why didn't the Government look there? But the only place that it looked is at the patients. Mr. Speaker, I submit that some of the Members across the floor realize that this fee is wrong, morally wrong, Mr. Speaker. I ask these Hon. Members to show some responsibility and to do the job that they were elected to do.

SOME HON. MEMBERS: — Hear, hear!

MR. KOWALCHUK: — Maybe they will run into some repercussions from the sharpshooters and financial supporters, the independent sector. But they will have the satisfaction of knowing that they have upheld the basis of democracy — this is, Mr. Speaker, if they will stand up on their feet and join us in the defeat of this Bill. Mr. Speaker, I and many other Members on this side of the House have attempted to show to the Members opposite that the deterrent fees is wrong and unjustified. May I say that I have not said all that I wanted to say, but I shall leave it up to my colleagues to try and get through to the Members opposite. Mr. Speaker, the thought that the Government is going to proceed with this savage piece of legislation leaves me and all the people of Saskatchewan very much dismayed and saddened that that Utopian Heaven prior to October 11th vanished and culminated in the most immoral tax in this Budget.

This goes to show, without question, that I shall not support this Bill.

SOME HON. MEMBERS: — Hear, hear!

The amendment was negatived on the following recorded division:

YEAS — 22

Messieurs

Lloyd	Berezowsky	Baker
Wooff	Romanow	Pepper
Willis	Smishek	Bowerman
Wood	Thibault	Matsalla
Blakeney	Whelan	Kwasnica
Davies	Snyder	Kowalchuk
Dewhurst	Michayluk	
Meakes	Brockelbank	

NAYS — 30
Messieurs

Thatcher	MacDougall	Leith
Howes	Grant	Radloff
McFarlane	Coderre	Weatherald
Boldt	Bjarnason	Larochelle
Cameron	Estey	Gardner
Steuart	Hooker	McPherson
Heald	Gallagher	Charlebois
McIsaac	MacLennan	Forsyth
Guy	Heggie	McIvor
Loken	Breker	Schmeiser

The debate continued on the motion.

MR. F.A. DEWHURST (Wadena): — Mr. Speaker, we are through with the amendment and back on the Bill which is still just as vicious now as it was before we disposed of the amendment.

SOME HON. MEMBERS: — Hear, hear!

MR. DEWHURST: — The matter of disposing of the amendment hasn't improved this Bill No. 39. Apparently Members opposite seem to have forgotten why we needed a Medicare Bill and Hospitalization Bill in a civilized society. People as long as we can go back in history have been banding together to help relieve each other's burdens, to come together in time of stress, in time of strain, in time of need and there is no effort more showing of that than in the time of war itself. But in order to put on the records of this House during this debate some of the reasons for these health plans, I would like to again repeat what most of the Members should be aware of, some of the history of the beginnings of the evolution of the health insurance in Canada. Payment of or insurance against the cost of medical services has a long history among Canadians. It may come as some surprise that the first known contract for medical insurance in North America was introduced 300 years ago. On March 3, 1665 in what is now the city of Montreal, a contract was signed between a master surgeon of Ville-Marie and 17 men and their families. The contract was apparently attractive for one month later, six other family heads appeared before the notary and were blanketed into the contract. Several years later there appeared the first in-hospital medical services contract. The parties to this contract were the Mother Superior and master surgeons, the latter promising and obliging themselves to well and truly serve the hospital of the Ville-Marie, to treat, dress and physic all the sick persons who may be there and this for periods of three months, each in turn to visit sick persons arduously at about 7 o'clock each morning and such other hours as may be necessary. Making allowances for the difference in knowledge and technology between then and now, it will be noted that the main essential of typical good modern agreements appears in both contracts. One of the earliest examples of an individual hospital making use of payment

arrangements was St. Joseph's hospital in Victoria, British Columbia. In 1878, the hospital announced benefits of gratuitous admission, visits of the doctor at reduced rates and medicine free of charge for a monthly subscription of $1. For the modern period the development began both east and west, and so far as the records indicate, almost simultaneously. As early as 1883, the minutes of meetings on the Nova Scotia Provincial Workers' Association in Glace Bay Colliery District revealed that employers made certain deductions from the wages of their employees in the form of subscriptions for the services of doctors and for hospital care, even though it was not until 1903 that the practice of deducting from wages at source was legally sanctioned by the Nova Scotia Legislature. The wage deductions were compulsory for all employees of the mining company and were paid to the hospital of choice and to the doctor of choice on a capitalization basis. This was apparently the earliest check-off system for medical services in Canada.

On the prairies, well before the turn of the century, a prepayment on a voluntary basis had come into use. The first publicly supported general hospital to be built in the North West Territories was the Medicine Hat General Hospital established in 1889, built through business contributions, voluntary fund-raising activities and grants from the Territorial Government. The hospital developed as one of its sources of operation revenue a system of hospital insurance tickets under which the board of directors agreed to lodge, board and give nursing and medical attention for a year to anyone who purchased $5 tickets for an annual period. Several hundred people took advantage of the scheme during the first year. The idea of prepayments through the sale of hospital insurance tickets by the hospital itself was also being accepted in the east. One such enterprising hospital was the Hotel Dieu in Chatham, New Brunswick. A copy of a letter from Sister Superior, dated October 5, 1907 to the manager of a lumber camp indicated that because of the number of men treated in the hospital who had either been injured in the woods or had contracted some malady the Sisters had decided this year to issue admission tickets for their hospital. The tickets were put up in books of 20 and the price for a ticket was $3. The efforts of men in charge of camps and other business activities were solicited in distributing the sale of these books. This too was a comprehensive coverage and included medicine, medical attendance and board in the hospital due at any time during six months after date of the ticket. These scattered examples developed around the turn of the century were clearly the forerunner of our present prepayment system. By 1934, a survey of the committee on group hospitalization of the Canadian Medical Association revealed 27 hospitals sponsored prepayment plans operating in six provinces. Two of these, Edmonton and Kingston, are of special interests. The Edmonton plan was known as Edmonton Group Hospitalization and all four Edmonton hospitals participated. Coverage was limited to persons in groups at a premium rate of 60 cents per adult member per month. Benefits included standard ward care and special services at half-price. The program continued until after World War II when it became the nucleus

of the Alberta Blue Cross plan. The Kingston program was initiated in 1933 and provided services in both the Kingston General Hospital and the Hotel Dieu. It operated on a different principle from that of the Edmonton plan of a partial or reimbursement of the patients' expenditures, the patients being entitled to a maximum of 10 days in a semi-private ward or 15 days in a public ward, with a maximum for a family of 15 days or 20 days in a public ward. At the end of the year all remaining funds in the plan were distributed to the patients, each patient receiving a portion of his expenditure that the balance in the fund represented total patient received. The total payment from the fund represented 60 per cent of the total of hospital charges billed to patients. A program following more closely the Edmonton plan had been launched by St. Michael's General Hospital in Lethbridge with the name Voluntary Provident Hospitalization Plan. Like the municipal plans in Alberta, it was based on a dollar a day payment by the patient and provided a fairly broad range of benefits for a premium of $6 per year. These represented the second stage of development of prepaid health services in Canada and from these experimental plans, the Blue Cross movement was to flower.

In the meantime in various parts of Canada, many other developments had taken place in the governmental sphere, revealing a growing interest in medical as well as hospital care. It is in the western provinces that we find the first examples of people turning to the agency of government to solve their medical and hospital financial problems. This should occasion no surprise for in comparison with the east the west suffered two disadvantages. In all Canadian provinces true to the Elizabethan Poor Law tradition, the burden of providing for the sick rested upon the municipalities and this as a government responsibility. It was a natural development that, wherever a church or related organization had not provided a hospital, government should find it necessary to undertake this responsibility as well. In both Alberta and Saskatchewan legislative provision was made for the combining of towns, villages and rural municipalities into the hospital districts to establish a special local authority for the purpose of erecting and maintaining hospitals. In Saskatchewan, The Union Hospital Act was passed in 1916 and over the years the union hospital system steadily expanded. By 1920 there were 10 union hospital districts. By 1930 there were 20. Only three were established in the 1930s. There are now over 111 such districts in the province covering more than half the population and since this research was done there have been more areas going into the hospital districts. As a result the union hospital is the predominant type of hospital within the province, and the system has enabled rural areas that could have supported hospitals in no other way to erect and maintain the hospital facilities they require.

In 1917, the Union Hospital Act was broadened to enable the hospital board to arrange with any municipality for annual contributions for the hospitals, be it by a fixed per diem rate for the patient in the hospital or by a fixed amount in lieu of or

in addition to such rates for this responsibility to make payments to hospitals in behalf of indigent patients. It was a logical step for municipalities to pay the hospital bills for all their residents and collect the necessary revenue through the general land tax. No legislative authority for such municipal expenditures existed, but it appeared that 10 municipalities were providing prepaid hospital care to the residents in this manner before 1919. The first legislative authority for municipal hospital care insurance programs was a special Act passed in co-operation with the Alberta Legislative Assembly to enable the town of Lloydminster which straddles the border to provide money for the maintenance and extension of the Lloydminster Union Hospital and for the payment of the expenses of their respective rates to payers and residents when patients in the said hospital. In 1942, 88 rural municipalities or parts of municipalities were operating municipal care plans.

Much more widely publicized than either the union hospital district system or the municipal hospital care system has been the Saskatchewan municipal doctors' system. Ever since 1931 when the United States committee on the cost of medical care published the monograph by Dr. Rufus Rorem on the municipal doctors' system, the plan has elicited the attention of persons interested in medical economics. When the system had been in operation for 16 years, 52 municipalities had contracts for the service of municipal doctors. In 1948 at the peak of its development, 107 municipalities and 59 villages and 14 towns had contracts for either full or part-time services with 180 doctors.

The municipal doctors' system had its origin half a century ago in Saskatchewan. In 1914, the Rural Municipality of Sarnia was about to lose its physician. As an inducement for the doctor to stay, the rural municipality without the legislative authority offered the doctor an annual retainer fee of $1,500. In 1916, The Rural Municipal Act was amended by the Provincial Legislature to grant authority to rural municipal councils to levy taxes for this purpose. Following the war, rural areas continued to find it difficult to attract doctors and in 1919 the Act was further revised to allow a municipality to pay a doctor a maximum salary of $5,000, in return for which he was to provide a general practitioner service. From 1919 to 1929 further amendments were made extending such authority to villages and town to enter into similar agreements and to enable parts of municipalities or two or more municipalities to co-operate in engaging the service of a physician. The terms of the contract varied by the majority which required the provisions of a general medical service including minor surgery, maternity care and public health where it included the inspection and immunization of school children. In certain instances if the physician was qualified major surgery was also provided as an additional cost. In 1939 a major change was introduced by the passage of The Municipal and Medical Hospital Services Act permitting a municipality or a group of municipalities to provide medical and hospital services by levying either a land tax or a personal tax or a combination of the two, with the proviso

that such annual tax was not to exceed $50 per family. Municipal councils were thus enabled to obtain some contribution from non-property owners towards the cost of medical services which they received. As attested by consistent expansion in the number of persons in municipalities and doctors involved, it seemed reasonable to state that within certain inherent limitations and special conditions of the rural west, the municipal doctors' system was successful in meeting basic needs. Its chief advantage was that it provided substantial inducement to a doctor to settle in a rural area in which under the normal conditions of private practice it would have been impossible for him to obtain an adequate income. Moreover it provided for a new medical graduate a fairly sure means of rapidly establishing a practice and obtaining a definite income.

Nonetheless the system had many shortcomings and in comparison with prepaid medical care obtainable in the urban areas, left much to be desired. On the one hand, patients objected to the lack of free choice of doctor and to the restrictions of benefits in most cases to the service of the general practitioner only. Doctors objected to the lack of right to select their patients and to the fact that their 10-year loss is some measure or at least is in some instances at the discretion of a municipal council. There were certain objections to the amount of the salary paid and to the fact many doctors felt a greater obligation always to be on call than they would under conditions of private practice. In recent years the municipal doctor plan began to be superseded in many municipalities by the community contract with the doctor-sponsored Medical Service Incorporated plan and was ultimately replaced by the Saskatchewan Medical Care program in July of 1962.

The municipal doctor system has also been used in Manitoba and Alberta although not on the same scale as in Saskatchewan. The Health Survey Reports of those provinces indicate that in 1950 there were 18 municipal doctors in Manitoba and four in Alberta.

Reference has been made to the development of the union hospital system and the municipal doctor system in Saskatchewan. Despite the rate of growth of these municipal plans, there was almost constant representation from the Saskatchewan Urban Municipal Association of Saskatchewan and the Association of Rural Municipalities to have the Provincial Government adopt a province-wide program. These were especially strong during the 1930s when a substantial portion of all physicians in Saskatchewan were in receipt of Provincial Government assistance. By 1941, the Saskatchewan Medical Association itself went on record as indicating that it was in favor of state-aided health insurance on a reasonable fee-for-service-rendered basis.

Finally in 1943, the Provincial Government established a Select Special Committee on Social Security and Health Services which held public hearings. It indicated in its final report that the representation before it advocated two different methods of financing health services: 1. A system of State

medicine financed from taxation and in which members of the medical profession would be civil servants with their salaries paid by the State; 2. a system of health insurance financed by contributions, doctors being paid by fee-for-service by capitalization or by salary. The decision between these would undoubtedly be made by the Federal legislation then in the process of consideration by the House of Commons Select Committee. It advocated the establishment of a commission whose duty it would be to introduce a health insurance program as proposed by the Federal Government. A Bill was passed incorporating these recommendations and received royal assent of April 1, 1944 during the dying days of the last session of the 9th Legislature. This Act was not proclaimed but was replaced by The Health Services Act passed at the 1945 session. The major sections provided for a comprehensive range of health services for public assistance. In 1946 The Hospitalization Act was passed launching Canada's first Provincially sponsored hospital insurance program. The beginning was made in 1948 with a public medical care service in the Swift Current Health Region. This plan was financed by a combination of personal and property taxes supported by Provincial Government grants. While it continued to function in the Swift Current Health Region, the plan failed to win acceptance in other regions of the province until it was superseded by the province-wide program of 1962.

In 1960 the Saskatchewan Government appointed the Planning Committee on Medical Care representing professions, the public and government. Following submissions of its interim Report in September, 1961, the Saskatchewan Medical Care Insurance Act was passed November 17, 1961 and scheduled to go into force on July 1, 1962. Because of disagreement between the Medical Care Commission and the College of Physicians and Surgeons, the program did not become fully operative until after the Saskatoon Agreement was reached on July 23, 1962.

The Alberta hospital services plan was launched in June of 1949 and, unlike that of Saskatchewan, was based on the existing municipal hospital insurance programs administered by municipal councils. The Saskatchewan and British Columbia Hospital Plans had included as benefits all of the required services of a hospital and had made no distinction between the basic services of room, board, basic nursing care, dressing, etc. and what has come to be called in most hospitals and in most of the Blue Cross programs, the special services or extras of the operating room, delivery room, drugs, anesthesia, etc. The Alberta proposal made the distinction used by Blue Cross plans and in its original version the program included only the basic benefits and not the special services. The financial proposal of the Provincial Government was to establish for each of five categories of hospitals a standard ward rate. It undertook to pay to the municipalities for residents or the insured persons one-half of that cost with the municipality paying the balance of the cost from the municipal tax source. In 1953, the Province authorized at a municipality's option, the adding of the second tier of benefits to the basic plan to cover the cost of what became officially called special services.

Another basic feature of the traditional municipal hospital plan was retained, that of the payment of the $1 per day deductible by every patient for each day of care. When the municipality added this special privilege of benefits, the deductible was increased to $2 per day. From 1949 to 1958 therefore when the Alberta Government accepted the terms and conditions of the national Hospital Insurance Act, hospital care in Alberta was financed by a tri-party agreement, namely the province, the municipality and the patient. By 1954, 75 per cent of all patients entering hospitals were insured through this program.

Now Newfoundland also has a hospital services plan. In 1949 when Newfoundland joined Confederation it brought with it a hospital services plan combined with the medical services plan that covered about one-third of the population living chiefly in the out-ports. The individuals who voluntarily paid a modest premium were insured for both medical and hospital care in Government-owned hospitals. The rates in the hospitals for those who were not insured were high enough to induce most people to become insured. The plan was of course heavily subsidized by the Provincial Government. Nurses and doctors alike were employed on salary by the Department of Public Health which administered the program. In 1947 the Province instituted the children's hospital plan providing free hospitalization for out-patient service for children under 16 years of age.

Now that, Mr. Speaker, gives kind of a run-down of the history of some of the prepaid hospital and doctor plans not only in this province but throughout the whole of Canada. It outlines some of the needs and necessities why people have to band together to build for themselves health insurance, because we all know that the people who are least able to afford the health plans are the people on low income and people who are unemployable. Therefore without a health plan, many of these people could be sick for a long time and never be gainfully employed because they wouldn't have the treatment in order to become gainfully employed.

There are indications other than in Canada of people who are interested in health plans and doctors' prepaid plans. I would just like to quote a short article that appeared in the American Journal of Public Health in January of 1946. It's entitled "A Lawyer Speaks to Doctors".

> On November 19, 1945, President Truman delivered to Congress a message on a national health program which marks an important milestone on the long road toward public health. He included the five basic elements which have entered into all informed discussions of this subject: provision of hospital and related facilities for areas now lacking service of this kind; expansion of public health services, particularly those related to maternity and infancy; advancement of medical education and research; a comprehensive plan for prepayment of medical care on extensional social security to cover the hazards of sickness and disability. It is a bold and statesman-like

document, a clarion call to action. The exact form of legislation to carry out these purposes will come before Congress and the people during the succeeding months. Discussions of details must await their concrete formulations. For the preparation for reasonable discussion, we urge preliminary study of an article in Public Health Reports for January 1, 1945. If your volume has not been bound as yet, dig this number out of your files. Take it with you on a train or in a bus and read an address by Wendell Berge, Assistant Attorney General of the United States on "Justice and the Future of Medicine", delivered before the American Urological Association. It is one of the clearest and fairest analyses of the basic principles which should govern our planning for medical care which have yet appeared in print. Mr. Berge makes three points of major importance. (This is the lawyer speaking to the doctors). The first of these is his emphasis on the fact that medical services as an actuality involves social and economic as well as medical factors. He recognizes that this problem is usually baffling for it is only the exceptional personal who has experienced all the arts, technical, economic, cultural which coverage is in it. A beginning of understanding lies in the recognition of a distinction between the technology of medicine and its organization. By technology, he means all of those arts of diagnosis; therapeutics, surgery, radiology, dentistry and the like which could constitute the profession of medicine. By organization it means all of the arrangements, social and economic, by which medical services are available. It is idle to dispute as to which is the most important, for there must be a medicine to practice and there must be arrangements for bringing physicians and patients together. It is no veiled mystery as to which is more backward. In the advance of the art of medicine, you have done a brilliant job. In the face of this advance it's all the more tragic that progress in the organization of medicine has lagged and because of this lag the nation has not had the full benefit of superlative performance. With regard to the problem of organization of medical services, a distinct form of practice of the medical arts, Mr. Berge points out that as a group physicians have been little exposed to the discipline of the social sciences and social organizations as intricate and as full of mysteries as the art of medicine itself. So when I hear physicians speaking about the organization of medicine in a tone of doctrinaire finality, I cannot fail to remark the contrast with the courageous and humble search for truth displayed in his own work. But when I hear the question put as a choice between private practice and socialized medicine, I cannot escape noting the confusion and the dogmatism strikingly different from the scientific approach. As for the either/or of private practice and socialized medicine there is no such question. There are a myriad of schemes under which the doctor and the patient may be brought together, not a choice between just two. There is no such question as

private practice versus socialized medicine, for a practice is never private and all medicine has a social function.

Mr. Berge deals effectively with the claim that no other system than individual, financially competitive medical services can safeguard the quality of medical care, an essentially intimate personal relation between physicians and patient and the moral and initiative of the physicians. Such values he says depend upon no one single way or organizing medicine. To say that a doctor will give his utmost if he acts as his own business agent and that his incentive will be stifled if he receives a salary, is not borne out by experience. The time was when the great scientific advance was the work of the solo inventor. Today the most creative of all work, the progress of science and the useful arts is the product of men on salary. In the larger offices the great mass of lawyers now work on salary, and work as hard and as heroically as a youngster who used to flaunt his own shingle in the breeze. It is true that the chance to become a partner is an incentive, but I would not rank it overly high for work equally as good as done by the lawyers in the Government where no such opportunity exists. In other institutions of higher learning as well, teaching falls to salaried employees, and there you will observe an interest, excitement and devotion to duty, an urge to be up and doing.

To return to medicine. How many thousands of our best doctors are today giving their all without stint in the services of the army and the navy? Ambition, security, income are necessary things. They have in every age and among the most varied conditions of society driven men to accomplishment. If I were a youngster I would rather leave the series of judgments which shape my career to men of my own profession than attempt to get ahead by translating my skills into the art of winning and hold patients. Mr. Berge's third emphasis is on the evitability of changes in the present system of medical services and on the importance of medical participation in planning such changes. The arts of medicine he tells us have advanced. The importance of medicine has been enhanced. It has enhanced, it has become a necessity for the people and an essential in the operation of an industrial system. it has outgrown the organization into which in days of petty trade it was case. The demand is for a vaster, more comprehensive, more reliable medical service. If an instrument of the common health can be provided on terms that people can afford, the people will rejoice. If you do not help them to do it the people will seize upon whatever agencies are at hand as a help in time of need, for the universal demand that the common health be served cannot much longer be stayed. A new medical order is inevitable. Whether we shall cling to the old order or create a new one is not the question. The swift course

> of events has decreed that there can be no turning back. The question is rather what sort of medical order it is going to be and whether it is the best which wisdom and knowledge, shaped by the best understanding which law, medicine and the social studies can bring to it, or is it to be constructed by amateurs in ignorance but with good intentions. He makes the following final plea to the medical profession. 'I can hand you no ready-made medical order on a silver platter. If I could it would do you no good. I can only suggest to you, whose minds have long been busied with the subject, some reflections of a man of another profession. I am positive that a service, adequate to the time, cannot be brought into being without the doctors' creative participation. As doctors and patients we face a crisis and my appeal is to the ancient wisdom of the profession. The ends of medicine remain unchanged. Ways and means must be found to adapt its practice to the condition of present-day society. A new organization must be created that an ancient mission be not lost, that once again medicine shall be available to all in need and charges shall be graduated in accordance with ability to pay. An instrument of the common health such as never before has been offered to a people is within our reach. This is no time for petty doubts and timid moves. In the face of a national challenge we must, as one of our great jurists said of the law, 'Let our minds be bold.'

Now, Mr. Speaker, I think that will show you not only some of the trends that have happened here but the thinking of men who have studied these points in other places. In 1919 when the Liberal party of Canada had their convention, they at that time adopted a complete health care program resolution for the whole of Canada. That was to be a program if the Federal Liberal party after 1919, led by Mr. McKenzie King, formed a government. Well, Mr. Speaker, Mr. McKenzie King was elected and did form a government in Canada for many years. Yet we see that the Liberal party have never at any time promoted health schemes and benefits. They give lip service to it as I read out here this afternoon. They've passed statutes to give lip service. They never proclaimed their statutes, nor do they do a thing about bringing in social security to people. In every election since 1919 we have heard the Liberal party talk about health care and hospitalization, medicare. Our Hospitalization Plan was passed in 1947 and it wasn't until we got rid of a Liberal Government at Ottawa and got a Conservative Government did we get any help toward paying the cost of hospitalization. It was the Conservatives under John Diefenbaker which brought participation of the Federal Government into hospitalization schemes.

When one goes back over the history of the number of hospital beds in those days it was pathetic to say the least to note how people were kept out of hospital because there was no bed for them. Not until after 1944 and the latter 1940s until this Legislature, the Government of the day, made grants to

hospital districts, was there ever a five cent piece put into the construction of hospital by any government in Canada until the CCF Government did it first. We have blazed the way on hospitalization and medicare. The programs were proceeding and proceeding well, but once again we see a Government intent on not only holding them back from progress but actually turning the clock back, stymieing them and crippling these programs. Bill 39 is a vicious Bill and it is a Bill which should not be tolerated by any 20th century thinking Legislator.

SOME HON. MEMBERS: — Hear, hear!

MR. DEWHURST: — These tactics which they would bring in Bill 39 are the tactics and the thoughts of 18th century thinking, not of the 20th century.

Now last week when we were having a debate on this Bill, we had a very interesting thing happen. We've been asking from this side of the House, we've been asking the Minister of Public Health (Mr. Grant), we've been asking the Provincial Treasurer (Mr. Steuart) and we have been asking others to tell us where is the abuse on the hospital and medicare programs. What are they doing to try and find out the abuse? Where is it? We are aware that they made a survey in Swift Current Region but they don't believe in democracy enough to bring that Report into this Legislature. They say that a scheme without deterrent fees is bad but they produce no evidence. I am sure, Mr. Speaker, that their actions would not stand up 10 minutes in a court of law. They would have to substantiate their charges or they would lose their case. As far as the public is concerned in this province they have lost their case, and if they don't believe me all they have to do is take it to the jury of the public opinion. I am sure that we on this side will welcome you taking it to the jury of public opinion. Let the people of this province say whether they agree with Bill 39 or not.

Last week we had one of the Members from Saskatoon, the junior Member (Mr. Charlebois) telling us that it was the people who are abusing this plan. He proceeded to table a letter which had been sent to one of his colleagues and which was unsigned. I would like to quote a part of that letter:

> A close friend was telling me in recent days that a couple of years ago he sojourned in hospital for a correction on the timing of his heart which had been giving him trouble.

He became quite friendly with the doctor — we know what is in this letter — and he goes on to say that the doctor made house calls, $176 worth of house calls which this fellow figured out to be 44 such calls. Now, Mr. Speaker, if these are the facts of the case, and I don't know whether they are or not, but the Member reported the letter and he and the other Member who said he would take the responsibility for it have not substantiated the report. If these are the facts of the case it is not the

patients who are abusing the plans, it is the doctors. This is a serious charge on the doctors. It would be quite simple for the Minister of Public Health (Mr. Grant) if the two Members concerned would supply him with the names of the doctor and patient. I am not going to ask them to supply me with them, but if they supplied them to the Minister of Health, with the IBM machine that they have in the Department of Public Health, he can immediately report exactly what happened in that case. If all these calls were made if they were abusive calls, then action should be taken against the one who caused the abuse, not against innocent thousand of the public of this province. I know myself I had a statement turned over to me a while ago where a fellow had received a copy of a bill paid on his behalf for 1967. He told me he hadn't been to hospital or to the doctor at all. I took it up with the Minister of Public Health. The Minister of Public Health took it back to his Department. He processed the notice of the amount of money paid out through the IBM machine and he was able to give me the detailed information as to when these cases took place, what they were all about. The vast majority happened in 1966, the latter part of 1966 but billing was not paid by the plan until 1967. So there is no reason why I on this side of the House cannot take information that way to the Minister and get the problem straightened out. Why can't Members sitting on that side of the House who pretend they've got something of a dynamic nature, dynamite to explode the myth of what we are talking about, so they say, come up with a phony letter like this. "This also compares to similar abuses by doctors who kept on calling on their patients in their spare time." Well, if doctors keep on calling on patients in their spare time, again I say if you have any indication of this, take it to the Minister. The Minister can find out what the calls are for, why the treatment was given so long. Through the IBM machine they can turn out the data within a few minutes. Then this letter goes on to say, "Stay by your guns and do not weaken to all this unfounded propaganda."

He lists two-thirds of a page of unfounded propaganda and then he tells the Members over there to stay by their guns and do not weaken by all this unfounded propaganda. He admitted it was unfounded propaganda. If this was authentic information he wouldn't have this last sentence in here. "My friend would not want to get involved in substantiating what I am reporting about." How childish, how stupid and how ridiculous to bring such a letter into this Legislature and, then after it is tabled, find out that it is not signed. Then he tabled the original and that isn't signed either. I think that that type of action is just as irresponsible as is Bill 39, which is making a mockery of democracy, a mockery of people's rights.

Now the other day when the debate was going on, a statement was made that the people in hospital, if they went to hospital and paid $2.50 a day, it would be less or no more than what it costs them to live at home. Well a good many people of this province are the breadwinners of their home. When they go to hospital their wife or family has no income. They are dependent

on wages and salary; they are not all as fortunate as the Minister of Public Works (Mr. Guy) to have two pay cheques coming into his home. When a husband goes to the hospital and has to pay $2.50 a day for a month, $75, the family at home has no support; it means a very grave hardship on those people. So I say that it is a disgrace on this Government in the 20th century times to charge $2.50 per day for the first 30 days and a $1.50 a day for the next 60 days.

People go to hospitals not by their own choosing, they go there because their doctor sends them there. Why doesn't the Attorney General (Mr. Heald) amend some of his Bills and charge the inmates of our penal institutions $2.50 a day for their stay? They don't go there by the doctor's choice; they go there as a result of their own actions in 99 per cent of the cases. So let's charge the inmates of our penal institutions $2.50 a day. Maybe we would cut down crime in our institutions; they wouldn't get free board and free room. Maybe this is one of the ways this Government is fostering crime in the province by paying free board and room in jails. Maybe they should take a look at some of those things.

SOME HON. MEMBERS: — Hear, hear!

MR. DEWHURST: — This Government, doesn't represent 50 per cent of the people of this province, but yet it is forcing its will on all of the people of the province as though it had the confidence of all the people of this province. It doesn't have all the people of this province backing it. The thinking of this Government by charging $2.50 a day is to prevent mothers from going to see their doctor for prenatal care. Mothers won't go so often because they won't have a higher infant mortality rate. This way it will cut down on paying out family allowance for the Federal Government. Also it will cut down on the number of children coming into schools; it will cut down the cost of education, the cost of classrooms. It will go all the way through high school and university. Is this one of the means it is using to try and decrease our youngsters of the province in order to benefit other programs?

When we see some of the results of these programs, they are vicious. In Regina they have the Wascana Hospital. There is a girl from my constituency in that hospital. She is paralyzed from the waist down. Now I understand her parents will have to pay on her behalf $2.50 a day for the first 30 days and $1.50 for the next 60 days. But every once in a while she is allowed to go home during the holiday seasons to have a holiday with her sisters and brothers, and her parents look after her the best they can. When she comes back into the Wascana Hospital she gets treatments there and also get a certain amount of education. Well I would like the Minister (Mr. Grant) to tell me some time or other; will a person like this have to pay the $2.50 again? Will it be demanding the $2.50 and the $1.50 from crippled children that way? I am sure that if it would use a

little more discretion and a little more prudent judgment it could have found out many a way of solving the problems it has today without having to put on this deterrent charge.

We saw here less than two weeks ago the Liberal party of Canada, according to their press reports, spend over $2 million just on the Leadership Convention. Money was plentiful for that occasion. If money was that plentiful, if money could be had that easy from their big financial supporters, then I am sure, by some proper type of taxation, money could be found to support our hospital and medicare programs without putting on a deterrent charge. Last fall in my constituency in the town of Wadena — pretty well everyone read about it — one of the pastors there returning to Wadena from a service at another point was in a head-on-collision with another car. He and his wife and all his children, seven in all, were seriously injured and all of them were hospitalized. Some of them are still taking treatment from that accident last fall. Well here would be a case where not only the breadwinner himself was in the hospital but his wife and all of his children were in hospital. It would not only cost him $2.50 a day but seven times $2.50 a day for that accident. These are things which this man was innocent of. It was shown subsequently that the pastor was innocent of the accident and that it was the other car that was at fault. But nevertheless this would mean that this fellow would have to pay $20 a day for his entire family.

HON. C.L.B. ESTEY (Minister of Municipal Affairs): — What about the Automobile Accident Insurance?

MR. DEWHURST: — Yeah, what about it? There are many accidents which may not involve two cars and put a group of people in hospital. There may not be a car involved at all and yet there could be an entire family involved in an accident. It could be an accident of many different sorts. Yet we see in Canada complete medicare service for all our service men. We are not objecting to it, Mr. Speaker, we feel that our men and women in our services, the Army and Navy or Air Force, should have complete care. But if we can provide it for those people surely we can provide medicare for our underprivileged people and for our men and women.

I recall some years ago a man came to me. He wanted to try and get an allowance because he said he couldn't work. He was a man in his early thirties. He stood about six foot two, he looked quite robust. I asked his doctor what this man's complaint was and he said the fellow shouldn't be working. I was able to get that man under social aid care. His wife got a mother's allowance and he became a beneficiary under the mother's allowance program. He was able then to get medical treatment and medicine on the mother's allowance card. He was under treatment for one year. That was some 18 or 19 years ago now and to this day that man is working and providing for his wife and family. He was able to get the medical attention he

needed and the care he needed and the rest he needed, without his wife and family starving to death. That man is supplying a good home for his wife and family because society gave him a chance when he was down and out and when he needed it. Society didn't trample him into the mud and say, "No, because you haven't got anything you don't deserve to live, we are going to tax you."

Recently we saw a 12 per cent tax removed on drugs. The Federal Government removed the 12 per cent sales tax. But we haven't seen any reduction in drugs throughout this country. If this Government is so interested and anxious about keeping the costs down why doesn't it set up a hospital purchasing agency where they could purchase drugs and hospital supplies for all the hospitals. I am sure they could reduce the costs many, many times over. A lot of our drugs are sold by a patented name rather than the genetic name which means we pay three and four times what we should for the drugs. The common person, the individual doesn't know. A lot of these drugs are supplied in hospital as well as being supplied by the doctors to the patient. Sometimes patients will go to a doctor and get a prescription. They may go to another doctor and he will prescribe a different brand because he doesn't agree with the first doctor. I think that these are the things that are abuses that could be straightened out.

Last week we saw a well known Canadian figure speaking in Saskatchewan, speaking in support of the defeat of Bill No. 39, a man who was opposed to deterrent and utilization fees, a man who the Minister of Highways (Mr. Boldt) said should keep his nose out of our business and stay back where he belongs, in Toronto. I wonder when our Premier went down to Montreal and said Saskatchewan should become the 51st state of the United States if the people there told him he should keep his cotton-picking fingers out of Quebec. I think as a Canadian, Pierre Berton has a right to travel and speak on the things which he has studied, studied far more than a lot of us in this Legislature have studied. He has written books on these topics and I'd like to quote his speech as reported in the Saskatoon Star Phoenix of April 10, on page 3:

> Imposition of utilization fees will be the first step in a campaign to destroy the only really universal medical care scheme in North America. 'you must stop this retrograde step, stop it dead', Pierre Berton told and overflow audience of more than 1,500 at The Bessborough on Tuesday. The author of "The Smug Minority", a book advocating vastly improved conditions for the poor and the underprivileged said he had come voluntarily from his Toronto home at the invitation of the Citizens for the Defence of Medicare to help fight what he termed a retrograde step.
>
> Saskatchewan had led the world in many social reforms and universal medical care was basic to meeting the needs of the underprivileged, if they were ever to move up the social ladder, he said.

Statistics and studies of the use of medical care showed that, when care must be paid for on an individual basis, the poor used it least. They waited too long before going to the doctor because the fee was needed for food, rent and bare necessities, and instead of being improved and upgraded, life became increasingly a matter of mere subsistence, he said.

He said the fees would be the thin edge of the wedge to destroy universal medical care. 'If they are torpedoed elsewhere and I will fight this move however and wherever I can.'

'You can stop anything you want to. Sign petitions, talk to neighbors, enlist the help of friends, march on the Legislature, if necessary to Ottawa. Ottawa holds the purse strings and Ottawa has not yet laid down specific regulations for the grants but it can do so. See that those regulations require universal care, without deterrent fees,' he told the loudly applauding audience.

The Government has not produced evidence to show that medial and hospital services are being abused, Mr. Berton said at an earlier press conference.

He said he believed in social justice for all, and this could only come through more equal opportunities for job training and education in all fields of activity. The less privileged could not accept these opportunities unless living conditions became such that they were physically able to use them. Sound health was a first necessity.

The liberalization of the Communist regime in Czechoslovakia indicated communism probably was not the threat to life or liberty that had been thought and that it was not necessary to fight it to survive in a free world, he said.

President Johnson's decision to opt out of the presidency in order to enshrine his name in history seemed to be having the desired effect in Vietnam. Quite obviously he is making overtures and Hanoi is listening, Mr. Berton said.

The one big enigma still was what may happen in the United States as the result of the assassination of Martin Luther King. 'It may prove to be, as has often happened with saints and martyrs, the catalyst to shock Congress and the people into actually doing something to redress the wrongs suffered so long by the Negro people,' he said.

He said the only way to bring about social reform was long-range planning accompanied by greatly increased taxation of income, capital gains, death duties and

> corporations, to finance the changes planned. A case in point was the current utilization fees. Taxes should have been raised rather than placing a special levy against the ill, particularly those in the lower income groups who could least afford to pay them, Mr. Berton said.

I'm sure, Mr. Speaker, that Mr. Berton has studied a lot of these programs both provincial, national and international. He sees the plight and the sacrifices some people make to try and bring gains to common men and women. He commented in his report to the press on the sacrifice of Dr. Martin Luther King, how he gave his life to try and improve the lot of the Negro people of the States, people who are still human beings, the same as you and I, Mr. Speaker. It seems to be that we are listening more today to the teaching of Dr. Martin Luther King than we did when he was alive.

We have just come through the Easter recess. I saw last night on the CBC a play depicting what it would have been like 2,000 years ago had that happened today with TV coverage. I thought to myself, Mr. Speaker, how ironical that the greatest teacher of all of 2,000 years ago said. "As you do it unto others, so do you do it unto me." Here at the same time in this Legislature we are fighting Bill 39 to try and give to the people of this province, people of our nation, the right, the inherent right to health when that health is available for them. If they have incurable sicknesses that medical science does not know how to cure, we all feel sorry for them but the best should be done for them. But many cases, many diseases, many sicknesses can be relieved from the burdens of the working people of this nation. And without the working people, there would be no millionaires in this country. There would be no wealthy if it wasn't for the working people, both urban and rural, to supply the goods and services and the foodstuffs for society. It is because these people have been in a privileged position throughout the decades to be able to take the toll from the backs of the laboring people, either rural or urban laborers, that they have put themselves in the position of owning vast wealth and dominating society. To me, Mr. Speaker, this is evil. It is evil that anyone should have money in such a manner that they can make their money dominate the lives of thousands and thousands of men and women, and men and women and children yet unborn, not only in this nation but by the policies of some programs that they pursue throughout the whole of our continent. They bring hardships and sufferings on other nations, just because they want to get more dollars. The Vietnam War is a good indication how for monetary gains some people are not prepared to say, "Let's call an end to this blood-letting and this assassination of innocent men and women and children."

I think, Mr. Speaker, that one could stand here for hours and relate what has happened to the people of our society throughout the decades. I recall my Mother saying when she was a girl, she used to have to go to the cotton mills in Lancashire in England — and you, Mr. Speaker, will know something about the

cotton mills in England. She had to go at 6 o'clock in the morning, take her breakfast with her and she would work until noon. The next week she would go at noon and work for the afternoon, until she was 12 years of age. After she was 12 years of age she had to work full days in the mill from 6 o'clock in the morning until 6 or 7 o'clock at night for a matter of a few pennies per day in order to try and help to keep food on the table for the rest of her brothers and sisters.

Today we have laws against child slavery. We thought we had laws too in this Province against persecution of people while they were sick. Those people should have a right to proper medical attention but we find, Mr. Speaker, reactionary governments of today can be as reactionary now as they were 25 years ago, 50 years ago or 100 years ago. They are like dodos, they never learn. They don't listen and they don't learn. They will sell the people out for their pound of flesh but they will not at any time consider people before profits. I say there is enough wealth produced in this nation that we could have the best standard of living of any country in the word, if we mobilized our human and natural resources for the benefit of people, not for the benefit of private speculations, not for the benefit of overseas or out-of-borders investors, speculators and companies. If we would organize our vast resources of Canada and our labor resources and our brains to bring these things together, we could produce a standard of living which society has never dreamed of. We could bring to the people of this earth by uniting all the forces of this earth together and planning the production, we could bring a better standard of living to all our people including the Asiatic countries and the Eastern European countries or any other country. When I was in Nigeria, six years ago at the Parliamentary Conference, Mr. Speaker — and you have attended some of these conferences. You weren't in Nigeria, but you have attended some of these conferences — along with me was Dr. Hugh Horner from the Federal House of Commons. He was able to talk to some of the big hospitals and ask questions of the people of Nigeria, their infant mortality rate and so on. He found out from the questions and talking with the doctors that at that time, six years ago, there was one doctor for every half million of population in Nigeria, 80 doctors for 40 million of population. They also said that the infant mortality rate was about 50 per cent. Fifty per cent of the children that they knew of would not live to be a year old. That is many, many times our rate here. I'm sure, Mr. Speaker, with the knowledge and the technical know-how we have here, we could train people and give them help and assistance to send over to those countries to help to teach them some of our modern medical science. That would do much more to our making friends of those people than it would do to be sending ammunition either to Biafra or to Nigeria now that the two parts are at war. When I was over there I found the name Canadian was good currency any place over there. If you said you came from Canada, you were welcome. I'm sure that Canada could play a great role in the African and Asian nations if we would do it on behalf of people, not on behalf of special privilege. But with these types of bills, when we see governments

of the day turning the clock back 25 or 50 years, it makes people of other nations say, "What is so wonderful about democracy? We thought they were going places. We thought they were doing things for people. But instead of doing things for people they are now doing things to people." I want to ask each one of the Members on that side of the House to examine their conscience. Are they going to vote for Bill 39, vote against men, women and children having proper health care or are they going to vote with us and do away with this Bill and find monies from places where monies are available? And monies are available because there are lots of places money can be available if the abuses are as rampant as the Member for City Park-University (Mr. Charlebois) alleges they are. If he alleges the abuses are so rampant, take out those abuses. The Minister of Public Health (Mr. Grant) through his IBM machine can check where the abuses are. He can check one district against another, one area against another, the practice of one physician against the practice of another, case for case and sickness for sickness. These are the things that could be done to remove a lot of abuses if there are abuses which they tell us. If there are not the abuses then I say it is time they either put up or shut up and not tax the innocent people of this province. I think that it is long overdue when the working people of this province have the right to live in decency. They shouldn't have to be going around as though they were beggars, bums and paupers. The average working man, be he urban or rural, produces enough goods and services in his lifetime to feed, clothe, and shelter himself several times over, but he doesn't get the benefit from it because it gets drained off in the leak of our economic system. If we will do something about taking excessive profits out of the big corporations, returning some of it to these people, they can live in decency and retire in decency and not find that, when they have come to the age of their senior citizen's life, all their savings are going to be paid in hospital bills, doctor bills, drug bills and increased taxes on property. We have seen the increase on property tax in this province the last four years go up by some $30 million. That mean $30 for every man, woman and child of this province in addition to the increased taxes that we have had loaded onto us by this Government. This Budget here which is the forerunner of our present new Saskatchewan is loading more taxes and more taxes on the people of our province. I say I would like to see people on that side of the House stand up. We will see if they have the courage of their conviction. Are they going to represent the people who voted for them when this Bill is voted on or are they going to represent the two or three in the front benches who tell them how they have to vote? Mr. Speaker, I shall be interested to see how they vote on this Bill because I shall oppose it.

SOME HON. MEMBERS: — Hear, hear!

MR. WEATHERALD: — Mr. Speaker, may I ask the Member a question before he sits down? I understood and I believe the record will prove that the Member said that the war the United States is carrying on in Vietnam is purely for monetary reasons. Does he really

believe this or was this just talk?

MR. DEWHURST: — What I said was that there are people in the United States and in other places who are not anxious to see the war in Vietnam come to a conclusion because they are making profits out of it. I said I deplore those things when people want to see war for making profits. I didn't say that was the official position of the US Government because we have heard their statements many a times on radio and on TV. But we have also seen in the press people who have said if peace came to Vietnam tomorrow we would have depression in our area. We've seen those statements in the press.

MR. A. MATSALLA (Canora): — Mr. Speaker, much has already been said in the debate about the ill effects of this legislation which will impose taxes in the form of deterrent fees on the unfortunate sick people who may be seeking medical attention. Hon. Members on this side of the House have been pointing out to the Government that this legislation is discriminatory and unfair. It would impose taxes on the wrong people in a wrong manner. They have been urging the Government to reconsider this tax legislation. Only a few of the Hon. Members on the Government side spoke in the debate in defence of the legislation. The other Members are either against the principles of this legislation and do not agree with it or they are afraid to voice their opinion and make their position known to this House and the people of Saskatchewan.

Mr. Speaker, I have already made my position quite clear with respect to this legislation when I spoke earlier on the Budget debate. I would like to add, though, that the imposition of deterrent fees is contrary to the principle upon which the Hospital and Medical Care Plans were instituted. The new tax to obtain health services would very likely, in many cases, deter people from seeing the doctor at the earliest sign of illness. Because of extra costs, the new tax would deter people from being admitted to the hospital and from remaining in the hospital the necessary period for sufficient recovery. The new tax would have the greatest effect on people with a low income. It's a regressive tax striking at the wrong people, the poor people, and the sick, Mr. Treasurer. The people of the Province of Saskatchewan will no longer have an equal right to health services. Obtaining hospital and medical services will become a privilege rather than a right. It would mean that the person with the money and the ability to pay would without financial concern have easier access to the services. The person with a low income would, in a lot of cases, delay and not seek the services unless it was urgent. This person in other words would be deterred from receiving the necessary health services. In a society that professes to provide equality in rights, this kind of situation will be discriminatory and unfair.

The Hospital and Medical Plans, Mr. Speaker, were instituted for the purpose of spreading the costs of receiving

health services on the basis of ability to pay with the effect that no person would be financially burdened when sick. Chief Justice Emmett M. Hall, Chairman of the Royal Commission on Health Services when speaking to the Saskatchewan Hospital Association in Saskatoon, the Star Phoenix of October 16, 1964 reports:

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

I submit, Sir, this to mean that the application of deterrent fees would result in people being kept away from obtaining preventive care and early treatment.

SOME HON. MEMBERS: — Hear, hear!

MR. MATSALLA: — They would also deter people from having regular medical check-ups. Consequently it could very well lead to incurable diseases in later life.

Low-income families, I submit, Sir, will be hit the hardest. A family of six with four children with an income of from $75 to $100 a week would be greatly deterred from the use of hospital and medical services. They would not seek hospital and medical services; they would not seek services unless it was urgently necessary. Because of this, in many cases it may be too late for an early cure. It could lead to some long-term illness, a permanent physical defect, or even the risk of life. The tax on the sick would deter patients from receiving close and frequent check-ups. Patients with chronic illnesses, say asthma or arthritis, heart condition, or diabetes, would be charged the extra tax every time they see their doctor and/or are hospitalized. These, I submit, are a group of sick people who are least able to pay because of their poor health condition and unemployment situation.

The application of deterrent fees on the sick, Mr. Speaker, is retrogressive. It places the greatest burden on the wrong people. Its greatest effect would fall upon the least fortunate, the weak and the sick, the low-wage earner, the unemployed, the young and the old. The tax would change the underlying philosophy of the hospital and medical plans; it would be contrary to the principles upon which it was established. Citizens regardless of age or condition or ability to pay should be entitled to and have access to the health services and facilities whenever they need them without hindrance of any kind.

Mr. Speaker, to say that the introduction of deterrent charges would eliminate abuses to control costs in the use of medical and hospital services is empty talk and not factual. Firstly, is this Liberal Government convinced that thousands of people are using the services of doctors and hospitals because of no cost to them? Secondly, does this Government

know that by introduction of deterrent fees health services costs will be controlled without placing an undue burden on people least able to pay and not at the expense of the health of the citizens of Saskatchewan?

May I, Mr. Speaker, make reference to statements made in this House by the Hon. Premier on Friday March 22, when he spelled out his calculations in accordance with the utilization fee schedule, he stated and I quote:

> An individual will not pay more than $165 at least on one visit to the hospital, no matter how long he is there.

This may be true for use of the hospital only and I want to repeat the Premier's statement "on one visit." The Premier seemed to have left the impression that $165 would be about all it would cost extra. Let's go further than that and make this assumption. Let us take a patient who is ill with some severe chronic disease, say a major heart condition. During the course of the year he is admitted to the hospital on three occasions for a month or 30 days at a time. I would say that 30 days at a time is a more realistic period of confinement rather than 90 days. What would the deterrent fee or sick tax amount to and what would it mean to him?

Mr. Speaker, with your permission I'd like to call it 12:30.

WELCOME TO STUDENTS

MR. W.J. BEREZOWSKY (Prince Albert East-Cumberland): — Mr. Speaker, through you and to you, I have the honor and the pleasure of introducing a group of students from my constituency from the community of Shipman, which is located on Highway No. 55, and one of our northern schools in the Province of Saskatchewan. The young people are supervised by their teacher, Miss Dorothy Bird and also chaperoned by Mrs. Shirley Rude and Mr. Steve Kuchirka. I'm sure that you would want me to convey to these students and to the teacher and the chaperones our best wishes for a pleasant stay in Regina. The hope that they will enjoy the proceedings of this Legislature and that it will be of some value to them, both in their school work and also as future citizens of this province. I'm sure you'd want me also to say on our behalf here that we wish them a pleasant time in the city and a very safe voyage back home.

SOME HON. MEMBERS: — Hear, hear!

The Assembly resumed the interrupted debate on the proposed motion by Hon. G.B. Grant (Minister of Public Health) that Bill No. 39 — **An Act to amend The Saskatchewan Hospitalization Act** be read a second time.

MR. MATSALLA: — Mr. Speaker, just prior to 12:30 call, I made reference to a statement made in this House by the Hon. Premier on

Friday, March 22 in which he calculated the amount that a patient would have to pay in utilization fees when he was admitted to the hospital. I want to repeat this quote:

> An individual will not pay more than $165 at least on one visit to the hospital, no matter how long he is there.

Now the Premier seemed to have left the impression that $165 would be about all it would cost extra. Now I want to make this assumption. Let us take a patient who is ill with some chronic disease, say a major heart condition. During the course of the year he is admitted to the hospital on three occasions for a month or 30 days at a time. I would say that 30 days at a time is more realistic period of confinement rather than 90 days. I ask: what would the deterrent fee or sick tax amount to and what would it mean to him? On each occasion admitted, the patient would be charged $2.50 per day for 30 days or $75. The three admissions would amount to $225. The fact that this patient has a severe chronic heart disease, it is likely that he would have at least one regular monthly visit with his doctor during the year. The tax here being $1.50 per visit, the fee here would amount to $18. In a case of illness such as I described, the patient would require the use of drugs regularly. I would say that during his stay in the hospital while recovering, the drug bill would amount to at least $50 and while at home it would amount to at least $100. The head tax or annual premium for hospital and medical tax as it is today would be $36. Let us add up all these costs. First the deterrent charges for seeing the doctor and being admitted to the hospital, the hospital for the three month period $225, the medical $18, a total of $243 extra costs. Now besides this, we have the regular costs that is, the annual hospital and medicare premium of $36, drugs in the hospital $50, drugs at home $100, a total of $186. The total cost of health services to this particular patient could amount to as high as $429. Then to add to the burden of hospital and medical costs there would be the loss of regular income during the period of illness. Having to spend three months in the hospital and perhaps about two months or so recuperating at home, this person would have a most difficult time making ends meet. This double-barreled effect of deterrent fees and illness should not be overlooked.

SOME HON. MEMBERS: — Hear, hear!

MR. MATSALLA: — If the Hon. Premier (Mr. Thatcher) thinks that in his words this can hardly mean bankruptcy or lifelong debt, he had better make some recalculation. There is a lot of concern, Mr. Speaker, about health services costs. This Thatcher Liberal Government continues to say that there are abuses and waste in the Hospital and Medical Plan, but as yet it hasn't been able to tell us specifically what and where the abuses and waste are and why do they exist. I believe that if there are abuses and waste they should be checked and resolved. But I want to emphasize that unless the what, where and why of the

abuses and waste are known the Government is really not in a position to resolve this problem. It is true that health services costs are rising and will continue to rise. But this trend is not necessarily immoral. It is quite normal and something that could be expected if we consider the factors that influenced rising costs. Now I would like to deal with these factors.

The first one, since the inception of the hospital plan in 1946, is that the population of Saskatchewan increased by 100,000. This would mean that in 1967 there were that many more Saskatchewan residents who had access to the Provincial health plan. In between these years, we should not disregard an average of 6,500 who die annually and who in a great number of cases were regular users of the health services provided by the plan.

A second factor is that during the last 10 years or so, Mr. Speaker, the quality of the hospital and medical care has remarkably improved. People in Saskatchewan took a recognized lead in providing high quality care for the mentally ill. This was made known to this House through the Report of the Dr. Frazier Commission. Dr. Frazier strongly recommended to this Government that facilities for the mentally ill be brought up to previous standards and improved. You will realize that the cost of maintaining these institutions greatly add to the health services costs of this province. Would we be morally right in discontinuing to adequately treat the mentally ill in order to keep costs down? We had some tragic experiences in this area since this Government took office in 1964. It is a sad lesson for this Government and of course the people of Saskatchewan. It should be a lesson which should guide all future Governments.

The third factor is that during the period under discussion, Sir, there was a marked increase in the number of hospital beds. Numerous new hospitals were built and others were extended to meet the needs of Saskatchewan people. The construction and maintenance of additional hospitals would certainly be an important factor in increasing the health services costs in this province. Furthermore, the hospitals today provide a higher quality of service and care in their new expensive facilities. Let us not lose sight of the new advances made in hospital sciences by constant research by medical and hospital personnel. This is all to the good for better health services and it all costs money.

The fourth factor is that since the inception of the Hospital and Medical Plans, Mr. Speaker, the hospital and medical industries have grown tremendously. With this growth, the number of people employed and associated with the industry has risen accordingly. Besides increase of employment the wages have gone up. The wages of hospital and medical employees have gradually improved from a humiliating low to a reasonably good level comparable to other industries.

The fifth factor is that we must realize too, Sir, that

there has been an increased utilization of hospital and medical facilities through increased number of accidents, particularly automobile accidents. There were over 4,500 people injured in automobile accidents in 1966. These accidents plus accidents due to other causes cost the Hospital and Medical plans thousands and thousands of dollars.

What I just attempted to do, Mr. Speaker, is explain briefly some of the reasons for rising costs in health services in the Province of Saskatchewan. It is quite conclusive that, if the costs in any of the areas affecting costs which I have mentioned were to be reduced and controlled, they would have been done at the expense of the weak and the poor, the sick and the injured. It would be ridiculous to think, Sir, that thousands of people in Saskatchewan are visiting doctors and are being admitted to hospitals unnecessarily . . .

SOME HON. MEMBERS: — Hear, hear!

MR. MATSALLA: — . . . or just because they are given free service. It is just as nonsensical to believe that generally patients are staying too long in the hospital.

AN HON. MEMBER: — They like the company there.

MR. MATSALLA: — It is noticed from the Dominion Bureau of Statistics under Hospital Statistics, 1966, that the revenue fund expense per patient day in public hospitals for Canada (including the Yukon and the North West Territories) increased from $23 in 1961 to $36 in 1966, the average increase being $12.90. In Saskatchewan the per patient day service expense rose from $21.16 in 1961 to $28.60 in 1966, the average increase being $7.44, the second lowest in Canada. The North West Territories had the lowest average increase of $6.58. these statistics would indicate that hospital costs rose much slower in Saskatchewan than they did in other provinces of Canada, except the North West Territories.

The greatest average per patient day increase was in the Yukon by $23.44 with Quebec following with an average increase of $20.76. The fact that hospital costs per patient day rose much slower in Saskatchewan than in other provinces would certainly seem to indicate that per patient costs in Saskatchewan are reasonably well under control.

Mr. Speaker, if control is to be exercised over patient days in the hospital without denying any citizen equality of opportunity in health care, we must examine hospital admissions an discharges. We all know full well that patients re admitted to the hospital only at the request of the doctor, except of course in cases of emergency. We also know, Sir, that patients are discharged from hospital only on the order of the doctor. It would therefore follow, Mr. Speaker, that if patients are spending too much time in the hospital, then it must be the

doctors who are abusing and taking advantage of our Hospital and Medical plan. It would therefore further follow, Sir, that it would be for the doctors and not patients that the Government should work out a plan and system for checking and controlling unnecessary admissions and prolonged hospital stays.

SOME HON. MEMBERS: — Hear, hear!

MR. MATSALLA: — I ask, Mr. Speaker, has the Government considered and examined the feasibility and advisability of checking out abuses with the medical profession? I believe, Mr. Speaker, that this is an area where the Government should direct its attention before imposing any unfair taxes on sick people.

SOME HON. MEMBERS: — Hear, hear!

MR. MATSALLA: — I believe, Sir, that an independent commission be set up at the earliest date to study all areas of health costs in the province. In the meantime, I submit, Sir, that the imposition of deterrent fees should be set aside until the commission report is received. It would be then that the Government would have some definite statistics to go by.

I would now like to make reference to an article that appeared in the Leader-Post March 30, 1968. The title being, "Health care costs study suggested". I quote:

> A suggestion by the executive of the Saskatchewan Hospital Association that the Saskatchewan Government establish a commission to investigate the spiralling costs of health care in the Province has been met with a favorable response, the president of the association, E.C. Glass, said Friday.

The article further states:

> During the course of discussion, said Mr. Glass, the executive suggested the Government institute the commission to not only investigate the spiralling health costs in Saskatchewan, but also empower commission members to present proposals or recommendations to alleviate the situation.
>
> Mr. Glass said the executive was prompted to make the suggestion because there is a great deal of concern about how the hospitals in Saskatchewan are going to cope with the situation of rising costs.
>
> Mr. Glass said members of the Saskatchewan Hospital Association stand ready to assist the Government in every possible manner to effect such a study immediately.

The few statistics, Mr. Speaker, put forth by the Government are weak and irrelevant. One thing is known for sure is that

the Government will be receiving so much money through the imposition of the tax on the sick. The Government apparently is not concerned about the fairness of the tax and what people it may affect most. The Premier and the Minister of Health (Mr. Grant) are pleading that we give the deterrent fees a chance. What a ridiculous and irresponsible way for a Government to tax the citizens of Saskatchewan and administer the affairs of this Province.

Ever since Bill 39 was introduced, Mr. Speaker, and ever since legislation to impose deterrent fees became known to the people of Saskatchewan, concern and protests have been voiced across the breadth of this province. Here is the evidence and I would like to take a few moments to remind the Government of what the people of Saskatchewan think and have to say about this legislation. Now I would like to first of all read just a few of the letters that I have received from my constituency. This one is from Canora, Saskatchewan.

> We wish to say that we are opposed to the deterrent fee for hospital patients. Sick people have enough problems without extra hospital costs.

This, Mr. Speaker, I wish to table. Here is one from Sturgis, Saskatchewan.

> We are most emphatically against utilization fees on hospital stay and doctor visits. We are a family of seven, three of us are eligible to vote and pay medicare premiums. Hence the three signatures. (Three to one letter).

Now again we have another letter from the good town of Sturgis.

> I wish to inform you my husband and I protest most strenuously the tax placed on the aged and the sick, namely for hospital care. We feel it is unwarranted.
>
> (Two signatures on this one).

Now this is from one of my smaller towns, Endeavour, Saskatchewan.

> We certainly disagree with the deterrent fee for medical and hospital care. We feel the $84 a year we are paying now is enough, $42 single rates. The Saskatchewan Hospital Services Plan does not cover certain drugs. MSI and GMS cover these on inpatients, but an outpatient is responsible for payment himself as it is. Therefore our medical expenses are not entirely covered now.
>
> (Now here we have seven people on this one).

Another one from the fair hamlet of Endeavour.

> This is a letter of protest concerning the new Liberal policy of a $2.50 a day utilization fee for hospital use.

> I feel this would create a great deal of hardship for me and a lot of other people. People would tend to shy away from treating minor illnesses which could later become serious illnesses. A great many besides me fall into this category of financial stress at this time. The sick are hardly qualified to pay. This would return us to the old days which we hope to forget. Surely with so much assistance given along some lines, a greater effort can be made to devise a better solution to this one. Here is hoping this letter can be of some use to you to strengthen the protest.

Now I would like to make reference, Mr. Speaker, to the many people in Saskatchewan who are expressing concern and are objecting to the deterrent fee. I would like to remind the Liberals of this because they seem to have forgotten. Now here is the first one, Leader-Post, March 12.

> Community health meeting draws 400 to oppose fees.
>
> More than 400 persons filled the auditorium to organize active opposition to the levying of deterrent fees under the provincial medical insurance plan.
>
> The fees are proposed in Bill 39 to be presented shortly in the Legislature.
>
> Doctor Road stated at this meeting: 'Deterrent fees will undermine the plan as we wanted it and I don't know where it will lead us. The present Bill to amend the Insurance Act will give the Cabinet the right to set the fees and they will not even have to be approved by the Legislature.'
>
> The Community Health Services Association members enthusiastically gave approval to a six-point program to launch active opposition to the Bill.

Here is another one. "Labor Federation brief protests deterrent fees."

> W.G. Gilbey, President of the Saskatchewan Federation of Labor said Tuesday:
>
> Premier Thatcher did not seem responsive to an SFL brief presented Monday. He stated the Government spokesman failed to produce any evidence that patient deterrent fees were in fact required or that they would work. The brief said the fees were entirely inequitable, impaired the health services program and seriously undermined the principle of universal access to health care. The brief contended that such fees cut into the marginal living standard of at least 40 per cent of the wage earners, a considerable number of farm families, the student and the pensioner. Deterrent fees might also cause these persons to ponder whether they can afford needed medical attention, the brief said.

Another one here, "Deterrent fees cause concern," March 12, 1968.

> The Estevan Labor Co-ordinating Committee representing all organized labor in this area at a weekend meeting went on record as being opposed to deterrent fees for doctor and hospital services.

I am just reading portions of these, because it would take too much time.

Now there is another one here, March 6, "SFL protests deterrent fees."

> W.G. Gilbey, President of the Saskatchewan Federation of Labor said: 'We are particularly concerned about the proposal to place deterrent charges on the use of hospital and medical services,' he added. 'Even if deterrent charges only amounted to somewhere between $10 and $100 a year, they would work a real hardship on lower income families and many people on fixed incomes. Thousands of citizens will once again be faced with the decision as to whether they must do without needed care.'

Now this one is a bit different, the title reads "Hospitals against fee plan." This appeared in the Leader-Post March 6th.

> The premiums of the Saskatchewan Hospital Services Plan should have been adjusted to a more realistic level to cover increased costs rather than impose a utilization fee, 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.

Here is one that is very close to home, "City council unanimously against utilization fees", Leader-Post March 20th.

> A resolution was passed unanimously by city council, Tuesday opposing the hospital and doctor utilization fees the Provincial Government proposes to implement soon.

I want to mention here the names of the members of the council who voted in favor of the resolution that was presented by Alderman Vince Mathews. Some of the people across the way may know him. There was Mayor Henry Baker, Aldermen Helmsing, Bert Wilson, George Bothwell, Greg Ryan, C.C. Williams, Harold Dietrich, Jackie Hoag, Les Sherman — Alderman Fred Mullin was absent. The resolution is being forwarded immediately to Premier Thatcher, with a copy to Health Minister Grant.

AN HON. MEMBER: — I guess he never got it.

MR. MATSALLA: — Now another part of this articles states:

> Alderman Helmsing said many procedures are being dictated by the Provincial Government but when it comes to paying for medical facilities "we are always left with the short end of the stick."

AN HON. MEMBER: — Dictators! Throw them out of the party.

MR. MATSALLA: — On March 13, 1968, in the Leader-Post we see an article entitled "Cancel hospital fees — SARM urges".

> Delegates to the 63rd annual convention of the Saskatchewan Association of Rural Municipalities meeting at the Hotel Saskatchewan Wednesday requested the Government to immediately rescind the proposed utilization fee for hospital patients.
>
> In a resolution brought from the floor with the agreement of all delegates, the Government was asked to rescind the hospital utilization fee and obtain necessary money by raising the sales tax or increasing the hospital insurance premium or both.

One of the delegates speaking stated, I quote: "This is urgent and the Government should know the feelings of this convention immediately."

SOME HON. MEMBERS: — Hear, hear!

MR. MATSALLA: — An article appearing in the Leader-Post, March 14th,

> "Churchmen say fee retrograde."
>
> The imposition of deterrent fees would constitute, a backward step from the effective medical and hospital care system in Saskatchewan, G.B. Johnson, convener, and G.B. Mather, associate secretary of the board of evangelism and social service of the United Church, said, in a letter to the Health Minister Grant, Wednesday. I quote:
>
> 'We think that the necessary control should be exercised by medical and hospital authorities in relation to need rather than through a deterrent fee regardless of need,' the letter stated.
>
> 'To our knowledge the application of deterrent fees, with the change in the philosophy that this involves, was not proposed or debated in the recent election campaign, nor have public hearings on the matter been held,' the letter said.

Now here is one a little closer to the Government, "SGEA opposed." That's the Saskatchewan Government Employees' Association. The article states:

> Deterrent fees operate to restrict access to services and place an extra burden of cost on the low-wage earner, those on low pensions and those with young families, the Saskatchewan Government Employees' Association said in a news release.
>
> The SGEA, which represents 8,000 employees in the province, said it is not opposed to increases in the single premium to meet rising costs, the news release said.
>
> 'The principle of spreading the cost equally among the beneficiaries regardless of the degree of utilization must be maintained in order to ensure unrestricted availability of services when needed, the release stated.

SOME HON. MEMBERS: — Hear, hear!

MR. MATSALLA: — Now here is an article that is of interest, March 14, 1968, Leader-Post:

> "Saskatoon Fees Group Organized"
>
> At a meeting held Tuesday in Saskatoon an organization was founded called "Citizens for Defence of Medicare." The organization has representatives from the Provincial Pensioners' Association, Saskatchewan Farmers' Union, Saskatoon Labor Council, Community Health Services Association - Saskatoon, Union Centre Ladies' Auxiliary, Saskatoon Co-operative Guild, the Housewives Group for Medicare and a representative of students on the Saskatoon Campus. The organization intends to ask the Government for a total withdrawal of the deterrent fees and that there should be no increase in premiums.

SOME HON. MEMBERS: — Hear, hear!

MR. MATSALLA: — Now we have an article here in the Leader-Post, March 12th:

> "Melville labor opposes surcharge."
>
> The Melville District Co-ordinating Committee of the Saskatchewan Federation of Labor, Monday voiced strong objection to the Provincial Government's proposed legislation to levy deterrent fees on hospital and medical services.
>
> The fees were described as a tax on the helplessly sick and needy and would do nothing to ensure good health of

the citizens of this province.

'During the recent election campaign, the Premier and the Members of the Government pointed out quite forcefully that revenues were up from royalties from potash mining, oil production, timber resources, from Government enterprises, such as the transportation, power, telephones, and insurance,' the Committee said.

'It is also understood that the Federal Government will be contributing $10 million to the Provincial Treasury specifically earmarked for medicare services for which our present Provincial plan qualifies. These are funds that have not been forthcoming since the inception of the plan. Surely in view of this forthcoming revenue it would be reasonable to assume that medicare and hospitalization premiums should be reduced rather than have deterrent fees levied,' said the Committee.

Another article, Leader Post, March 8, 1968. And yet these people tell us that there is no objection. Look at all the objections that I have gone through now and there are going to be many more. The title of this article is:

"Four fee protests lodged".

The Saskatchewan joint board of the Retail, Wholesale and Department Store Union is launching a campaign designed to persuade the Government to withdraw its proposed deterrent fees on medical and hospital use, T.D. Mills, president of the board said Thursday.

'We consider deterrent fees to be an unjust tax that will prevent many Saskatchewan citizens from seeking needed medical care,' Mr. Mills said.

The Saskatchewan Strip Miners' Union local 1573, said in a letter to Premier Thatcher that the subsidy coming from Government, effective July 1, was not only sufficient to meet the increased operating costs of the plans, but could also be utilized to extend the services under medicare and hospitalization.

'The whole concept of medicare is being undermined when the sick are being taxed and the needy cannot afford to be sick,' George McCullough, secretary-treasurer of the Chauffeurs, Teamsters and Helpers union, local 395 said.

SOME HON. MEMBERS: — Hear, hear!

MR. MATSALLA: — In a letter to the Premier, the South Saskatchewan Building and Construction Trades' Council said it thought taxes on the sick are not justified.

'We feel, if additional health funds are needed, which we do not admit,

> they should be based on ability to pay. It is also our opinion that these drastic measures should not be instituted.'

Now we have an editorial here, Saskatoon Star Phoenix, April 9, 1968, headed "Hospital Fees":

> Collection of utilization fees is an inefficient way of getting users of the health plans to pay a larger share of the costs. The Budget Speech admitted that the fees would cost users $7,400,000 but that the gain for the Provincial Budget would be only $5 million in a year.

The article further states:

> By all means let the critics attack the fees but let them do it where errors can and should be corrected at the Provincial level.

SOME HON. MEMBERS: — Hear, hear!

MR. MATSALLA: — Now, Star Phoenix again, March 19, 1968:

> "Doctors oppose fees."
>
> Doctors of the Saskatoon and District Medical Association have expressed dissatisfaction with the utilization fee slated to go into effect April 15.
>
> At a meeting of about 100 members, the association approved the resolution to be presented to the Saskatchewan Medical Association for consideration and such action as the Provincial group deemed necessary.
>
> Dr. Baergen said that the medical association had not been specifically consulted abut the change in fees and the method of collecting them.

Now these are some of the objections and protests raised. Now that is pretty well the entire Province of Saskatchewan except perhaps the group sitting opposite to us and on that I'm not sure. The need to make a deposit of $25, Mr. Speaker, in advance to cover hospital services reminds us of the early days under the Liberals. If the sick didn't have the money, they were not admitted to the hospital. Now here in the Leader-Post, April 10:

> "Deposit to be required."
>
> A $25 deposit will be requested of patients admitted to both Regina Grey Nuns and Regina General Hospitals beginning Monday.

This certainly is a bad Monday for the patients in these hospitals and those being sick. We had Black Friday; now we have

Black Monday. I wonder what next.

> A patient admitted to the hospital will be asked for a $25 deposit to cover the first 10 days of hospital care. If the patient stays less than 10 days he will be given a refund.
>
> If the patient stays more than 10 days, he will be asked for another $25 deposit to cover the second 10 days of hospital care. If he stays less than 20 days, a portion of the second deposit will be refunded.

Now on April 13, in the Leader-Post. The title of this article is:

> "$25 fee announced."
>
> St. Paul's hospital Wednesday announced that beginning Monday a basic deposit of $25 will be asked of patients entering hospital. The fee is the equivalent of the utilization fee of $2.50 for a 10-day period, the average length of patient stay in the hospital.

Now I believe that this method of collecting the deterrent fees is spreading pretty well throughout the whole province. Being home over the weekend I received information that our hospital there has already handed out cards to the patients over this Easter weekend to prepare themselves for this deterrent fee. How is this going to help these people to recover faster when they get this kind of shock treatment? Now I said that the $25 deposit reminds us of the early days of the Liberals. These were the Liberal hardship days. With the introduction of deterrent fees Saskatchewan has moved back about 30 to 40 years when the Liberals of that day believed that health should be provided only to those who can pay for the service. The Liberals of 1968 have the same characteristics as they did in the 30s. Their philosophy hasn't changed and their ideas haven't changed. They are old and out of human touch. Their philosophy is the rich get richer and the poor get poorer. There is no opportunity for equality. Education and health are to become a privilege and not a right. It doesn't appear that the so-called new Liberals are going to be much different. We already know about the Saskatchewan Liberals. Now let us take a look at the Federal Liberals. I have the issue here of the Financial Times, April 8,

> "Perspective of the week."
>
> The paper is interested in stocks and shares. But let us look at health now. Now here's what it says about the Liberals on the Federal level, perspective on the week.
>
> The Liberals have a new leader. Canada will soon have a new Prime Minister. But there was no signs at last week's convention of any new approaches to the nation's problem.

> Policy took second place to political rhetoric and observers saw little deviation from the traditional middle-of-the-road liberalism.
>
> The most important promise of leadership campaign was leadership, not continuity. Determination to do what was already being done, but to do it better, is not good enough.

Now going on in the same paper, April issue:

> Where is the Liberals' new liberalism leading? Down the same road but a little bit faster.

I'll just read a part of this article:

> The great Liberal circus in Ottawa last week was far more concerned with politicking than with charting the course of the new liberalism — but some idea of the shape, if not the substance, of the new government policy did emerge.
>
> They came from the policy statements of the various candidates, most of whom can be expected to stay in the Cabinet and to continue trying to influence policy their way.
>
> Many delegates genuinely expected to get a clearer picture of the new liberalism than emerged last week. All that was clear was that the old taboos would be lifted when the new leader takes the reins this month. The doors are opened for policy changes once the politicking is at an end.

Now I couldn't help but refer to an article in the Union Farm, April issue, 1968, headed "Taxation or Punishment," by the Saskatchewan Farmers' Union Women's president, Mrs. Annie Stevens. This is what she says:

> The move to establish deterrent fees is particularly disturbing because the Government has offered no proof of the need for them. It has said that medicare costs are rising rapidly. What costs are not? Highway construction costs in this province . . .

SOME HON. MEMBERS: — Hear, hear!

MR. MATSALLA: — Let me repeat, Mr. Speaker.

> What costs are not? Highway construction costs in this province have far outstripped those of other provinces and the Canadian average in recent years, but no one has suggested that highway contractors should pay a deterrent fee.
>
> The Government has claimed that there are abuses which must be curbed, but it has offered no proof that abuses

> exist and has resisted numerous attempts to pin down such pertinent facts as the proportion of patients who abuse the plan and the amount that abuses cost in a year.

Further:

> In the area where fees are likely to deter people from using health care services, the cost to society is likely to be greater than any possible saving which may be hoped for. Nowhere is the old adage that "a stitch in time saves nine" more true than in the field of health care. People who are deterred from seeking help with minor ailments are likely to wind up with an ailment which has grown to much more serious proportions requiring more extensive and more expensive treatment and longer stays in hospital.

SOME HON. MEMBERS: — Hear, hear!

MR. MATSALLA:

> The particular injustice of deterrent fees for hospitalization is so obvious that it hardly seems necessary to mention it, yet there are some people who don't seem to be aware of it. There is no way in which deterrent fees can control abuse of the patient's access to hospital because the decision as to whether or not a person gets into a hospital bed and the decision as to how long he stays there is not made by the person who is going to pay the fee. It is made by his doctor.

SOME HON. MEMBERS: — Hear, hear!

MR. MATSALLA: —

> If indeed there are abuses of the plan and a desire on the part of the Government to control, the logical, just and effective way would be to apply a penalty to the people who abuse the plan rather than punishing all of us indiscriminately.

I also want to refer, Mr. Speaker, to the Hospitalization Act and also the position that the Government finds itself in in imposing the fees.

Now Section 5 of the Hospitalization Act, subsection 5 says:

> Subject to subsection 6, any hospital participating in a scheme established under this Act and accepting payment for any of the services provided under the scheme shall accept any payment under this Act as payment in full for those particular services. In the case of a patient using private or semi-private accommodations, the patient may charged for any ward rate, in excess of public ward or minimum accommodation ward rates, charged by the hospital to patients who are not beneficiaries.

Subsection 6 says:

> A hospital designated by the Lieutenant Governor in Council as a hospital established for the purpose of providing care and treatment to patients afflicted with long-term illnesses and participating in a scheme established under this Act may, in accordance with a schedule of rates established by the Lieutenant Governor in Council, charge its patients for a portion of the cost of services provided under the scheme.

Subsection 7 of this Section says:

> Subject to subsection (6), a person wilfully rendering an account or causing an account to be rendered to a beneficiary for hospital services which are provided under this Act, is guilty of an offence and liable on summary conviction to a fine not exceeding $500.

Now what is the Government going to do about this? They are left in a very odd position here, prepared to impose the fee and yet they legally cannot do so. So you see, Mr. Speaker, a Liberal is a Liberal regardless under what circumstances.

SOME HON. MEMBERS: — Hear, hear!

MR. MATSALLA: — They have the one narrow philosophy of the right for the rich and they continue to travel the road of political expediency at the expense of the poor taxpayers. This is their philosophy and this is their road. How irresponsible and how narrow!

I urge the Government Members to reconsider their position on the imposition of deterrent fees. I urge them to widen their narrowness of philosophy towards social progress with equal health opportunities for the citizens of Saskatchewan. Through such change in thinking, the Government I would say would show more responsibility and social justice.

From my remarks, Mr. Speaker, it is quite obvious that I will not support the Bill before the House.

SOME HON. MEMBERS: — Hear, hear!

MR. G.R. BOWERMAN (Shellbrook): — Mr. Speaker, I thought for a moment I was going to be beaten to my feet by some of the Members from the Government side who would like to speak on this Bill. I tried not to rush in order that I might give some of them an opportunity to express themselves on behalf of the legislation that's being proposed by their Government.

Mr. Speaker, as a new Member to this House I have watched with considerable interest the proceedings of the House on this

important issue, this important legislation that is now before the House, this matter of deterrent fees. I have observed some things which I thought I would not see in the deliberations of this House, and I regret somewhat that these actions have indeed taken place. I think it's obvious to many of the Members, particularly on this side of the House and I'm sure it must be to some of the Members on that side of the House, Sir, that there has been a considerable amount of disrespect by the Government Members, particularly the Premier and the Provincial Treasurer as the Opposition Members have attempted to place before this House the arguments opposing the idea of deterrent fees and opposing that legislation which is before us. I suggest that, as the Opposition Members have risen in their place and attempted to present their point of view, we have received, as we are receiving now from the Hon. Member from Estevan (Mr. MacDougall), the same kind of treatment and the same kind of lack of understanding and appreciation of what really is before this House. I notice, when we speak of deterrent fees and how they will affect the poor and the old people in the province and how they will affect those who are sick, that we are returned sneering remarks by many of the Members on the other side of the House as they repeat in sneering fashion, old and sick and aged and crippled and poor in repetition of that which is being said. I have often wished since coming here, Mr. Speaker, that many of the people in the constituencies which they represent would be here to observe the kind of antics that they go through, in attempting to defend their stand on deterrent fees. I do suggest, Mr. Speaker, and I am sure that it is obvious, if not to those on the other side of the House, it is certainly obvious to us and to many of the people of the province that the sick are in fact being taxed. Those afflicted with chronic illnesses, those afflicted with congenital diseases, the old aged and the problems which occur in infant health, these people are in fact being deterred and will be deterred from their rightful share of health.

I've also observed the rather limited response of the Government Members except those who continue to stay in their seats and pick away, as they do, their responsibility to rise in their place and to defend this Bill which is really their Bill for it is a Bill being sponsored by their Government. I would think, Sir, that, because of the opposition which we are putting forth, these people would at least show some support which their Government should receive from them on behalf of their own legislation. I have recently been in the Meadow Lake constituency and I might suggest that I have observed some great anxiety in that area, particularly in the northern communities which will suffer a great deal as a result of this legislation. I notice that the Hon. Member for Meadow Lake (Mr. Coupland) of course is not in his seat today but he is as silent today in his absence as he has been in his presence.

SOME HON. MEMBERS: — Hear, hear!

MR. BOWERMAN: — We've really never seen the Hon. Member from Meadow Lake rise in his place and give any assistance to the Government for

its Bill nor has he spoken on behalf of the Bill except from his seat. The Government has said that the health of our province is too expensive and that we can't afford good health care in the Province of Saskatchewan, that it will ruin the plans if we do not observe some restraint. Opposition Members are saying that if we can't afford good health then we can't afford good highways. I, Sir, am one who says this very emphatically that, unless we can afford health for our people in this province, I'm sure that we can't afford highways either.

SOME HON. MEMBERS: — Hear, hear!

MR. BOWERMAN: — The Provincial Treasurer (Mr. Steuart) rose in his place the other day to support the Bill and he spoke on a let's-try-it attitude. He appealed and he pleaded to the Members of the Opposition and to the Government Members this let's-try-it attitude. I would like to ask the Treasurer — I see that he is not in his seat — I would like to ask him where he stood in 1962 when the medical care was being introduced into the province. They didn't have any sort of sane appeal of let's-try-it at that time. In fact I observed the Member from Prince Albert West (Mr. Steuart) as he attempted to organize one of the KOD expeditions to Regina. I wonder, Mr. Speaker, where this appeal to the let's-try-it attitude was at that time. I find it most desirable and a necessity, Mr. Speaker, to enter this debate because of the continuing pressure of my constituents. I recognize however the futility of the exercise because of the typically stubborn approach of a Thatcher-Liberal Government toward any programs that are designed for the betterment of the people of the province in the way of a social improvement pattern.

There has been a growing uncertainty and certainly considerable confusion by the Government in this rather frenzied search for a rational basis upon which to establish the deterrent fees. I suggest, Mr. Speaker, that this Government has run the gauntlet of any rational possibilities that might have existed for imposing taxes on the sick. Because of the fact there are no rational possibilities, the Government itself is sick and it's now groping for any straws that are available in an endeavor to support at all cost the private insurance sector.

MR. C.G. WILLIS (Melfort-Tisdale): — Sick Government!

MR. BOWERMAN: — Mr. Speaker, the Government's logic for deterrent fees is as confused as are programs for hospital abandonment. I suggest it is as confused over the care of the mentally ill and some of legislation that is coming before the Legislature at this time. It has attempted to indicate to this House that utilization fees are not imposed because it needs money, but at the same time the Liberals say that users of the services should pay the increasing costs. They have said that utilization fees are to deter misuse and waste of services, but they don't want to call the deterrent fees a deterrent; they want to call them utilization fees. They try to show how health and hospital costs are rising exorbitantly

and they suggest that they fear that the Province can't afford to have these health services without putting on some measure of restraint. I suggest, Mr. Speaker, that deterrent fees as they now apply them, will not directly relate to those areas which show the greatest increase of cost which they suggest that they have so much fear about. Mr. Speaker, the Government Members have stuck to the idea of misuse more than to any other reason for the imposition of the deterrent fee. I suggest that they have failed however to identify either those people or those groups or those professions or even those segments of health care where they claim misuse has been committed.

I would like to review for a moment the Medical Care Insurance Commission Annual Report for 1967 to show that such a review presents some rather interesting observations. In their 1967 highlights they show that the total payments for insured services are up 5.3 per cent or nearly $1.2 million, but what the Hon. Minister of Health (Mr. Grant) didn't satisfactorily point out to this House and hasn't yet is that 1.66 per cent or $369,000 of this increase is due to a transfer of some 25,000 persons in 1966 from the benefits under the Saskatchewan Assistance Plan to the Medical Care Insurance Commission. The other item that the Hon. Minister has failed to successfully point out I suggest is that a large part of the 5.3 per cent increase is due to an additional 9,200 beneficiaries that came in the year, 1967. I suggest on this basis and the basis of the adjusted per capita payments, that this will account for another 1.1 per cent or approximately $250,000. I suggest also that these figures must be deducted from the unadjusted gross payments of $23.3 million to show the true net increase figure. Therefore, Mr. Speaker, on the basis of a 2 1/2 per cent, not a 5.3 but a 2 1/2 per cent or a $1.1 million net increase in medical care costs in 1967, both the Hon. Minister of Public Health and the Hon. Provincial Treasurer are proposing to invent a deterrent charge that will cost the sick of this province an estimated $3.4 million for medical care alone. I am not sure how they can stand in their places — of course, not many of them have — and truthfully tell the people of Saskatchewan, Mr. Speaker, that this is a measure for reducing waste. This is really a means of making money. This is simply a measure to reduce the use of medical care by the people of the province and to increase the cost of services, so that people will not use the facilities that should be available to them. For those who have to use the medical care facilities, it will penalize them in the use of these services.

I suggest, Mr. Speaker, that the end objective of the Liberals is the same as it was back in 1962. I sincerely believe, there is no question about it, the more we debate the issue on Bill 39, that they really want to KOD medicare in Saskatchewan and they will not be satisfied until this is accomplished. Medical care under this Liberal Government is like trying to raise lambs in the jungles of Africa. You really couldn't expect to raise sheep where you have lions on the outside of the flock and surrounding the flock. I really believe this is the case as far as medical care and hospitalization are concerned under the

present Government of the Province. I don't believe that the Liberals ever wanted medicare. I don't think they want it now and this is their first major steps as a Government to destroy it.

SOME HON. MEMBERS: — Hear, hear!

MR. BOWERMAN: — I want to impress upon the people of Saskatchewan again not to forget that the benches of the Government are now filled with the founders and the organizers and the administrators and managers of KOD in Saskatchewan. I suggest KOD will be alive in this province as long as this Government is alive in the province.

SOME HON. MEMBERS: — Hear, hear!

AN HON. MEMBER: — Max the Knight!

MR. BOWERMAN: — Deterrent fees are simply the Liberal means of seeking revenge for the losses they suffered on July 1, 1962. They have said, Mr. Speaker, that they want to curb waste, but they have failed to indicate where the waste occurs. I recommend for their reading a study of the 1965 report of a working conference on the implications of a Health Charter for Canadians. I want to quote from this report from one of the papers delivered by Mrs. Gowan, Professor of the School of Social Work, University of Toronto, who was commenting on a paper prepared by Rev. Jean-Marie LaFontaine, and I quote:

> In implementing the Health Charter we must have in mind the human being with all his weakness and frailty in the face of ill-health and the complicated organization of the services he may need.
>
> We must recognize that society must be educated to seek treatment, that men must be helped to use the services, that availability is not enough. It seems to me that every discussion on health services raises the question of abuse or over-use. Abuse itself may be a reflection of illness. I am more concerned of under-use, the failure to take advantage of available services, or the inability to do so because of all the complexities. We agree I am sure with the concept of the worth of the individual, his right to respect and the desirability of his respecting others. We must have this concept woven into the very fabric of our health services, so that man is always treated like a human being and not as a cog in a medical care machine, that his worries, feelings, even his convenience are respected. He is a person and not just an illness or a number on an insurance card.

I want to refer to an article appearing in the Saskatoon Star Phoenix on October 16, 1964, and the title of this is, "Medical Care Insurance Fees held tax on the poor." The Commission Chairman wants health services without hindrance, and I quote:

> The Chairman of the Royal Commission on Health Services

> today condemned proposed deterrent fees for hospital and medical care as a tax on the poor.

Chief Justice Emmett M. Hall of the Supreme Court of Canada made this statement in an address here to the Saskatchewan Hospital Association.

> Deterrent fees have been mentioned previously in Saskatchewan as a means of cutting costs under the Medical Care Plan and relieving hospital congestion. The Chief Justice said there was no greater challenge to a free society than to provide all the fruits of health services without hindrances of any kind.

This was his first speech in Saskatchewan since handing down the first volume of the Commission Report in June. I go on to quote:

> 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, they would have a deterring effect on the poor. 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 so sooner if in hospital. He said that to listen to some people it would appear that costs were rising because hundreds of thousands of people were rushing to the hospitals unnecessarily staying there too long and this abuse could be eliminated by a nominal deterrent charge. I put it to you this way. Who goes to hospital as an inpatient? Generally speaking, only those persons who are sent there by a doctor. Some go that are not sent, namely accident cases, emergency cases and some maternity cases.

I continue to quote:

> Chief Justice Emmett Hall said that it would not be through abuse that costs would rise in the future, although some minor abuses were bound to occur. What has been the experience in a province where patients are charged a per diem fee and this is done in Alberta? If this type of contribution has any merit, 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 where generally speaking conditions are more or less similar.
>
> Chief Justice Emmett Hall presented figures to show the average length of stay in Alberta was actually slightly higher than Saskatchewan, at 11.2 days compared to 10.6. He said the result of deterrent fees would be to permit those who have the money to be preferred and welcomed in

> hospital over those who lacked it.

I presume that this is really want the Government wants, to deter those who haven't the means to get into the hospital in order that those of the rich may have the beds available to them when they feel that they need to go into the hospital.

> I suggest alert and properly functioning admission and discharge committees will do more to head off over-utilization than any so-called deterrent fees. The same would apply to suggestion of fees being paid directly to the physician.

He goes on to say this:

> Stripped of all its sophistry and regarded in their naked application the so-called deterrent fees are a tax on the poor, predicated upon the fallacious assumption that it is only the poor that would ask for frivolous service.
>
> Chief Justice Hall said there was no doubt that hospital costs in Canada will continue to rise by an average annual amount of 9.4 per cent until 1971.

We are up to 5.3 per cent by the MCIC Annual Report and stripped of all its sophistry we are really up only 2 1/2 per cent.

> In short this means that the hospital bill for the nation as a whole will have more than doubled in a 10-year period. Having said that I must also say that per capital income will continue to rise by 60 per cent in the same period and Canada's Gross Nation Product will about double.

So it would seem to me, Mr. Speaker, that as long as our health costs remain within the possibility of the Federal scheme that there would really be nothing wrong with hospital costs and medical costs rising, and I presume that they will continue to rise. As long as they rise in comparison to the Gross National Product, or as long as they rise in comparison to the income levels I would think that health care should not be confronted by this kind of a proposition by the Government that we need to deter people from having their health need provided for. I continue to quote:

> He said however 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 the higher medicare costs. A more human approach to the problem and treatment of mental illness would also result in increased costs.

Virtually 45 per cent of the men and women in Saskatchewan hospitals today are in mental hospitals, in institutions that in the main do not belong to the mid-twentieth century at all.

They represent a continuance of the get-to attitude towards mental illness. For the care of the 45 per cent of the patients in mental institutions we spend $5 to $6 a day principally for custodial care. For the other 55 per cent, the physically ill, in general hospitals we spend about $25 a day in care.

It would seem to me, Mr. Speaker, rather than attempting to deter people from their health care and the health facilities of the province, that the Government should be looking for ways and means wherein it might elevate good health in this province and that it might do for the citizens of this Province some of the things that have been suggested in many of the contributions that great men of Canada have made, not only to this Province, but to Canada and to international health as well. There are gains to be made by keeping people healthy and able to work; there are benefits derived from returning to a productive career those who are handicapped or disabled. There is the employment for those who would otherwise be out of work. Canadian figures show that in 1960, 30,000,000 man days of labor were lost through illness in Canada as compared to 747,000 man days lost through strikes. This Government in Saskatchewan is very conscious of strikes, or it appears to be, but is not too concerned, it seems, over the necessity for health care. Justice Hall has said there would be a shift in the payment of costs although the costs themselves would not increase greatly. Individuals would pay less and governments would pay more. The Commission Chairman went on to say that any proposals advanced must provide for a comprehensive health care program for Canadians. No one will expect all problems to be solved overnight. There are many and serious obstacles to overcome; there are shortages of personnel and of educational facilities in which to qualify doctors and dentists and nurses and other trained people to meet the requirements of our expanding population. I suggest, Mr. Speaker, that some of these areas should be of greater concern to this Government's attention than imposing deterrent fees on the treating of illness and for taking care of the sick. It should be looking to some of the outlets for the development of people in the various arts and sciences as well as in the healing arts, nurses, doctors, dentists and so on.

Chief Justice Hall said the Commission tried to dispel the argument that what was being proposed was free service. There is nothing free about the program we have recommended. It is going to cost a great deal of money. "In dealing with hospital roles under a national plan," the Chief Justice said, "let me emphasize that we do not visualize hospitals as separate entities isolated from other health services. We see hospitals as a pat of a great inter-related health service complex functioning as part and parcel of that complex with every part of it working in co-operation with all the other parts, the whole revolving around the physician as a central figure and anchored to a dedicated core of research personnel in the cure and applying the scientific field."

I suggest, Mr. Speaker, that the Government has attacked the wrong programs in its attack on the deterring of people from

entering hospital for their necessary health needs. It as well has attacked the wrong program and the wrong people in its attack on those who must visit doctors in order to dispel many of the fears and anxieties that we have in life. Mr. Speaker, I suggest that deterrent fees deny the very basic consideration of health morality and the fundamental principles that are couched in the health charter for Canadians as produced by Chief Justice Hall. Abuse and misuse are the charges that this Government continues to make over the program of health services.

I want to charge it, Mr. Speaker, as one of the greatest offenders in this area of abuse. As early as 1965 the then Minister of Public Health, Mr. Steuart, in his great desire to destroy a people-sponsored medical care outlet, I suggest, performed one of the greatest acts of public and financial waste that may yet occur in the provisions of medical care insurance in Saskatchewan. The then Minister, after being advised in considerable detail the effects his proposals would have on increased medical care costs for the Province, proceeded to emasculate this program by non-payments of Saskatchewan Hospital Services Plan in a medical care facility that would have provided and that was providing on the basis of an 8-hour day minor surgical treatment to approximately 320 patients per month at a doctor cost to the commission of $3 per patient. The Minister of Public Health was advised that, to change this manner of treatment from this medical care outlet and to put this treatment back into the hospitals, the doctor cost alone would rise from $3 per patient to $5 per patient, that is, the doctor's rate alone would be increased by $2 per patient going from the outpatient facilities in a clinic to the outpatient treatment facilities in a hospital. But the then Minister of Health proceeded to withdraw Saskatchewan Hospital Services payment and as a result he forced the outpatient outlet to suspend their efficient operations for providing medical health. I suggest as well, Mr. Speaker, that in closing these outpatient treatment centres, that the Minister of Health also incurred additional expenses above the $2 per patient fee increase in charges assessed against Medical Care Insurance Commission by the doctors. I am advised by that same letter and so was the Minister of Health on that occasion that certain medical examinations done under general anesthetic, if they are done in the hospital, require by hospital regulation that the patients be admitted one day, that they be examined the next, and they may in fact not be released until the third day. This means patients, these 320 patients per month that were going through an outpatient facility in the clinic now with an increase of $2 per patient were now being sent back to the hospitals and as a result were being required to stay in hospital two, if not three days. I am suggesting, and as the letter did to the then Minister of Public Health, that if these treatments had continued to be provided for in the clinics, hospital beds would not have been used and treatment could have proceeded on a much reduced rate.

It was also pointed to the then Minister of Public Health that this group medical practice had resulted in a saving of patient stay in the hospital of nearly 2.1 days from the

provincial average. In other words they were saving in that particular group medical practice a saving of 2.1 days over the provincial average of people in the hospital. I suggest as well that it reduced hospital admissions from the provincial average of 125 patients per thousand for doctors' office and house calls, which is the provincial average to 62 patients per thousand for doctors' office and house calls. I repeat again, Mr. Speaker, that this Government effectively closed these minor treatment centres by suspending Hospital Services Plan contracts. They are back here today saying that the people are misusing hospital services and that they are wasting medical care. It is attempting to build an argument on this basis. I suggest that a letter dated as early as 1965 and submitted to the then Minister of Public Health, who sits today as the Provincial Treasurer and was advised of these operations, also advised that he should continue or could aid in the continuance of these facilities, but in fact he chose, Mr. Speaker, to withdraw the hospital services contract and as a result put these clinic facilities out of operation.

I therefore, Mr. Speaker, can do nothing else but to charge the former Minister and his Government that by doing so they have produced a considerable amount of waste and misuse of medical and hospital facilities that may very well exceed the amount they are now proposing to collect by a deterrent charge on the sick. I suggest, if they really want to look into this area of misuse and abuse, that they look at their own Government and that they look at their own Departments. I suggest that they meet with some of these people and ascertain again what saving they might be able to make by development of these facilities and by letting these facilities in fact operate in the province, so that it might show to the people of the province as well as to the Government what costs and what abuses may be overcome as a result of a different kind or method of practising health care in the province.

Mr. Speaker, I want to table some of the letters and petitions on behalf of my constituents and I want to read the heading of the submission that has been made. It is addressed to the Hon. Premier and to the Provincial Treasurer, Saskatchewan Government. I want to suggest that there are 872 signatures to the petition that has been circulated in the Shellbrook constituency. I want to assure the Government and my colleagues on this side of the House and you, Sir, that this petition was not asked for by me nor was it sponsored by myself, nor was it sponsored by my executive in the constituency. I want to assure the Members on the other side of the House and you, Sir, that if they will take the opportunity of looking at the names of this petition it will show that the petitioners cross all political lines in my constituency, and they cross all political boundaries, I quote:

> By imposing deterrent fees on medical and hospital care new taxes on the farmer you have taken extreme liberty with your elected responsibility and trust as a Government. The

> fears and anxiety of old age pensioners and the chronically ill cannot be over-emphasized because of your tax on the sick. The cruelty of taxing farm production costs which are already too high demonstrates your limited appreciation and concern for the importance of agriculture to the Saskatchewan economy. We the undersigned do therefore petition your reconsideration of these two tax proposals.

One of these tax Bills has already gone by the way. I can assure the Government that the signers of this petition are not very happy, as well, many of the others who have not signed this petition about that tax increase will be less happy, and I suggest they will have less restraint on themselves, if this deterrent fee is proceeded with in this House. I would be prepared to table this, Mr. Speaker, for the benefit of the record.

SOME HON. MEMBERS: — Hear, hear!

MR. BOWERMAN: — I have a letter or two that I would like to read.

> March 16th.
> Dear Mr. Bowerman:
>
> We are certainly hoping that you can appeal against the utilization fees for medicare and hospitalization. We would rather pay more every three months than to be fined for going to the doctor or the hospital.
>
> Thanking you kindly,

Here is a letter dated March 12th:

> Just a note to say that we are opposed to the extra fees added to hospitalization and doctor's offices, that is ruining our Medicare Plan and all it stands for. We would like to hear or see the person that can admit themselves into a hospital. We sincerely hope that you will do all in your power to oppose this and the extra taxation.
>
> Yours truly,

Yes that is signed with a signature.

Here is a letter from Shellbrook, March 13th. It is addressed to the Hon. W.R. Thatcher, Premier, Province of Saskatchewan and Hon. D.G. Steuart, Provincial Treasurer.

> We, the local Senior Citizens' Organization of Shellbrook, Saskatchewan, unanimously request that your Government not proceed with its proposed hospital and medicare utilization deterrent fees, penalizing the sick as a means of resolving any problem of alleged overuse of services or health financing.

That is signed by the president and the secretary-treasurer and a copy has been sent to myself. It says at the bottom that there were 80 members in 1967 and over 60 have already renewed their memberships under the Old Age Pensioners' Organization in Shellbrook as of 1968.

I have a number of other letters which I choose not to read at this time, but one that is of particular interest to me from a family of seven in the community of Leask that are in a very serious and very difficult position in their health needs. I suggest to you, Sir, and to this House, as they have suggested to me, that if deterrent fees are to come in and become a part of the legislation of this province, they will have no other recourse other than to apply for assistance under the welfare administration of the Province. This is a regrettable step I suggest, Mr. Speaker, that these people who would hope to maintain themselves and make their contribution to the province, as a result of this retrograde step may in fact become wards of the Government.

Mr. Speaker, I believe that it is obvious from the many petitions that have already been tabled in this House and from the many representations to the Government by organizations and by boards and by councils and by citizens' groups and by the many speeches that have been made by the Members on this side of the House, that there is general, wide-spread unrest and resentment throughout the province over this matter of deterrent fees.

SOME HON. MEMBERS: — Hear, hear!

MR. BOWERMAN: — I suggest to you, Sir, that it is evident that this Government's action in the matter of taxing the sick does not have the confidence of Saskatchewan people and they are pleading for a retraction of this regressive legislation. I say to you, Mr. Speaker, I must therefore urge the defeat of this Bill in its second reading.

SOME HON. MEMBERS: — Hear, hear!

MR. H.H.P. BAKER (Regina South East): — Mr. Speaker, it is difficult to sit here and watch and listen to the proceedings without having to make some comments and express grave concern about this Bill before us for several weeks now. I think it is of grave concern to everyone living in the Province of Saskatchewan.

SOME HON. MEMBERS: — Hear, hear!

MR. BAKER: — In my remarks today I m going to be referring to the hospital report — the Regina General Hospital Report — that I think will bring out some of the facts in regard to the accusations about over-utilization. I believe it is obvious that

this Bill is the beginning of the end of our wonderful Medical Care Plan that we have had in the Province of Saskatchewan. I cannot help by impress upon the Government most emphatically that it should reconsider this whole matter by either deferring it or withdrawing it for further study, or whatever is necessary to give it more thought, so that we will not ruin a plan which is working so well in this province.

SOME HON. MEMBERS: — Hear, hear!

MR. BAKER: — The Members of this Government have, in my opinion, not yet offered any real valid reasons for deterrent fees. They have not really given any facts to show that there have been major abuses.

MR. WILLIS: — They don't think that they have to.

MR. BAKER: — They have not as yet identified the hospitals where alleged abuses have occurred which led to the introduction of this legislation. Just look at some of the facts to see if there really is a case for over-utilization of hospital services. I want to refer to the last available annual report of the Regina General Hospital for the year 1966. I haven't a copy of the 1967 report and I don't know whether it has been released or not. But I am sure that it will also present some interesting figures and statistics such as we find here. I want to point out, Mr. Speaker, that I am not bringing this report forward to accuse anyone of any wrong doing. I had hoped that this would have been brought forth sooner, so we could look at some of the true facts. I would have hoped that the Member for Regina South West (Mr. McPherson) might have related some of these facts to the House. He might have used his influence on the Government and cited the facts, which I am going to present as arguments, for his colleagues against the imposition of deterrent fees.

On page 2 of the report, I quote:

> In 1966, the hospital continued to provide an ever increasing number of vital services to the citizens of Regina and to those in the southern part of the province who came to the Regina General Hospital to receive these hospital services.

I might add that this was done by citizens of Regina who received very little assistance from the Provincial Government for carrying on the role of actually a base hospital.

Page 8 of this report shows an interesting table under the heading "Services rendered over a five-year period". This is the most interesting set of figures. The first line of the statistics report covers admissions including births. This means the number of patients admitted to the Regina General

Hospital. What does the record show?

In 1962 - 19,040 admissions; in 1963 - 20,660 admissions, up by 1,600; in 1964 - 20,771 about the same as 1963, up by 111; 1965 - there were 19,679. This was a drop back towards the 1962 level, down almost by 1,000 from 1964; in 1966, there were 19,915 and about the same as in 1965, up by less than 250. So in five years, the admissions ranged from 19,040 to 20,771. In other words, the five-year average was actually 20,013. It is quite clear that the utilization by patients of the services at the Regina General Hospital has been about the same for five years.

There is absolutely no evidence to show that there was so-called over-utilization. There is absolutely no evidence to show that there were so-called abuses. There is no evidence that can be adduced from these facts to justify the imposition of deterrent fees.

Now I find that the 1967 record of admissions showed this figure to be 19,393. Remember that the 1966 total was 19,915 and the five-year average was 20,013. Therefore, in 1967 there was a drop in admissions of 520 . . .

MR. WILLIS: — Over-utilization!

MR. BAKER: — . . . compared to 1966, a drop of 618, using 1967 totals compared to the five-year average. Note that admissions have dropped below the 20,000 in the last three years. So it is abundantly clear, Mr. Speaker, that at the Regina General Hospital, the record of utilization has been fairly consistent. I am told that a very similar pattern has been followed at the other hospital in Regina, namely, the Grey Nuns. There has been no indication of any big increase in admissions which might prove that there was over-utilization. As a matter of fact the records show that the doctors who have been responsible for admitting patients to the Regina General have had a consistent record over a six-year period. The records show that the admission policy of the General Hospital Board has not resulted in over-utilization or abuses.

SOME HON. MEMBERS: — Hear, hear!

MR. BAKER: — But the doctors, the hospital and the patients are being penalized by this proposed legislation. If there had been any evidence of excessive abuse of hospital services it would have been shown in the report that I am quoting from. These are not my figures. If the Chairman of the board and the Member for Regina South West (Mr. McPherson) had been worried about over-utilization and abuses, surely he would have mentioned it in his annual report. There is not a word in the 1966 annual report of the General Hospital. If there had been abuses this Government might have been justified in saying to the 20,000 patients, "As some of you have abused the service, you are therefore to be

charged a deterrent fee." I would hope that the Member for Regina South West would speak out and let the Government know that the record of the Regina General is such that there is no justification for deterrent fees. But in case the Government needs some more evidence, let us look at more facts in this fascinating document.

Average daily census including newborns. This is an important group of figures, because while the admission total of about 20,000 tell one story, the average daily census figures tells another important one as well. Here they are:

> Average daily census including newborns - 1962 - 619; 1963 - 661, up by 42 over 1962; 1964 - 665, up 4 over 1963; 1965 - 639, down 26 from 1964; 1966 - 619, down from 1964, and back to the same level as in 1962.

SOME HON. MEMBERS: — Hear, hear!

MR. BAKER: — The admission story . . .

MR. D.A. McPHERSON (Regina South West): — Mr. Speaker, could I rise on a point of order. I would just like to bring out for the Member for Regina South East that we have 40 less beds in the General as he knows very well when we got our new 80-bed addition.

MR. BAKER: — Mr. Speaker, I am making allowance for renovations. I am coming to that, Mr. Speaker, but let me go on. I would have hoped that the Member for Regina South West, the Chairman of the Board, would have brought this out. This isn't a slap against the Regina General Hospital. In fact I thought he would have stood up here and stuck his chest out even further, and brought the facts out . . .

SOME HON. MEMBERS: — Hear, hear!

MR. BAKER: — . . . to promote the General Hospital and to tell the people what is really taking place. Had he done that at the start, I am sure that the Members over there would have withdrawn the Bill weeks ago.

SOME HON. MEMBERS: — Hear, hear!

MR. BAKER: — Yes, the admission story for the General was a good one and so was the daily census story. There was no drastic increase in the daily census. As a matter of fact there was a decline in the last couple of years. As the Member mentioned, we had less beds. This is true and I am making allowances for this. We don't forget we also had a growth population. Part of this was because of building improvements, but it still gives a good picture which these facts show. However, there is ample

evidence to show that those persons using the Regina General have not been abusing the service.

SOME HON. MEMBERS: — Hear, hear!

MR. BAKER: — Yet these people, the children, the aged, the young couples, other adults, the low and middle income groups, all of these people are to be penalized. They have done no wrong, Mr. Speaker, but they are to be punished anyway. This same report has some other revealing figures.

Days of patient care including newborn. This again is on page 8 of the annual report. Days of patient care figures are: In 1962 - 225,980; in 1963 - 241,259, up over 1,500 from 1962; in 1964 - 243,519, up over 2,000 from 1963; 1965 - 233,096. Note the significant drop, down by over 10,000. Now true enough we were doing some renovating which takes care of a part of it; in 1966 - 213,772 - another significant drop, down by over 20,000. These are days of patient care. Remember that admissions over a five-year period averaged about 20,000 and yet while the same number of patients using the hospital, the number of days the patients were staying in the hospital was decreasing substantially. Here is positive evidence that at the Regina General Hospital there was not over-utilization. There was not any excessive abuse which is contrary to the claims of the Government Members. The facts clearly show that the doctors in admitting and discharging patients were showing a responsible attitude. The General Hospital policy regarding admissions was a good one. The patients were not abusing the services of the hospital. The claims of the Government Members are really phoney as shown by the facts presented.

This Government has yet to show evidence why deterrent fees are necessary. Certainly Government Members cannot cite the record of the Regina General Hospital. The story for the Regina Grey Nuns is about the same, because the two Regina hospitals have the same medical men and similar admitting procedures. Yet the Chairman of the Regina General Hospital, the Member for Regina South West (Mr. McPherson) has not defended the medical staff of the Regina General. He hasn't defended the administration staff of the Regina General. He has not defended the citizens of Regina and of his constituency who use the Regina General and the Grey Nuns.

We as Members for Regina cannot be silent on this. We must defend the policies of the Regina General Hospital Board, the medical staff, the administrative staff and Regina patients and others. All these people have been maligned by a series of remarks made in this House. The Member for Regina South West (Mr. McPherson) has a decision to make and he should make it now. I would hope that he doesn't agree with these deterrent fees. If he continues to support the Government policy for a tax on the sick, then he should resign immediately as Chairman of the Regina General Hospital Board.

SOME HON. MEMBERS: — Hear, hear!

MR. BAKER: — The Regina city council which appointed him Chairman of the Board has taken a positive stand against the proposals of the Government. Where does the Member for Regina South West stand in relation to his colleagues on the General Hospital Board, the General medical hospital staff, the General administration staff and if he pays any attention to the wishes of city council which appointed him, naturally he has only one course.

If the Member for Regina South West (Mr. McPherson) wants to do something for these groups, for his constituents in Regina South West and for the citizens of Regina, then he should protest the imposition of this ruination tax.

SOME HON. MEMBERS: — Hear, hear!

MR. BAKER: — By doing that he can join the groups opposed to this legislation and jolt this Government which seems determined to go ahead with this legislation. In case the Member for Regina South West and Government Members opposite need more facts let us look at another aspect of the report which I have been quoting from. Again the facts demonstrate that rather than abuses which warrant deterrent fees, the hospital, the doctors, the nurses, the patients and the employees should be praised for good utilization.

SOME HON. MEMBERS: — Hear, hear!

MR. BAKER: — This, Mr. Speaker, deals with outpatient visits. In 1962 there were 20,379; in 1963 this rose to 33,000, up over 12,000; in 1964 this rose to close to 39,000, up another 6,000; in 1965 it went back to 35,000, a decline of some 3,000; in 1966 it went back up to around 42,000. This figure is the highest ever and more than double the figure of 1962.

The annual report quotes the Chairman of the Board, the Member for Regina South West (Mr. McPherson) as saying:

> The Regina General Hospital offered the best possible patient care to the 19,915 patients who came to the hospital.

And the report indicated some plans for 1967 on page 6:

> To make provision for outpatient surgery to be done in the emergency . . . department with recovery in the observation wards.

So in addition to doubling the outpatient visits between 1962 and 1966, the General Hospital Board was extending the service in 1967. What is the significance of these facts. The facts

showed that there was a combined effort by the General Hospital Board, by the medical and nursing staff and others, to deter patients from using hospital beds. It was so effective that the outpatient visits increased. If this had not been done some of the patients given this service naturally might have had to be admitted. This is truly an outstanding example of the efforts — what I am trying to point out, Mr. Speaker — the efforts of the hospital to combat abuses. Here again, the Board, the medical and administrative staffs, the patients are being penalized by this Government. For this fine record of preventing abuses penalties are being imposed. I suggest that copies of this report be made available for the Premier, for the Provincial Treasurer (Mr. Steuart), for the Minister of Health (Mr. Grant) and particularly for the Members from Milestone (Mr. MacDonald, Lumsden (Mr. Heald), Qu'Appelle-Wolseley (Mr. McFarlane), Arm River (Mr. McIvor), Kelvington (Mr. Bjarnason) and Yorkton (Mr. Gallagher). These constituencies use the service provided by the two hospitals in Regina, and in particular the General Hospital. May I say, we welcome these people here. But let's not ridicule them that they are abusing our Medicare Plan.

SOME HON. MEMBERS: — Hear, hear!

MR. BAKER: — This leads me to page 10 of the report. 'Distribution by hospital regions of Saskatchewan Hospital Plan.' Patients discharged from the Regina General Hospital for the year 1965 and 1966 — this is a record of patients including the newborn. The total discharges in 1965 were 18,356; in 1966 - 18,471. And there is a very interesting breakdown which shows the number of patients from Regina City. For both 1965 and 1966 patients from Regina constituted 65 per cent of the patients at the Regina General. So for the Members from the constituencies around Regina, it is of particular interest to note that in both 1965 and 1966, the number of patients from cities and municipalities outside of Regina constituted 35 per cent at the Regina General Hospital.

So what was said earlier about the way the Regina General Hospital has been utilized, applies to both patients from within our city and from outside our city. The proposal of this Government aims directly at 65 per cent of the patients who are from Regina and directly at 35 per cent of the patients who come from outside of our city.

Members of this House might be interested to know that our Regina Municipal Hospital provides service for patients from nearly all over Saskatchewan and even parts of the United States. A map of hospital regions in this report shows some interesting facts. The largest group of patients using the Regina General naturally comes from Regina City and the Regina hospital region. This region takes in Lumsden, Milestone, Qu'Appelle-Wolseley and Moosomin. It stretches from west of Regina to the Manitoba border, from the Valley to the border of the Weyburn-Estevan region.

In 1966 the total patients from this area came to 15,125. Let's look at the breakdown by regions. Weyburn-Estevan 1,004; Yorkton 770; Assiniboia-Gravelbourg 437; Moose Jaw 346; Swift Current 295; Saskatoon 197; Humboldt-Wadena 126; Melfort-Tisdale 56; Rosetown 36; Prince Albert 48; North Battleford 36. So it is clear that when we talk about the situation at the Regina General it is one that not only involves patients from Regina, but patients from all over the province.

SOME HON. MEMBERS: — Hear, hear!

MR. BAKER: — It should be recognized that the Regina General is owned and operated by the city of Regina and the citizens of Regina have invested millions of dollars in this facility. Therefore, anything which can be harmful to this hospital, such as the proposed legislation, is something that we must watch very carefully.

Taxpayers of this city are already committed to spend $2,790,000 until 1990 to pay for the improvements of the General Hospital. We have approved $350,000 to match the Government's $750,000 provision. Some of the members on city council agreed to put 1/2 mill on the taxpayers which took place last Thursday. Some of us felt that this should have been financed in a different way, perhaps from some of the reserves that we have. However, this was the wish of council. We in Regina are going to have to pay 1/2 mill for the next three years to pay for the renovations that are to be made, besides the $2,790,000 that I mentioned.

Therefore, anything that can adversely affect this hospital is of concern to the Regina citizens. There are now some plans being considered for expenditures of around $11 million. May I remind the rural Members of this House that even though more than one-third of the patients come from municipalities other than Regina, the amount received from The Hospital Revenue Act is very small, just over $24,000 last year. I believe that the Grey Nuns received $76,000. I am not familiar with the formula used. But I am just pointing out what each hospital received.

We in Regina on the city council, and those on the hospital board are going to have to look very carefully at the result of deterrent fees, and how they will increase costs for our Regina citizens. The introduction of deterrent fees would serve as a real additional hardship on many. It will create real problems for our Regina General Hospital.

Now, Mr. Speaker, in recapping events, the Member for Regina South West mentioned the beds that were being renovated. We have taken this into consideration and we still find that there is a decline over the years. Here we are trying to impose something for efficiency upon people who did not abuse, but did what they thought was right from the medical staff down, to help take care that abuses wouldn't occur in this hospital and in our community. Mr. Speaker, you know, of all the taxes placed upon

the people of Saskatchewan at this session, this one I am sure we all agree is the most deadly and vicious. It is impossible, Mr. Speaker, to sit here and watch such a cruel Bill being passed without making some comment. As stated by the Leader of the Opposition (Mr. Lloyd) it sets up classes or class distinction for hospital services once more in Saskatchewan. Again hospital beds will be made available only to those with the ability to pay. The poor people will have to lie with their ills and pains as they did during those dreadful Thirties. I vividly recall coming into Regina General Hospital in 1939 for an emergency appendectomy operation. I arrived here at three o'clock in the morning from 65 miles out of town. When I got to the admittance desk I was politely told that a $20 deposit was required before I entered. That was a real deterrent fee, one that would have sent me six feet under if I didn't have the $20. How many people didn't have that $20 deterrent or entrance fee in those years: how many went to an untimely death because of this sort of restriction and not having the ability to pay? What will happen now under this plan if someone will ask to be admitted and it is felt they cannot pay the deterrent fees once in hospital? Are they going to pass a regulation that will have them pay perhaps fifteen days in advance? Already hospitals are saying they are going to charge $25 before entry. Regina General is imposing this $25 entrance fee just as it was 30 years ago. I am told even in the United States, with their poor hospital plans, they do not charge entrance fees for their patients. They take a chance on their integrity and collect either while they are there or after they leave the institutions. I suggest, Mr. Speaker, that this is what will come out of this terrible penalty tax. Yes, once again we are pitting the haves and the have-nots against one another, and the have-nots are going to get the worst of the deal again. Yes, I too have received hundreds of letters and petitions to oppose this ruinous Bill, ruinous to keeping and promoting continued good health, ruinous because it is eroding the very roots of our wonderful Medicare Plan. Yes, it is eventually going to put the complete onus on our hospitals. The debts owing will be charged and will have to be collected by the municipalities. I am sure this will be deducted from their share of hospital costs, another example of cost being forced onto local government. Already we have had a request from the Regina General Hospital Board to assume $106,000 of their current operations to be put in our city budget this year. Even with all these deterrent fees, and the $10,900,000 they are receiving from medicare, still the municipalities are being asked to assume maintenance and operation costs of these institutions. The overall plan is designed so as to load debts and collections on local governments. Surely by now the Government realizes that 90 per cent of the people in Saskatchewan oppose this backward and inhumane way of keeping the sick out of hospital.

SOME HON. MEMBERS: — Hear, hear!

MR. BAKER: — We'll tax those further who do get in if they can afford it. May I suggest to the Government, Mr. Speaker, that this Bill

be not gone ahead with. Let us see how the health budget will come out this year. It would appear that there is sufficient padding in the overall Budget to offset what is contemplated from deterrent and utilization fees. I ask this Legislature to withdraw the Bill at this time. If there is a deficit in the health fund because of no deterrent or utilization fee, I am sure no one would criticize a Government who claims to think of people first, particularly sick people.

SOME HON. MEMBERS: — Hear, hear!

MR. BAKER: — Yes, a lot of talk in this is hinged around abuses regarding hospital beds. The Commission and the medical profession have the most say in admittances and discharges. How ridiculous to say people abuse hospital privileges! People in hospitals once they are well want to get out, not stay in. We've heard so much about hurrying people out of hospitals, this Government pushed people out of our mental institutions, people who were not given a chance, many people who should not have been released unless under proper home care. We in Regina had more than our share. Hundreds had to be looked after by our voluntary agencies, and those of us in elected positions had been apprised of these problems. Today our city health department looks after a large number, something like 58, without a nickel from the Government for this service. Mr. Speaker, no doctor wants to release a sick patient whether the patient is physically or mentally ill. As was mentioned by the Member for Canora (Mr. Matsalla), the city council of Regina took a stand regardless of political affiliations. I express appreciation to every member on council who opposed deterrent fees. If you break it down politically there were six Liberals, three CCF and one Conservative. One Liberal was missing. Council is made up of seven Liberals, three CCF and one Conservative. Six were there. It was a unanimous decision to ask you people to turn down this Bill and not to impose deterrent fees. I was very pleased when they stood up in their seats that night. They spoke with good common sense and appealed to this Legislature, to withdraw it, and carry on as we have and keep a plan, Mr. Speaker, which is one of the best in the world.

SOME HON. MEMBERS: — Hear, hear!

MR. BAKER: — I am sure there are Members over there who in their own hearts and minds don't want to support this. Surely you have enough influence to convince those who probably speak more strongly for it, surely you can use your influence to give it more thought. Withdraw it and let's discuss it at the next session and give the plan a chance, because you have practically $11 million more than you had last year. I would have thought that you would have extended services to chiropractors, extended the drug program and given dental care to children up to 16 years of age. You have the money there to do it. This deterrent fee is going to help impair your future programs and I believe we should put our heads together, think this over, withdraw it until a later date and have more discussion.

With that, Mr. Speaker, I appreciate the opportunity of saying these few words because I think it is so important to us today, particularly this Easter Monday to take a new look, and get new thoughts injected into this whole debate. I am sure we will come up with the right answer. With that I will oppose the Bill.

SOME HON. MEMBERS: — Hear, hear!

MR. D.W. MICHAYLUK (Redberry): — Mr. Speaker, in rising to add my contribution to the somewhat drawn-out and prolonged debate, but very important because of the action of the Government by the introduction of Bill No. 39, I do so with full knowledge and realization that this Bill if allowed to pass in this Legislature, and if this Bill as the Premier says becomes the law of the province, although it is not finalized as yet, and is made retroactive to this Black Monday, Saskatchewan's sick will have been dealt the cruellest blow by a Government which claims that its heart bleeds for people and according to the Minister of Welfare claims that the Hon. Gentlemen to your right put people before politics.

The Hon. Member for Nutana South (Mr. Forsyth), Mr. Speaker, the other day castigated Members on this side of the Chamber for the unduly prolonged debate and for the contributions put forward in defense of the people and particularly the people of their constituencies who elected them to be their spokesman here and to speak on their behalf. Now may I make reference to the press. I have here, Mr. Speaker, from the Moose Jaw Times Herald, Saturday, April 3, 1968, an editorial that says, "A long tough fight," and may I quote this editorial in part:

> There is no question but that the Liberal Government is in as much difficulty over utilization fees as the CCF was in 1962 over medicare. There may not be quite as much public reaction to the fees as there was to medicare but the fact is less emotion and more logic is being applied in this instance than was the case in 1962. The NDP is not hiding the fact it intends to employ all measures possible in order to delay passage of this Bill, and it must be one of the party's hopes that the protracted debate will lure the Liberals into making a strategic mistake such as imposing closure. An unlikely development!

And may I go on, Mr. Speaker.

> Wednesday was the first solid day of the session devoted to the fee. There had been debate off and on before but never of the lasting nature. Now the Government is nearly forced into proceeding with this matter until its conclusion.
>
> One Liberal Member admitted after Wednesday's sitting 'the mood of the House is ugly.' It started with the

> study of Health Department Estimates Tuesday and continued Wednesday. Almost all NDP speakers to date and probably most to come make mention of the fact the fees are probably not acceptable to all Government Members and those Members should vote against them.

This is not the NDP Members, this is Moose Jaw Times Herald, Mr. Speaker. To quote again:

> One NDP Member added, 'of course they won't vote against them, because they are under the thumb of their Leader and know the consequences if they ever attempted it. The same may be said of almost every piece of legislation since it seldom happens in this country that Members vote against their party.'

I have seen Members of this party vote against some legislation ever since I've been in this Chamber, Mr. Speaker.

Mr. Speaker, I want to say now, and I will say again when other occasions arise, that the Hon. Member's advice from Nutana South (Mr. Forsyth) falls on deaf ears as far as I am concerned. I have said and I want to restate and reinforce here and now that I will and shall and that my constituents want and expect me to fight this Bill, to oppose it and to do all in my power as a Member of this Legislature to make these Members of Government and the Government itself withhold and withdraw this unnecessary and unwarranted and unprecedented financial raid by the Liberal Government on the unfortunate people who through no fault of their own have to see a doctor, or on a doctor's advice go to the hospital to regain the only resource so vital to one's well-being, of the one he loves, one's own self, one's family, one's friend, and that is health. Mr. Speaker, permit me to ask the Government and the Minister of Public Health (Mr. Grant) a few pertinent questions underlying the matter of deterrent fees. Firstly I want to ask the Minister when and prior to which election were the Saskatchewan residents made aware that the new Thatcher-Liberal Government would impose deterrent fees upon its election or re-election? Secondly, would the Minister of Public Health be so kind and honest to inform this Legislature when and who carried out the research studies for the Department of Public Health and made recommendations to the Government and to the Minister that deterrent fees would curb the so-called abuse or misuse of doctors' and hospital facilities? Thirdly, did any of the following: - doctors' or medical associations, hospital associations, nurses' organizations, radiologists, technologists or any other group closely connected and concerned with providing of the services, ask the Government for the imposition of deterrent fees, Mr. Speaker? Fourthly, Mr. Speaker, have any of our welfare agencies, church, farm, professional or agricultural organizations made approaches or requests to the Government for the imposition of these health surcharges? And Finally, has the Government since the election or the re-election of October 11, 1967, been approached by private insurance for the imposition of deterrent fees to make

the Saskatchewan Hospital and Medicare Plan insecure so that they may be able to provide at nominal costs added coverage in the form of re-insurance? These are some of the questions, Mr. Speaker, that should be answered in this Legislature. These are some of the questions for which the people of Saskatchewan want and demand answers. It is only fair and just that before the passing of this Bill answers should be provided to the Hon. Members here and to the people, so that we would know the true facts in respect to the desirability of deterrent fees for our hospital and medical care. Mr. Speaker, at this point I want to extend my sincere sympathy to the junior Member (Mr. Charlebois) from Saskatoon representing City Park-University for the weak case presented in this Government by quoting or reading a letter to this House from one "Son Pére", bearing under complimentary closing the following, 'Yours for good politics.' You know, Mr. Speaker, I was out of the House the other day when the Hon. Member for City Park -University spoke. When I returned to the city on Sunday evening I was amazed to read in the Leader-Post of April 12th, under title "Numerous calls for order as deterrent fees debated." There was one particular section of this press release that impressed me. It says this:

> A minor shouting match broke out between J.J. Charlebois, Liberal Saskatoon City Park-University, and D.W. Michayluk, NDP Redberry.

Well, I don't know whether I shouted, I was accused of stealing a letter that I knew nothing about, but here is what the paper says:

> Mr. Charlebois said, 'If Mr. Michayluk didn't stop referring to him as a junior Member from Saskatoon I'll stick it in his ear right up to my elbow.'

Well, Mr. Speaker, for the information of the junior Member representing City Park-University to me he will be junior as long as the Hon. Member for Saskatoon who represents Mayfair constituency (Mr. Brockelbank) sits here. I want to say I consider him junior in many ways, junior because he received the lowest majority of any Member representing the city of Saskatoon. This is one reason for calling him the junior Member.

HON. L.P. CODERRE (Minister of Labour): — Mr. Speaker, on a point of order he's dealing with something that concerns The Election Act or something of the Legislative Assembly, and I was wondering whether he is referring specifically to the debate. I certainly would hope, Mr. Speaker, that he gets down to the facts of the debate and not bring in irrelevant matters.

MR. BROCKELBANK: — On a point of order, I think we can assure the Hon. Member from Gravelbourg that he intends to tie this directly into the debate on deterrent fees.

MR. SPEAKER: — Order, order! The Member for Redberry.

MR. MICHAYLUK: — Thank you, Mr. Speaker. Well I see that my speech gives the Minister of Labour (Mr. Coderre) an itch, but I will continue with your permission, Mr. Speaker.

Now I take except to this particular statement in reference to deterrent fee debate. "I'll stick it in his ear right up to my elbow." Now I have an elbow too, and I am suggesting to the Member that he write a certified cheque for a deposit on the deterrent fee. He can then name the place, the time, get his seconds and backwashers and I'll take him on.

SOME HON. MEMBERS: — Hear, hear!

MR. SPEAKER: — Challenges to duels are out of order. They went out of the British House of Commons 200 years ago.

MR. MICHAYLUK: — I did realize too that the days of the sword fights were over. Mr. Speaker, this one, Son Pére is the only concrete evidence presented to this Legislature that abuses exist in medicare. Even this evidence of abuses is not levelled at patients but at a doctor because the doctor likes his whisky after office hours. This letter too, Mr. Speaker, salutes one Fernand. Nowhere was I able to find, and I have a copy of the letter, that this one Son Pére talks on behalf of his constituents against or for deterrent fees. Nowhere does it state that this Fernand is a Member of the Legislature. The entire letter heaps castigations and scorn on those drawing $107.10 a month, presumably the old age pensioners, and then with a final lecture and I quote, the writer has this statement:

> You know I am getting to despise those CCF more and more right along.

Mr. Speaker, this Son Pere has more fatherly advice to offer to Fernand, as under his P.S. and on the reverse side he states and may I quote again:

> We are waiting for that call announcing your proposed weekend visit.

While Son Pére is prepared to reinforce his and your conviction, "The time has come when a stop should be made as regard to spoon feeding the population by a Government," as he states elsewhere in his letter, and that he is willing and wants to instruct Fernand on the flagrant abuses in hospital and medical care. My advice to Fernand, Mr. Speaker, would be avail himself of every opportunity to get more advice from Son Pére, at the time when he is willing to offer it. The Hon. junior Member from Saskatoon representing the constituency of City Park-University is probably of the opinion that one solitary letter from Son Pére though not

directed to him, Mr. Speaker, outweighs hundreds of letters produced and read by the Hon. Members in this Legislature and particularly by the Hon. Member from Melfort-Tisdale (Mr. Willis), together with hundreds, yes, thousands received in total by all Members on this side of the House. I am sure that the Government Members have received the same number if not more. Add to this thousands of signatures and signers to petitions pleading with the Premier and the Government not to impose deterrent fees. Mr. Speaker, I have had several long-distance calls from doctors, asking me to oppose the imposition of medicare fees. They base their case on the effect these fees would have upon general practitioners in small communities. Mr. Speaker . . .

MR. STEUART: — Who's that?

MR. MICHAYLUK: — We'll give you a chance to speak on deterrent fees . . .

MR. STEUART: — I have already spoken.

MR. MICHAYLUK: — Well try again. Mr. Speaker, this is exactly what the Minister of Public Health (Mr. Grant) and this Liberal Government want. Recent proposals by the Government to close hospitals in small communities are a direct admission based on what will happen to the general practitioner if the deterrent fees are implemented. General practitioners will leave small communities and of course the hospitals will then have to be closed. Mr. Speaker, in recent days, I have sent over to the Minister of Public Health petitions bearing several hundred signatures from my constituency opposing these health surcharges. One such petition — and I have a photostatic copy of this petition — comes from the Meota area. This area, Mr. Speaker, is in the Edam hospital area, an area whose hospital was listed for closing recommended by the Hospital Survey Commission Report.

MR. STEUART: — We save . . .

MR. MICHAYLUK: — Not because you wanted a hospital but because you didn't want me here.

MR. STEUART: — . . . thought of that, Dick?

MR. MICHAYLUK: — A hospital as I mentioned that was slated and recommended by the Hospital Survey Commission for closure. There was a great deal of concern expressed by local residents. What did the Liberal Government do on re-election? Did it say that the Edam hospital was to be closed? No. the Government allowed the construction of a new 8-bed hospital. I only wish that you would have built it to the standard to which the Rabbit Lake 8-bed hospital is built. This is the only thing that I regret. There is no comparison. The private ward hasn't even got a wardrobe. You allowed for the construction of a new 8-bed hospital only after the local residents were forced to raise

considerable amounts of money in ready cash. This petition, Mr. Speaker, was sent to me and I'd like to put this copy on the Premier's desk by one, Mr. Victor Doherty. I would like to read this letter to the Hon. Members of this Legislature, dated March 12, 1968. He addresses me,

> Dear Dick.
>
> This list of names are from Wings and Fitzgerald school districts west of Meota and west of Prince. The response was wonderful. 94.15 per cent signed the petition which goes to show how unpopular deterrent fees are. There were three of us on the sign-up or should I say three of us took the petition around, namely by Bill Moran, CCF, George Lessard, Liberal; and myself (the writer of this letter, Vic Doherty, CCF.

He goes on and he says:

> Eiling Kramer can tell you about these districts. He knows them well.
>
> Sincerely yours,
> Victor Doherty.

Mr. Speaker, the petition's preamble is very short and to the point. The preamble is worded this way:

> We the undersigned are opposed to hospital and doctors' deterrent fees.

This petition, Mr. Speaker, has some 42 signatures and as Mr. Doherty says includes almost 95 per cent of the people of that area. Mr. Speaker, I would like to send a photostatic copy of the original, which I sent to the Minister of Public Health, for the Premier's perusal. Mr. Speaker, the Minister of Public Works (Mr. Guy) the other day mentioned that some of these petitions and letters were sponsored and organized by the New Democratic party. I want to flatly deny that any such course of action was taken in my constituency. I had many phone calls from people, people who are concerned in respect to this Bill and the deterrent fees which will be implemented and a burden placed upon the people. Any action, Mr. Speaker, that was taken in my constituency was taken by people who are deeply concerned over the steps being taken by this Liberal Government in introducing surcharges on health.

May I, Mr. Speaker, read the answer I gave to Mr. Doherty. This is one of many replies to letters that I had received. This letter is addressed to Mr. Doherty of Meota, and may I read my reply.

> Dear Mr. Doherty:
>
> This is to acknowledge receipt of your letter of the 12th instant together with a petition signed by the residents

> of Meota and the surrounding area, expressing concern over the proposed changes by implementing deterrent fees in respect of hospitalization and medicare by the Liberal Government. You no doubt are aware that the Government is contemplating $2.50 per day up to 30 days for hospitalization with an additional charge of $1.50 per day thereafter, add to this $1.50 for each call to the doctor's office.

At that time I didn't know the limit would be 60 days of $1.50 charged.

> May I congratulate your community and those of you who have taken the initiative to get a petition protesting the proposed charge against the sick and those who need the services of a physician. Furthermore through you, may I assure the petitioners that I will do my utmost to oppose this regressive legislation as I am sure all Members of the New Democratic party will do. Undoubtedly you may be aware that in April of 1964 just prior to our defeat, hospitalization and medicare fund had a surplus of some $9 million. We kept these funds for the payment of the mentioned services. The picture changed with the election of the Liberal Government. The surplus funds were used for various Governmental needs and the reserves were depleted. The present Provincial Treasurer to make up for this mismanagement and blunder was contemplating this brutal levy on the sick. May I assure you and the people of your area that I will spare no effort to fight against the implementation of this unwarranted legislation.
>
> Thank you for writing, with kindest regards,
> D.W. Michayluk.

Mr. Speaker, I have one other petition from the Mullinger-Rabbit Lake and Meeting Lake area bearing some 206 signatures with this preamble.

> We the undersigned protest the inequitable distribution of deterrent fees. Those who are sick requiring medical care and hospitalization are most often the ones who cannot afford the extra load of deterrent fees. People with fixed incomes are going to be in even worse financial difficulty than they were already if these fees are paid. Then they are going to deprive themselves of other physical needs.

Mr. Speaker, for the benefit of the Premier I would like to lay this photostatic copy of the original which I presented to the Minister of Public Health the other day. One other letter received on March 9th. It is a very short letter, from a lady, Mrs. Paul Kassner of Borden. The main content is as follows. I quote:

> We cannot afford to pay extra tax for hospital fees. You are our MP so why don't you do something about it. We

> were told to write to you.

Somebody must have told her to write to me. Just listen to this and then you'll laugh, Mr. Minister.

> We have one-quarter of land and can barely make ends meet. What is the Government trying to do? Break us. Let the rich pay, not us poor people.

And here's a lady pleading with the Government, Mr. Speaker. She goes on:

> So I hope it does not go through. I have no more paper so I'll quit writing.
>
> Yours truly,
>
> Mrs. Paul Kassner.

One other letter, Mr. Speaker. I haven't as many as the Hon. Member for Melfort-Tisdale (Mr. Willis) but I want to read those I received. As I represent these people I think it is my duty and obligation to speak on their behalf. This letter is from Cochin. This is a poll of all polls as far as elections go. I haven't a clue, I don't even know this person, Mr. Minister.

> Dear Sir:
>
> I feel that the Budget which has been recently introduced is grossly unfair in placing an excessive burden on those who can least afford to pay the medical deterrent fees. As the elected representative of this area I trust you will do your duty and do all in your power to have this particular portion of the Budget squashed and withdrawn.
>
> Yours sincerely,
> J. Bert Rose.

Over the weekend, Mr. Speaker, I received another petition from the Sandwith and Hillside area, the original of which I have here. It is signed by some 40 petitioners. I wish to lay it on the Premier's desk. Mr. Speaker, the Minister of Public Works (Mr. Guy) says that these petitions and letters are politically inspired. Well, Mr. Speaker, if the Government or the Members opposite want to base their case or rest their case on the fact that they have received a letter from Saskatoon from one Son Pére compared with thousands of letters and with thousands of petitioners and signatures from people who sincerely and honestly believe that the imposition of Bill 39 will be an imposition on the poor, may I suggest to the Premier and to the Government to resign and call an election on this issue so that the people could express their viewpoint. It is for this reason, Mr. Speaker, that we moved that a commission be set up to which representation could be made from various groups and various organizations in respect of deterrent fees that are being proposed by this Government, but that amendment has now gone by the

board too.

Mr. Speaker, before I go on, I have one other petition from the Connell Creek-Carrot River area that was presented to me when I visited the town of Nipawin a week or so ago, signed by some 30 signatures. It is surprising that the petition was not sent to the Hon. Member representing that area, Mr. Frank Radloff. It was handed to me to present to the Minister and the Premier. I would at this time, Mr. Speaker, like to send a photostatic copy of this petition to Mr. Premier.

Mr. Speaker, it is rather sad and disheartening for the people of Saskatchewan that the long awaited plan for Saskatchewan residents which became a reality on July 1, 1962 has reached this critical stage in its operation. Saskatchewan, Mr. Speaker, as Hon. Members are aware, was the first province or state anywhere in North America to provide such comprehensive universal prepaid medical care to cover and protect this entire population. The plan at its inception evoked fierce opposition from the Saskatchewan Liberal party then in opposition. Certain medical people for political reasons fought it from without together with organized medicine and from within, Mr. Speaker, by the Liberal KOD organized by the MacLaren Agency which was brought into Saskatchewan in 1962. Never in the history of a province or a state was a government more severely tested than was the CCF Government during the period commonly known as "the trying days of Medicare" under the leadership of the then Premier, Woodrow S. Lloyd. In 1962, Mr. Speaker, we had given the people an era long awaited, an era, Mr. Speaker, to ease the minds and relieve the dread thought that some day, somewhere, someone will or maybe fine men shall be ruined due to prolonged illness to himself, his loved ones, his family, his neighbor or his friend. Up to this Black Monday, April 15, Mr. Speaker, the people of Saskatchewan, the medical profession had accepted this universal type of health coverage. Even the Liberal Leader and our Premier who at no time in his political career believed in the universal prepaid medical care no longer kicks at the door the Legislature. Everyone in the Province of Saskatchewan, the medical profession, who did offer resistance initially before its implementation agreed with the Medical Care Plan with the exception of the power clique or the smug minority and those who do the bidding and are against the prepaid universal medical care. The Saskatchewan people accepted medicare, liked it, want it and expect it to stay. In the speeches made by the now Premier, Mr. Thatcher was reported to have said that the Liberals would have a plan but it would be formulated by experts and will operate with the full co-operation of the medical profession. Now that same medical profession, Mr. Speaker, is opposing the deterrent fees.

SOME HON. MEMBERS: — Hear, hear!

MR. MICHAYLUK: — This statement, Mr. Speaker, came only two weeks after the College of Physicians had repudiated the plan in 1962 and I don't want to go back to that year more than is necessary. It

was at this time, Mr. Speaker, that the now Premier and the then Leader of the Opposition (Mr. Thatcher) called for an Alberta-type semi-care plan. It is quite clear that Mr. Thatcher wasn't supporting the Saskatchewan Medicare Plan at the time it was implemented. Neither does he now.

May I go back and cover the history of the Liberals' stand in respect to medicare, Mr. Speaker. In 1961 they supported the plan in principle in this Legislature. In 1962 they organized the KOD to stop the plan. In 1963 experts were devising a new plan and in 1964 they guaranteed the existing plan. Mr. Speaker, prior to the April 22 election of 1964, the CCF knew, we were aware that if the Liberals were elected to form a Government of Saskatchewan that the Medicare Plan would be in jeopardy. Therefore our first plank in the 1964 CCF program was that the CCF would develop and defend the Medicare Plan. This plan we are now defending. The Liberal party went one better, Mr. Speaker. In their election platform they promised to maintain medical care insurance and to extend it to cover major drug costs. How successful were you, Mr. Minister?

HON. A.R. GUY (Minister of Public Works): — We got elected . . .

MR. MICHAYLUK: — No mention and they dare not, they dare not, Mr. Speaker, mention deterrent fees. Prior to the 1964 election many references and speeches were made by the Liberals that they would keep and maintain medical care. Mr. Speaker, with your permission, may I make but a brief reference to an article in the Saskatoon Star Phoenix of November 26, 1963 under the title, "Liberals promise care to stay if they win office". May I quote in part, Sir.

> Party Leader Ross Thatcher said none of the citizens need be afraid that the Liberal Government would discard universal prepaid medical care. We will remove it from political control.

Could I call it 5:30, Mr. Speaker.

MR. MICHAYLUK: — Mr. Speaker, when the House rose at 5:30 I was just on the verge of reading some quotes from the Saskatoon Star Phoenix entitled "Liberals promise care to stay if they win office" and just so that some of the Members may have forgotten the quote that I had given prior to supper, I want to reinforce it here now. May I quote in part, Sir.

> Party Leader Ross Thatcher said none of our citizens need be afraid that the Liberal Government would discard universal prepared medical care. We will remove it from political control.

Well, I think, Mr. Speaker, that all Hon. Members will agree that it is right in the political arena now. At no time did the

Liberal party mention that they would implement deterrent fees for hospital or medical care users. In the October election of 1967 no mention was made of deterrent fees by the present Government or that they would be implemented if the Thatcher Liberals got re-elected.

Mr. Speaker, the present Provincial Treasurer, the Hon. Mr. Steuart prior to his by-election in 1962 in a full-page ad made these statements about medicare. May I quote:

> The truth is the Liberal party favors a sound medical care plan as do most people in Saskatchewan. The NDP Socialists broke their promise to bring in a plan acceptable to those giving and receiving this service.

But it goes on further and may I quote again:

> The NDP dealt the cause of good medical care a serious blow and blackened our name across Canada. They should be shown by your vote that they cannot continue to trample on the rights of individuals.

Or may I ask the Provincial Treasurer, Mr. Speaker, and the Premier, who unfortunately is not in his seat; who has caused medical care a serious blow and blackened our name across Canada? Mr. Speaker, I want to assure the gentlemen opposite that the Saskatchewan people once given a chance will demonstrate to this smug, self-conceited group that they cannot continue to trample on the rights of the individuals.

MR. STEUART: — Who said that?

MR. MICHAYLUK: — That's what I'm saying.

MR. STEUART: — Oh, that's kind of mean.

MR. MICHAYLUK: — Well I know you have a thick skull, Dave, so I hope this sinks in. You may rest assured, Mr. Premier, and Mr. Provincial Treasurer, that you will get the message once the people are given a chance.

SOME HON. MEMBERS: — Hear, hear!

MR. MICHAYLUK: — Mr. Speaker, I would like to say a few words about the method used to put this amendment into effect. As Members know, the Minister of Health (Mr. Grant) announced last week that hospitals would be collecting the deterrent fees today, Black Monday, even though legislation allowing such collection has not been passed by the Legislature. You should be aware, Sir, as should Members opposite that it is hardly an established procedure of this or any other House in this country to implement collection for any service without first having put into effect legislation authorizing such collection.

SOME HON. MEMBERS: — Hear, hear!

MR. MICHAYLUK: — The double standard employed by the Government is made more evident when one compares the action taken this morning with the action taken on other Bills passed this session. For example, on Thursday last, an amendment to The Lord's Day Act was passed by this Legislature.

HON. D.V. HEALD (Attorney General): — On a point of order, Mr. Speaker, the Hon. Member, I think, is talking about another debate.

MR. W.G. DAVIES (Moose Jaw South): — On a point of order, Mr. Speaker. The Member has a chance to relate it, give him a chance.

MR. MICHAYLUK: — For example, on last Thursday, an amendment to The Lord's Day Act was passed by this Legislature. It would allow Sunday night movies and live musical performances on Sunday afternoons and evenings.

MR. SPEAKER: — The Member can't refer to a previous debate.

MR. MICHAYLUK: — I want to make a comparison. I want to make a comparison, Mr. Speaker, between the two Bills in question. It would allow Sunday night movies and live musical performances on Sunday afternoons and evenings. But there is one important difference.

MR. HEALD: — I rise again on the same point of order, Mr. Speaker. I think the Hon. Member is clearly out of order. He's talking about a previous debate. He's talking about a Bill which has passed the House and surely that is out of order.

MR. MICHAYLUK: — Well, Mr. Speaker, how else can I make a comparison between a Bill that was passed and was not given assent and a Bill that we are debating now and is in effect without passage and assent. But there is one important difference between this Bill which has already been passed and the Bill before us. This is Bill 39 I'm referring to now which has not yet been passed. The Regina Leader-Post of April 13, 1968 commenting on the passing of The Lord's Day Bill says it is unlikely that theatres will be able to open this Sunday, however. That would Sunday, the 14th since the Bill does not become effective until the day it is given Royal Assent. Assent is not likely to be given this week since the Legislature was to recess Thursday night for the Easter weekend. Well on the one hand we have an example of a Bill duly passed by this Legislature which still isn't in effect, which still hasn't received Royal Assent, and then on the other hand we have the example of a Bill which hasn't been passed, which hasn't even received second reading but which

the Minister by divine or some other form of right has announced will be implemented, whether the Legislature passes the Bill or not by some Cabinet decree. The deliberations of this body are rendered meaningless. The Opposition and the thousands of people in Saskatchewan opposed to this regressive measure merit no attention, Sir. The Premier has decided and like the hard-headed or the hard-hearted businessman he is will barge ahead whether this democratically elected Legislature approves of it or not. Mr. Speaker, that is not my interpretation of democracy. The Premier and his colleagues should know that it is not the interpretation of democracy which is understood by the vast majority of the Saskatchewan people.

Mr. Speaker, in dealing with the legality of introducing a measure which has not yet been passed by this Legislature, I should like to mention a related matter. As Members know, Saskatchewan residents pay their hospitalization and medicare premiums in advance. Indeed, Sir, many people in the province have already fully paid their premiums for the coming year. In fact, I believe they have made a contract with the Government for the next year, that is, they will receive services for the next year by virtue of their payments to Saskatchewan Hospital Service and Medical Services.

Mr. Speaker, this contract has been null and void by the proposals contained in the amendments in Bill 39. Of course this Government says that it honors all agreements made by previous Governments, only the agreements that they make. The Government has decided to pay no attention to the contract made and instead has decided to rewrite the contract in favor of the Government. Mr. Speaker, the following letter which appeared in the Yorkton Enterprise of April 3, 1968 to Mr. Thatcher makes a favorable comparison.

> Dear Ross:
>
> Suppose you and I had a signed and airtight contract whereby I was to supply baled hay for your prize Herefords. The price agreed upon was 36 cents per bale delivered as required to your farm. Suppose we had had such a deal over the last three years and both had been satisfied. But now with the contract just renewed I sprung the price and demanded at delivery an charge extra. Result, you must pay double the original price!
>
> Now would you come bellowing to my house kicking the door, demanding I live up to my original agreement, or else? Surely you would not be such a sap as to let me feed you a gallon of tranquilizer assuring you it was all for the good of you and your herd. You must be deterred from wasting any hay in wintertime. You must pay a deterrent fee big enough to make you wince every time you open a bale. Your cattle must never use good hay for bedding, must never spatter over it when other people's cattle were starving. Then I would try to soothe you by telling you that you could always look to me for charity. Should

you become too poor to pay the price and I would gladly give you the hay. I would never turn a deaf ear when you came a begging.

Now this may be too silly to be funny, but remember this Ross; thousands of us hold contracts, signed, sealed and witnessed, giving us for 1968 full hospitalization and medicare for $36. And what is more we have paid for it in advance!

Morally and legally we are right. But right can't win when wrong is in the driver's seat. Will you honor this contract? Or will you tread us down by brute force and your ever-ready foot? Is this the new morality? Is honor a thing of the past in this Post-Christian world?

Norman Jowsey,
Saltcoats.

SOME HON. MEMBERS: — Hear, hear!

MR. MICHAYLUK: — Mr. Speaker, the Western Producer on Thursday of April 11, 1968 is indicative, I believe, of the feeling of most Saskatchewan citizens regarding the imposition of fees and the way in which they are introduced. And may I read this short letter from the Western Producer:

"Refuses to pay utilization fees."

Sir:

I was discharged from hospital on April 3. I was instructed to report to the clinic on April 16. I understand I will be charged the tax or a fee of $1.50 each time I have to attend after that date.

I here and now serve notice upon Ross Thatcher and on all doctors and hospitals in Saskatchewan that I will never, repeat never, pay the tax or fee even should my life be forfeited.

I hope that others in this province do as I do and refuse to pay the tax.

J.H.A. Earis,
Bay Trail, Saskatchewan.

Mr. Speaker, the Premier and the Attorney General, the Minister of Public Health and other Members opposite would do well to reflect a lot on the assistance they will give to hospitals and boards who might have action taken against them by gentlemen such as I have just mentioned, in view of clauses 5 and 6 of Section 5 of the Hospitalization Act, as was pointed out to the Government this morning, which expressly forbid a participating hospital from accepting payment for services from anyone with the

Saskatchewan Hospital Services Plan.

Mr. Speaker, I am certain that, if the Government does not take the time to reflect on not only Section 5 as outlined above but on the Bill as a whole, it will cease talking about alleged abuses and will instead begin working constructively to improve the Medical Care and Hospitalization Plans which have proven to be so effective over the years.

SOME HON. MEMBERS: — Hear, hear!

MR. MICHAYLUK: — Well, Mr. Speaker, several moments ago I mentioned the fact that the Hon. Provincial Treasurer in his 1962 pledge promised that they were not going to trample on the rights of individuals. On March 1 last like a bolt from the sky, the Provincial Treasurer informed the Saskatchewan people that as of today there is a surcharge, Mr. Speaker, a surcharge for the person who is unfortunate to be ill for 90 days, a sum of $165. Mr. Speaker, our form of government and our democracy are based on many individual freedoms and with this I want to agree. Mr. Speaker, it is this democracy that perpetrates on its people many inequalities. You are free to be rich or poor, you have the freedom to be educated or uneducated. You are fee to live in a mansion or in a hovel. You are free to go hungry or be fed. You are free to receive the best of health services or to be denied the best care. Mr. Speaker, you also have in Canada and Saskatchewan the freedom to be honest with the people and you have the freedom to misinform and to mislead. I think of this last freedom the Members opposite avail themselves to a large extent. It is for this very reason, Mr. Speaker, that a CCF Government implemented social legislation, not based on social or financial barriers, to make available to all our groups of people, be they rich or poor, the basic minimum care in respect to doctors and hospital needs. This is why in years gone by our society provided the same basis for our education. Hon. Members will recall that in the early 19th century a similar struggle took place in respect of education, a struggle as to whether or not education was to become a basic right for all the people in Canada. The then smug minority felt that if universal availability was made to all people in respect of education that the poor would get educated. Today, Mr. Speaker, more than a century later, education is the basic right for all people at elementary and secondary levels.

Mr. Speaker, the New England Journal of Medicine, March 7, 1968, amply demonstrates that it is the poor people or the people in the low-income brackets who make minimum use of medical services and less than do the people with high incomes. As an example, of people with an annual income of $3,000 or less, only 3.2 per cent of the people avail themselves of the medical care, while of people in the high-income bracket, $3,000 and over, 5.2 per cent make use of this service. This, Mr. Speaker, demonstrates that the introduction of the deterrent fee for hospital and medical care use will only deter the people in the low-income brackets. The people in the high-income brackets will

because of their financial means be able to use the medical care services. But we can draw a parallel here between allowing the poor people to get education and allowing the poor people or people of lower income to make use of medical services when the need arises.

What are, Mr. Speaker, some of the incomes percentage-wise in respect to our population in Canada in the mid-60s. Well the figures that I have show that 26 per cent of our people earn under $2,000 per year; 33 per cent of our population earn anywhere between $2,000 and $4,000 per annum; only 25 per cent earn between $4,000 and $6,000; only 10 per cent of our people earn between $6,000 and $8,000; only 3 per cent between $8,000 and $10,000; only 2 per cent between $10,000 and $15,000; and only 1 per cent above that amount. This amply demonstrates, Mr. Speaker, that 59 per cent of our wage-earners in Canada are within or between the $2,000 and the $4,000 income per year; only 25 per cent of our people earn more than $6,000, with only a small percentage in the high-income bracket. There is ample evidence in statistics and studies of the use of medical care which shows that's when care must be paid for on an individual basis, the poor use this service the least. They wait too long before going to a doctor because the fee was needed for food, rent and bare necessities and instead of being improved and upgraded life becomes increasingly a matter of mere subsistence.

Mr. Speaker, Mr. Pierre Berton speaking to some 1,500 people at the Bessborough Hotel in respect of utilization fees, as reported in the Star Phoenix, Thursday, April 10, 1968, had this to say and may I quote:

> Berton tells 1,500, utilization fees first step in the destroying medicare.

Here is, Mr. Speaker, what Mr. Pierre Berton had to say and may I quote in part:

> Imposition of utilization fees will be the first step in a campaign to destroy the only really universal medical care scheme in North America. 'You must stop this retrograde step, stop it dead,' Pierre Berton told an overflow audience of more than 1,500 at The Bessborough on Tuesday. The author of the "Smug Minority" a book advocating vastly improved conditions for the poor and the underprivileged said he had come voluntarily from his Toronto home at the invitation of the Citizens for the Defense of Medicare to help fight what he termed a retrograde step.

Mr. Speaker, here is what Mr. Berton had to say about some of the social reforms in Saskatchewan and may I quote:

> Saskatchewan had led the world in many social reforms and universal medical care was basic to meeting the needs of the underprivileged if they were ever to move up the social ladder, he said.

Further down in the same article he says and may I quote again:

> He said the fees would be the thin edge of the wedge to destroy universal medical care. 'If they are torpedoed here they will be torpedoed elsewhere and I will fight this move however and whenever I can.'
>
> 'You can stop anything you want to. Sign petitions, talk to neighbors, enlist the help of friends, march on the Legislature, if necessary to Ottawa. Ottawa holds the purse strings and Ottawa has not yet laid down specific regulations for the grants but it can do so. See that those regulations require universal care, without deterrent fees,' he told the loudly applauding audience.

Then he goes on further and may I quote again, Mr. Speaker. He suggests many things, Mr. Speaker, but he doesn't suggest kicking on doors.

> 'The Government has not produced evidence to show that medical and hospital services are being abused,' Mr. Berton said at an earlier press conference.

The following day, Mr. Speaker, he again spoke to people in Regina. I understand that the auditorium in the Museum of Natural History was filled to capacity three times. In other words almost a similar number heard Mr. Berton in Regina as did in Saskatoon. To the Minister of Public Works this is agitation by Members of the New Democratic party. Mr. Speaker, the Saskatchewan people and this Legislature must lay the blame for the financial predicament in which this Province finds itself directly on the Premier and ex-Provincial Treasurer (Mr. Thatcher). Only a few years ago he was the monetary mathematical wizard and was going to magician-like reduce taxes, to expand services, to reduce land taxes, and cut power rates by industrializing the province. He even went as far as to misinform the people twice be homeowner grant letters in which he stated and may I quote in part from his first letter. This is a portion of the first homeowner grant letter accompanying the homeowner grant:

> Those grants are made possible by the new industrial development and the diversification which is steadily gaining momentum in Saskatchewan.

And further in the letter in the last paragraph is the following and may I quote again:

> The enclosed grant is your dividend from this industrial development.

That's from that heavy water plant at Estevan. Then the author, Mr. Speaker, W. Ross Thatcher, last year, the same W. Ross Thatcher came to bat a second time. As in the 1967 memo to the homeowners here is what the financial wizard states and may I quote again:

> As was pointed out last year this assistance is made by the new industrial development and diversification which has continued to gain momentum in our province. This growth is permitting us to widen our province's tax base and it is bringing increased revenues to our people.

Bringing in lots of money. Mr. Speaker, may I ask the signer and the author of both the 1966 and 1967 letters which accompanied the homeowner grants what has happened to the increased revenues from the industrialization in 1968? Has the industrialization ground to a halt? Are the sick now being asked to contribute to the vast expanding industrial developments? What have you embodied in the letter that is accompanying the 1968 homeowner grants? Of course it is the duty of the new Provincial Treasurer, Mr. Speaker.

Could it be that the homeowner grants are responsible for the financial dilemma or could it be that the Premier's checker-like game of tax reduction is to blame or, Mr. Speaker, is it probably a combination of both? First of all, Mr. Speaker, could the Liberals in Government opposite produce evidence that when they promised homeowner grants in the 1964 election or 1967 election and the people received them, they promised the deterrent fees that the sick people received today? There never was a promise made, Mr. Speaker. What the Liberals promised they don't do but what they do do is just political, yes, outright and downright political manoeuvring to fool the unsuspecting votes. This is precisely what the people opposite have done. You know an old proverb states that — the hand that gives shall also receive. But in this instance, Mr. Speaker, the hand that receives has to give back to the Liberal Government double what it actually received in the first instance. One does not have to be a mathematical genius to see where the Premier and the Provincial Treasurer had blundered. The 1 per cent reduction of the sales tax for three years that gave the Medical Care Plan approximately $40 million a year was depreciated by that amount because of the 1 per cent reduction. One per cent income tax decreased the Treasury by another several million dollars and the misuse of the $9 million surplus by the Premier which we left in medical care adds to over $40 million. Add to this, two years of homeowner grants, another $16 million, a total nearing $60 million. This is the reason for the most brutal tax imposition in Saskatchewan's history.

SOME HON. MEMBERS: — Hear, hear!

MR. MICHAYLUK: — This, Mr. Speaker, is the reason why the Premier and the Provincial Treasurer were forced to bring in the most brutal budgets as I have just said. This financial bungling, Mr. Speaker, the Members on this side foresaw. This was the reason for the calling of an election before completing a 4-year term. Yes, you gentlemen fooled the people. You are the Government, Mr. Premier. You are now claiming that you are a responsible Government but because of this you have the responsibility of providing a responsible Government. You sure are responsible

to the Saskatchewan people and they hope and trust that you will provide responsibility in government.

Mr. Speaker, might I offer just one more suggestion. I want to suggest to either the Premier or the Provincial Treasurer to resign and call a by-election on the deterrent issue.

SOME HON. MEMBERS: — Hear, hear!

MR. MICHAYLUK: — The late Rev. Dr. King was not afraid knowing as he did that his life was maybe in danger, so should you, Mr. Premier — Oh, he's not in his seat. And you Mr. Provincial Treasurer, should not be afraid to stake your political life on the issue of your conviction. Probably, Mr. Speaker, the junior Member from Saskatoon — he's not in his seat either — representing City Park-University (Mr. Charlebois) or the Minister of Public Works (Mr. Guy), or the Member from the Heavy Water Plant area representing Souris-Estevan (Mr. MacDougall). Well he's not in his seat either. Who will volunteer? Oh, come on gentlemen, you're all honorable, you have your convictions with respect to deterrent fees, which you prefer to call utilization fees because of your conviction. Don't be afraid to boldly face your constituents and prove to them that your convictions are borne out by the majority of the electors, who are prepared to pay and will pay should they require medical services. This test, Mr. Speaker, would prove once for all time and beyond any shadow of a doubt that scores of people who sent in letters, the thousands that have signed the petitions are just, as the Hon. Minister of Public Works stated the other day, political agitators. Yes, Mr. Speaker, I agree, all that the people need are a few agitators of the Mark Anthony type portrayed in Shakespeare's Julius Caesar. Then Saskatchewan people would show this Government and the Premier whether they are political agitators or whether they are concerned about what is happening to medicare and hospitalization under this Government.

Mr. Speaker, the Saskatchewan people recall the organized efforts by the Liberal party to discredit the CCF Government when medicare was introduced in this Legislature. We still remember the then Leader of the Opposition, the now Premier, kicking on this door. The people of Saskatchewan remember the organized effort of the KOD but all this was to no avail. The people of Saskatchewan remember the organized effort by the same gentleman and the same group of people who represented the then Liberal party, probably a few different faces, and who are now in Government when we were in favor of universal prepaid medical care for the Saskatchewan people, Mr. Speaker. That is why today Bill 39 has been brought into this Legislature. That is why from the 15th of this month, today, every man, woman or child whenever they go to a doctor will be surcharged $1.50 a day and $2.50 if through no fault of their own find themselves in a hospital. Yes, the Budget Day was a Black Friday. Today is a Black Monday in Saskatchewan.

Has the Government honestly presented its case to the

Saskatchewan people, Mr. Speaker. Has the Minister of Public Health (Mr. Grant) given reasons to back his Government's stand for the implementation of this type of legislation? Oh, no, Mr. Speaker, he is backed by the press which in its editorial columns by the use of petty pro and con arguments, tries to convince the public and to justify this Government for the introduction of deterrent fees. Here, Mr. Speaker, is the most recent editorial appearing in the Saskatoon Star Phoenix, on Saturday last, April 13th, under the title and may I quote: "Case for deterrents." Mr. Speaker, I want Hon. Members to note the depths of the argument used by the editor with which to justify the action of this Government. Mr. Speaker, I do realize that the press representatives report the debates and the proceedings to the editor substantially as they take place in this House. However, Mr. Speaker, what comes out of the other end of the grinder leaves impressions of the proceedings here which are vague in the minds of the people. The press through its editorial scissors places emphasis on petty things, like: Who took the letter out of this Chamber? The Star Phoenix in the Saturday gave a full report of the uproar that took place in respect to an unsigned letter tabled by the Hon. junior Member (Mr. Charlebois) for Saskatoon representing City Park-University. However, the Hon. Member for Regina North West (Mr. Whelan) spoke for almost an hour in opposition to Bill 39. If I recall correctly very little was reported on the extent of the defence placed before the Government and the Members of this Legislature why this Bill should not be proceeded with. I want to return to the editorial and to analyze the views and impressions that this editor would leave with the readers. May I quote from this gem. This is in part:

> Opposing views have been aired on the necessity for, and the effect of the deterrent fees which the Government is now introducing. Both, it is apparent, are held in all sincerity.

I would agree with this. We are sincere on this side of the House. I don't know whether the other side deserves the same recognition. Now just listen to this:

> One view holds that minor ailments such as "coughs, menstrual cramps and mosquito bites" do not require medical attention and that the time of hard-pressed doctors should not be wasted in treatment of them.

This, Mr. Speaker, the editor puts up in defence for the Government. Now let us turn to what he thinks of the Opposition, and may I quote again:

> The opposing view . . .

And that is presumably our views, Mr. Speaker,

> . . . is that such ailments are not regarded as minor by those suffering from them and these people should have the right to seek medical attention free of financial

concern.

There is the evidence, Mr. Speaker, the editor bases his case on mosquito bites and coughs but never does he mention in the editorials the cancer patients, people suffering from pneumonia, broken bones, heart attacks, rheumatoid arthritis, major surgery, and scores of other ailments, major and minor which patients acquire. All that he builds his defence on for deterrents and against them is on mosquito bites, menstrual cramps and coughs. But he goes on and may I quote again:

> Most people would agree that there are many minor ailments which, although causing some discomfort and even distress, are not serious enough to require medical attention.

Well, I think every person in Saskatchewan knows this, but not the editor.

AN HON. MEMBER: — . . . doctors.

MR. MICHAYLUK: — The doctors know it too.

> As the health plans now stand doctors are called to treat patients for such ailments reducing their ability to treat more serious ailments.
>
> Desirable as it may be to retain the plans in the present form, the community must weigh the alternatives and decide what public benefits might be incorporated into them.

This is encouraging, we're going to get a lot more for our money's worth. Here's the old Liberal adage:

> Surely coverage for expensive drugs would be more valuable for treatment of mosquito bites.

AN. HON. MEMBER: — Is that the alternative?

MR. MICHAYLUK: — Right here.

> Can we or do we wish to pay for both.

Now we're going to hold a plebiscite on drugs here.

> As they stand the health plans are placing a dangerously heavy strain on the province's finances and also are imposing an equally onerous burden on the personnel who are servicing them. A breakdown in either area would seriously threaten the future of the plans.

Well, the mosquitos are going to destroy it. The mosquitos are going to destroy our plan. And he concludes:

> If deterrent fees can prevent such an eventuality they should be imposed.

And that is exactly what the Liberals want. "They should be imposed." And I feel that they are going to be imposed. Now, Mr. Speaker, I want to quote another editorial from another weekly paper that thinks more realistically, yes, thinks a little more realistically. I want to quote from the North Battleford News Optimist of April 5th of this year under title, "Medical costs". This editor is concerned for the welfare of the people and he is concerned that the cost of medicare and medical services will rise because of this move by the Liberal Government. May I quote:

> The decision of the North Battleford and District Medical Society to bill their patients for the entire fee and allow each individual patient to apply to the Medical Care Commission for the part of the fee which is insured comes as a direct result of the Government's new utilization fee.
>
> Under the former arrangement most doctors in the city collected only 85 per cent of their fees from the Government. Under the new procedure they appeared likely to bill the patient for 100 per cent of the schedule. Thus the patient will be paying not only the Government's new utilization fee, but an additional 15 per cent which few have paid up to this date.
>
> Although we are in complete agreement with the doctors having the right to adjust their fees as they deem desirable — indeed we insist on that right — we feel it is unfortunate that the society acted in concert at this particular time.
>
> As we understand it, medical costs as a result of the medical profession's decision and the Government's utilization fee will increase sharply, certainly more than 15 per cent in the immediate future.
>
> We believe that such sharp increases are not consistent with either good business or good government.

Mr. Speaker, we see the direct result of the increase costs to the people of Saskatchewan in the use of the doctor's services by 15 per cent, plus a utilization or a deterrent fee of $1.50 for each doctor's office call.

Mr. Speaker, the amendment has been defeated but I still urge that this House proceed to investigate so that the Members of the Government and all Members of this House, so the people of Saskatchewan will have an opportunity to voice their opinion to the Members and to the Members of the Government with respect to this Bill 39. Now certainly this is a retrograde step. My conscience will not permit me to support this vicious Bill. I also want to ask the Members of the Government side to also oppose its implementation.

SOME HON. MEMBERS: — Hear, hear!

MR. A.E. BLAKENEY (Regina Centre): — Mr. Speaker, we have heard a good deal of discussion over the past good number of days with respect to this Bill. We have heard it attacked from most points of view. Regrettably we have not heard it defended by very many speakers on the Government side. I think many of us would have welcomed a rather more elaborate defence of the Bill. I say this because I think it is up to the Government to make up its mind what the nature of the Bill is that it is putting before us. We have had two separate and distinct justifications of the Bill. They are very different justifications and each one must be considered on its own merits.

We have had justification No. 1 given by the Provincial Treasurer (Mr. Steuart) during the course of his remarks on the Budget, and this has been repeated by some other Opposition Members. This is the justification which says that the users of medical and hospital services should be the people who pay for them. This is essentially what he said in his Budget Speech. I don't intend to go back over that ground; it has been repeated by Members opposite in this debate.

MR. STEUART: — I said more.

MR. BLAKENEY: — Yes, well this is the justification . . .

MR. C.G. WILLIS (Melfort-Tisdale): — Mr. Speaker, may a Member from the other side of the House speak from another seat than his own? Can he hide in another seat and carry on a conversation?

MR. SPEAKER: — I didn't notice a Member speaking from the wrong seat.

MR. BLAKENEY: — He is rather difficult to notice, Mr. Speaker. Now this is the justification which says that users of medical services and hospital services should be the people who pay for them. This is a justification based on one's philosophy of taxation or one's philosophy of financing public services. Or perhaps one's philosophy of what should or should not be a public service.

The second justification is the one advanced by the Minister of Public Health (Mr. Grant) when he introduced the Bill. It is a different kind of justification. It's a justification that says that there have been abuses of the Medical and Hospital Plan and that in order to control or at least to assist in controlling these abuses, utilization fees are necessary. In this case I should call them deterrent fees. This argument was very strongly reinforced by the Premier when he spoke in the debate. Indeed, he indicated that the essential reason for introducing the legislation was not in order to save the public purse the amount of money in the utilization fee, not to save the medical care fund

or the hospitalization fund. He says that really isn't the reason. The Bill is not really trying to save the drain on these funds by replacing them with fees which patients pay, but rather the Government hopes that the imposition of these fees will decrease the use made by patients of the medical and hospital services. And this decrease in services is the object sought to be achieved. The savings to the public purse will result primarily from the decrease in the use of medical and hospital services and only very secondarily, because part of the money is now paid by the patient rather than by the plan.

Now it will be seen, Mr. Speaker, that these are very different arguments and are in some sense inconsistent. The argument based upon the theory that the users of a service ought to pay for a portion of its costs is one which is equally valid or equally invalid, whether or not there are so-called abuses, because after all if you believe that people ought to pay a part of the medical and hospital services they use, it doesn't matter whether there are any abuses. That has nothing to do with it. Indeed it could be forcefully argued that to the extent that the abusers are eliminated a program whereby the patient must pay a part of the cost becomes more and more unjust. I think you can follow that. If in fact no services were rendered under the Medical Care Plan or the Hospital Plan which were other than strictly necessary services, it would seem to me pretty difficult to mount an argument which says that even though these services are strictly necessary a portion of the cost ought to be paid by the patient. The argument which says that the users of medical and hospital services should pay a substantial portion of the cost of providing the services, whether or not the services are necessary, and whether or not there are abuses, is an argument about the philosophy of taxation. It has nothing to do with abuses. He who uses this argument can genuinely talk about utilization fees, since this is what he is imposing — a tax on the use of a services.

However, the Minister of Public Health (Mr. Grant) and the Premier (Mr. Thatcher) have based their argument on quite another line of reasoning. They are using a different premise. They did not argue that the proper people to pay for the cost of medical and hospital services were the people who used the service. They argued that the fees ought to be imposed for a different reason — for the purpose of deterring people from using these services unnecessarily. Now, presumably, although I am not too hopeful of this, if it could be shown to the Premier or to the Minister of Public Health that a particular service was strictly necessary so that no question of abuse arose, then I would expect the Premier and the Minister of Public Health, based upon their arguments in this debate, to agree that there shouldn't be a deterrent fee. It would seem to me that they would logically have to be in favor of waiving the fee, since their object is not to spread the cost of health care but to deter abuses. Now these people, when they talk this way, aren't talking about utilization, they are talking about deterrent fees. We believe that the Members opposite, and particularly the Premier and the Minister

of Public Health, when they say that the reason for this tax is not to spread the cost of health care but to deter unnecessary use, are reflecting the view of the Government. We believe, therefore, that these fees ought to be called deterrent fees and not utilization fees. We believe that their essential purpose is to keep people from using services which aren't necessary and the fees have nothing to do with the question of the users of the service paying the cost.

It would be possible, I suppose, to find someone so benighted that he would believe in both deterrent fees and utilization fees. It might have been possible during the last century to find someone, and perhaps some holdovers from the last century, who would believe that health services ought to be provided only when they are strictly necessary and that even in those cases a significant portion of the cost should be borne by the users of the service, regardless of their ability to pay. Now I would have thought it would be fairly difficult to find anyone who felt that the provision of strictly necessary health services should be financed to any significant degree by the users of these services without regard to ability to pay. I would have thought it would be pretty hard to find that sort of person. However, the ability of the Saskatchewan Liberal party to comb the annals of the last century in order to obtain its political philosophy has apparently not been exhausted. I suspect that there are Members opposite who actually believe that deterrent fees ought to be applied in an effort to eliminate all but necessary medical and hospital services and that, when these services have been stripped down to their bare essentials, we still ought to apply a utilization fee on the people who need these necessary services in order to finance them. Now I bet you we could actually find people like that in the seats opposite. I would say they would be reflecting the philosophy of the last century, but this doesn't mean that we wouldn't find them in the ranks of the Members to your right, Mr. Speaker.

Now I want to explore this general topic, Mr. Speaker, and I want to discuss the issues involved under the two broad headings that I am talking about, utilization fees and deterrent fees. And under utilization fees I want to talk a little about what the Medical Care Plan is costing Saskatchewan citizens and to ask: what is the rate of increase in these costs? what is the hospital plan costing the citizens? what is the rate of increase in these costs? what taxes we have used to finance these plans in the past? what is the incidence of these taxes? are they progressive, regressive proportional? what about utilization fees? what changes they make in the pattern of financing these programs? and to examine whether the use of utilization fees as a method of financing these programs can be justified.

After I do that, I would like to turn to the matter of deterrent fees. I would like to explore some of these alleged abuses about which I have heard all too little, Mr. Speaker. I want to say that I am very disappointed that Members opposite would bring in a measure like this, which I think they cannot

deny is upsetting a substantial body of the public, without attempting to identify the abuses which they allege exist, and without in any way attempting to prove that their solution of deterrent fees is going to do one single thing to cure one single case with so little evidence. We have had some global statistics quoted with very little comment on the nature of the abuses. There have been vague references to a number of types of abuse and on the basis of these vague references I am going to have to deal with some of the abuses which I think they say are existing. And I wish I could be more definite.

It seems to me that they are saying that there are cases of chronic patients in active treatment hospitals. It seems to me that they are saying — and I have heard the former Minister of Health and now the present Provincial Treasurer (Mr. Steuart) talk about this on open line shows, (I am sorry he didn't give the House the benefits of his comments which he gives on the open line shows) — and he says that people are admitted too early for surgery or that they are discharged too late after surgery. Then we have allegations that people are admitted for the purpose of diagnostic procedures only, or for observation. Then we constantly have these sort of half-allegations that some doctors are over-servicing. I don't really have any facts on which to deal with that apparent allegation and I wish someone would have laid before the House some facts, if there are any facts, along these lines. I want to consider a little whether some hospitals are either over-servicing or at least serve as a location where people are over-serviced. Then I want to talk about whether some of the alleged abuses stem from very different causes. I want to talk about some of the people who allegedly abuse these plans because of what is essentially social deprivation. I'll have a word to say about Treaty Indians and people of this nature. It seems to me that I would like to make a few province to province comparisons and to make a few allusions to what the public think about these deterrent fees. I'll spare the House very much on what the public feels about these deterrent fees because I think most Members are already aware because of the contributions to the debate made by other Members.

Now let's turn to the first topic which I said I was going to mention. That's the question of what the Medical Care Plan is costing us. Now in order to test the Government's claim that medical care costs are rising sharply, I think we should analyze the reports of the Medical Care Insurance Commission for the year 1966 and for the year 1967. Mr. Speaker, in this regard, I am particularly replying to the comments made by the Minister of Public Health (Mr. Grant) when he opened the debate, and to the Premier when he spoke in the debate.

Now each of them has used the phrases which are altogether too characteristic of these gentlemen now, particularly the Premier. He's talking about the cost of health being tremendously high, that the cost increases are astronomic. Now, Mr. Speaker, we do not contend that the cost of these plans is not a proper subject for concern. We do contend that they are not a proper

subject for panic. May I remind the House of some of the phrases of the Premier. Phrases such as these: "Health costs are increasing so rapidly that the plans might be endangered", or that health costs were increasing in a "frightening" manner, or "considerably more than 10 per cent per year." These are his phrases, Mr. Speaker.

The Premier talks about having a "tiger by the tail". Well all I can say is that he didn't let go soon enough because he got all dirtied up when he let go in this House a lot of arguments which are wholly unconvincing.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — The Premier talked about abuses which had developed in the Medical Care Plan. He referred to the alarming increases in these services, and another phrase the "almost unbelievable annual cost increases in the field of health." How do you like that one? The "almost unbelievable annual cost increases in the field of health." Now let's look at some of these almost unbelievable annual cost increases in the field of the Medical Care Insurance Commission because this is where the deterrent fees are being levied. Let me say at the outset that if new beneficiaries are added to the plan there are going to be additional costs. Now in many cases these are not true additions in cost but are mere transfers of costs from one Government program to another. In the last couple of years we have seen a number of beneficiaries of the Department of Public Health Medical Services Division Program transferred from that program to the Medical Care Insurance Commission. This has increased the cost of the Medical Care Insurance Commission but it has decreased the cost of the Medical Services Division. There has been no increase in public cost. The program for these social aid recipients has operated in this province since 1945 and I had not even heard the hardiest free enterpriser on your right, Mr. Speaker, allege that we shouldn't be providing medical care for social aid recipients. If we are, then, going to continue this worthwhile program, we have to pay for it, and I take it that no Member will argue that a transfer of costs from the Medical Services Division of the Department of Health to the Medical Care Insurance Commission represents an increase in cost. Surely it does not.

Similarly we can add additional services and know that these will increase costs. It is no use suggesting, for example, that eye examinations can be added as a benefit to the people of Saskatchewan under a prepaid medical care program and that these benefits won't cost money. Of course they are going to cost money. But this hardly represents a frightening increase in costs. It merely represents a transfer of costs from the private sector to the public sector. It means firstly that it is thoroughly predictable and secondly that costs that were being paid by citizens on their own behalf are now being paid by citizens jointly through a public program. It may represent some minor increase in costs because some people who were previously unable to afford the service are now having it provided

for them. It is quite unfair and unreasonable, however, to describe the gross costs of this service as an additional cost of the insurance program. Surely increases in cost can only be described as a reason for apprehension if the cost of providing the same service is increasing, or if for the same number of dollars you get less service. If the actual unit cost of providing health services is increasing, this is a cause for concern.

Now, Mr. Speaker, the fair way to look at the costs of any insurance program is on a per capita basis. Even this is not strictly fair because people vary and the age mix in the population in Saskatchewan is varying. In fact, the average age of people in Saskatchewan is increasing with the result that it might be fair to expect a fractional increase in the per capita costs of providing health care. This you would expect just because the average age of the people is increasing and it costs more, on the average, to provide health care for older people than for young people. I make no great point of this as it is not a big item. I simply mention it to make clear that the fairest measure of cost increases is adjusted per capita costs. These are set out in the reports of the Saskatchewan Medical Care Insurance Commission and they are set out for the very basis of comparison.

Mr. Speaker, let's look at the MCIC report for 1966. And I want to invite Members to look at page 19. It is a very simple little page which has the highlights. Any Members of the House will be able to read this. It says that the adjusted per capita costs in 1966 were $25.22, up 4.5 per cent over the year before. This seems to me to be hardly a startling increase in costs. Members opposite may argue that this was achieved by reducing the insured services offered. I would remind Hon. Members that the adjusted per capita costs figure takes into account that there was a change in the range of insured services offered. It will be recalled that in 1966 MCIC ceased to pay for physiotherapists and stopped paying mileage for physicians, but on the other hand MCIC paid some additional psychiatric benefits.

Now let's look at page 22 of the report of the Medical Care Insurance Commission. It tells us that on an adjusted per capita costs basis the costs of services increased in 1966 by 4.5 per cent. I cannot regard an increase of 4.5 per cent in the costs of providing medical services as an alarming increase in the fourth year of a province-wide medical care plan. When the Medical Care Plan was introduced in 1962 there were perhaps 50 or 60 per cent of the people of Saskatchewan who had adequate medical coverage. Not any more. The utilization rate of these people under the public Medical Care Plan could be expected to remain approximately the same. What I am saying, Mr. Speaker, is that when you bring in a medical care plan and you introduce coverage for a block of people and half of them had medical care coverage before, and half of them didn't have coverage before, you can expect the block who previously had coverage to continue under the new plan at approximately the same level, but you can expect the group who did not have coverage previously to be

much larger consumers of medical care at least for the first couple of years.

There is a positive correlation. There are a good number of reasons why you expect the group who didn't have medical care coverage in 1962 to be large consumers of medical care for the first few years. By and large the people who didn't have adequate medical care coverage were either people at the lower end of the economic scale or people who had a lot of medical problems. Why didn't they have private medical care insurance before? By and large because they couldn't get it. And they couldn't get it either because they didn't have the money or because they had too many health problems for the private plans to take them.

Now these are the facts, Mr. Speaker. I say that people who are on a low income will be high consumers of medical care when they first get medical care insurance coverage. There is a positive correlation between having a low income and having a lot of medical problems. It is a fact that people with low incomes frequently suffer from poor nutrition, bad housing, dangerous employment or other risks. To turn it around the other way, people with health problems frequently have low incomes. It's a sort of the hen or the egg situation. You don't really know whether a person has a low income because he has bad health or he has bad health because he has a low income. But whatever it is, there is positive correlation between then. And people who have low income frequently feel that they cannot afford private comprehensive medical care insurance.

Considering all these factors it would reasonably be assumed that when 40 or 50 per cent of the people without medical care insurance were incorporated into a comprehensive medical care plan there would be an increase in utilization rates, at least for a time.

Mr. Speaker, this is exactly what the Thompson Committee told us would happen and I want to refer Hon. Members to the Report of the Advisory Planning Committee on Medical Care on page 80. I won't read much of it as I think Members already are aware of my argument. And here I have to break in on the thought being expressed since I don't want to burden the House with a long quotation.

> The second kind of utilization is one which should be of immediate concern to an agency administering a new medical care plan. More than 30 years of experience in the prepaid medical care plans on this Continent has shown that the utilization of services by new groups, which had previously little or no experience with medical care insurance, increases very rapidly for the first three to five years and then tends to level off at utilization rates comparable to that of the older insured groups. Universal coverage in this province will bring under insurance coverage a considerable number of persons who do not now by current standards have adequate medical care and the experience of this group can in the parlance of

> the medical care plans be expected to be "bad" for the first few years. It might be wise in order that no part of this different experience be attributed to the general covered population to separate this group statistically. The first utilization increase of the newly covered group can be expected to occur sometime during the second year of the plan's operations and it would seem desirable to be able to identify and measure this expected increase so that it may be separated from other increases which may not have been expected and which might need to be controlled. The statistical separation will of course involve difficulties which should be overcome before. . .

Mr. Speaker, the argument then is that for the first three to five years there is going to be, and there was predicted to be, a fairly sharp increase in the level of utilization. The argument was that these people should be segregated in the statistics so that we would know whether or not our increase in utilization was coming from this block of the population or from any other block.

I haven't heard the Minister indicate that this group has been segregated in his statistics. I haven't heard him say that the increased utilization has been coming from this group or any other group. In view of the fact that this increase for the three to five year period was thoroughly predicted by the Thompson Committee, and so far as I am aware it wasn't a subject of a dissent either by the Member for Regina South West (Mr. McPherson) or the Member for Regina North East (Mr. Smishek), I would have thought that there would have been general agreement with the suggestion that this group would be theory users of services, yet we have not heard from the Minister any argument or any information as to whether or not the increased utilization is coming from this group.

Mr. Speaker, I want to repeat again that in 1966 the increase in costs was only 4.5 per cent. It seems to me that if we consider what has been said by the Thompson Committee we will reach the conclusion that there are certainly going to be some increases in utilization under the Medical Care Plan and that these are likely to flatten out in the 5th, 6th or 7th year of the plan. The Government has been in power for four years. It took over a Medical Care Plan which was operating reasonably smoothly with the bugs, by and large ironed out. It had an operating computer. Certainly everything wasn't built into that computer which should have been built in by way of statistics. And we are the first to admit that. Everything wasn't done in 1964, but by and large there was a working plan and a basis for proper management and refinement of the operations of the plan.

It seems to me, Mr. Speaker, that the Minister owes us an explanation as to whether or not the increase in utilization is due to the group who previously had no medical care insurance or is due to the fact that people who had medical care insurance before are using it to a greater extent. Because if it is due

to the group who didn't have medical care insurance before, it was thoroughly predictable and will continue until these people get the backlog of their medical care problems in some sort of shape, and until their rate of utilization approaches that of the groups who have had insurance before. Now while this process is going on, increase, in the annual adjusted per capita costs of the plan are going to happen. Surely while this process is going on an increase of 4.5 per cent in 1966 is hardly a cause for the Premier telling us about frightening increases and astronomical increases and all the other adjectives that appear to be so dear to him.

Mr. Speaker, the story that I was giving was for the year 1966. Let's turn to the year 1967. In that year the tendency for costs to flatten out was even more pronounced. The increase in the adjusted per capita costs in 1967 was 3.7 per cent. This figure, Mr. Speaker, is 3.7 per cent, even though in the year 1967 there was an increase in the fees paid to doctors for home and office calls. That increase would make a difference of perhaps 1/2 of 1 per cent in the figures. The increase was 10 per cent or closer to a 12 per cent increase, from 85 per cent of the College fee schedule to 95 per cent. It applied to two months of the year. It applied to a range of items in the fee schedule which amount to about 1/3 of the total costs. It would have reduced the gross per capita cost increase to an even lesser amount. Now I agree that the adjusted per capita cost of 3.7 per cent takes this into account. But even if we ignored this fee schedule increase, the increase in cost would only be of the order of around 4 per cent.

It seems to me, Mr. Speaker, that an increase of 4 per cent in the cost of operating a medical care plan in the year 1967 shows a rather impressive degree of moderation on the part of the users of these services.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — And it must be remembered, Mr. Speaker, that we are still in the flattening-out period. We are still suffering from the fact that there was to some extent neglect of medical services prior to the introduction of the plan. Now, Mr. Speaker, I am going to ask the Hon. Members to take their reports and look at pages 40 and 41. This is the report of the Medical Care Insurance Commission for the year 1967. I particularly ask Hon. Members to look at these pages to see whether or not a decision of the Government to apply utilization fees on home and office calls was a rational one. Let's look at the table on page 40 which shows that by per thousand beneficiaries the number of initial office visits was up 4.6 per cent; the number of repeat office visits was actually down 3.2 per cent; the number of home and emergency visits was down 2.3 per cent; and the number of hospital visits was up fractionally, 1/2 of 1 per cent. Now does this tell a tale of abuse? The fact that home and emergency visits, which are perhaps the most likely area for

abuse, were actually down in 1967 by 2.3 per cent. Is that the story of abuse? Is that the story of reckless use of the Medical Care Plan by patients? Looking at the whole group of items, initial office visits, repeat office visits, home and emergency visits and hospital visits — and it is hard to split them up as they are all in one category here — we see that the change in services, the additional services demanded were up 7/10ths of 1 per cent. Now is this the story of abuse? 7/10th of 1 per cent!

I agree, Mr. Speaker, that there was some increase in the initial office visits, but this seems to me to suggest a greater appreciation of the need to go to the doctor early. This has been constantly stressed by every medical association I know, every cancer society, every heart society, every arthritis society. They all say go to your doctor early and this strikes me as good sense.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — We are seeing the benefits of it in the other items, fewer repeat office calls than in 1966, fewer home and emergency calls than in 1966.

Mr. Speaker, I want to remind Members that these are unadjusted figures. We have to remember that there were during 1967 a significant number of welfare recipients brought under the Medical Care Insurance Commission who weren't there in 1966. The people who are welfare recipients are, by and large, older people, and are very high consumers of medical services. Just how high users they are is indicated elsewhere in the report, indicating that their home and emergency visits are three times the average and their hospital visits are five times the average of beneficiaries. Now these people are very high consumers of medical services and it is always going to be so. They are older people, they are people who have chronic illnesses and they are going to be high consumers. We are not here saying that we shouldn't render medical services to those people. I know that no Member of this House on either side says that that shouldn't be done. But even with the introduction with this group into the Medical Care Plan in 1967, the total increase in services for home, office and hospital visits was up .7 per cent. This is hardly a story of abuse.

Now, Mr. Speaker, what about the other services under the Medical Care Plan? Look at the next item down below, consultations up 14.7 per cent; psychiatric services — and these, Mr. Speaker, are consultations with psychiatrists ordered by general practitioners — up 20 per cent. These, Mr. Speaker, are services which are not within the control of the patient. These are services which are not going to be the subject of a deterrent fee. These are services which are ordered by the general practitioner and only by the general practitioner. There is no way that a patient can say to a general practitioner, "Refer me to a specialist," if the general practitioner doesn't think that

he should be referred. It is not likely that a patient will ask a general practitioner to refer him to a psychiatrist. That is the highest degree unlikely. People simply don't go to their general practitioner and say, "Look, refer me to a psychiatrist." Yet this type of service went up 20 per cent. This is not going to be the subject for a deterrent fee.

It seems to me, Mr. Speaker, that when a deterrent fee is going to be applied on services of a group which goes up by 7/10ths of 1 per cent, but no deterrent fee is going to be applied in groups where the increases are 14.7 per cent and 20 per cent, then someone owes us an explanation.

Mr. Speaker, I am not disapproving of the increases in these items for consultations and psychiatric services. They indicate an increase in the quality of care which our people are getting. More people are being referred to specialists, more people being referred to psychiatric specialists, and I think that this is good and I am not here to complain about it. But even with these very large increases in these items, when we get to the bottom of the page we will see that the total increase in services is only 4.3 per cent. We can't say that this is an abuse of the plan and we certainly can't say that deterrent fees will do anything to assist with any abuses.

If the Government believes that these increases of 14 per cent and 20 per cent are the sort of frightening increases, and alarming increases, which the Premier was talking about, what has it done to control these costs. I personally don't think they should be very vigorously controlled. But if the Premier feels that these costs are frightening and alarming and astronomic, then I suggest that he might have convened some meetings of general practitioners or specialists, of the College of Physicians and Surgeons, to see whether some of these costs were controllable. Has it in any way attempted to decrease the number of referrals to psychiatrists? If in fact these increases are of the order of 14 per cent or 20 per cent and the increase in home and office visits is less than 1 per cent, it would seem to me that the matter of referrals is the area, if the Government is worried about these matters, that it might be looking for ways to control these services.

Now, Mr. Speaker, let's look at the next block of services under this report; laboratory services — up 17.5 per cent; diagnostic radiology — up 11.9 per cent; other diagnostic procedures — up 12.4 per cent. This group, as a group is up 16.3 per cent. This group of lab and x-ray services and diagnostic procedures — up 16 per cent. What can a patient do to control these? Can a patient go to his doctor and say, "Give me some lab tests." Can he go to a doctor and say, "Give me some x-rays." The answer of course is no. These services are ordered and exclusively ordered by physicians.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — Now if these increases of

16 per cent or 17, 11 and 12 per cent are frightening or alarming, or astronomic, then it seems to me that the Government ought to tell us what it is doing to control these costs. If it does object to the increase in these services, what is it doing to control the level of lab or x-ray services? It should tell us whether it has met with the radiologists or the pathologists. It should tell us whether it has met with representatives of the general practitioners in an attempt to decrease the use of these services. I don't necessarily agree that these services should be decreased. This is just one further piece of evidence that the quality of care is increasing in Saskatchewan.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — Just one further piece of evidence that the people are getting a progressively higher grade of care. And this, Mr. Speaker, is good. We are seeing a trend where the number of repeat office visits dropped. The number of home and emergency visits dropped. But the number of consultations with specialists increased. The number of x-ray and lab tests increased. Doesn't that sound like pretty good medicine? And the whole within an economic framework of an increase in cost of 4 per cent in a year; isn't that pretty good? Is this a picture of runaway abuse? Is this a picture of staggering increase in cost, astronomic increase in cost? I think that it is a picture of a plan as we would want it to operate.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — Now let's look at surgery, the next item. I refer Hon. Members to the fact that major surgery did not increase at all. Minor surgery went up a small amount, 2.4 per cent. Obstetrics went down 9 per cent. Anesthesia went up 3 per cent and surgical assistance didn't go up at all. The whole surgery package went up 1.1 per cent. Well now that's not very astronomic! Again let me remind you that we have poured into this medical pot a group of very bad health risks and we have an increase in surgery of 1.1 per cent.

Now I ask the Minister of Health (Mr. Grant) if he were looking at a medicare plan and wanted to see evidence of real abuse, either by physicians or by patients, where would he look? For abuse by physicians he would look at hospital calls and major surgery. These are the so-called happy hunting grounds of people who want to abuse the Medical Care Plans, repeat office visits, major surgery, and hospital calls for physicians and initial office visits per patient. Well look at this. We have no evidence of this abuse by physicians at all. Repeat office visits are actually down; hospital visits .5 per cent up and you can call that level with the board; major surgery not up at all; initial office visits up 4.6 per cent. And may I again remind you of the very bad health risks put into the package.

Now this, Mr. Speaker, is not a picture of abuse. It's not the traditional pattern of abuse of a medicare plan which people look for, by people who are skilled in looking at the abuse of insurance programs. The facts are that in 1967 there were 56 major operations per 1,000 beneficiaries and in 1966 there were 56 major operations per 1,000. It just doesn't seem to me to be a story of abuses at all.

Mr. Speaker, there is one other major area where there have been substantial increases and that is another specialty — allergy services. This went up 35 per cent. But here again, this is a service which is provided solely by allergy specialists on the referral of the general practitioner. It is wholly and totally out of the control of the patient and wholly within the control of the general practitioner and the specialist.

AN HON. MEMBER: — They are allergic to the Liberals.

MR. BLAKENEY: — Mr. Speaker, I would suggest that a thorough analysis of the expenditures of the Medical Care Plan for 1967 does not indicate any substantial measure of overuse by patients or over-servicing by doctors. I am not saying that there aren't abuses. Obviously there are going to be abuses. We have 2 million services rendered in a year. We have roughly one million beneficiaries. To suggest that there aren't abuses is childishness. I am not here to suggest that there aren't abuses. But there is no plan devised by man that serves 900,000 people that isn't subject to abuses. I venture to think that on occasion the time of this House is abused, Mr. Speaker. I think that schools are abused. I think that streets and roads are abused. I think that every conceivable public service is occasionally abused. I am just saying that on the evidence there is no evidence of any measure of wide-spread abuse of the health plans, either by patients or physicians.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — Now, Mr. Speaker, if there are abuses it seems to me that they are problems which must be attacked by careful analysis to find out the precise nature of the abuse. Mr. Speaker, there may be a thousand patients and ten doctors in this province who are abusing the plan. There may be 5,000 patients and 50 doctors, but I doubt it. But you are not going to get at that sort of abuse by penalizing 1,000 doctors and 900,000 patients.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — This is, Mr. Speaker, a job for careful and acute analysis. It is a job for a stiletto and not for a broad sword or a battle axe. It is not a meat-axe job at all. And, Mr. Speaker, the solution propounded by the Minister of applying deterrent fees to everyone seems wholly unassociated with the

problem if problem there be.

Judging from the remarks of the Minister, the Premier and some of the other Members opposite, no attempt has been made to identify with precision the nature of the abuses by patients. No attempt has been made to identify with precision the patients who are abusing the service. No attempt has been made to tell us whether they are people who previously had medical care coverage or not. No attempt has been made to tell us whether particular doctors are over-servicing. No attempt has been made to tell us whether particular hospitals are guilty of over-servicing.

Now, Mr. Speaker, I am not merely putting up a bogey man. This information could be available to the Minister. If in fact a patient goes from doctor to doctor, if a patient shops around, this can be revealed by the Minister's computer. He can find out whether a patient has consulted six general practitioners in a year. There is no difficulty there. That is programmed into the computer and it will come out, or it could be programmed in if it isn't. He can find out whether any particular physician is over-servicing. He can't do it with certainty, but he can find out with a fair degree of accuracy whether there is a measure of over-servicing. He can find out how many appendectomies, and hysterectomies there are in a particular area if he suspects abuse by major surgery. He can find out how many repeat office visits are standard for an appendectomy. If he finds one doctor giving twice as many if it is not part of the composite fee, he can find this out. All this information is available to him. He can find out where the abuses are with precision and he ought not to stand here and recommend a global remedy for a problem which is not global but very limited in its nature.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — Certainly no information is given us of the remedies which have been devised for these particular problems. I think that there is not a shadow of a doubt that 90 per cent — and I put the figure low — of the physicians and 90 per cent of the patients are using the Medical Care Plan responsibly and reasonably. I think that the figures indicate this.

Under these circumstances, it seems strange that the Minister, because he is unable or unwilling to analyze his problem, has decided that he will burden this 90 per cent with a deterrent fee that they do not deserve to pay and will burden 90 per cent of the physicians with all the bother of collecting deterrent fees, a bother which they don't deserve.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — Now why should the doctors be put to all the bother and trouble of collecting all of these deterrent fees. And certainly the physicians are in no economic position to waive

them. In fact the payments for home and office calls are on the low side now, and it is not reasonable to ask the physicians to waive them. But on the other hand what the Minister is doing is saying that every doctor must set up a collection service in his office, a billing service and a follow-up service, in order to collect these deterrent fees. Now I very much fear that all too many physicians will react like the physicians in North Battleford as reported in the Optimist, and will go over to the reimbursement option when they render services by way of home and office calls.

Now this so-called reimbursement option, or mode three, this method whereby the doctor bills the patient whatever the doctor feels is a fair fee, and the patient then sends the bill into the Medical Care Insurance Commission, is a system which provides the most inconvenience for the doctors, the most inconvenience for the patient, and the most inconvenience for the Commission.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — We have known — and when I say we, I mean everybody who has dealt with this program — knows that this method is a clumsy, burdensome way to bill and collect for medical care. It will be particularly clumsy and burdensome for small $4, $5, and $6 items. There is nothing much more clumsy than to have to render accounts for $3, $4, or $5 and then follow-up to see whether they are paid. Anyone who has ever been in this position, and I look at the Member for Humboldt (Mr. Breker), who sends out many bills for $4 and knows the problems that there are in collecting them, knows that this is a very wasteful procedure. The fact that this is a wasteful method has been known and the doctors and patients together have in effect decided that they aren't going to use this method. From approximately 30 per cent of the medical care coverage in 1962, paid for by this method, the amount which is now paid for by this method has dropped to under 10 per cent, because it is so very inconvenient for everybody involved. But because of the fact that the doctors are going to have to get into the billing business and the collecting business again, I am sure that some of them will go whole hog and they will say, "If I have to send out bills for $1.50, I may as well send out bills for $5." Then we are going to be back into this reimbursement option, which as I say, provides the maximum inconvenience for everybody involved.

The Premier is fond of saying, and the other day he said that the Thompson Commission talked about utilization fees and was in favor of them. I think, Mr. Speaker, it is useful to draw to the attention of the House that the Thompson Committee had a number of things to say about deterrent fees and most of them were unfavorable. I just want to quote briefly from page 82 of the Report. I will try and not to quote too much. I would remind Hon. Members that the deterrent fees or utilization fees, when referred to in the Advisory Planning Committee on Medical Care were called co-insurance. That term was used to mean the

same thing as deterrent or utilization fees. All three terms were used from time to time.

> Utilization fees, if they are to be applied, should be applied only to that part of per capita cost increases which result from unnecessary increases in the volume for service provided. The device of co-insurance has the advantage of being simple in concept and easy to institute. It is not easy to administer in such a manner that its full affect is accomplished. This difficulty is only one of many disadvantages. If the charges apply to all office and home visits, the users of medical services are penalized for using services, such as repeat office visits, over which they have little or no control, then the patient is unnecessarily penalized. On the other hand if the charge is applied only to the first office visit over which the patient has some control, the effect of the utilization deterrent may be diminished by over-servicing under items such as repeat office visits and minor office procedures. Moreover, no matter how small such a charge may be, it may deter the sick as well as the anxious. It must also be considered that for the above reasons many doctors and much of the covered population may resist the application of co-insurance. It may not for this reason contribute to either good public relations or good professional relations. It is suggested, therefore, that the device of co-insurance for purposes of utilization control should be used only after the failure of better methods. Further, such application should be preceded by careful research to determine the probability of achieving intended and/or undesirable effects.

Now that is what the Premier was commending to us, the Report of the Thompson Committee. And may I commend it back to him. May I ask him whether or not the Government has decided that it is going to apply this only after better methods have failed? If so, may I ask him what methods better or otherwise it has used for utilization control up to now? Secondly — and I refer to the Thompson Committee, that such application should be proceeded by careful research — may I ask the Minister to tell us, in this House, what the careful research has been.

Certainly in another debate in this House, we sought to get him to tell us what communications he had received from the Swift Current Health Region about deterrent fees. We asked him what was the benefit of their research. At that time the Minister of Mineral Resources (Mr. Cameron) stood in his place and said that these results were held in the inner sanctum of the Minister's office and that they wouldn't be divulged to us. and they certainly haven't been divulged in this House. Nor has he given any indication of any research carried on by his Department or by the Commission with respect to the incidence or the application or other results of deterrent fees.

When we sought to ascertain this point on Estimates we

were treated to a display of petulance by the Premier. He said that it wasn't appropriate for us to ask about whether or not there had been research and what studies had been made. It seems to me, Mr. Speaker, that the Committee which initiated the study upon which our plan is based, made very clear that after their exhaustive study — and so far as I am aware — that part of the Report was not dissented from either by the Member for Regina North East (Mr. Smishek) or the Member for Regina South Wet (Mr. McPherson). So far as I am aware they agree with this. If the Thompson Committee says that deterrent fees should not be applied without careful research then I think it is incumbent upon the Minister to carry out some careful research.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — Mr. Speaker, the Minister has not carried out any research, careful or otherwise. Of if he has he has not told us about it. When we ask what I think is a perfectly proper question about this, we get a display of petulance from the Premier who suggests that we ought not to even ask that sort of a question.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — Mr. Speaker, the whole performance makes me believe that the idea of deterrent fees was a hastily conceived scheme. The decision was not based upon research, not upon any analysis of the problem at hand, not upon any analysis of whether deterrent fees would have any adverse effects, but upon some piece of dogma dear to the heart of the Liberal party, carrying on their ideas about 19th century health care.

Mr. Speaker, I don't want to attribute to these people decisions based upon dogma which has been unsubstantiated by facts. But I ask: what facts have they given us? have they told us anything which allows us to believe that this decision was based upon any other criteria? I suggest, therefore, that we are entitled to believe, and any rational person would be entitled to believe, that this was a decision based upon some alleged principle and no alleged evidence. Of such, Mr. Speaker, is the new Saskatchewan. I suggest that the decision was not based on research, not on principles of sound government but upon outdated dogma that the Government is unwilling to subject to the test of impartial research and study.

We have heard in the last few weeks Liberal speakers, calling for a just society, for the pragmatic approach to problems. But apparently these calls for a just society and for the pragmatic approach are simply part of a honeyed television presentation. The Government has substituted dogmatism for pragmatism. It has substituted injustice for justice.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — Mr. Speaker, I indicated that I was going to try to analyze the costs of the Medical Care Program and I have tried to do that. I invite any Member opposite to take those two reports, the 1966 and 1967 reports of the Medical Care Insurance Commission, and any other reports issued by the Medical Care Insurance Commission and come forth with his analysis. I would like to hear from any Member who thinks he can refute the general proposition which I put forward, which is that these reports show that there is no substantial abuses of these programs.

Mr. Speaker, I want to go on to the next item and that is hospital costs. I would first like to deal with the question of whether or not the costs of the Saskatchewan Hospital Services Plan are spiralling or increasing at an alarming rate, or whether the other adjectives used by the Premier apply. As I say, I have illustrated the fact that I don't believe that medicare costs are increasing that way.

I want now to turn to the question of hospital costs. And I want to admit at the outset that there is a somewhat better case for believing that hospital costs are increasing sharply than for medicare costs. But even then it is not a very good case.

I first want to deal with the net cost to the Provincial Treasury. I realize that this is perhaps not an entirely fair method of comparison. But it is relevant what it costs the Provincial Treasurer to run these plans. The Provincial Treasurer (Mr. Steuart) said, "Now don't give us the cost to the Provincial Government, because the Federal Government pays some of these costs too and it all comes out of the taxpayer's pocket. And don't tell me it isn't money just because it's spent by Ottawa." I admit some validity in his argument. I am not now asserting that the whole story is told when we analyze the cost to the Provincial Treasury. But I do say that the Premier and the Provincial Treasurer can't stand in their places and say that the medical care costs are breaking the Provincial Budget, if in fact they are costing the Provincial Treasurer very little more this year than last year.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — Sometimes the impression is left that hospital costs are spiralling and that the cost to the Provincial Treasury is spiralling, and that this is putting real pressure on the Provincial Government. Because of this we have got to clamp down and stop the increases in these hospital costs. Now that is the impression that is left. Whether the words are said, this is undoubtedly the impression that is left.

I want to look at the annual report of the Saskatchewan Hospital Services Plan. This is the one with the mauve or purple panel which took a month to print. A look at the report

of 1967 compared with that of 1966 indicates that the SHSP Plan payments for 1966 were in round figures of $58.5 million and in 1967, again in round figures, $63.5 million. Let us look at the revenues from the family tax and miscellaneous revenues. This is the tax we pay, of $72 a family. $48 of this goes to the Hospital Services Plan and the other $24 goes to the Medical Care Insurance Plan. I am referring to the $48 that goes to the Hospital Plan as a family tax, as it frequently gets called. Now the family tax yield in 1966 was about $12.5 million. The family tax and miscellaneous revenue in 1967 yielded about $13 million. Thus the total costs, after crediting the family tax and miscellaneous revenues, were $46 million in 1966 and $50 million in 1967.

Now, Mr. Speaker, I admit that it is not easy to relate the Federal reimbursement to the figures which I am using because the Federal reimbursement is quoted to us on the fiscal year basis ending on March 31st and the Saskatchewan Hospital Services Plan figures are on a calendar year basis. However, if I may use what appear to be the appropriate Federal reimbursement figures, the reimbursement in 1966 was $26.3 million and in 1967 was $29.9 million. I get these out of the Estimates which are tabled in this House. This means that the net Provincial cost for the Saskatchewan Hospital Services Plan in 1966 was $19.7 million and in 1967 was $20.6 million. This means that the net Provincial cost of the Hospital Plan increased in 1967 less than $1 million.

Even this isn't a true increase because the 1967 figure includes cost for the Hospital Services Branch of the Department of Public Health, whereas the 1966 figures do not include this cost. I don't know what that would be, but perhaps it would be $150,000. But I will ignore that. I just say that on a net Provincial basis the Saskatchewan Hospital Services Plan in 1967 cost us, over 1966, just over 3/4 of a million more. Once again, this hardly represents a startling or a frightening, or an astronomic increase in costs. It is simply not true that hospital costs have been increasing for the Provincial Government at a rate faster than the cost for other services. I would like the Minister, or the Provincial Treasurer, or the Premier to look at the annual reports of department after department. I will use our old friend, Highways, again.

I would like each of them to look at the unit costs of building highways. And I am not here talking about how many miles have been built, but how much it costs to move a yard of dirt or put down a square yard of paving. I would ask them whether these have increased at the rate of 3.7 per cent per annum as the medical care costs have increased or even 7.5 per cent per annum as the hospital costs increased last year. They are much, much higher than this. I have yet to hear them describe these costs as alarming, frightening, or astronomic. I really don’t pick on Highways in any particular way except that Department puts out an annual report which gives unit costs. Almost every component of highway construction on the unit cost basis has increased at a faster rate than either medical care costs or hospital costs.

Once again I want to say that I am not talking about the miles of roads built, I am talking about the number of yards moved on a unit basis, or the square yard of asphalt and the cost of laying that on a unit basis.

I would like the Premier to look at the costs of constructing Government buildings. Or I would like the Member for Nutana South (Mr. Forsyth) to tell us about the costs of building schools or any other person who is familiar with construction costs. I wonder whether, now that the junior Member for Saskatoon has entered the debate, he would tell us whether the costs of building have increased at the rate of 3.7 per cent per annum or even at the rate of 7.5 per cent on a square foot basis, or a cubic foot basis or any other unit cost basis.

MR. J.J. CHARLEBOIS (Saskatoon City Park-University): — You bet they have!

MR. BLAKENEY: — You bet they have! When I say that the cost of building public buildings, the costs of building highways, the cost of operating all sorts of programs have increased at the rate of 4, 5, 6, 7, 8 per cent per year, and I know that this has happened, it hardly seems appropriate for people to stand in their places and describe costs of the Medical Care Plan at 3.5 per cent or the Hospital Plan of 7.5 per cent as alarming, frightening, or astronomic.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — I am not saying that these costs haven't increased and I am not saying that we shouldn't try to keep these costs from increasing. These are big sums of money and we are not here saying, like Mr. C.D. Howe used to say, "What's a million dollars." It is money, and it's a lot of money, but these percentage increases do not warrant the epithets which have been hurled at them by the Members of the Front Bench of the Liberal Government.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — I say that even the things that I have mentioned are hardly a fair comparison, because my unit costs in medical care are per patient day in hospital or per patient in medical care. We know that in fact this is not a static unit. We know that a patient day in hospital in 1967 is not the same thing as a patient day in hospital in 1960. We know that in a modern Saskatchewan hospital, it is more expensive, it is a more expensive undertaking because a higher grade of care is being given. We know that in fact there is a constant increase in the value of the unit. You may say that this may be true of a public building but I doubt it. I think that a public building, built five years ago was, by and large, as good a building per square foot as a building built today. But I know that a patient day in an

average Saskatchewan hospital five years ago was not as good a service as a patient day in an average Saskatchewan hospital now. I know that the level of the equipment, the level of care that is given has been upgraded by a constant process of upgrading. even with that, the unit costs are no more than the unit cost increases of countless other Government programs. Now it's not surprising that, because of this increase in quality, the costs of operating hospitals judged on a per capita cost or patient-day costs are increasing. Mr. Speaker, it is frequently suggested to us that the cost of hospitalization in Saskatchewan is very much higher than in other provinces. This is the import of the figures which are offered to us as evidence by Members opposite. In fact the costs of hospitalization on a per capita basis in Saskatchewan are increasing less rapidly than for Canada as a whole. This means that Saskatchewan hospitals are doing a pretty fair job of controlling cost increases. This is true on a per capita basis or on a patient-day basis. Using whatever measure you like, the costs of hospitalization in Saskatchewan are increasing less rapidly than elsewhere in Canada. This does not indicate a story of abuse. Now this probably — and I want to be fair — stems largely from the fact that we already completed many changes in our hospital scheme years ago and some provinces which were very late in this field are still going through the throes of establishing a viable hospital plan and therefore their costs will increase more rapidly. This may be a part of the explanation. But this fact has another little effect. It means that our share from the Federal Government keeps going up. This means that the load on Saskatchewan taxpayers on a proportionate basis, is increasing to the Federal Government and decreasing to the Saskatchewan Government every year. I wonder if they know that. In fact we will be receiving a larger proportion of the cost of operating our Saskatchewan Hospital Services Plan from the Federal Government next year than this and this year than last.

Now these facts are relevant in deciding whether or not there has been a frightening or an horrendous increase in hospital costs in Saskatchewan. On the basis of the figures themselves the 1967 costs were less than $1 million more than the 1966 costs to the Provincial Treasury. Now how do we finance this plan? I'll cover this a little more fully, but essentially how do we finance our health care programs? We finance them, Mr. Speaker, largely from the family tax to which I have referred and from the sales tax, the so-called Education and Health Tax Act. This education and health tax or sales tax provides at least 2 cents of its 4 cents, I would think, for health services. If I am right in saying that 2 cents of the 4 cents or 2 1/2 cents of the 5 cents — the new rate — go for health services, then it is fair to ask what is the rate of increase in yield of these taxes. In the year 1967 over the year 1966 the education and health tax, the 2 cents of the education and health tax applicable to health provided a yield of an extra $2 million over 1966. Note those figures. The Medicare Plan cost us about $1 million more in 1967 than in 1966. The Hospital Plan cost us less than $1 million more. The yield from the education and health tax increased by over $2 million. In fact the drain in 1967 on

undesignated Provincial revenues was nil. In fact we were providing from undesignated Provincial revenues less money in 1967 for the medical and hospital plans than we were in 1966. Now does this sound like a frightening or horrendous increase? It doesn't to me.

MR. G.T. SNYDER (Moose Jaw North): — Give them some more facts.

MR. BLAKENEY: — I want to be fair now and say that it is true that the Medical Care Plan and the Hospital Plan do not represent the full range of health services, and it is true that there might have been increases in some other areas of health services although these were not large. It is true that when all of these taxes were added up that there might have been a slight increase in the drain on undesignated Provincial revenues, but it was slight indeed. The large items and by far the largest items of health costs are the medical care and hospital costs.

My point here, Mr. Speaker, is that while it is true that medical and hospital expenses are increasing, the yield from the sources of financing these programs is also increasing. The amount we receive from the Federal Government is increasing sharply. The amount we receive from the sales tax imposed for the financing of these programs and called the education and health tax is increasing. Now true, the family tax does not increase very rapidly, at least I hope it doesn't. I hope we won't be met next September or October with an increase in the family tax. But the fact that the family tax doesn't increase very rapidly is just one more manifestation of the failure of the Premier to attract any more families to this province. I don't want to deal with the failure of the Government opposite to increase population and thereby increase the yield from the family tax. That's another argument. However, it is worthwhile, Mr. Speaker, to indicate that since this Government took office the yield from the family tax has increased and increased sharply, not because of any large number of families but because of the fact that they increased the tax on a gross basis from $52 to $72. So every single source of direct financing of the Medicare and Hospital Plans has been increased. As I say the Federal reimbursement under the Hospital Plan has increased, the family tax has increased by $5 million, the health and education tax keeps increasing. And this year the Government is going to get an extra $10 million from Ottawa on the reimbursement for the Medical Care Plan. In fact in 1968 the drain on undesignated provincial revenues for these programs will probably be less than in any year since 1962 or 1963. And this, Mr. Speaker, we must remember is at a time when we are supposed to be having burgeoning resource revenues that we have heard so much about. If there are in fact burgeoning resource revenues it seems to me that these very infinitesimal increases in health costs, if increases at all, ought to be very, very easy to deal with. Any Government that can view with equanimity the increase of $10 million in the capital cost of highways in 1968 over 1967 should it seems to me be able to view with some equanimity an increase of health costs of not $10 million or not $1 million, but perhaps $100,000.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — Instead we are getting very shrill comments about alarming increases and frightening increases. As I have already indicated many other programs are increasing much faster. In the light of the fact that many programs are increasing very fast in their costs, the cost to the Provincial Treasury of health programs is increasing very slightly, if at all, and yet it is not the other programs but the health programs which are the subject of all the Government strictures, I say, Mr. Speaker, this is very significant indeed.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — It tells us more about the Premier and his Government than perhaps he would wish us to know.

Now, Mr. Speaker, I am talking about these taxes as utilization fees. I am talking about the financing of these programs. I want to talk a little more fully about the methods by which these programs have been financed, whether the taxes that have been applied are regressive or progressive and whether or not the proposed addition of the utilization tax can be commended on the basis of taxation theory. What can be said for utilization fees as a method of financing health services?

The Provincial Treasurer (Mr. Steuart) says and he said in his Budget, that Liberals believe that the users of health services should pay for them and I have said on a number of occasions New Democrats do not believe this. We believe that health services should be provided on the basis of need and should be paid for on the basis of ability to pay.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — We say again that payment for health services should not be determined by whether a man is sick but by whether he is poor or well-to-do.

Now let's look at the taxes which we use to finance health care. I've mentioned the family tax. The family tax is a flat rate tax or a poll tax on every family in the province. To the extent that it is the same amount for every family whether they are poor or well-to-do, it is a regressive tax. But to the extent that the tax is no greater for a family of eight children than for a family with no children, and because as a general rule the discretionary spending of families with eight children is less than families with no children, it has a certain progressive element to it. However, I think it would be fair to say that the present family tax represents a somewhat regressive method of financing health services. This tax has been retained by the Government and by the previous Government on the theory that there was a benefit in charging a direct premium for it to

give persons a clear understanding that each family had to participate in the payment for health services. This is not to suggest that each user has to pay for health services; that negates the whole idea of insurance or spreading the risk. It does suggest, however, that each potential user must pay for health services in the same way that everyone must pay a fire insurance premium.

Good arguments may be raised for or against the family tax. I think, however, that it must be recognized that it has elements of regression in it and that the medical and hospital programs should not be financed to a large extent by this form of tax. It has the merit of being a premium, i.e. of being paid prior to use. It has the merit of being somewhat progressive in that a childless couple pays the same amount as a couple with a larger number of children, but it has a substantial regressive element. That's the family tax.

Now the next major source of financing a health program is Federal reimbursement. Presumably this money comes from money raised from the general revenue sources of the Federal Government. Certainly most of the Federal taxes are fairly closely related to ability to pay. By and large they are proportional or progressive. Excise taxes, a big item on the Federal Budget, are largely on luxury goods and therefore has some fair relation to ability to pay. The sales tax, which has a substantial body of exemptions for food and drugs and similar items, is perhaps proportional in its incidence. The income on corporation taxes are fairly closely related to ability to pay. Certainly the income tax as presently constituted is generally progressive. Corporation taxes are less clear in their incidence. However, most observers feel that they have a fairly substantial progressive element in them. Certainly to the extent that they impose a tax on the owners of the shares of corporations they are progressive since there is a very high correlation between substantial ownership of equity shares and a large income.

Thus we see that the Federal taxes which finance our nation-wide health programs are financed from taxes which bear a reasonable relationship to ability to pay. Mr. Speaker, I have dealt with the family tax, with the Federal reimbursement. I turn now to Provincial sales tax.

A number of studies have been done on the sales tax and on its incidence. Because of the fact that food and some other basic essentials are excluded from the application of the tax and because of the fact that these basic essentials make up a larger proportion of the budget of a person of limited means than of the budget of a person with large means, experts tell us that this tax worked out to be about proportional. By this I mean that a person with an income of $4,000 would pay in sales tax the same proportion of his income as the person who made $24,000.

From the foregoing, it will be seen that the present basis of financing the health care plans is generally related to the

ability to pay. The Federal money probably comes from taxes which are progressive, i.e., a richer man pays a larger proportion of his income than a poor man. Provincial taxes are more or less proportional; family tax is a bit regressive.

Now it will be noted, Mr. Speaker, that all of these taxes are collected on a pre-need basis and that by and large, if a person's income declines, his contribution to financing the health care plans will decline. Similarly if a person becomes sick his contribution to financing the health care plans is likely to decline rather than to increase, because it is likely that the sickness will affect his income and hence his income tax, affect his purchases and hence his sales tax will be less.

Now, Mr. Speaker, that is how we do the job now. That's how we finance the programs now; the Federal taxes that I have referred to, the family tax, and the sales tax.

What will utilization fees do to this mix? How do they stack up as a method of financing health care programs? Are they progressive? Are they regressive in their incidence? There is not the slightest doubt that utilization fees will be regressive in their incidence and very sharply regressive.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — Firstly, they are flat-rate tax, wholly unrelated to ability to pay. In fact they are very nearly inversely related to ability to pay, as I hope to show. They could only be proportional if it were true that a man who earned $24,000 a year got sick four times as often as a man who earned $6,000 a year. Even then, Mr. Speaker, they would only be proportional and not progressive. They could only be progressive if our friend who earned $24,000 got sick more than four times as often as the person who had an income of $6,000 a year, and that is not very likely.

The figures of the Medical Care Insurance Commission and the Saskatchewan Hospital Services Plan do not tell us of the incomes of the persons who use the services of these plans. However, there is not one shred of evidence, Mr. Speaker, to suggest that rich people get sick more than poor people. All the evidence is the other way. I do not have any recent evidence on hand of a Canada-wide survey, but I do refer Hon. Members to the Canada sickness survey conducted about 1951, which indicated that people with lower incomes have substantially more health problems than people with higher incomes. Now, Mr. Speaker, this so closely accords with the experience of all of us that I hardly need to call my evidence to support that proposition. If Members want some up-to-date evidence on these matters it is available from United States sources. It may be that conditions in the United States are sufficiently different that they would not have relevance in Canada, but I doubt it. I would like to refer Hon. Members to the March, 1968 issue of the New England Journal of

Medicine and particularly to an article on page 541 on the subject "Low Incomes and Barriers to the Use of Health Services." The article states:

> The number of chronic conditions and the annual experience of days per person of restricted activity, bed disability and time lost from work are remarkably greater for persons with low family incomes. At the same time, members of families with high incomes have the lowest rate of hospital discharges with the highest rate occurring near the low end of the income scale. The average length of stay is lower among the lower income groups. The differences in hospital discharge experience may be party explained by the upper income group's substitution of other types of medical care such as visits to physicians and specialists.

And I should say that the average length of stay is higher for lower income groups. Now, Mr. Speaker, I won't continue this quotation, I think that the import of it is clear and it will be found in the Journal which I referred to, the New England Journal of Medicine and entitled "Vital and Health Statistics." The particular volume referred to is cited on page 546 of the New England Journal of Medicine. I have the Journal here if any Member wants to read it. I'll save the time of the House by not quoting further. I don't want to labor this, Mr. Speaker, I think most Members will accept it as an established fact that people with low incomes have more health problems than people with higher incomes. I have already indicated that these factors interrelate. This is a genuine case of which comes first, the hen or the egg.

I think we can properly conclude, therefore, that assuming that these fees are utilization fees and not deterrent fees, i.e., assuming that the people actually use these services and pay the fees, then if these fees are used as a method of financing our health programs, it follows that people with low incomes will have to pay out more actual dollars in utilization fees than people with high incomes. Now, Mr. Speaker, that is a regressive tax with a vengeance. A flat-rate tax such as a family tax is regressive since it takes a greater proportion of a poor man's income than a proportion of a man who earns a high income. But when a tax is devised which not only takes a greater proportion of a poor man's income than of a rich man's income but actually takes a greater number of dollars from a poor man, then this is a tax which is regressive with a vengeance, and can only be called totally unacceptable.

This source of tax can only be justified on the theory that health services are really not a proper subject for Government financing; that they are a service like that provided by a grocer or a theatre man, and if a poor man goes to a theatre more often than a rich man then he pays more actual dollars. The theory is that if a poor man goes to a hospital more often than a rich man then he ought to pay more actual dollars. Now this,

Mr. Speaker, is a theory which has been embraced by the Liberal party. It is the only theory which could possibly justify the application of utilization fees as a way of financing health services.

Mr. Speaker, I want to approach this matter of incidence from another point of view, from the point of view of the age groups who will be particularly affected. I think, Mr. Speaker, that there is a very high correlation between having a large family and having a relatively small amount of truly discretionary spending. To put it another way, Mr. Speaker, most people with large families have to watch their pennies. I don't think this is a proposition which is really debatable. It is also true that there is a high correlation between being old and living on a restricted income. To put it another way most old people have to watch their pennies. And with respect to old people this will probably always be true if we continue to live in an inflationary society so that it is difficult to save for one's old age. But it is particularly true in Saskatchewan and in Canada today when many of the people who are in their later years would have saved during those years of the 1920s and 1930s but were prevented from saving through no fault of their own by the adverse economic conditions which were totally beyond their control. Certainly we would be very self-righteous indeed if we tried to point the finger of scorn at someone who failed to lay aside money for this old age while he was raising his family in Saskatchewan during the 1930s.

In short, older people and families with large numbers of children are two of the classes in our communities of Saskatchewan right now who have little money to spare.

Now, Mr. Speaker, I have taken the reports of the Medical Care Insurance Commission and the Hospital Services Plan and I have put down a few figures. I have taken three family groups. I have postulated a childless couple, each of them 35 years old and each of them an average 35-year old person. I have taken the same couple but with five children, ages 1, 3, 5, 7 and 9, and these are perfectly average children. I picked as the third group an elderly couple, 75 years old, both a man and a wife who are 75. On the basis of these figures and again they are average figures, the childless couple used 10.5 medical services a year. The couple with the five children used 35.1 medical services per year, and the old couple used 28.8 medical services per year. In terms of hospital days, the childless couple used 2.8 hospital days a year; the couple with five children used 8.1 hospital days a year; and the old couple used 16.2 hospital days a year. Now these are average figures taken out of these reports, Mr. Speaker.

The conclusion to be drawn from these figures is crystal clear. A couple consisting of two people, each 35 years old, both of whom are perhaps working if they don't have children, will have use for, on the average, 10 medical services a year and something less than three hospital days a year. I agree that all of these medical services may not be the type which

would attract utilization fees. There is no way to isolate from the report those services which will attract utilization fees and those which will not. But at any rate, Mr. Speaker, whereas my totals may be wrong in this regard my proportions are likely to be entirely right.

Now taking two couples of age 35, Mr. Speaker, the one couple of 35 having no children and the other couple having five children, we find that the family with the five children will use 35 medical services a year or 3 1/2 times as much as the childless couple, and eight hospital days a year or almost three times as much as the childless couple.

Looking at the couple, each of whom is 75, we find that these two will use about 29 medical services a year, which is three times the amount of the 35-year old childless couple and not quite as much as the 35-year old couple with the five children. The elderly couple will use about 16 hospital days a year, which is just about six times as much as the childless couple and twice as much as the family.

From this you will see that the utilization tax will be paid in respect of medical care very largely by families with several children and by elderly people.

Debate adjourned.

The Assembly adjourned at 10:00 o'clock p.m.