LEGISLATIVE ASSEMBLY OF SASKATCHEWAN
First Session — Sixteenth Legislature
40th Day

Tuesday, April 16, 1968

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

CONDOLENCES

HON. W.R. THATCHER (Premier): — Mr. Speaker, I am sure that the House has learned this morning of the death of the wife of His Honour the Lieutenant Governor.

I should like to bring This Resolution before the House, seconded by the Leader of the Opposition (Mr. Lloyd):

> That this Assembly learns with profound sorrow of the death of Mrs. Robert Leith Hanbidge, wife of His Honour, the Lieutenant Governor of Saskatchewan, and extends to the members of the bereaved family its sincerest condolences, praying that Divine Providence may comfort and sustain them in their loss.

Mr. Speaker, in bringing this Resolution before the Legislature may I simply say that I, and I am sure all Members of this Legislature, do express our condolences to His Honour. Those of us, who were acquainted with Mrs. Hanbidge over the years, recognize the sense of loss His Honour and the members of his family must feel at her passing. I know that all the people of Saskatchewan would wish us to pass on to our Lieutenant Governor those most sincere sentiments, as a symbol of the affection we have felt for him and Mrs. Hanbidge during his many years of public office in our Province.

HON. W.S. LLOYD (Leader of the Opposition): — Mr. Speaker, each and everyone on this side of the House will want to join with the Premier and with the sentiments expressed in the Resolution which has just been placed before us. Lieutenant Governor and Mrs. Hanbidge have been the first citizens of the Province since 1963. Many of us have been associated with them in various ways since that time, and those such as the Premier and myself, who have had the opportunity to be associated in a slightly different way, have reason to understand and to appreciate the great contribution which this couple have made to our province. I think it is proper to note, Sir, that very few people have endeared themselves to Saskatchewan more than this very fine couple. The position which they have occupied has not been an easy one. It has very great demands on time. It has great demands on energy. But more than that it has diplomatic and personal demands which call for very unusual qualities. To be the Lieutenant Governor of the Province, and his wife, and to hold those positions in such a way that the office and the persons are real and warm and comfortable is a task for which not many people are really competent. To have this combination of skills and graces is indeed to be able to "walk with kings nor lose the common touch." Mr. And Mrs. Hanbidge have been able to represent the office and represent the meaning of this official position in a most dignified way, in a manner which was always warm and was always comfortable for all Saskatchewan people.

In all of this Mrs. Hanbidge was a full partner, her own health was such that people would have readily understood had she retired much more from public appearance and official duty. It must indeed have taken very great courage and selflessness on her part to have given of herself so willingly to help her husband and to please so many Saskatchewan people.

Regardless of how well this has been done, it will not be I think as the wife of an official that we remember her. Our Lieutenant Governor spoke of her often, introduced her frequently. His most used word in these references and these introductions was "Mother." Never has the word seemed more appropriately used than when he used it in reference to this brave woman whose passing we recognize today. Her loss will be deeply felt by her husband and her family. Those who have served her so well in a personal way for many years should also be remembered.

All of us join with the Premier and the Resolution in expressing the hope that our expression of affection and sorrow will be of comfort to them in this very great personal loss.

Motion carried.

MR. THATCHER: — Mr. Speaker, the time of the funeral has not yet been set, but the Government will ask the House for adjournment when we learn of the precise time.

I should like to move, seconded by the Leader of the Opposition (Mr. Lloyd):

> That the Resolution just passed by communicated to members of the bereaved family by Mr. Speaker.

Motion carried.

ANNOUNCEMENTS

WESTERN CANADA HOCKEY CHAMPIONSHIP

MR. H.E. COUPLAND (Meadow Lake): — Mr. Speaker, before the Orders of the Day I would like to congratulate the Meadow Lake Stampeder Hockey Club on winning for Saskatchewan the Western Canada Intermediate "A" Hockey Championship. They defeated the Fort Francis, Ontario, team over the weekend in three straight games.

I think this is indicative of the calibre of hockey we have the privilege of watching up in the northwestern part of Saskatchewan. Mr. Speaker, I would like to congratulate the Manager and the rest of the team for the fine efforts they put out.

SOME HON. MEMBERS: — Hear, hear!

QUESTIONS

ORDERS FOR RETURNS

MR. F.A. DEWHURST (Wadena): — I would like to ask the Provincial Secretary when I may expect Orders for Returns Nos. 34, 35, it's taking a long time getting those replies.

HON. D.V. HEALD (Attorney General): — Mr. Speaker, I have a number to table this morning, I am not sure whether the ones the Hon. Member asked for are here, but as soon as they come to my attention, I will file them.

ADJOURNED DEBATES

SECOND READINGS

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

MR. A.E. BLAKENEY (Regina Centre): — Mr. Speaker, when I concluded my remarks last evening, or when I temporarily suspended them is perhaps the way to phrase it, I had been talking about the incidence of the utilization as a tax.

Members will recall that I was discussing this subject under two broad headings, firstly, the imposition of the fees as a utilization fee and secondly, the imposition of the fees as a deterrent fee. It will be recalled that the first assumption; that of a utilization fee, is that in fact the service will be used and that it will be paid for by the persons who pay the fee. I am now looking at that aspect of the matter. Later I will look into the question of whether or not the fee will deter and whether or not it is prudent to use the fee in this way to deter. Right now we are considering the question as a tax, as a utilization fee, I had dealt generally with the way that health programs have been financed in the past and then I had considered the question of incidence of utilization fees. And it will be recalled that I had tried to illustrate this by postulating three family groups, a childless couple, each member of the couple being 35 years old, a similar couple of a 35-year old husband and wife but five children, and a couple, each of whom is 75 years old and with no dependents. I had pointed out that the childless couple would use something over ten medical services a year, the couple with five children which I'll call the family, would use 35 medical services a year and the old couple would use about 29. I pointed out that the childless couple would use about less than three hospital days a year, the family would use something over eight, and the old couple something over 16. I had said, Mr. Speaker, that these were average figures, and of course they may or may not be true for any individual couple. I had said that the figures made clear that this utilization tax will be paid in respect of medical care very largely by families with small children and by elderly people. We have noted that the family with five small children uses medical services three and a half times as much as the childless couple and that the 75 year old couple use the medical services three times as much as the childless couple. There can be no denying that the incidence of this tax in respect of medical care will fall particularly hard on families with young children and on elderly people.

Now looking at the picture for hospital days it will be seen that the childless couple used only about one-third as much hospital care as the couple with the five children and only about one-sixth as much hospital care as the 75-year old couple.

He who defends these utilization fees as a proper basis for financing medical care and hospital care must be prepared to

say, I suggest, Mr. Speaker, that a 75-year old couple is three times as well able to pay taxes as the 35-year old childless couple and that a 35-year old couple with five children is three and a half times as well able to pay taxes for medical care as the same couple would be if they had no children. He must say with respect to hospital care that the 75-year old couple is six times as well able to pay taxes as the 35-year old childless couple. He must also say that the 35-year old couple with five children is three times as well able to pay as if they had no children.

Mr. Speaker, I find these arguments difficult to accept. Based upon any of the accepted standards of the incidence of taxation, these deterrent fees will be sharply regressive and will impose a much higher burden on older people and on people with larger families than on people in the prime of life in their best earning years. Mr. Speaker, I cannot justify this incidence of taxation for financing health services. I don't know how many Hon. Members of this House can justify taxes with this incidence, and I say, therefore, that these fees cannot be justified as a fair tax.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — Mr. Speaker, no defence has been offered of these utilization fees as taxes because no credible defence can be offered.

Mr. Speaker, I want to refer to another topic very briefly, I had intended to refer at some length to the question of whether or not people who paid their premium last year had in some sense a contract with the Government about the volume of services they were to get, after they had paid their premium. Certainly if such people had paid a fire insurance premium there would be no suggestion that the policy could be changed during the course of the year without a remission of premium or some other adjustment. Many people feel, and I have had a good number of representations to this effect, that he who bought medical care insurance and paid the medical care insurance premium ought to be guaranteed the level of services which he thought he was getting when he paid his premium. The Member for Redberry (Mr. Michayluk) has dealt with this matter somewhat extensively, dealing as he did with a comparison of this premium to a contract for the sale of hay to a rancher for his bulls. And I don't propose to go over that area particularly. I concede that it is legally possible for the Government to change the benefits under the Medical Care Insurance Plan after having accepted a premium at a time when it was represented that the services would be at a given level. I think it would have been franker if the Government had told the public when the fees were being collected that the services would be reduced. I think it would have been much franker if the Government had levelled with the people and said, "Look we are collecting these fees but it may well be that the services will be reduced." The difficulty with that course of action, Mr. Speaker, is that the Government would have had to have announced this at the time that the fees were announced. The difficulty with that proposition is that the fees are announced to the municipalities in September each year. I think frankness is a virtue which is used highly selectively by the Liberal party and certainly September was no time for frankness, not with the public. Not September last year anyway. Because in September last year I was campaigning in Regina City and so was the Minister of Public Health. He was campaigning on the

slogan, "If you want less taxes, vote for your Liberal candidate, Gordon Grant." That was his slogan, this was his measure of frankness at the time that he was asking people to pay their medical care insurance premium and at the time when I suspect he well knew that the services under this plan would be reduced. Well it may be that he is not at the policy-making level when it comes to health matters. I don't know, it seems to be a fairly restricted group.

I want now, Mr. Speaker, to mention another subject which has been mentioned only very briefly, I want to mention it only very briefly. This is the question of whether or not the deterrent fees are now being legally levied? Yesterday in the House we referred Members to the provisions of The Saskatchewan Hospitalization Act and particularly to Section 5. We pointed out very clearly that this Act specifically prohibits the collection of deterrent fees or any fee from any patient by a hospital which is a beneficiary under the Hospitalization Act. Now the Regina General Hospital and the other hospitals in Regina are in fact beneficiaries under that plan. I am sure they have no wish to contravene The Saskatchewan Hospitalization Act and to subject their business officers or other officers of those hospitals to the possibility of being prosecuted under this Act, under the provisions which say that a person wilfully rendering an account to a beneficiary for hospital services which are provided under this Act is guilty of an offense and liable on summary conviction to a fine not exceeding $500. I know that the Regina hospitals and no other hospital in this Province wants to subject its officers to the possibility of this fine. Yet they are faced with the directive from the Minister of Public Health who has ordered them to go ahead and collect these deterrent fees, notwithstanding the fact that there is not only no legal basis for collecting the, but in point of fact, such collection is specifically prohibited by law. I suggest that it is grossly unfair and improper of the Minister and the Government to direct hospitals to act in a way for which there is no legal sanction, and which, in fact, is specifically prohibited.

The Minister of Mineral Resources (Mr. Cameron) has very well known powers of evidencing moral indignation at the drop of the hat. I would have thought that he would be absolutely outraged by the Government counselling an outright offence; by the Government urging hospital people to go ahead and do something which is punishable by summary conviction, punishable at law. I would have thought that some other Members over there might have had moral qualms about this. I think maybe, like frankness, moral indignation is a somewhat selective virtue in the ranks on your right, Mr. Speaker.

Now, Mr. Speaker, I want to look at the other broad head of this problem, these taxes as a deterrent fee. I think that when we come down to it this is how they are trying to be justified, not as a utilization fee, not as a way to raise money, but as a way to prevent alleged abuses of services. The theory of deterrent fee is, as I appreciate the Government's position, that there have been abuses and substantial abuses in the health care plans and that deterrent fees will somehow control these abuses. If this isn't the Government's case, I wish it would put its case before the House. I have tried to put it as fairly as I can.

I would like to discuss some of these areas of alleged abuse. Unfortunately the Government has not identified these areas of alleged abuse. They have done very little to tell us

just where these areas of abuse are, where in the sense of what classes of people are abusing the service, where in the sense of what geographical areas these people live in, where in the sense of what classes of medical or hospital services are the subject of abuse. This is particularly unfortunate because it is pretty difficult to judge whether deterrent fees are the appropriate remedy for a particular malady when the malady isn't even diagnosed. What I would have expect the Government to do would be to say this, "There have been abuses to the medical care plan, there have been abuses of the hospital plan, these abuses have been in the following types," and then list them, a, b, c, d, e. "And that because of the natures of these abuses, remedy (a) will work for this abuse, and remedy (b) will work for this abuse, and remedy (c) will work for this abuse and note that deterrent fees are one of the remedies." Instead we haven't had that. We have had vague references to abuses which are unsubstantiated, except by the quoting of global statistics which go something like this, and this is the net import of the evidences offered. Here is the experience in Saskatchewan! Here is the experience in Ontario! Now that's the type of logic offered. And I commend that to the Member for Milestone (Mr. MacDonald) and ask whether that would be acceptable as a logical conclusion. This is the situation in Saskatchewan; this is the situation in other provinces; ergo, there is abuse in Saskatchewan! Sometimes they are not prepared to tell us whether the abuse is in Davidson or Saskatoon, but because the statistics are different, therefore there is abuse.

There may in fact be abuses, but they've hardly been established beyond contradiction by quoting such global statistics. I'll come to some of these statistics later. Among the vague references to abuses — and most of these I confess I picked up on the open-line shows — are three or four alleged abuses that I want to deal with in some detail. One of the areas of abuse which is sometimes mentioned is that active treatment hospitals are being used for the care of chronic patients, particularly patients who are either elderly or who have a long-term illness; there may be some redundance in that statement since it is pretty hard to be chronically ill without having a long-term illness. This is frequently alleged as an area of abuse. It is said that we have a lot of people who don't need to be in general hospitals but who are in general hospitals. This is one of the areas frequently mentioned. To put it another way, there are a number of long-stay patients in hospitals who shouldn’t be there. I wish the Government had been a little more explicit in identifying this problem. I would like to discuss the problem notwithstanding this, because I think there may well be a problem here. Let's assume that there are long-stay patients in general hospitals and let's consider the question of what should be done about it. Certainly there are long-stay patients in hospitals. I refer Members to the Report of the Committee on Aging and Long-Term Illness, a report dealing with this general area. This report is very comprehensive in its dealing with the problems of aging and long-term illness. The report makes clear that the problems of these people are interrelated. You can't possibly discuss in a meaningful way the health problems of these people without discussing the welfare problems and some of the other problems, the community problems and the social problems. But in order — and I ask the indulgence of the House in this — not to lengthen this discussion I will confine myself to the health problems knowing that in this way I overlook some of the other associated problems. I want to talk about the health problems of the aging and long-term ill, about whether this leads to a high utilization of health care programs, whether

such use could be limited by programs which the Government might initiate so as to effect a substantial saving for the health care plans and whether by doing this we could eliminate some of the practices which I take it the Government is saying are abuses.

Now I direct Members to page 137 of the report which indicates, and I am using the 1960 statistics because these are the latest available, that 15.8 per cent of all hospital days were made up of long-stay patients who were the age of 65 years or over. Now what I have done here is refer to the people who are 65 years of age or over and who have been in hospital for more than 30 days. This group used about 16 per cent of the hospital days in Saskatchewan. Now it is sometimes claimed that our small hospitals have a disproportionate number of long-stay patients. I have heard that story. But the 1960 figures would indicate that the reverse is true. Saskatchewan hospitals with 200 beds or more, and these are the big hospitals — there are only seven of them — had 40 per cent of the beds, but 57 per cent of the long-stay cases. Conversely, the small hospitals with 100 beds or less, had 47 per cent of the beds, but only 28 per cent of the long-stay patients. So the long-stay patients, by and large, are not in the small hospitals, as is sometimes alleged. They are in fact, by and large, in the seven biggest hospitals of the province. The figures would indicate — and I won't take the trouble of the House to quote all the back-up figures, but they are here for you — that a very large number of our long-stay patients are 65 years of age or over. The report does make clear that we would expect, that as age increases the proportion of long-stay patients who are acutely ill declines and the proportion of long-stay patients who are chronically ill increases. To state these results in another way, and I hope a more simplified way, many people who are in a hospital more than 30 days are old people and as age increases it's more or less likely that the people are there for chronic illness rather than for acute illness. These conditions from which people suffer who are in hospital for long periods of time are varied. However, high on the list is cancer as one might expect. Here's another one which I wouldn't have particularly expected — fractured hips. And may I digress for a moment because this was an interesting little item for me. I was amazed to note that fractured hips accounted for one-half of the patient days due to accidents which are rendered to older people. Thus if an older person is in hospital because he had an accident, there is a 50 per cent chance that he broke his hip. This is by way of just an odd little result which comes out of an analysis of statistics. One wouldn't have thought that fractured hips was one of the main problems but the figures indicate that this is the fact.

The Committee Report which is the most comprehensive study of the health problems of aging and long-term illness in Canada reaches several conclusions: (1) A number of patients are in general hospitals because of lack of nursing homes, lack of organized home care, lack of homemaker services, and lack of outpatient services; (2) Some long-stay patients are in general hospitals for social reasons, for example lack of adequate housing; (3) Some patients are in general hospital for a while, then discharged to a convalescent home and then back to a general hospital. This would suggest that there is an urgent need for more attention to convalescent facilities. Now, Mr. Speaker, you may say that this is as broad as it is long. Convalescent facilities are going to have to be financed and they are going to be a cost to the public purse just as are our general

hospitals. Well, Mr. Speaker, that is only a short-term view, because most experts agree that the specialized convalescent facilities could be organized particularly in the larger centres in a way which would render care at substantially less cost than is rendered in the big general hospitals. Now it may be that some of our small rural hospitals operate at a cost per day which is so close to what a convalescent facility would cost that there is no point in trying to duplicate them. But this is not true of our large city hospitals. And it is going to get less true every day. Our large city hospitals cost a great deal to build and they are going to cost more to build. They are going to cost a great deal to operate and they are going to cost more to operate. And we shouldn't weep about that. The standard of care in these large city hospitals is going to be progressively increased. It's going to cost more money. We can regret the cost but we won't regret the higher standard of care. We may as well get used to the fact that it is going to cost a fairly substantial amount of money to operate a large city hospital. Everything would suggest therefore that we should be looking carefully at this area of convalescent facilities. Everything would suggest that we ought to be looking to see whether we can get some of the long-stay patients out of our large city hospitals. Everything would seem to suggest that this is an area for intensive study by the Government. Now this is a problem that has been developing at a rapid rate in Saskatchewan because our population is aging, our population is aging partly because of longer life expectancy, partly because the settlement pattern of Saskatchewan brought a large number of young people to Saskatchewan 40 years ago who were then young adults and are now into their later years. We have an old-age bulge as you might say. The proportion of our Saskatchewan population which is over 65 has been rising sharply. Mr. Speaker, everything would suggest that this is an area, the area of convalescent facilities, which properly studied and analyzed might yield very significant savings in hospital care. The Committee on Aging and Long Term Illness suggested a substantial are of study and I want to refer Hon. Members to page 140 of the report. There is a fairly extensive quote:

> We know a fair amount about people in hospital in terms of disease classification, length of stay, place of residence, age groupings and similar information. There is little evidence documented concerning the factors which prevent long-stay patients from going home and what happens to them when they do go home. There is a whole series of questions for which we need answers. Why do the variations in care occur? What are the factors of a program within a community which determine whether or not an aged or long-term ill patient can or will be willingly absorbed into the community? Better understanding of the dispersal of the long-stay and aged patients on discharge from hospital would be useful. Do they go back to living alone or to living with another elderly person of limited ability? Do they often receive help from friends, neighbors or community agencies? How many long-stay patients are, upon discharge, transferred to a geriatric centre or a nursing home or to another general hospital? How many are out of hospital only a few days before they are re-admitted to the same or another general hospital and once again become a long-stay patient? More research is needed to find answers to these questions.

There are a series of other questions which are posed and

I suggest very pertinent questions. Note carefully that the Committee suggested more research was needed to find answers to these questions.

Now, Mr. Speaker, the Committee did more than simply suggest more research. That's a pretty easy solution to any problem. The Committee suggested that a research agency be established; it suggested the format of the agency; it suggested that it be called the "Institute on Aging"; it suggested that it study these problems and see whether or not some of them could be effectively solved. Now, Mr. Speaker, the previous Government established an Institute on Aging and it retained as its chief executive officer, Miss Lola Wilson, who had been a secretary of the Committee on Aging and Long-Term Illness and who was perhaps the best-informed person in Canada on the problems of aging and long-term illness. The previous Government hoped that a study of these problem areas would indicate how services could be offered to the aged and long-term ill, which would offer them a better and more acceptable standard of service and yet save money for some of the health care plans — some of the money we have been talking about — save the excessive use of hospital facilities, if in fact there is excessive use. We had felt that a study of this kind might well result in big savings for our health care plans. There is a real belief in many people's minds, unsubstantiated unfortunately by evidence, but I rather think it to be true, that there is excessive use of hospital facilities because of the failure of society to establish alternative facilities or alternative approaches to the problems of aging and long-term illness. This we can't document but there's a petty firm belief that, if we could get at this problem a little more carefully, we could get some of the people out of the major city hospitals where they are taking up valuable space. They certainly need care. What is not established is that they need care in, for example, the Grey Nuns' Hospital in Regina.

But in 1964, Mr. Speaker, the Thatcher Government was elected. One of the first victims of the meat-axe was the Institute on Aging. The institute was disbanded, the services of Miss Lola Wilson were lost. So far as I am aware, no research work has been done on the problems raised by the Committee on Aging and Long-Term Illness. As a result we do not know what is the best way to approach these problems. We do not know what steps could be taken to save excessive medical and particularly hospital costs resulting from long-term illness. We do know that the problem of long-term illness is a major consumer of hospital-bed days. We do not know that. Apparently we are satisfied to do no research on this problem, to take no steps to analyze the best ways of dealing with the problem. Mr. Speaker, the actions of the Government in this field have been short run folly. This is one of those cuts which the Premier talked about in his first year of office that we said would be some of the most expensive cuts in the history of Saskatchewan. Well, Mr. Speaker, at that time the meat-axe cut off a filet mignon because it was a very expensive cut.

Now, Mr. Speaker, the Minister, who is plagued with what he is pleased to call an abuse of these services, proposed to get at the abuse, not by studying the problem, not by identifying the people who may be using hospitals when they could be using some other facility. No, not that way, but by applying deterrent fees. Even he must admit that deterrent fees are no remedy at all for the problem of aging and long-term illness. I have already dealt with the unfairness of the deterrent fees as a tax. I now want to point out a rather elementary point

that the way the fees are set up is such that they will continue for only 90 days and they offer no deterrent whatever to someone who is likely to be in hospital for a longer period than that. I'm not suggesting that he should extend the period of these deterrent fees, although I might say that the Premier's logic would suggest this when he says that you can't live at home for $2.50 a day. I would have though that this would be equally true after three months as before but I won't press the Premier's logic on these points. All I want to say is that, if it is agreed that deterrent fees will only be applied for a period of 90 days it follows that they will be a total failure in dealing with one of the major areas of alleged abuse, the problems of chronic illness. Now let's be clear on this. If this is a major area of alleged abuse, and I don't know if it is, but I suspect it is — and I use abuse loosely, over-use is probably a better word because I'm not suggesting that the individuals are abusing the service — I'm suggesting that perhaps we as a society have our services wrongly organized so that people are in a general hospital when they ought to be in a chronic facility. If this is true, if there is over-use of our hospital facilities because of this reason, I point out to you the obvious, that deterrent fees will do precisely nothing to solve this problem. We see once again the approach of the Government of using a club when the proper tool required is a scalpel. We need some realistic analysis of the problems of aging and long-term illness. We need to know what steps a community could take to keep many of these people out of the hospitals. Such evidence as there is, and I admit it is not sufficient, suggests that programs of home care, programs of meals on wheels, programs of establishing satellite convalescent homes to the big general hospitals might well provide some very real results in dealing with the control of hospital-bed utilization. Mr. Speaker, unless I missed it when I was out of the House for a brief period, we've heard no reports of the Government's efforts in these regards. We've heard no reports about the Government's studies in these regards. There is real doubt in fact whether anything is being done in an effective way in this regard. Instead, Mr. Speaker, the Minister offers his panacea of deterrent fees.

Mr. Speaker, another area of alleged abuse — and again I'm sorry that I have to use the word alleged because I essentially don't know what the Government's case is — which is frequently mentioned is that patients are sometimes admitted to the hospital earlier than necessary for major surgery. The allegation usually runs that someone enters hospital on Thursday and is not operated on until Monday or Tuesday. I may say I've heard the Provincial Treasurer use this one on open-line shows. If such an abuse did occur, it would practically never be at the option of the patient and would almost always be at the option of the surgeon or the hospital. If there is an abuse in this area and I use the word "if" because I haven't seen the evidence, and I don't know whether it is there, then the course of action open to the Minister is to identify the hospital where it occurs, which he can easily do with the use of his computer and discuss the problem with the hospital and its medical staff. Now this isn't a simple problem. We have a relative shortage of medical personnel and we cannot expect any individual medical practitioner to practise seven days a week or even six. These men work pretty hard. I think we all know this and they have to have their recreation the same as anyone else. This doesn't necessarily mean that an institution ought not to work on the six-day week or a seven-day week. However to do this requires change in traditional patterns of organization, changes which

are not easy to bring about because of a relative shortage of skilled personnel. This is a real difficulty. I don't think we should criticize the hospitals too freely for not being able to switch over to a seven-day week when they've got real problems in getting skilled nursing and medical staff. They usually have a problem staffing five days a week for some of these more skilled areas, and they have skeleton staffs over other periods. We would hope that this problem could be solved but it is not a simple problem. These changes may be desirable, and this could only be decided after some talk with the hospitals to find out whether it is better to shut down on Sunday because you can't get staff for Sundays, and just accept that fact or whether it is better to try to run on a seven-day week basis; I think you can see that if this is the problem — the institutional structure of the hospitals and the fact that the surgeons operate on a five-day week — if this is the problem then deterrent fees are going to do precisely nothing to solve that problem.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — Realistically speaking nothing that a patient could do would induce a surgeon to operate on him on Saturday if it is not the custom of the surgeon to operate on Saturday or if it is not the custom of the hospital to run its operating room on Saturday afternoon or Sunday.

HON. D.G. STEUART (Provincial Treasurer): — It is going to be changed.

MR. BLAKENEY: — I note the comments of the Provincial Treasurer. I think it probably could be changed but it is not a simple problem because of the institutional patterns of the hospitals. It is not all that easy to staff a hospital particularly with paramedical staff, with pharmacy people, with X-ray people and all the other paramedical people on a seven-day basis. And many surgeons simply don't want to operate unless they know that they've got pharmacy people or other staff people on hand if they are needed. They don't want to operate in isolation, they want a full medical complement with them. Now I believe with the Provincial Treasurer that some of these things could be changed, but what I have been unable to grasp up to this point is how the application of deterrent fees is going to change the organizational patterns of our major hospitals.

Realistically speaking I suggest that no amount of public demand could induce a surgeon to operate on Saturday if the hospital did not operate an operating room on Saturdays. Realistically speaking also with bed accommodation at a premium and likely to remain such in Saskatchewan and everywhere else in Canada, a patient is in no position to say to his surgeon, "I won't got to the hospital on Thursday, if you are going to operate on me on Monday." He, the patient, knows well that he takes the bed when it is available.

MR. STEUART: — . . .raise Cain with the hospital . . .

MR. BLAKENEY: — Well I wonder if the patient will raise Cain with the hospital. I wonder if one isolated patient can raise Cain with any hospital, or even 10, 15 or 20 isolated patients.

MR. STEUART: — Or 1,000 or 10,000.

MR. BLAKENEY: — Or a 1,000. Look what the Provincial Treasurer is asking. He is saying this, he is saying, "I am the paymaster of every hospital in Saskatchewan. I provide 95 per cent of their budget but I have been unable to convince them to operate on a full 7-day basis. What's a little 95 per cent, I can't possibly convince them with that little leverage. But I ask the patients to go out there and just before they are under the knife they should say, 'Stop, stop, I don't want to pay a deterrent fee.' " I think, Mr. Speaker, that if the Provincial Treasurer and the Minister of Public Health (Mr. Grant) with all of the persuasive powers they have, have been unable to convince hospitals to change their organizational patterns and, presumably, unable to convince the public to exercise any pressure on their hospitals, then I would have thought that it was rather futile to suggest that the application of deterrent fees in a situation, where the patient is without effective bargaining powers, is going to change the organizational structures of hospitals. We have long waiting lists for surgery in Regina and many other points in Saskatchewan, waiting lists running to ten months or a year, and I emphasize that this is for elective surgery not for emergency surgery. Under these circumstances no patient is going to argue with his doctor that he should go into hospital a day after the doctor says he should. This question is not one which in any sense is under the realistic control of the patient. I do not know whether this is abuse in this area. I feel absolutely confident that if there is an abuse the deterrent fees will do next to nothing to correct the abuse.

On the question of discharge after surgery or after some medical treatment, it is true that the patient might have some slight effect on the day he is discharged. However, by and large, this decision too is one which rests primarily with the medical staff and the nursing staff of the hospital and the patient has an absolute minimum of discretion in this area. Perhaps a comment which a patient might make will induce the doctor to discharge him one day sooner or one day later but this effective discretion is very small indeed. I remember hearing the Provincial Treasurer suggesting that the way to correct hospital abuses that I have outlined, and which he alleged existed, was to charge these deterrent fees so that the patients would argue with their doctors and the hospitals so that doctors and hospitals would reduce the length of stay. Now this sort of talk is fanciful nonsense. A patient has so little discretion about when he enters hospital and so little about when he leaves hospital that his influence in this area is absolutely minimal. Furthermore, patients when they are in hospital and under the care of a physician do not pick that particular time to get into an argument either with the hospital or with their doctor. It takes a pretty hardy patient to get into an argument with his doctor about how long he should stay in hospital when he is depending on the skill of that doctor for his health and perhaps for his very life. Comments like these are just one other evidence that the Provincial Treasurer lives in a dream world all of his own.

Mr. Speaker, I already dealt with the matter of abuses. I have indicated that I believe that there are abuses, I have indicated that there may be in the area of aging and long-term illness and my answer there was: why don't you look at the problem; why did you get rid of the institute on aging, why did

you decide that the only person in Saskatchewan who was well-informed on this couldn't work for your Government?

MR. STEUART: — We did, we had the nerve and the responsibility which you haven't got.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — The suggestions are that the length of stay in Saskatchewan is somehow excessive. In point of fact, in terms of length of stay, Saskatchewan has and has had for some number of years the lowest or the second lowest length of stay in all of Canada. The length of stay, of course, varies from age group to age group but as a matter of fact the Saskatchewan length of stay, and this is what the Provincial Treasurer is trying to correct, is the lowest or the second lowest in all of Canada and is consistently lower, Mr. Speaker, than, let us say, in the Province of British Columbia where they had this deterrent fee which was supposed to so magically reduce the length of stay. These are the facts, Mr. Speaker, and the Provincial Treasurer can inform one of his colleagues and lay the appropriate statistics before this House, but I assure him that the length of stay in Saskatchewan is either the lowest or the second lowest in Canada. It varies from year to year but it is consistently below British Columbia's.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — Deterrent fees, Mr. Speaker, will do nothing or very little to deal with this particular abuse which I am suggesting could exist, and here, Mr. Speaker, as I indicated before, I'm trying to find out what the abuses are. I have said one of them may be the question of people going in for surgery too soon or coming out too late. If that is what the Government is saying, then I suggest the deterrent fees will have absolute minimum effect on any alleged abuse in this area. Now, Mr. Speaker, this deals with two areas of abuse which I have suggested.

I want to go into another area which is slightly different. This is the question of whether or not, before the application of deterrent fees, the Government ought to have looked at statistics comparing one hospital with another to see whether or not there are areas here that ought to be the subject of some analysis by the Government before it uses its overall alleged solution of deterrent fees. I suggest to him that he would have been better advised to look at the utilization rates of hospitals across the province and decide where there are abuses and where there are not abuses. I have already referred to page 67 of the Saskatchewan Hospital Services Plan Annual Report. This is the report again that took the month to print, Members will recall that. This report indicates that the utilization rate in cities of 100,000 and over is 1,396 adult and children patient days per 1,000 population. This is a very respectable utilization rate and does not indicate that there is any widespread abuse of hospital services in Regina or Saskatoon. These figures of 1,396 adult and children patient days per 1,000 compare very well with all other major centres in Canada. There simply is no evidence there that there is abuse in Regina and Saskatoon. There may well be abuse, Mr. Speaker, but if there is abuse in Regina and Saskatoon, there is similar abuse in Calgary, Edmonton and Winnipeg, Toronto and Montreal.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — The Provincial Treasurer was urging me to quote the number of cases per thousand. They are quoted in this report for the cities of 100,000 and over and the number is 138. And I think this is a pretty respectable figure. There is nothing very much wrong with 138 and, if there are abuses in Regina and Saskatoon on that figure, there are abuses in Vancouver, Calgary, Edmonton, Winnipeg and Toronto. Some of these cities have deterrent fees and some not. All I'm saying, Mr. Speaker, is that this man and his cohort from Regina South are propounding deterrent fees as a solution to these problems. They have deterrent fees in Vancouver; they have them in Calgary; they have them in Edmonton. In those cities the fees haven't solved the problem. What I want to know is why he thinks that he will solve the problem here.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — Mr. Speaker, I am not suggesting that the rate of 138 cannot be reduced. However, it is hardly a frightening, or alarming figure compared with the case rates per thousand in other major cities in Canada. Nor is the average length of stay for the province of 9.5 days per case at all remarkable. In fact this is definitely on the low side compared with many parts of Canada.

The Minister should have advised us what studies he has done in those areas of the province which have very high case rates per thousand. It is not easy to compare individual hospitals. I don't have the up-to-date figures. I do not have up-to-date utilization rates for all the hospitals in Saskatchewan. However, such figures for 1960 were contained in the Hospital Survey Committee Report and I have before me the utilization rate for every hospital in Saskatchewan in the year 1960. I cannot presume that the 1960 figures will be accurate for 1967, but I suggest that some of the trends indicated by the 1960 figures will, in all likelihood, have continued. It would be helpful indeed if the Minister would give to the House the comprehensive up-to-date data on utilization rates in various hospitals across the province, so that an intelligent judgment could be made as to whether or not the problem is of general application and admits of a general solution, or alleged solution, such as deterrent fees, or whether the problem is particularly acute in certain areas or in certain hospitals, so that a more selective method of dealing with it is indicated. I note that the Member for Shaunavon (Mr. Larochelle) is in his seat. He entered this debate and he apparently entered it in order to defend deterrent fees as a method of handling hospital use. It would have been helpful if he had explained to the House why the hospitals in his constituency and in the constituency of Maple Creek, for example, have such a high utilization rate, or at least seemed to have such a high utilization rate in 1960, compared with other hospitals.

I have before me the utilization rates per thousand for all the hospitals in Saskatchewan and I think that many of these figures are pretty revealing. I want to give you a list of utilization rates for hospitals: Assiniboia-220 cases per 1,000; Bengough- 215; Biggar- 228; Cabri- 233; Canora- 236.

I picked out a group of towns of middle-range towns,

Assiniboia, Bengough, Biggar, Cabri, and Canora. This indicates a trend of case rates in these areas of around 225-250 — in that bracket — for the medium and perhaps the larger town. When we look at the rate for Eastend we find that it is 312 cases per thousand. I wonder why it is so much higher than the comparable towns, Ponteix- 335 cases per thousand; Shaunavon- 307 cases per thousand. Each of these hospitals has a significantly higher rate per thousand than the ones I mentioned. Mr. Speaker, I didn't select the first list because they were particularly low. If I had wanted to pick particularly low ones, I would have picked Davidson at 187, or Craik at 181. The list I read out earlier with the case rates of 220, 228 and 233 was a fair, representative list. Yet when we look at Shaunavon at 307, and Eastend at 312, and Ponteix at 335, we ask ourselves why these rates are so high. Maple Creek is 299, very significantly higher than other towns. Gull Lake is 277, this is somewhat higher than the going levels. And these, Mr. Speaker, are more or less larger hospitals in the southwest corner. If I may look at a couple of small hospitals in the southwest corner of the province and one of the Members opposite mentioned these in his remarks — Frontier has a case rate in 1960 of 443 cases per thousand; Climax has 414 cases per thousand.

HON. C.P. MacDONALD (Minister of Welfare): — Any abuse there?

MR. BLAKENEY: — Mr. Speaker, I am prepared to believe that it is entirely likely that an analysis of the problems at Climax and Frontier would show abuse. I don't know this, but I believe that is entirely likely. What I want to know is why people in Regina and Saskatoon should pay a deterrent fee because there is abuse in Frontier and Climax?

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — What I am trying to figure out is why it is believed that, when this problem is very clearly a problem of particular areas and particular hospitals, the Government should have chosen and overall and global solution. This I haven't grasped. And I haven't heard an argument from the Government side which convinces me that this problem if problem it is, is capable of a solution by applying a deterrent fee on every patient and in effect on every doctor in the province. In the year 1960, no other hospital had a utilization rate even close to Frontier and Climax except one which is no longer operating, Val Marie, and it had a rate of 414 per thousand.

Now I am not suggesting that there is anything particularly wrong with these case rates per thousand. They may be thoroughly justified by the circumstances, although I doubt it. I share the view of the Member from Milestone (Mr. MacDonald) that there is probably something that bears looking into in some of these hospitals. And I don't single out these. There are others. There may be circumstances of isolation or otherwise which would justify a substantially higher than normal utilization rate. I do suggest, however that the crude figures abundantly suggest that there is an area of study there which ought to have been studied before a province-wide solution was propounded and I have no evidence that any study was done.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — I do suggest that if an attempt is made to get at the problem of high utilization rates, one of the methods might be to analyze hospitals which are approximately the same in the area that they serve and in the population mix they serve and then ascertain why the rates are so very different.

I look at Arborfield and Zenon Park. Arborfield- 188, Zenon Park- 252. Significantly higher. I look at Birch Hills with a rate of 186, which is pretty low for a hospital in that area, and among the lowest 10 or 15 per cent of hospitals of that size. And I look at Kinistino with a rate of 300, which is about the highest.

MR. STEUART: — There's a community clinic out there.

MR. BLAKENEY: — Well, this is 1960, Mr. Speaker, I am quoting the figures for 1960, as the Minister knows and I wish that he wouldn't interject these obvious irrelevances.

It is not immediately obvious why the utilization rate in Kinistino should be 60 or 70 per cent higher than in Birch Hills. Now I look at the figure for Oxbow of 220 per thousand, which is on the low side for hospitals of this group. And I look at Gainsborough and I see a rate of 331 per thousand which is very high. Once again it is not immediately obvious why the rate in Oxbow should be significantly lower, 50 per cent lower, than in Gainsborough. Once again I say that the information that I have, and I am doing what I suggested that Members opposite should not do as proof, quoting global statistics, suggests that there is information here which indicates that there ought to be careful study of particular areas, particular hospitals, particular problems. I look at the list of hospitals and note that some hospitals have high-use rates. When I see some of these case rates I can understand why some of them are high. I look at communities along the CPR main line and I see Grenfell with one rate and Broadview with a much higher rate, and I know what the reason for this is. I know there are a large number of Indians who use the Broadview Hospital and I know that their hospitalization rate is high. I can recognize the justifications for some of them. I certainly can't recognize the justifications for all of them.

Mr. Speaker, I am very far from being informed on the hospital pattern of Saskatchewan. I don't know and nobody on this side of the House can know, and nobody on that side can know without research, whether there are in fact abuses in these areas. My argument is that the figures suggest that what is called for is a hospital-by-hospital analysis to ascertain the circumstances which in some areas are leading to such high-use rates. It will be remembered that the Hospital Survey Report which was delivered to the previous Government in the late 1962 and was a subject of study during 1963, recommended a regional pattern of hospital organization in order to deal with some of the problems highlighted by this report. I would have wished that the Minister would have advised us what studies he has undertaken on a hospital-by-hospital basis; what practices has he uncovered which apparently lead to higher utilization rates in some areas and not in others, and what particular steps he intends to take in respect of these particular problems.

I would have wished that he would have advised us whether

Or not he had considered the proposals outlined in the Hospital Survey Committee Report for organizing hospital services on a regional basis. This may not be the answer. I am however interested in knowing what his answer is, and whether or not he feels that these might have helped the problem which he alleges exists.

I suggest to you, Mr. Speaker, and to the House, that the figures indicate that if there is a problem it is not a province-wide problem. It is a problem which is localized in its nature. It's a problem which can only be dealt with by analysis of particular circumstances in particular areas and will not, and cannot, be effectively dealt with by such a crude weapon as province-wide deterrent fees.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — Mr. Speaker, such fees bear very unfairly on those communities, those patients, those physicians, and those hospitals who have been careful and prudent in their use of health services. Not only that, but it is entirely possible that deterrent fees will do nothing to cure the problems which are in fact leading to the high utilization rates.

I suggest that based on a hospital by hospital comparison there is no evidence that abuse of the hospital plan is province-wide. I am not suggesting that there isn't some minimal abuse in Regina and Saskatoon. I am not suggesting that. But it is not a major problem when you have a case rate of 138 per thousand. And I do suggest that deterrent fees will do nothing significant to get at any of the problems which so far have been identified to exist.

Mr. Speaker, I think once again that if over-utilization is a problem it is trying to get at, then the Government is choosing the wrong weapon. The figures which I have indicated and which I think the Minister of Public Health (Mr. Grant) will not be able to refute, show beyond peradventure of doubt that this problem is not of general application, is a problem which requires selective action and selective moves by the Minister and that he cannot expect to deal with this problem effectively by the use of a global solution such as a deterrent fee.

Mr. Speaker, I want to mention a couple of other problems. One other problem of — and I won't call it abuse, but I will call it — very high use, is the problem of Treaty Indians.

The heaviest users of hospital services on a per capita basis in Saskatchewan are Treaty Indians. I want to refer Hon. Members to the Annual Report of the Saskatchewan Hospital Services Plan again and look at page 67, and they will see that the number of patients days per thousand for Treaty Indians is 4,057. Contrast this with a figure for Regina and Saskatoon of 1,396. The Treaty Indian rate is very nearly three times the rate for Regina and Saskatoon. If this rate could be cut by 50 per cent so that the rate of utilization on Indian reserves would only be 50 per cent higher than that of Regina and Saskatoon, there would be a saving of 63,000 hospital days a year or, at $34 a day, well over $2 million. This, Mr. Speaker, allows a rate of utilization of 50 per cent higher than the figure for Regina and Saskatoon. If the Indian reserve rate could be reduced to only double that of Regina and

Saskatoon — and we think this to be attainable — then the savings would still be very nearly $1.5 million. Now here is an area of eliminating so-called abuses. I would ask the Minister to tell us what he has done to tackle this particular problem. This is a really significant problem. I suggest that it would have been helped if the Indians had been included under the medical care plan. I think that they would have got earlier medical care and their hospital-use rate would have been down.

I want to know what the Minister has done to get the Indians in Saskatchewan under the medical care plan, or what the Government has done in their four years in office to get Indians under the medical care plan. I know that in the brief period between 1962 and 1964 that the previous Government were in office, I spoke with a goodly number of people in this area. Just how long ago it is, is indicated by whom I spoke with. I spoke to the Hon. Waldo Monteith who was Minister of National Health and Welfare under whose jurisdiction the Indian and Northern Health Services comes. And I tried to convince him. And as a matter of fact there were a good number of negotiations. I spoke with Hon. M. Lamontagne too about the possibility of getting Provincial services extended to Indian reserves so that we could get at some of the problems which are leading to these high utilization rates. I similarly spoke to the late Hon. Guy Favreau on the same area and spoke on a couple of occasions with the Hon. Judy LaMarsh when she was Minister of National Health and Welfare in an attempt to get the Federal Government agreement to the inclusion of Indians under medical care. I may say that the Federal Government was exceedingly intransigent at that time. We were willing to make very substantial concessions, as we thought. We asked them whether they would be prepared to pay the per capita cost for Indians under medical care, the actual per capita cost, and they said, "No, we aren't". And we said, "Well, will you pay the Saskatchewan average per capita cost even though it will only be about half of what Treaty Indians are." "No, we won't do that." We asked, "Well what are you spending on Indians' medical services now in Saskatchewan ?" They quoted us a figure of $350,000 a year or thereabouts. We said, "Give us a grant of what you are spending now and we will take Treaty Indians into the plan and give them a much higher level of service." And they said, "No, we won't do that."

There was no room to move at all in getting Indians under medical care with the Government at Ottawa as it was then constituted. Now I would have thought that, knowing the persuasive powers of the Government opposite with the Government at Ottawa, it would have been able to convince the Government at Ottawa to get Indians under medical care, so that some of the problems could be dealt with; the problems that are leading to these very high utilization rates of hospital services by Indians. We tried to get Indian health services integrated with those of the non-Indian population of Saskatchewan and I won't state again our efforts there. They led to some fruit in finally getting the Indian Hospital at North Battleford integrated with the General Hospital there, so we are down to one Indian hospital in Saskatchewan, the one at Fort Qu'Appelle. We would very much like to see that hospital integrated with the general hospital structure in Saskatchewan. It was our view and I am sure the view of the Members opposite that segregated health services can lead — and in Saskatchewan I regret to say, do lead — to a lower grade of health services for Indians. This leads to a very high utilization rate.

We also negotiated with the Federal Government to see if

they wouldn't provide a higher level of welfare services on the reserves, particularly services not in the nature of larger cash payments, but rather services in the field of health education, nutrition, and some of the other areas which are very, very deficient on Indian reserves, and which lead to a very high utilization rate. Anyone that doubts this should look at the utilization rates for Indians at a hospital like Loon Lake. Officials up there will tell you that many, many patients are in the hospital at Loon Lake because they are suffering from malnutrition, from a lack of even elementary knowledge of health education. There is, of course, some doubt as to whether the simple dissemination of knowledge would solve all the problems or even most of the problems. But some of the problems result from a straight lack of knowledge by the Indian people to protect their health.

Mr. Speaker, I would have thought that the Minister would have told us about some of these problems, because this is the way to attack what is undoubtedly an area of very high use of hospital services by Treaty Indians. I have heard no evidence from the Government that it has adopted any programs tailored to meet this particular problem. I want the Government to tell us how the imposition of the deterrent fees will solve, in any measure whatsoever, the high utilization rates which are occurring in respect of Indian reserves. Where are Treaty Indians to get the money to pay deterrent fees? Are they to be asked to pay the deterrent fees themselves? In that case the only result will be a further delay in rendering hospital services and a further excessive cost when they are rendered.

If the Indians are to have their deterrent fees paid for by the Federal Government, then what possible deterrent can there be? You can't have it both ways. I say that with respect to this particular problem of substantial over-use by Treaty Indians, deterrent fees will do absolutely nothing. So far as I am aware, the Government has not indicated that it is even aware of the problem, let alone indicated that it has any programs to deal with the problem. Here is a whole area which requires a plan, concerted action by the Government. Here is a whole area on which the Government has been completely silent. Here is a whole area of high hospital use where deterrent fees won't do a particle of good. Their only possible effect can be to aggravate still further the very problems which now lead to such a high rate of hospital use by Treaty Indians. Mr. Speaker, I don't want to labor that problem any more.

I want to mention very briefly another sort of problem and this is in a sense out of sequence. It is a problem that is being faced by the people who are in nursing homes.

One of the problems of hospital care is that there are a fair number of people in hospitals who might be in nursing homes. The proposal of the Government is that, if these people stay in hospitals as chronic patients for 90 days or more they will, after 90 days, get their hospitalization without fee and their medical care without fee. But the Government proposes that, if they are out of the hospital and in a nursing home, they will of course have to pay the ordinary nursing home charges; but in addition to that, they will have to pay a deterrent charge in order to get medical care in the nursing home.

I think we see that here the deterrent fee will be a positive deterrent to anyone leaving hospital rather than a deterrent to going into a hospital. Here the deterrent fee will lead

positively, it will be a positive factor, to hospital over-use rather than less use. I think that we all know the circumstances under which people go into nursing homes. Usually the person has some resources of their own. Very frequently they have an old age pension, and sometimes they have a guaranteed income supplement, the extra $30 or $31 whatever it is now. Frequently there is some contribution by some members of the family. Usually the nursing home patient's budget is tight. The Minister of Welfare (Mr. MacDonald) will be aware of this. There are many people in nursing homes in Saskatchewan who are on relatively tight budgets in the sense that it is not easy to see where the money is coming from to pay for their care in the nursing home. It is frequently made up, as I say, of an old age pension, some resources from the patient himself and some resources from the family. What will be the position of these people now when they want to seek medical care? Usually the patient does not summon the doctor himself. Usually it is done by an official of the nursing home who feels that the patient requires medical care. Very frequently, as I say, these people are on limited income.

I have had some experience with some of these, and I suppose all of us have. I have drawn up some agreements among the family by which they all agreed to contribute so much a month in order to keep an aged parent in a nursing home. I was waiting for some explanation from the Minister of Public Health (Mr. Grant) or from the Minister of Welfare (Mr. MacDonald) to suggest how this problem was going to be tackled; how the person who operates the nursing home is going to be able to assure the physician that he will be paid, or if the person who operates the nursing home assures the physician that he will be paid from the resources of the nursing home, how the nursing home will recoup. This will be an extra charge on the patient. It will be an unknown charge. I think that the Minister and all the Members know that when working out these arrangements, you can frequently get some agreement on paying say $322 a month if you know that's the figure. But frequently it is pretty hard to get an arrangement if there's an open end on it; if in addition to the $322 a month there is going to be an unascertained amount for medical care, an unascertained amount for drugs or as the case may be. We have this problem now with respect to drugs. It will be aggravated when there is a further unascertained amount made up of the deterrent charge every time a physician has to come to a nursing home. And this will be a positive detriment to anyone who is in a general hospital leaving a hospital and going to a nursing home. I completely fail to see why the Government advocates deterrent fees as a way of reducing hospital utilization in these cases.

It seems to me that we are back, not only to encouraging people to stay in general hospitals to avoid the cost of their medical care, but we are back to some of the most undesirable features of uninsured medical care. A doctor will frequently be rendering medical services without any firm assurance that he will be paid. The operator of a nursing home will know this and may be reluctant to call the physician. We will be back to the position of the decision of whether to call the doctor depending altogether too much on who is to pay and when, and altogether too little on the medical needs of the patient. I suggest, Mr. Speaker, that this is a retrograde step. I suggest that there has been no shred of evidence to suggest that the application of deterrent fees to people in nursing homes will in any way deal with, correct, or otherwise assist the problems of hospital abuse. All the evidence, Mr. Speaker, is

the other way.

Mr. Speaker, I would like to deal with one other major area and that is the question of province-to-province statistics. We have heard altogether too many statistics quoted in this House about what the utilization rate is and how many cases per thousand there are in Manitoba and from this conclusions have been drawn about whether or whether not there are abuses in Saskatchewan hospitals. The statistics have been used in a way which I think is regrettable. As a general comment I would like to suggest to Hon. Members that the use of hospital care is a phenomenon which has perhaps as much to do with the mode of life of the persons involved as it does with the types of insurance programs and the way they are paid for. I would particularly recommend for reading by Members, a publication of the Research and Statistics Division of the Department of National Health and Welfare. It is entitled "Hospital Care in Canada, Trends and Developments 1948 to 1962." It is a yellow booklet of the type that I am holding up, and I suggest that anyone who wants to get a fairly quick over view of hospital use in Canada, the rates of use and the types of cases which lead to a lot of hospital use in one province and less in another, will find it conveniently gathered in this booklet. It's a pamphlet in the Health Care series and is headed Memorandum No. 19. In chapter five of the booklet there is an analysis of the characteristics of in-patients in hospitals in each of the provinces. I think that is quite interesting because it indicates the type of condition which leads to a substantial measure of hospitalization from province to province. There is a rather striking similarity between the patterns of hospital care in Manitoba, in Saskatchewan and in Alberta, and then a fairly sharp difference between the pattern of hospital care between the three Prairie Provinces and, for example, British Columbia, or Quebec or Nova Scotia and to some extent Ontario.

The hospital care enjoyed in the Prairie Provinces is characterized by a very high use of hospital facilities in the sense that people go to hospital frequently. On the other hand the average length of stay is consistently lower than elsewhere in Canada. I think it is useful to look at the Saskatchewan pattern to see what we can learn from it about where there may be abuses and how they may be tackled. In the year 1962 Saskatchewan had the highest overall separation rate. It is customary to measure hospital use by the number who leave rather than by the number who enter hospital, but it's as broad as it is long. The separation rate is sometimes used because it covers the new born problem, one person going into a hospital and two of them coming out or three, if you have twins. But separation rates and admissions are substantially the same. In Saskatchewan in 1962 we had the highest overall separation rate among all the provinces and we had the average length of stay which was the second lowest. Among the younger age groups Saskatchewan ranked first in the separation rate but Newfoundland rendered more days of care, and as was customary the Saskatchewan length of stay was well below the national average. With respect to working age groups, Saskatchewan had the highest rate of separations and the lowest length of stay in Canada, indicating a frequent visit to the hospital for short stays. Among the older age groups, Saskatchewan was first in its separation rate and had the second to shortest length of stay. This meant that Saskatchewan was well behind several other provinces in the volume of care rendered to older people. In point of fact quite a few other provinces had more patient days per thousand than we did for older people.

The material indicates that Saskatchewan had the highest separation rates for a number of specific conditions. I want to mention one or two because I think they are interesting. One of them is benign neoplasms, which, in English, means non-malignant tumors. Now why do we have the highest rate for non-malignant tumors in Canada? Well the answer is that we have the best cancer diagnostic program in Canada.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — And because of the program that has been built up, physicians identify tumors and have them cut out, and we have therefore a high rate of hospitalization for the cutting out of tumors. But we also have the lowest cancer death rate in Canada.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — So I think we can't weep too much that we have a high hospitalization rate for benign neoplasms, as it is called. Because it seems to me if we want a cancer program, if we have a good cancer diagnostic program and if it identifies these tumors, and if, in the present state of scientific knowledge, about the only way to deal with cancer effectively is to catch it soon, then we are going to have a high hospital use for this condition and we shouldn't be complaining about it.

Another area where we have the highest discharge rate in Canada is for mental, psychoneurotic and personality disorders. This seems to me also to indicate that we have one of the most advanced mental health programs in Canada. The Member for Moose Jaw North suggests the tense is wrong, I should say we had one of the most advanced mental health programs in Canada. In 1962 and I believe still, I trust still, we have one of the most advanced mental health programs in Canada. There are frequent diagnoses of mental illness and there are frequent admissions to general hospitals for this purpose. This is a pure reflection of the Saskatchewan plan of treating more and more mental illness in general hospitals. In other provinces it is customary at a later stage in the illness to refer these people to a mental institution and they don't show up in the hospital statistics. But I think we all realize if the figures for another province are lower because there they have referred someone to a mental institution for a mental condition whereas in Saskatchewan we might have referred him to the Monroe Wing or the MacNeill Clinic, this doesn't indicate an overuse of hospital services in Saskatchewan. It means a different pattern of hospital care. This is one of the reasons why we have the highest rate of discharge for mental disorders. You can look at the other areas, some of them mean nothing to me. I don't know why we have the highest discharge rate for treatment of endocrine glands and I'm not going to engage in any discussion on that point. I am in no way competent to judge these and I don’t propose to do so. It seems to me though that the Minister does have staff who are competent to judge these things and I would have thought that he would have put his staff to analyzing what conditions we in Saskatchewan have which lead to such high utilization rates compared with other provinces. I have indicated a couple of them and I think I know the reason for them. I think they are commendable reasons, rather than reasons for unhappiness. But I think the Minister (Mr. Grant) could look at this list and find out whether there are abuses in any of these areas. Certainly these deterrent fees offer no reasonable hope of getting at abuses which may lie in

these areas.

As a general comment, I think this situation illustrates the fact that having a high hospitalization rate is by no means all bad. We have built up a health system which encourages people to go to the doctor and go to the doctor quickly, to enter hospital for conditions which are perhaps not too serious and to stay there for a short time. This is the Prairie pattern. We look at the Newfoundland rate and their length of stay is very much higher than ours. You've got to be half dead to go into a hospital and it takes you a long time to get out. But this is not a particularly commendable pattern of health care. As a result we have on the prairies the highest level of health or approximately the highest level of health in Canada. We have all sorts of conditions on the prairies, particularly in Saskatchewan, where our death rate and our morbidity rate are the lowest in Canada. This is a plus which ought not to be overlooked in the sea of adjectives such as alarming and frightening and astronomic, which so often come from Members opposite. It seems to me that this is why you establish a health plan and if in fact we have a high standard of health care then maybe some of the reasons for it is that we have high utilization.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — I am not suggesting that we shouldn't seek out abuses, but I am suggesting that the fact that we may have a higher rate of use of health plans than, let us say, Newfoundland, is not necessarily a cause for alarm when you look at the death rates in that province for condition after condition and note that those death rates are very much higher than they are in Saskatchewan.

Now, Mr. Speaker, I have been a little disappointed with the highly selective use of statistics by the Government speakers in this debate. There has been a good deal of comparing of Saskatchewan figures with the cross-Canada average figures or with figures for particular provinces. However, the comparisons have been usually very, very carefully chosen.

Firstly I am going to say that hospital use in Saskatchewan is above the Canadian average. I am denying that the situation is as represented by some of the figures quoted by the Minister of Public Health (Mr. Grant) and the Premier (Mr. Thatcher) and the Provincial Treasurer (Mr. Steuart). Let's have a look at some of these figures. Let's look at rated bed capacity per thousand population. The first thing to note is that comparisons between Alberta and Saskatchewan are pretty tricky. He picks his figures, I can pick mine. He can prove that Saskatchewan has a larger number of beds per thousand and I can prove that Alberta has a larger number of beds per thousand. It's all very simple. They have a different pattern of health organization there. They have chronic hospitals attached to the general hospitals and in those chronic hospitals attached to the general hospitals they put chronic patients. The Provincial Treasurer in quoting his figures excluded the chronic hospitals and the chronic patients. But in the hospital statistics they are usually included because they are in fact hospitals. He excludes them and he gets a low number of beds. If I could take out of our hospital-use figures the 15 or 20 per cent of patient days which are attributable to chronic patients, who would be in chronic hospitals if we had the Alberta pattern, then our

figure would be very close. I just want to suggest that when we are looking at these figures we should note that there are different organizations of health care in Canada. If we were to count the chronic beds that are in Alberta we note that Alberta has the largest number of beds per capita. If we exclude them we would be equally inaccurate. There is just no way of comparing them without a very detailed analysis.

I am quoting some figures which do include the Alberta chronic beds and frankly I don't know how much this distorts the figure. I quote them because they are always included in the DBS figures and I have no way of excluding them. In Canada in 1966 there was an average of 6.9 beds per thousand; North West Territories had 17; the Yukon 10; Alberta 8.9; Saskatchewan 7.6; Manitoba 7.1; Ontario 6.9; I want to exclude the North West Territories and Yukon. I could use these as arguments to show that there are a very high number of beds in those areas, a very high utilization rate, which there is, and I could base some argument on that. I want only to say that those rates in the N.W.T. and the Yukon are due to the great isolation and the great distances, and they are valid as comparisons with Saskatchewan only to the extent that we have in some small measure in Saskatchewan the same problems of isolation and distance, but so much less than the N.W.T. and the Yukon that I simply will not use them as comparisons. I simply want you to note why their rates are so high.

The provinces with the highest number of hospital beds per thousand are Alberta, Saskatchewan and Manitoba. One of these provinces has the deterrent fees, the other two do not, or I should say, as of last week, the other two did not. One of these provinces has had a full hospital scheme for over 20 years, one, Alberta, has had a modified scheme for something over 15 years and Manitoba has had their scheme less than 10 years. The number of rate of beds per thousand, therefore, doesn't appear to depend upon how long a hospital scheme has been in effect or whether or not there are deterrent fees. It seems to depend upon factors which are pronounced on the prairies and less pronounced elsewhere and for these we don't have far to see. We have a widely distributed population with real difficulties of communication particularly in the winter months. Even with our large number of hospitals and our large number of beds it wouldn't surprise me if the proportion of people in Saskatchewan who live, say, more than 25 miles away from the hospital is higher than in almost any other province. It wouldn't surprise me at all. The prairies are also distinctive, particularly in the rural areas, in that there are still some very distinctive ethnic and cultural patterns. We may well say that a hospital ought not to be based on ethnic or cultural pattern at all; it ought only to be based on the provision of medical services. But the facts are that many groups do regard the hospital as part of their cultural community and, until some of these particular views are eroded by the passage of time, we will have here on the prairies a large number of hospital beds than might be warranted by the strict medical considerations, and accordingly a larger number of rated beds per thousand.

Now let's look at the number of separations per thousand. This is the figure of the number of people who leave the hospital either by discharge or death. In these figures, the Canadian average was approximately 160. I'll leave out the N.W.T. and the Yukon because once again we have specific problems there. But I want to mention again that some of the

problems which lead to a high utilization rate — and they are higher in the N.W.T. and the Yukon than elsewhere — are problems which lead to high utilization on the prairies. Saskatchewan has a rate of 221, Alberta 200, Manitoba 182. They are first, second and third in that order. Once again, in the number of cases per thousand, the prairie provinces are the highest in that order. The prairies have a higher rate of separation even though one of these provinces has deterrent fees and even though the age of the hospital plans, and the organization of them are very different. It's significant to think that the Alberta rate is remaining approximately constant or is in fact increasing somewhat. The Manitoba rate is approximately constant and the Saskatchewan rate is showing some modest decline. On the other hand, separation rates in some of the provinces which haven't well developed health services as yet, Newfoundland, Prince Edward Island and Nova Scotia, are showing sharp increases.

However, I want to say that it is not hospital separations which measure the cost of a hospital plan, it's rather the patient days which are the real measure of the use of hospital services. I want the Members opposite, particularly the Premier and the Minister of Health, when they are talking about costs, to talk about patient days and not about separations because it seems to me that while each has some validity, if you are talking about costs, obviously patient days is the unit in discussing costs and not separations. It doesn't cost much to book a person into a hospital. It is only because he stays there that it costs you money. The patient day figures show that while people on the prairies may go to hospital more often than people elsewhere in Canada, they stay for a shorter length of time. The spread between the Canadian average of patient days per thousand population and the Saskatchewan figure is very much less than the spread in the figure for hospital separations. So in fact while we have a lot more people going to hospitals and the spread between our separation figures and the Canadian average is fairly large, the spread between the number of patient days in Saskatchewan and the Canadian average isn't large at all. Here the Canadian average is 2,015; the Saskatchewan figure is 2,320; Alberta 2,318; Manitoba 2,076; and Ontario is 2,094.

It will be seen therefore that the Saskatchewan figure is not sharply different from that of the other provinces and indeed is not startlingly higher than the Canadian average. It is something less than 15 per cent higher than the Canadian average. When you consider the Canadian average includes health care in some areas such as Newfoundland where the standards of health care would be wholly unacceptable to Saskatchewan people, and should be wholly unacceptable, and cannot possibly be used as a measure against which we ought to measure our health care plans, we see that a deviation of 15 per cent in patient days per thousand population is not all that remarkable. We are barely 10 per cent above the Ontario figure in patient days per thousand.

Having regard again to the wide distribution of population and real difficulties of travel, this doesn't seem to me to be a startlingly wide deviation. Indeed, I suggest, if we could solve the problems of certain high-use areas in Saskatchewan there would be no difficulty in getting our patient-day figures very much in line with the Canadian average, or at least the average in those provinces with adequate programs. The utilization rate measured both in terms of separation and in terms of

patient days is rising sharply in some of these other provinces — I have mentioned Newfoundland — and has risen sharply in many provinces of Canada. I have no doubt that when they get up to a plateau they will be very close to the prairie plateau. Mr. Speaker, one thing needs to be said and it needs to be said again and again and again, and that is that the rate of hospital utilization in Saskatchewan on a days-per-thousand basis is not increasing. It did not increase in 1967 over 1966, it did not increase in 1966 over 1965. On the basis of the number of patient days there is simply no justification for saying that costs are increasing in an alarming way, or that there is abuse or the like. The rate declined in 1965 over 1964, in 1966 over 1965, and 1967 over 1966. Now I am not saying that the matter doesn't require attention but it certainly doesn't require panic. There is no evidence of wide-spread abuse. Such evidence as there is indicates that the problem requires a careful analysis and some carefully thought-out solutions.

Some may have gained the impression from listening to the Premier or the Minister of Health, or the Provincial Treasurer that hospital costs in Saskatchewan are much higher than elsewhere in Canada. I heard him quote that the other day. Certainly this was the impression that he sought to convey. Well, this is simply not the case. In fact, the cost of operating hospitals in Saskatchewan is not as high as elsewhere in Canada. I am not talking now about a per patient day basis because that is obviously true; the cost per patient day in 1966 on a Canada-wide basis was $36. The comparable figure in Saskatchewan was $28.60. Note carefully that the Canada-wide average was 25 per cent above the Saskatchewan average, and note carefully that the number of patient days in Saskatchewan is only 15 per cent above the Canadian average. Note carefully, therefore, that on a per capita basis it costs us less to run our hospitals in Saskatchewan than the Canadian average.

HON. W.R. THATCHER (Premier): — Bunk.

MR. BLAKENEY: — Bunk says the Premier, and he says it because he doesn't quote all the hospital figures but only the public hospital figures. He says that because we in Saskatchewan don't have separate Indian Hospitals that we ought to include the public hospitals in Saskatchewan. But when we go over to Alberta, don't include the Colonel Belcher hospital, on, no, that's not a public hospital, it's a Federal hospital. It doesn't cost anybody any money. What sort of nonsense is that? We in Saskatchewan have decided that we are not going to have segregated hospitals; we believe in integrated hospitals. This means that we have a larger number of public hospital beds.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — What do we have by way of private hospitals in Saskatchewan? The Indian Hospital out at Fort Qu'Appelle, a Federal Government hospital and that is very nearly it. For my part I am proud of it, I am proud of the fact that we have integrated our Indian services, and I see no objection to the fact our veterans are treated in public hospitals and not in Federal hospitals. I see no objection to that. But the result of course is that our public hospital figures are going to include the cost of providing health care to Indians and veterans, which is not true in B.C. In the figures he quotes he doesn't include the Shaughnessy hospital. Oh, no, it doesn't make the figures

look right. He doesn't quote the figures of any of the Federal hospitals in any of the other provinces. I think of Nova Scotia and I believe the largest hospital in Halifax is a Federal hospital, the Camp Hill hospital, but do they include these figures when they are quoting hospital comparisons? Oh, my no, that is a Federal hospital, it doesn't cost any money. What sort of nonsense is that? We treat our veterans in the General Hospital. We get paid from the Federal Government but surely if you are going to compare hospital figures, let's compare them on an equitable basis. Let's not say, oh, yes, if we are comparing Saskatchewan figures you have to include the cost of providing health care to veterans and Indians, because they are by and large provided for in public hospitals in Saskatchewan. But when we go to another province we'll just quote the public hospitals and we won't quote the Federal hospitals. We'll leave out the Colonel Belcher hospital in Calgary, the Charles Camsell hospital in Edmonton, because these are Federal hospitals, we we'll get a nice cosy figure. Certainly the Government gets a nice cosy figure but of what accuracy is it. Well, to quote the Premier it is perhaps "Bunk." And these are the figures that are quoted at us by way of showing that our public hospitals are costing more per capita. Well, of course, they are costing more per capita, but if you take all hospitals, public and private and federal, you will find that the cost of operating hospitals in Saskatchewan on a per capita basis is lower than the Canadian average and substantially lower than in some provinces.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — Now, I can't say that that illustrates all that I might claim that it does. Maybe we have a smaller number of Indians per capita, although we have a substantially larger number of Indians than many provinces have. Maybe we have a smaller number of veterans. I am not denying that. I am just saying that you cannot quote these global figures for public hospitals and leave out the Indian hospitals and the veterans' hospitals which we for the most part don't have in Saskatchewan and expect to be giving us true comparisons. Certainly these figures, these highly selective figures, cannot be used to justify adjectives like alarming, astronomic and all the others. Ominous is another favorite one.

Some may have gained the impression from listening to the Premier that hospital costs in Saskatchewan are much higher than in other provinces, but I think I have illustrated that the cost per patient day for all hospitals in Saskatchewan is about 25 per cent below the Canadian average, and the utilization rate in patient days per thousand is about 15 per cent above the Canadian average. It follows, as the night the day, that per capita costs of operating all hospitals in Saskatchewan is less than the Canadian average.

AN HON. MEMBER: — . . .emergencies.

MR. BLAKENEY: — I wonder if you gained that impression from listening to the Premier or the Minister of Public Health. I think you gained the other impression because that is the figures that were quoted at us. Not only, Mr. Speaker, in quoting the Alberta figures did the Minister exclude (a) the chronic hospitals and (b) the Federal hospitals, but he also excluded the part paid by deterrent fees. And he gets down to a figure of something around $55 per capita. This is on the bland assumption that deterrent

fees paid by Alberta citizens do not cost the Alberta citizens any money. I think that this is one that will be rather difficult to sell to people in Alberta who pay these deterrent fees. Deterrent fees are just another tax and when trying to total the costs of operating hospitals in Alberta, surely one ought to include all of the costs whether they are borne by a plan or by the patient.

In fact in operating hospitals in Saskatchewan, our hospitals have done a very commendable job of controlling costs. Only in Prince Edward Island is it cheaper to operate a hospital per patient day than in Saskatchewan. Mind you if we had the Prince Edward Island wage rates here we could operate our hospitals a great deal cheaper than we do. I am glad that we don't, but I mention the reason why they are able to operate their hospitals so cheaply.

Furthermore not only have these costs not risen to high levels but they have risen only at a very small rate. Between 1961 and 1966 the cost of operating a hospital for a patient day increased in Canada by $12.90, in Saskatchewan by $7.44. From this it will be seen that Saskatchewan hospitals cost Saskatchewan people less per capita than elsewhere in Canada. It will be seen also that our costs of operating hospitals have increased less than in any other province during the period from 1961 until 1966. This is not to suggest that all is well. I am not suggesting that all is well, I am not suggesting that improvements can't be made. I am simply saying that these figures do not justify the image projected that the costs are spiralling, skyrocketing, that it's alarming and it's frightening. If an increase of costs of $7.44 per patient day for a five-year period is alarming or frightening, what would he say to $11.37 in Ontario, or $12.79 in Newfoundland, or $20.76 in Quebec? If the Premier thinks that an increase in the patient day costs over a five-year period of $7.44 is alarming, what would he do with $20.76? He would have apoplexy. His vocabulary would be strained beyond the bounds of propriety if he had experienced an increase such as in Quebec of $20.76, bringing their patient rate per day up to $43, when ours is around $28. Just imagine the adjectives which would pour forth from the Front Benches. The per capita costs of operating hospitals in Saskatchewan are less than the Canadian average, less than in many provinces of Canada. We are not suggesting that there aren't problems. We are suggesting and suggesting most emphatically that the problem is one which requires careful analysis. It does not require panic solutions. It does not require solutions which have not been thought out. It does not require the alleged global solutions. And what it supremely does not require is deterrent fees.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — This is not a problem that is going to be solved by ranting but rather by research. It is not a problem which is going to be solved by panic but by patience.

The problem has been magnified by the Government in order to support this unpalatable solution which is being forced upon us by the Government, not because of the nature of the problem, but because the Government believes in its bones that people who are sick should pay for their care.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — The Premier says that he resents anyone who attacks his motives in respect of these plans. He says that he wants to save the plans. Well until he comes forth with some reasoned, rational, and sane explanations for his move, I think we are entitled to believe and will believe, that he is acting for the reasons which he states, reasons essentially of dogma and passion, rather than research and analysis.

Mr. Speaker, I don't want to detain the House longer. I had intended to deal with two other areas. One was the objections by public bodies and institutions to deterrent fees. I think that this has been very well dealt with by my colleagues. I merely mention the public bodies in Regina. I would mention the Regina city council, a number of church groups in Regina, and you who read the paper last night saw another group. There have been a large number — some hospital boards, the Saskatoon Hospital Board, Farm Women's Week Conference, labor organizations, some groups of doctors, the Wheat Pool. I am not going to identify them except to illustrate that they come from all strata of our society.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — I know that a large number of the public object to this Bill. I have a substantial volume of mail. I have had a substantial volume of petitions. I am not going to read the mail. I have had a couple of letters that I think would be worthwhile to mention. I had one from a man who has arthritis and a pension of a little over $100 a month and he needed two operations, each six weeks apart. He calculated that each of these was going to cost him in deterrent fees $93, and he felt that this was just an unjust impost. I agree with him. Another was from a couple of aged and sick people who survive on a fixed income of slightly more than $200 a month. They go to the doctor a great deal and they felt as they say, "It is very unfair especially when one of us is compelled to visit a doctor weekly and in and out of hospital periodically, and through no fault of our own." This is an illustrative letter. A further one refers to an old age pensioner who has a heart condition and he needs to be in and out of hospital. I could do as others have done; read you letters. I think that you will know that I have received, as Members on this side have received, a large volume of mail. Not as much, I confess, as the Member from Melfort-Tisdale (Mr. Willis) but an impressive volume of mail. Certainly . . .

HON. L.P. CODERRE (Minister of Labour): — Did you promote it?

MR. BLAKENEY: — No, I didn't promote a single letter of these. I don't know about the Member from Melfort-Tisdale. I will not speak for him. All I can say is that I sent no circular, I asked no one to promote letters on my behalf, and a comparatively small number of these letters come from people who would have written me because of a promotion. They are simply not that kind of mail. I am not suggesting that the volume of mail is necessarily indicative. I do suggest to you gentlemen that there is a very substantial body of public feeling which believes that the Government is making a very serious mistake.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — Mr. Speaker, I have attempted to deal with this matter under two headings. I have attempted to show that this tax can be referred to as a utilization fee, a tax payable by those who use health services. If you think of it on those basis, it is wholly indefensible as a method of financing health services. I have then tried to consider whether it could be justified on the basis of a deterrent to abuse of health services. I have tried to identify what I thought were the most likely areas of abuse of health services. I have tried to illustrate as best I could, how these abuses ought to be got at. I have tried to show that while there may well be abuses, the solutions to these abuses do not like in deterrent fees. I have tried to show that these abuses, if abuses there be, need much more careful analysis and need selective treatment. I have reached the conclusion, Mr. Speaker, that anyone who looked at the evidence could not reach the conclusion that these problems could be solved by deterrent fees.

SOME HON. MEMBERS: — Hear, hear!

MR. BLAKENEY: — I have accordingly, Mr. Speaker, reached the conclusion that the Government has not done its homework on this. It has not analyzed the evidence, I have reached the conclusion that it has introduced these fees not on the basis of the evidence before it but on the basis of some deeply felt view of the Government, that people who are sick ought to pay for part of their care.

Mr. Speaker, since I do not hold that view and since I think that most people in this province do not hold this view, and since I think that the Government, when it brings in a measure like this, owes us explanations of much more detailed nature than it has introduced, I move, seconded by the Hon. Member for Kinistino (Mr. Thibault):

> That all the words after "that" be deleted and following substituted therefor:
>
> The said bill be not now read a second time because the Government has failed to adduce facts respecting any specific abuses of the medical and hospital plans and has totally failed to offer to the House any facts to support a conclusion that deterrent fees will assist in correcting alleged abuses of the health plans.

HON. D.V. HEALD (Attorney General): — On a point of order, Mr. Speaker. I haven't much opportunity to consider the amendment. But I wonder if you, Sir, would consider the Citation contained in May's Parliamentary Practice, 16th edition, page 531, where the rules having to do with amendments are considered. And at the bottom of the page, No. 3 "An amendment which, amounts to no more than a direct negation of the principle of the bill, is open to objection." As I look at this proposed amendment, I wonder whether it is anything more than a direct negation. I don't have strong views on it because I haven't had much opportunity to consider it. But I think that you could very well rule this proposed amendment out of order on the basis of that citation.

MR. SPEAKER: — Order, order! We will

settle this question now. This is another reasoned amendment, through which the member is advancing another reason as to why the Bill should not be proceeded with at the present time. The reasons being according to him:

> because the Government has failed to adduce facts respecting any specific abuses of the medical and hospital plans and has totally failed to offer to the House any facts to support a conclusion that deterrent fees will assist in correcting alleged abuses of the health plans.

This is the reason being advanced in the amendment for not agreeing to second reading of the Bill. I could not agree that it is anything other than a reasoned amendment.

We have had a debate on the motion and we have had a further debate on the first amendment. We had a concurrent debate from the previous amendment. Because this amendment also seeks to strike out all of the words after "That" it therefore also qualifies for concurrent debate. Members who have spoken on the motion will have to relate their arguments strictly to the subject matter of the second amendment. Members who have not spoken to the main motion, of course, can debate both the motion and the amendment concurrently. In connection with the debate on the second amendment there are a few words that I wish to say in regard thereto.

I would draw Members attention to Erskine May's Parliamentary Practice, 17th edition, page 448:

> A Member, when called to speak, must direct his speech to the question then under discussion.

And further on page 449:

> Akin to irrelevancy is the frequent repetition of the same arguments whether those of the Member speaking or those of other Members.

It is contrary to the rules of parliamentary procedure to repeat arguments used in a previous debate even if made by the Member himself or to repeat arguments used by others. I would further draw your attention to Beauchesne's Parliamentary Rules and Forms, Citation 157, sub-section 6:

> The rule is quite clear, that the quoting of a newspaper, an author or a book which reflects upon debate before the House, either directly or indirectly is entirely out of order, because Members are here to give their own opinions and not to quote the opinions of others . . . Members may quote an article or book stating facts, but a commentary on any proceeding or any discussion of the House, with the object of swinging an opinion, from one side to the other, is out of order. And further, it is not in order to read articles in newspapers, letters, communications, emanating from persons outside the House referring to, or commenting on, or denying anything said by a Member or expressing any opinion reflecting on proceedings within the House.

I refer to Beauchesne's Citation 158:

> (1) It is out of order to refer to anything said out

of the House on the subject of what has taken place within the House.

And further:

> (2) A Member cannot read a letter referring to anything that has taken place in a debate in the House.

Now I agree that all of these rules and regulations have probably been broken in previous debates. But I suggest that as this is the third opportunity for speeches on this Bill that we should observe them during this debate.

MR. MacDONALD: — Mr. Speaker, the only reason that I tried to speak before the Member for Riversdale (Mr. Romanow) is that I wanted to make sure that he had an opportunity speak after dinner, because it is almost 12:30 and I didn't want to see him lose his place in the debate.

SOME HON. MEMBERS: — Hear, hear!

MR. MacDONALD: — Mr. Speaker, I also want to say that I certainly agree with the comments that you have made on repetition in this debate. After listening to the arguments across the way for the past two months, I have come to one conclusion that their arguments have been nothing but repetition, repetition. Mr. Speaker, my comments will be brief and I want to assure the Members of the House that I will not speak 4 1/2 hours and that I will try and contribute something in the few minutes that I speak. I also want to say, Mr. Speaker, that my comments will be based on something a little more broad than the Members of the Opposition have attempted to portray in this debate.

There has been one significant factor that has struck me and I think has struck the other Members of this House and the public of Saskatchewan, that is that this particular debate by the Opposition, stretched over the last two months, has been a very narrow, a very partisan debate. Mr. Speaker, no attempt has been made by one single Member opposite to analyze the effect of the cost of hospitalization and medicare upon the other programs in the Province of Saskatchewan. Surely, Mr. Speaker, none of us can suggest that medicare or hospitalization can be divorced from education, can be divorced from highways, can be divorced from local government. Mr. Speaker, I would like to base my comments on the relationship of the costs of health plans in relation to other programs in the Province of Saskatchewan, and whether or not the problems or the costs of medicare and hospitalization have contributed to the strangling of other programs in this province, whether or not the former Government, the NDP from 1962, carried out the other responsibilities and the other priorities of government or did they sacrifice education, health, agriculture, highways, local government, for a sacred cow, which they have built up on their own behalf.

However, Mr. Speaker, before commenting on those remarks, I do want to make a couple of comments on some of the references made by the Member for Regina Centre (Mr. Blakeney) and the Member for Redberry (Mr. Michayluk). Mr. Speaker, isn't it obvious how quickly a leper can change his spots. Here we heard the Member from Regina Centre, the same Member that was the Minister of Health in midst of the medicare dispute, stand up

on his feet in this House four or five years later and create a brilliant defense on behalf of the medical profession.

SOME HON. MEMBERS: — Hear, hear!

MR. MacDONALD: — There, Mr. Speaker, is the same party, the same individuals who in 1962 called the doctors butchers. The same people, Mr. Speaker, that said that the doctors should be sent north to fillet fish. Here, Mr. Speaker, is the former Attorney General, "Walker threatens doctors with criminal action if they break contracts." Quoting from the Criminal Code at a meeting held here, the Attorney General warned the doctors that they could be faced with a prison term of five years if convicted. He also warned that doctors could be returned to Saskatchewan from any other place in Canada to face charges. Mr. Speaker, they would have had to go a long way to find them. Also, the Member from Regina Centre stands up and criticizes retroactive payments. Mr. Speaker, he used the term, "grossly unfair" in trying to suggest that here we are putting in utilization fees on Monday morning and the Bill hasn't been passed. Mr. Speaker, this is the same party that put on many million dollars worth of taxes, $21 million, before not only the Bill, but the program ever went into effect. Mr. Speaker, this is the party that charged the people of Saskatchewan $21 million six months before the program went into effect. They built up a slush fund, a little kitty, so that they could dip into their pockets and try and find money for payments six or eight months later when the program was actually put into effect. I wonder, Mr. Speaker, if they considered that grossly unfair at that time.

But, Mr. Speaker, the one that bothered me the most was the Member for Redberry (Mr. Michayluk). He stood up here and used as his authority a Socialist from Ontario, that man from Snob Hill in Toronto, the millionaire, that well-known Socialist, Pierre Berton. The Socialists brought him out here to the Province of Saskatchewan to judge on the morality, to judge on the morality of the Liberal Government in putting in utilization fees. Mr. Speaker, I want to say that this is one man that I don't want to judge my morality in any way, shape or form.

SOME HON. MEMBERS: — Hear, hear!

MR. MacDONALD: — Because, Mr. Speaker, in the same day, in the same paper here is an article, "Berton expresses drug views. Pierre Berton, author and television personality . . .

MR. BLAKENEY: — On a point of order. It doesn't matter if the Member quotes the newspaper article. I thought we had at least mildly suggested that we were not going to quote newspaper articles.

MR. MacDONALD: — Mr. Speaker, on the point of order. You know we listened to the Member for Regina Centre for 4 1/2 hours, quietly, patiently and very bored. He did not say anything, but . . .

MR. SPEAKER: — Order, order! I didn't hear what the point of order is.

MR. BLAKENEY: — The point of order was, Mr. Speaker, that I had

understood you to say that we were not going to quote in the House statements made outside the House or newspaper articles about statements said outside the House. I have no objection, Mr. Speaker, if the Member wishes to do this, but I would simply like the rule to be applied generally.

MR. MacDONALD: — Mr. Speaker, on the point of order.

MR. SPEAKER: — I think it is pretty clear that it is not in order to read articles in newspapers, letters or communications emanating from persons outside the House and referring to or commenting on, or denying anything said by Members or expressing any opinion reflecting on the proceedings within the House, on the grounds that Members are here to give their own views and opinions and not the views of somebody else who is not a Member of the House. Now I think that this is pretty clear.

MR. MacDONALD: — Mr. Speaker, on the point of order, I have not spoken in this debate as you are well aware. That means that I have the latitude of both the original Bill and so forth. Also, Mr. Speaker, I am not commenting from this newspaper article on anything that has been said in the House. It is on the principle of utilization fees in general. Mr. Speaker, we sat here, on the point of order, and listened to the Member from Melfort (Mr. Willis) read for three hours letters and views from outside this House and now he would attempt to deny us the same privilege.

SOME HON. MEMBERS: — Hear, hear!

MR. SPEAKER: — You can't quote a person directly in debate who has said something outside the House. Now, if I understand the article that the Member is reading, it is something in connection with the background or history, or what have you, of one Pierre Berton. I fail to see where this is saying anything or commenting on the debate. But if everybody is going to bring any statement that Mr. Berton made in connection with deterrent fees into this House, then he cannot do that.

MR. MacDONALD: — Mr. Speaker, I am not going to comment on Mr. Berton's remarks on utilization or deterrent fees. I will relate it as soon as I am finished. I am merely commenting on the authority that the Members of the Opposition use. What he is stating, Mr. Speaker, is that marijuana should be legalized so that it will no longer be wrongly considered a social problem. Let the kids have their drugs and let us have our whisky and things would be a lot better. Mr. Speaker, he also is the man that a few years ago wrote in Maclean's Pierre Berton page, "It is time that we stopped hoaxing the kids about sex." I don't want to comment on what he said about his own children or other children.

Mr. Speaker, he was fired because of that article. And this is the man that the Socialists bring to the Province of Saskatchewan to comment on the morality of the Liberal Government. Mr. Speaker, I don't want him commenting on my morality at all.

SOME HON. MEMBERS: — Hear, hear!

MR. MacDONALD: — Mr. Speaker, I would like to call it 12:30 o'clock.

The Assembly recessed until 2:30 o'clock p.m.

MR. MacDONALD: — When I called it 12:30, Mr. Speaker, I was discussing the man that the Socialist had brought out from Eastern Canada, that great idol of their, Pierre Berton, millionaire Socialist and what he had said about dope. And I read out of the press release from the Leader-Post. Mr. Speaker, I think also that it would be fitting that the people of Saskatchewan know exactly what this man said about sex and youth. I would like to quote from the article in Maclean's magazine:

> Well I have several daughters, Madam. But I must tell you that this is not a question that haunts my slumber. They are pretty level-headed girls and if in a moment of madness or by calculated design, they find themselves bedded with youth — and I trust that it will be a bed and not a car seat — I do not believe that their experience will scar their . . .or destroy their future marriages. Indeed, I would rather have them indulge in some good, honest, satisfying sex than be condemned in a decade of whimpering frustration brought about by the appalling North American practice called petting.

Here, Mr. Speaker, is what he says about his sons:

> As for my sons I fully expect that by the age of 17 they will know from experience something about life, and that when they finally wed, they will be wise enough in the ways of the world to make their wives physically content and tolerant enough by reason of previous experience to make their marriage compatible.

Mr. Speaker, this is the same party, that one year ago, promoted a resolution by their youth asking for licence for houses of prostitution. Mr. Speaker, I want to repeat, I hope that the Socialists will send back to Eastern Canada that millionaire Socialist with his new morality. Mr. Speaker, I think too much of my own children and the youth of Saskatchewan to bring them under that despicable kind of an influence.

SOME HON. MEMBERS: — Hear, hear!

MR. MacDONALD: — Mr. Speaker, before I sat down before dinner, I was also commenting on the fact that over the past two months we have heard one argument, and one argument only, since the beginning of this session, an argument against utilization fees on hospital and medical care programs in Saskatchewan. But I also said, Mr. Speaker, that it was a narrow argument, that not once did one of the speakers opposite attempt to analyse the effects of the costs of medicare and hospitalization on other programs in Saskatchewan. Mr. Speaker, when you strip it of its verbiage, when you strip it of its oratory, when you strip it of its emotions, when you strip it of its partisan politics, when you strip it of its hate, its fear and its envy, what have you got left?

The NDP has attempted to put a straight jacket on the financing of our health plan. They have made the method of payment an untouchable, they have made a sacred cow, not out of the

programs, Mr. Speaker, not out of the benefits, not out of the services, but out of the cost-sharing by Saskatchewan citizens. With typical Socialist irresponsibility, with typical Socialist lack of concern for the needs of 1968, with typical Socialist hypocrisy, they have attempted to create an image of concern for the down-trodden, while in the same breath they have ignored the urgent priorities of the young, the old and the employment in every other field. What is needed in 1968, Mr. Speaker, in the financing of our health plans, is flexibility, not rigidity. We must be willing and we must be prepared to adapt to the priorities of 1968. The NDP like every Socialist has a philosophy based on doctrinaire beliefs. They are unwilling to accept the needs for change or the needs for adaptability. Mr. Speaker, what they have also failed to mention is that this argument on the financing of medicare is not confined to the Province of Saskatchewan. This argument is taking place in every province in Canada and at the level of our national government. Everyone in this House is aware that the Federal Government has passed the National Medicare Act and it will come into effect on July 1st. we are also aware, Mr. Speaker, of the strains on the Federal Government in deciding whether or not to proceed on July 1st. The hesitation was based on the economic conditions in Canada and of course on the rising financial strains of the rising costs of governmental programs. we are also aware of the fact that only two provinces in Canada, the Provinces of Saskatchewan and British Columbia, have decided to proceed on July 1st. Is that the reason why the eight other provinces are not in agreement with the principles of medicare? Of course not, Mr. Speaker,. Take the province of New Brunswick. Premier Robichaud has been one of the strongest advocates of medicare. He believes very firmly in its principles. Many other provinces are also in compete agreement with the program. What then, Mr. Speaker, is the reason for their reluctance to enter the national scheme? It is, Mr. Speaker, because if their provinces, as in the Province of Saskatchewan, they have many other grave responsibilities and that in their judgment, they cannot carry out these priorities and medicare at the same time at this period in their development. The demands of education, of housing, or roads, of resource development, of unemployment and a host of other demands make it impossible for them to proceed with this program in 1968. Mr. Speaker, they are stating in no uncertain terms that the provinces have been given many responsibilities under the BNA Act and their duty is to ensure that all the responsibilities given to them by our constitution receive an equal share and make an equal demand on the financial resources at their disposal. This, Mr. Speaker, does not mean that they will tax the sick, the old and the young or that they are inhuman vultures who have no concern for the health needs of their province. This, Mr. Speaker, is precisely the position of the Government of Saskatchewan. We believe that medicare and hospitalization financing must be related to the other responsibilities of our office. To attempt to put a straight jacket on the financing of our health programs regardless of the rising costs, is to put a straight jacket on education, to put a straight jacket on highways, on local government, on housing, on resource development. To continue to permit the cost of these two programs to continue to rise unchecked is in reality, not taxing the sick, Mr. Speaker, it is taxing education, it is taxing local government, taxing highways, taxing our native people, it is taxing low rental housing, senior citizen accommodation. Mr. Speaker, there are only so many tax dollars to be spread around. It is the responsibility of a provincial government to see that each priority, that each field of their responsibility receives its just and equitable

share. We believe that if we fail to place reasonable controls on these rising costs, we will rob the people of Saskatchewan of their opportunity to continue to keep pace with the rest of our nation in every other area of our provincial responsibilities.

We Liberals have no desire to reduce the benefits of the plan. We have no desire to remove the program. Our only desire is to find a method of financing the plan that will protect the benefits of the plan. But, Mr. Speaker, it must also protect the legitimate priorities of other areas of responsibility. It must protect education costs, it must protect housing and local government. Why, Mr. Speaker, has not one single Socialist opposite mentioned the need of other provincial responsibilities? Why has not one single Socialist made reference to the concerns of other Canadians? Why has not one single Social mentioned the need for control? Why has not one Socialist mentioned the quality of health care, its relation to education, to highways, to roads? Their argument has been cheap, partisan and filled with repetition. Never in my time in the House, Mr. Speaker, have I heard a debate as shallow and as partisan. They have abused this Legislature and their responsibility in their attempts to stall and delay this Bill for partisan political advantage.

It is also interesting to note, Mr. Speaker, that the other provinces in Canada have refused to enter the National Medicare Plan with 50 per cent Federal sharing. We in Saskatchewan have done it alone since the inception of the plan and borne this financial burden entirely ourselves. All the other provinces feel that medicare will strangle their other programs. What has happened here in the Province of Saskatchewan when we have been forced to go it alone? Let's examine our position. In 1962 when medicare was implemented the Socialists raised taxes by over $35 million, almost 25 per cent of the entire budget of the Province of Saskatchewan. Their explanation was that the new medicare program was to cost $21 million. They therefore raised every conceivable tax, income, corporation, sales, gasoline, telephone a host of others, until practically every tax in the Province of Saskatchewan was the highest in Canada. Yet, Mr. Speaker, in 1968, the increased costs are almost $17 million; we have not yet finished negotiating with the doctors. It is conceivable that the increased cost in 1968 could match the total cost of medicare since its inception. We all remember the increased taxes in 1962 and we've heard the Socialists talk a great deal about the increased taxes in 1968. It is self-evident, Mr. Speaker, that this cannot continue year after year. But it is most important, Mr. Speaker, that we analyze what is the state of other provincial programs and responsibilities in 1962 and 1968. Remember in 1962, it was the year we were the highest taxed province in Canada. Did this mean we also had the highest level of spending in other programs to keep pace with the growing demands of 1968? Let's look at the record. Mr. Speaker, the Socialists betrayed every other responsibility by not providing adequate financial safeguard in the implementation of health care. Let's take a few examples, let's take education.

Mr. Speaker, 50 years ago in Western Canada our forefathers came to Saskatchewan, armed not with degrees or diplomas or with wealth or power, just with their own hands. It was enough to carve out Saskatchewan and build this nation of which we are so proud. Mr. Speaker, the entire nation now realizes that university education is a prime requirement in the 1970s and

the 1980s, at least technical and skilled training. Mr. Speaker, the entire nation forecast, not just the Province of Saskatchewan, the explosion in the university level in 1964, 1965 and 1966. What did the Socialists do while they were in office? Mr. Speaker, while British Columbia was building Simon Frazer University, Notre Dame at Nelson, while Alberta was building the University of Calgary, Lethbridge, while Manitoba was expanding Brandon College, the University of Manitoba, while in the Province of Ontario they created 12 new universities, what happened here in the Province of Saskatchewan? In 1961, they gave $1 million to university construction; in 1962, $1.5 million; Mr. Speaker, in 1964 the Regina campus had one building. It burst at its seams. The Socialists should have been spending $10, $12, and $15 million, starting in 1958 and 1959 to ensure that their responsibility in providing university education would be met.

Mr. Speaker, let us take technical and vocational education. In 1961, the Federal Government signed an agreement with the provinces saying that it would pay 75 per cent of the cost of technical and vocational schools. What did the Socialists do? They planned to build comprehensive schools. In 1964, Mr. Speaker, when we became the Government, there wasn't a classroom, there wasn't a plan, there was not a single dollar spent on comprehensive schools. Mr. Speaker, they completely rejected the young people in Saskatchewan. Mr. Speaker, what bothers me is that they get up and talk about universal accessibility. What does universal accessibility man? It does not mean free tuition. Mr. Speaker, the Member from Riverside, the Member for Regina Centre . . .

AN HON. MEMBER: — Riversdale!

MR. MacDONALD: — . . .are doing the young people of this Province a deliberate disservice by talking about free tuition. I am not one of those, Mr. Speaker, that believe that free tuition is not an impossibility in the future. We have watched public education and public responsibility assume the costs of elementary and secondary education. I believe it must be a practical solution. Mr. Speaker, the 15 or 20 per cent of the young people going to university in Saskatchewan today are the fortunate few. There are the other 85 per cent that the Government of Saskatchewan and the Government of Canada have a responsibility for. What are community colleges? Because of their lack of action in education, we are five years behind in the development of our universities. Mr. Speaker, it is their responsibility because they neither had the funds nor the fortitude to put the safeguards on the health plans in this province.

Let's take local government. Mr. Speaker, in 1962 when they imposed medicare on the people of Saskatchewan, what about the condition of the local government? Mr. Speaker, they were paying the highest municipal taxes west of the St. Lawrence River. What did they give them or how did they assist them? In 1962 they provided a little over a half a million dollars in equalization grants. Not enough, Mr. Speaker, to provide gas in one grader for one season of maintenance. There was no grid road maintenance, no snow removal. They tried to impose the county system from above so they could spread out the cost among the other farmers of the province in property taxes.

Let's look at highways. Mr. Speaker, one of the great

problems of the 1960s was highway traffic and transportation. One of the great causes of concern of this House, one of the great causes of concern right around this country is the terrible toll of deaths on our highways. Mr. Speaker, what did the Socialist do? Mr. Speaker, they provided the lowest amount for highways and the construction of roads of any province in Canada, for the number of vehicles, for the number of miles and for the number of roads. That's absolutely true including tiny Prince Edward Island. Mr. Speaker, I've got a road in my seat called No. 39 Highway, from Moose Jaw to Corinne. Mr. Speaker, that road has never had a speck of work done on it since 1929. Then after all kinds of pressure they turned around and put a little oil on that road in 1962 or 1963. They didn't regrade it, they didn't improve it. Mr. Speaker, I don't know how many people were killed on that road besides the countless number that have been hurt and injured. Mr. Speaker, they had a responsibility, there were hundreds and hundreds of miles of highways in many rural constituencies where people still travelled on gravel roads, dusty, none of them all-weather roads. They absolutely refused to devote the effort, the time, the money and the resources required to improve them.

Let's take housing, Mr. Speaker, how often have we heard the NDP speak about housing. In 1964 how many low rental housing units did they have constructed? About 240, after 20 years of government. Why, Mr. Speaker? Because they didn't have the resources at their disposal to build houses.

Let us take a look at other programs, Mr. Speaker, senior citizens accommodation for one. Let us consider the old people. Mr. Speaker, in 1964 when we became the Government, the NDP had spent $3.5 million in senior citizen accommodation from its inception. Today we have doubled the accommodation and doubled the money in four years. Mr. Speaker, they ignored it. Why? Not because they didn't want to but because they didn't have the dollars and the resources at their disposal, because they refused to put safeguards on the rising costs of health care.

Let's take mineral development. Mr. Speaker, when we became the Government in 1964, there hadn't been one single major oil industry . . .

MR. DAVIES: — On a point of order, Mr. Speaker, I don't like to interrupt but we are talking about Bill 39. He has talked about everything else here this afternoon and I would suggest, Mr. Speaker, that the Minister confine his remarks to the Bill. He is ranging far and wide and saying nothing whatsoever about the Bill.

MR. MacDONALD: — This is just exactly the problem of this entire debate, Mr. Speaker. The Socialists have restricted their remarks entirely to health. Mr. Speaker, every dollar given to health is a dollar denied to education. Every dollar, Mr. Speaker, given to hospitalization and to medicare is a dollar that cannot be devoted to education. Every dollar that is given to health plans is a dollar that can't be spent on highways. Every dollar given to health is a dollar that can't be given to local government. There is a relation and an effect of every single dollar spent on any area of government responsibility.

MR. C.G. WILLIS (Melfort-Tisdale): — Health is not important?

MR. MacDONALD: — Mr. Speaker, we are not talking about the importance of health. Mr. Speaker, this Government does not in any way deny the priority of health. This Government does not in any way eliminate the responsibility or the benefit of our health plan. We are saying it is time now that we sat down and in a responsible manner ascertain what are the rising costs, what are the effects upon other programs, and, Mr. Speaker, put on some reasonable controls. Mr. Speaker, I could go on and talk about the influence or the impact of the rising cost of health programs on every other area of government spending, on every other program, but the point that I want to make, Mr. Speaker, that I want to say emphatically is that we on this side of the House believe that utilization fees will contribute substantially to the controlling of the rising cost of the two major health programs. We also believe that one of the most urgent problems facing Saskatchewan is the need to protect the benefits of both hospitalization and medicare, but we also believe, Mr. Speaker, that, if we fail to control the fantastic climb in expenditures of these two programs, we seriously endanger our ability to carry out our other responsibilities. In order to accomplish this task I believe we must be flexible in our approach to the methods of financing these two programs. We believe that it is our responsibility to seek alternatives and to be courageous enough to put them into practice. If we fail in this task we believe that we have placed an unbearable burden on our other programs. if we fail in this task, Mr. Speaker, we will in reality be taxing education, taxing housing, taxing highways and local governments and all the other areas of provincial responsibility. We will be taxing the needs and opportunities of Saskatchewan's future. Mr. Speaker, I certainly support second reading of this Bill.

SOME HON. MEMBERS: — Hear, hear!

MR. R. ROMANOW (Saskatoon-Riversdale): — Mr. Speaker, may I at the outset thank the Hon. Minister of Welfare and his Government for sparing me the task of going through another adjournment. I only wish that they would have been as compassionate the other evening and would have considered the unanimous request that your Honor put to the House. But such being the case, I think that we would have been more thankful today, that is my colleagues, the people of Saskatchewan, would have been more thankful, if the Hon. Minister had spoken on some of the reasons contained in the amendment, as I propose to do, Sir, for not proceeding any further with the reading of Bill 39. There is no very big magic or difficulty about the proposed amendment. It states that the reason the Government has failed is its failure to produce evidence for a case for deterrent fees. It says also that the Government has failed to show any evidence that deterrent fees will curb the abuses wherever and whatever they may be. It is a very simple question for Hon. Members to direct their attention to. Now, Mr. Speaker, there could be no better support given to the merits of that amendment than the speech delivered this morning and this afternoon by the Minister of Welfare. He talked about everything, local government, youth and about greater opportunities to youth. He talked about the grid roads. It would have made a wonderful topic for a debate on a speech from the Throne. You know there is something sad, Mr. Speaker, to watch an older man trying to be a hippy! We're asking him to frug, but he wants to jive. We're in the 1968s. He's back in 1964 which is concerned in lecturing us about what we did

did or didn't do when in government. No, he didn't talk about the reasons in the amendment, Mr. Speaker. Rather he talked about something written in a magazine article about a Pierre Berton. You know, he said that Pierre Berton's immoral. He gave us a lesson on morality. He refused to discuss the morality of deterrent fees on the old, the sick and the young. But, Mr. Speaker, is that a reason for proceeding any further with the reading of this Bill, the amendment that I am here to discuss this afternoon? He talked about the actions of a former Member of the Legislature, a Member who no longer is even part of the deliberations and the duties of this House, going all the way back to 1962. I ask again; is that a reason for the Bill being read further or not today? He talked abut the Opposition dragging out a debate for two and half months. He overlooked the fact, Mr. Speaker, we've only been sitting for about two months, that the Government has dragged its feet for weeks on end in not bringing the Bill before the House. They were in Ottawa choosing a new Messiah, 'Swinging Pierre.' These factors they all overlooked. He didn't want to bring out the fact that in deliberations, the Government purposely delayed this Bill until a day or two before its implementation on April 15th, so it could be rammed down the throats of this Legislature and the people of Saskatchewan. Then, Mr. Speaker, he presumed, and I use that word advisably, presumed to give . . .

HON. L.P. CODERRE (Minister of Labour): — Mr. Speaker, on a point of order, I believe it is quite evident, Mr. Speaker, that every Member across the House has spoken on the debate, except my good friend, Arthur, and that any new injection into the debate by the Hon. Member from Milestone (Mr. MacDonald) who had not spoken in the debate, was quite in order. The fact is that they have spoken in the debate and must confine their remarks to the amendment thereto and not answer any of the questions that have now been raised by Members who have not spoken in the debate. In view of the fact that they have spoken in the debate, they have relinquished their rights, Mr. Speaker, to speak of any other matter except the subject matter and not answer any questions that have been brought up by other Members who have not spoken in this debate.

MR. SPEAKER: — Well I draw the attention of the House to the fact that when the Member from Milestone spoke, he was speaking in the concurrent debate, he was speaking to the motion and to the amendment.

MR. ROMANOW: — I was merely trying to point out the fact in support of the amendment that the Government has failed to provide us with any reason for the imposition of deterrent fees and merely am drawing on the remarks of the Minister of Welfare to emphasize and to reiterate that argument.

Now, Mr. Speaker, just one other aspect of the Minister of Welfare's speech, I think, deserves some comment. That is the question of the Opposition making health a sacred cow. This morning he stated that the Opposition had made it a sacred cow but neglected such things as highways, public works and education. I know this afternoon he tried to change that position somewhat. What I do want to say is this, Mr. Speaker, that if that's the case I am glad that we here on this side have put health as a top priority at all times.

SOME HON. MEMBERS: — Hear, hear!

MR. ROMANOW: — According to the Welfare Minister he did give one good reason for the imposition of deterrent fees. He said, and this is the sum of his argument, Mr. Speaker, and I am now trying to confine my remarks to the amendment, the reason for imposing the deterrent fee was that the stressing of health needs by people on this side was working to the detriment of other programs. Then he proceeded to indicate in saying that his Government was going to put a priority on other Governmental activities. That's a reason. That's a reason for imposing deterrent fees. It is the only reason that has been tendered today by any of the Front Benchers and the Members opposite that it is a legitimate one if you want to adopt it as a matter of value judgment. We are going to put as top priority, highways, the improvement of the Legislative Building, any of the other programs . . .

MR. CODERRE: — Surely, Mr. Speaker, he cannot refer to any subject matter that is being dealt with in the debate at this point. They must confine themselves strictly to this matter and any subject matter that has been brought up new by any Members of this House that have not spoken in this House should not be referred to at all in this speech, Mr. Speaker.

MR. SPEAKER: — The Member from Milestone as I said before spoke to the motion and to the amendment. The second amendment is the one that I am referring to. The first amendment is gone, that's over the hill, that's finished with. The Member for Saskatoon Riversdale is speaking in this debate on the amendment. The Member for Milestone spoke on the amendment and on the motion concurrently. He spoke on the motion. Now the Member for Saskatoon Riversdale because he speaks to this amendment does have the right to answer the Member for Milestone who spoke on the amendment and the motion. I hope I have made myself clear. But what the Member cannot do, because he spoke in the debate on the main motion and he spoke in the debate on the amendment, is repeat the argument that he made therein, some of which were rather brief.

MR. ROMANOW: — Thank you very much, Mr. Speaker, I am beginning to think the Minister of Labour needs more of a lesson on procedure than I do.

As I was about to say, Mr. Speaker, I think that the dynamic Minister of Welfare (Mr. MacDonald) was rather a slave to his notes this morning and this afternoon and confirmed that no one from the Front Benches has yet, including his speech, provided any good reason for the imposition of deterrent fees. That's the issue that we are debating here in this amendment. The Government has failed to produce the necessary evidence of the abuses and has also failed to prove that the abuses, if they exist, could be curtailed.

There are two aspects to the amendment, firstly, proof of the abuse, and secondly, a lack of proof that the deterrent will in fact curb the so called abuses. Now as I was about to say at 5:30 p.m. the other night, Mr. Speaker, it takes no learned dissertation of parliamentary democracy to show that the onus always falls on the Government when it introduces a major piece

of legislation, to justify to the Members of this House each and every piece of that legislation and the items of the legislation. We should be able to presume as private Members that the Government will have thought out clearly, concisely and precisely all aspects of the question before coming to this Assembly and asking for our support on a major piece of legislation. Part of building up the case that the Government must do, Mr. Speaker, involves a careful and comprehensive determination of the entire program and the entire problem that we are here debating. It means coming to the House with a solution, ultimately arrived at, telling the House of the alternatives that they have discussed in review and putting forward a strong case in support of a solution that has been presented by way of the Bill. Putting it in another way, Mr. Speaker, it involves saying to this House that we've tried every other solution but they have failed. We have reviewed every other possibility but we have rejected them, and now we have been forced to adopt this recourse, namely the imposition of the deterrent fee, as we're debating here. There is no dark mysterious secret about this particular process of the governmental process. We expect all good governments to present their cases. How are we to judge if the Government has in fact done that here with deterrent fees. The onus should be more because it's a major piece of legislation. I say they have produced no reasons, no evidence of the abuses and I say so for three reasons, Mr. Speaker. Firstly, the questions that have been formally and informally put to the Government by Members on this side pleading for information on surveys, reports of other studies which would allow the Members to be more fully armed before coming to a conclusion on this matter, have been denied by the Government to the Members. My colleague from Saskatoon Mayfair (Mr. Brockelbank) placed a question that I believe still is on the table, No. 77, about one month ago, requesting more information on the Swift Current study on deterrent fees. At that time the Government told the House the information was not in the interests of the public. I happen to disagree with the opinion and the reasons given at that time by the Hon. Minister. I presume he was relying on the argument that this is a matter of Cabinet debate and a matter of Cabinet secrecy and I think at that time it merited some consideration. It was after all part and parcel of formulation of what now is to be Government policy. Now the Bill has been tabled. Mr. Speaker, the Cabinet apparently had decided on Bill 39 because it is before us now and presumably we can say to the Premier and his colleagues, "Your deliberations in Cabinet have concluded, you've decided on a course of action that's evidenced by Bill 39. Now, what are your reasons for presenting Bill 39? The reasons for presenting Bill 39 falls on you the Government of the day. You haven't given us the reasons. There can now be no legitimate reason, as there was a month ago, for saying that we are going to hold back information because it is a matter of Cabinet debate or a matter of Cabinet solidarity and secrecy. The legislation is before all of the people of the Province of Saskatchewan to view and to make a decision on. Why not table the information that's been asked for repeatedly, orally and in written form, by the Members of this side.

SOME HON. MEMBERS: — Hear, hear!

MR. ROMANOW: — It really allows us to ask this question: does the Government really have any information respecting abuses or, if it does, is it trying to hide the information from us and the people of the Province of Saskatchewan? Why is it silent,

Mr. Speaker? I say that the Members of this Legislature and that's all Members who must eventually determine the matter, can rightfully conclude as the amendment says that there is no evidence of abuse to medicare or hospitalization because of this reason, namely the Government's failure or refusal or both to table the necessary documentary evidence in support of Bill 39.

SOME HON. MEMBERS: — Hear, hear!

MR. ROMANOW: — Now secondly, Mr. Speaker, I wish to draw the attention of the Hon. Members to the lack of contributions of the Members opposite in the debate thus far before you. The contributions have been to say the least far and few between. I've made my observations about the type of contributions when we heard the speech given this afternoon and this morning by the Hon. Minister of Welfare (Mr. MacDonald), everything but Bill 39. I'm going to be rather generous if I say they are somewhat imprecise in their arguments. But I am entitled to ask this question, Mr. Speaker? Why are so few Members speaking on this matter? Have the back benchers of this Government forsaken the Premier and his Cabinet colleagues? Or can I conclude, Mr. Speaker, that they have no argument to advance.

MR. C.L.B. ESTEY (Minister of Municipal Affairs): — Mr. Speaker, on a point of order I have the amendment before me. My understanding of the ruling of the Speaker is that we are confined to point one or two and I don't think that has anything to do with the attitude of the back benchers or anyone else on this side of the House.

MR. DEPUTY SPEAKER: — If I remember the Speaker's ruling, I think he said that those who had spoken on the main motion were confined to this amendment quite strictly. Those that hadn't spoken to the main motion had somewhat more latitude. I believe the Member has spoken to the main motion so he must confine himself to the amendment.

MR. ROMANOW: — Mr. Speaker, I'm citing a second argument or a second reason to buttress my argument that the Government has failed to produce the evidence of the abuse. My argument is on the second point that the opposition back benchers have not taken part in the debate and that therefore I'm concluding that's another example that there has been no evidence shown this Government of abuse. That's the relevancy to this debate.

SOME HON. MEMBERS: — Hear, hear!

MR. ROMANOW: — I'm looking forward now to my colleague from Nutana Centre (Mr. Estey), the Hon. Minister of Municipal Affairs taking a part in stating his reasons on this thing. But all I can say to date is that the silence has been absolutely deafening. I look over and I see the Minister of Education (Mr. McIsaac), he's not in his seat; the Minister of Labour (Mr. Coderre) who is now leaving; the Minister of Agriculture (Mr. McFarlane), unfortunately he is not in his seat; the Minister of Municipal Affairs (Mr. Estey); the Attorney General (Mr. Heald) and a whole host of back benchers who have absolutely shied away from stating their views on the reasons for the imposition of the

deterrent fees by Bill 39.

SOME HON. MEMBERS: — Hear, hear!

MR. ROMANOW: — Now, Mr. Speaker, this is the point. Surely one of the other ways in which the evidence of the abuse can be tabled and be presented to the consideration of the Members of the House, is by those who support the Government to get up and speak in favor of the Government's Bill 39. After all, information can only be tabled by written form or it can be provided or the reasons for the abuse can be provided by oral argument or oral debate. But I say this and this is the conclusion that I draw in speaking to the amendment. Unfortunately, the muteness of the witnesses opposite would lead every Member on this side to conclude that there is absolutely no evidence of abuse for them to speak about.

SOME HON. MEMBERS: — Hear, hear!

MR. ROMANOW: — You know, Mr. Speaker, a jury would conclude that the Members opposite either didn't see the dirty deed done or if they did, they weren't admitting it. Or another reason for Members here to conclude is that there's been just absolutely no evidence of the abuses.

Now the third reason, Mr. Speaker, is this: if we give some examination to those who have spoken and some consideration to what they've talked about in cold-hard blood, you can boil down the arguments to sweeping generalities that there are abuses and something must be done. That's the essence of those who do attempt to justify Bill 39. Now if you stop to consider that argument, it's as paper-thin as yesterday's newspaper because they don't tell us what the abuses are. My colleague from Regina Centre (Mr. Blakeney) has said that some of the Members on this side are prepared to admit the fact that there may be abuses. But it's a Government bill. The onus falls on you to prove the abuses. What are they? They do not tell us what other alternatives they proposed to curtail these abuses. They don't tell us what thought processes, if they have any, to allow them to finally conclude on this course of action. Now there have been references, it's true, to global discussions and global figures and I'm not going to get into that area because that's the main motion as I understand, Mr. Speaker, and I feel my colleague from Regina Centre has dealt adequately with that.

SOME HON. MEMBERS: — Hear, hear!

MR. ROMANOW: — But apart from that, Mr. Speaker, we ask one question as a result of observing those that have taken part in the debate and that is this: if there are any abuses why haven't you shown us specifically where they exist in the Province of Saskatchewan and what other alternatives you have considered before the imposition of Bill 39? But no, they are silent all.

Now, Mr. Speaker, the amendment also says that second reading should not be proceeded with because there is no proof that the deterrents will work and will curtail the abuses if and when these have been proven. They have no evidence that the deterrents will work. To prove that it would have to, I

would submit, Mr. Speaker, have tabled some information for the consideration of the Members of this House, of alternative avenues, alternate routes. What other aspects has the Government explored before going into this very drastic measure of Bill 39. After all we are here considering a Bill, which whether we like it or not, is going to drastically change the course of one of the great welfare programs in the Province of Saskatchewan. We are entitled to say; was there a survey, for example, Mr. Speaker, carried out by the Department of Public Health to determine what hospitals, and where in Saskatchewan actually abused the plan? What's the criteria of the abuse? I submit, Mr. Speaker, that it's the duty of the Minister who is piloting this Bill through the House to tell us such information and to give it about the size of the hospital. Does regionalism play a factor? How many doctors are there in the hospitals that are alleged to have abused the plan? This House has a right to know, before we approve any major legislation like this, if the Department has carried out a check on those patients who have been idly using the facilities as a honeymoon hotel or some such other fun house. Now, Mr. Speaker, we want to know if such a check has been carried out. Perhaps the Government could have introduced some legislation dealing with specific individual abuses in the individual hospitals. This is a consideration. But we don't have this information before us. In other words if you will, Mr. Speaker, it has refused to table the evidence that the deterrent fees will work because it hasn't shown to the House that the other alternatives won't work.

SOME HON. MEMBERS: — Hear, hear!

MR. ROMANOW: — And there are other areas of examination. One would be, for example, to table information with respect to the effect of wholesale insurance against deterrent fees, hospitalization and medicare. What effect is this going to have on the purpose of the plan? In other words, Mr. Speaker, will the fees, those fees that are going to be the reminders of our participation in our healthy recovery, be a reminder as strong if all the people of Saskatchewan have insured themselves against the hospitalization and medicare deterrent fees? We want to know what effect this is going to have? Will this diminish the effect of one of the stated effects of Bill 39? These are answers, Mr. Speaker, that we want to know before we can proceed further with this Bill and surely, surely, the onus on a democratic government is to lay that information before the Members of this House.

SOME HON. MEMBERS: — Hear, hear!

MR. ROMANOW: Mr. Speaker, I perhaps could talk as long as my colleague from Melfort-Tisdale (Mr. Willis) and from Regina Centre (Mr. Blakeney) about the various questions that are left unanswered and left dangling for the people of Saskatchewan and for us as Legislators to guess on, when we find we have to stand up and vote either for or against Bill 39. We expected this Government to come before this House and to have said, "We've tried all the other avenues but they don't work. They are not checking the abuses (the abuses having been shown) therefore we are forced into the deterrent program for medicare and hospitalization." That would have been a reasonable and logical approach for the Government to take. It appears to

me that the Government instead of giving us cold, hard facts, is using catchall phrases of, "abuses," "responsibility," old arguments relating to old speech debates from the Throne that weren't used, increasing costs and the like as a cover up. It is a cover-up pure and simple for the fact that this Government has no planned rationale behind Bill 39.

SOME HON. MEMBERS: — Hear, hear!

MR. ROMANOW: — Mr. Speaker, if a lawyer walked into court before a judge and jury and presented the type of argument for his client on wide generalities as this Government has, to the jury and the people of Saskatchewan, he wouldn't be in court too long. He would be turfed out and that's what is going to happen next election to the Liberal party.

SOME HON. MEMBERS: — Hear, hear!

MR. ROMANOW: — Mr. Speaker, you and others versed in parliamentary matters have likened democracy to a court. This Legislature has been referred to as the highest court in the land and . . .

MR. MacDONALD: — That's Tommy . . .

MR. ROMANOW: — Tommy or otherwise, we all subscribe to that, at least I would hope so, even the Minister of Welfare (Mr. MacDonald). Sometimes it has been stated that the Government is the prosecution. Sometimes, Mr. Speaker, as it is our rightful role as an Opposition to do, we act for the defence where we feel a particular proposition or a Bill is not in the best interests of the people of Saskatchewan. For example in this case, we, the New Democratic party, are in the defense of medicare and hospitalization and the jury is the electorate. They must ultimately judge. But, Mr. Speaker, it goes without saying that all juries have got to have the facts and this House, like democracy itself, operates on that theory. Because as we are prosecutors and defenders, we are also at the same time, Mr. Speaker, ultimately the jury when Bill 39 gets either assent or is defeated. Now this Government has abrogated its duty. The younger Members have frequently heard references to 1944 and today the older Minister of Welfare (Mr. MacDonald) talked abut 1964. We've heard all the lectures from the elders opposite, but they haven't talked about the 1968 problem of Bill 39.

SOME HON. MEMBERS: — Hear, hear!

MR. ROMANOW: — I'm afraid, Mr. Speaker, that the Government opposite has been fighting chivalrous fights of yesteryear. Their many years in opposition have had the effect of stunting their perception on today's problems. No Government can ask us as Legislators to buy a pig-in-the-poke. No electorate can be expected to buy one. Mr. Speaker, from what I can see of the arguments such as maybe were advanced by the Members opposite, this Government is like a long ship leaking in many places with everyone opposite refusing to admit that it's going to sink. It's laden down with the heavy moral, legal burden of Bill 39. It's suffering from apoplexy from the two centre seats and anaemia at the extremities.

SOME HON. MEMBERS: — Hear, hear!

MR. ROMANOW: — Mr. Speaker, as I've said before, the press, the people of Saskatchewan, we as Legislators, all deserve the courtesy and the democratic right of having the evidence of the abuses tabled before this House before we make up our minds finally on whether or not Bill 39 passes and becomes the law of the land. They have abrogated their duty. Every Member ought in conscience to support the amendment as has been proposed by my colleague from Regina Centre (Mr. Blakeney) and I will so do, Mr. Speaker.

SOME HON. MEMBERS: — Hear, hear!

MR. W.E. SMISHEK (Regina North East): — Mr. Speaker, on behalf of the people that I represent and on behalf of the vast majority of the people of Saskatchewan, I must, out of a sense of responsibility, rise and speak again on this Bill and plead with the Government to support the motion introduced by my colleague from the Regina Centre constituency (Mr. Blakeney).

Mr. Speaker, the Hon. Minister of Social Welfare (Mr. MacDonald) tried a few minutes ago to give us a lecture on morality. All I can say is well, well, well, what an oracle of innocence. Virtuous Cy, we call him from here on. Perhaps we may even hear from the Members from Athabasca (Mr. Guy) and Last Mountain (Mr. MacLennan) yet before this debate is over. They too may want to give us a lecture on virtue and morality. Mr. Speaker, Mr. Berton is recognized as one of Canada's outstanding writers, and press, radio and television personalities. The Minister's attack on Mr. Berton is totally unjustified. Mr. Berton has the same right as any Canadian citizen to come to Saskatchewan and speak to the people on any topic of any interest to them. He has the same right as Pierre Trudeau, Prime Minister Pearson, Mr. Winters, Mr. Sharp and any other Canadian to come to Saskatchewan and talk to the people of Saskatchewan.

MR. CODERRE: — Mr. Speaker, on a point of order, the Hon. Gentleman has spoken on two different occasions in this debate, I still understand that he must confine himself to the amendment in debate and not refer to any other subject matter. He must be confined to this debate and he is injecting something in the debate at this moment that is not confined to the last amendment.

MR. SPEAKER: — I tried to tell the House that the Member from Milestone (Mr. MacDonald) spoke on the motion and also on the first amendment. The second amendment is now before us. He spoke on the motion and the first amendment concurrently, and may now speak on the second amendment. Members speaking to the amendment may answer the arguments of others and of course they can advance their own arguments in support of the amendment if they wish to or in opposition to it as the case may be. The Member for Regina North East (Mr. Smishek) must speak to the amendment and to the amendment only because he has already spoke to the motion and to the first amendment. Now let me also clarify the position that this person, Mr. Pierre Berton, who visited this province recently is in. It is that you must not quote what he said in connection with what goes on in this House.

You may say, if you will if I may draw a parallel, that Dr. Thompson, the gentleman who was chairman of the Medical Care Insurance Commission and was responsible for the interim report and the final report on medical care insurance, you may say that he was an erudite pedagogue or you may say that he was not or you may use the report in debates. But if Dr. Thompson were to rise and comment publicly on what is going on in this House then you may not use comments in this debate and the same applies to Mr. Berton. You may refer to Mr. Berton, you may refer to the fact that he is here or was here or has gone back again to wherever he happens to be from, but you may not use his arguments in this House. Now have I made everything thoroughly clear to everyone?

MR. SMISHEK: — Mr. Speaker, I did not quote Mr. Berton. Mr. Speaker, it seems to me that the Minister of Labour (Mr. Coderre) doesn't know the difference between a point of order and a bad stomach disorder because he has risen three times on the same matter and every time he was out of order. I have a right to make reference to the remarks of the Minister of Social Welfare (Mr. MacDonald). He brought Mr. Berton into the debate, I agree, but I have spoken previously and I had the right, Mr. Speaker, to comment on the remarks of the Minister of Social Welfare. Mr. Speaker, the Minister's attack on Mr. Berton is typical of the Liberals. Anyone who questions their policy is subjected to abuse, vilification and character assassination. Mr. Speaker, I am glad that Canada has such an outstanding citizen as Mr. Berton. I only wish that Canada would be blessed with more men like Mr. Berton. No besmirching of Mr. Berton's character is going to make deterrent fees any more acceptable or any more palatable to the people of Saskatchewan. Nor is it a justification of the immorality of the hospital deterrent fees.

Mr. Speaker, since March 1 when the Provincial Treasurer announced that the Government plans to institute hospital and deterrent fees and more particularly since the Minister of Public Health introduced Bill 39, we in the Opposition and the people of Saskatchewan have been waiting patiently for the Government to show us and document in some detail the evidence of hospital and medical care abuse, alleged by the Government.

Mr. Speaker, since February 15, we have been waiting for that information. The Hon. Member for Regina Centre (Mr. Blakeney) questioned the Government at length to show abuse. Where does it exist? Who is at fault? Is it the patient's, is it the doctor's, is it the hospital's? Over two months have elapsed, the people of Saskatchewan, the press, everyone you talk to denies that there is any evidence of any abuse to speak of. The Government has failed to produce such evidence. It has cited two or three small hospitals as examples, hospitals with less than 10 beds where the patient separation rate is above normal and has asked this Legislature to return a verdict of guilty against every hospital board, against every medical practitioner, yes, against every Saskatchewan resident, who has visited a doctor since July, 1962 and every patient admitted to Saskatchewan hospitals since 1947. The Members on this side of the House refuse to return a verdict of guilty. We hold that you have not established a prima facie case to pass judgment. Until such time as you can prove conclusively, which you have not, we say the people of Saskatchewan are innocent and we propose to defend their rights to free accessibility to hospitals and medical care. We also say, Mr. Speaker, to Messrs. Grant,

Steuart, Thatcher et al that the medicine you propose called deterrent fees is a drug that has not been proven to work in the Public Health Service Laboratory, and even within the limits where it has been tried and tested, the results were negative, the result is more economic pain to the patient. Deterrent fees is a bitter medicine prescribed by opponents of publicly-financed and administered hospital and medical care. It is a poison designed to kill public health care. The Liberal policies of opposition to publicly-financed and administered health plans are well known.

Mr. Speaker, last week I noted that during the Liberal convention held in Ottawa one delegate is reported to have said, "We do not need medicare."

MR. J. CHARLEBOIS (City Park-University): — On a point of order, what has the convention got to do with this amendment?

MR. SMISHEK: — Mr. Speaker, I was making reference that one well-known delegate to the Liberal Leadership convention said, "We just let them touch Pierre."

MR. CHARLEBOIS: — I would suggest that this is entirely out of order.

MR. SPEAKER: — I don't think there is any deterrent fee . . .

MR. SMISHEK: — Mr. Speaker, the Liberals have coined a phrase, just society, they talk just society but their actions are completely reversed by how they negative programs for a just society. The Provincial Treasurer tells us that hospital and medical care plan deterrent fees will be tried for six months or so and if they don't work other alternatives will be tried. I ask the Provincial Treasurer what kind of a tranquilizer does he have in mind? The Premier on the other hand told a delegation that the Government would try the deterrent fees for two or three years to see if they worked. By then, Mr. Speaker, the patient will be unable to work as he will be dead and that is what the Premier wants, make no mistake.

We say you have brought no evidence of abuse and you have brought no evidence that the cure proposed will work. Therefore the reason for deterrent fees is self evident. It is to frighten the people from demanding extension of public health services to include drug coverage, dental care, chiropractic care, optical care and so on. Secondly, it is designed to destroy what has already been built and turn hospital and medical services to private insurance companies to be under the dictates and private motives of private business, their God, free enterprise.

My opposition to this Bill, Mr. Speaker, is based on a firm conviction that to pass this law is to deny the people of Saskatchewan a fundamental freedom enjoyed for over 20 years. It is the denial of free accessibility to our hospitals. There are freedoms still to be gained by our population and must be fought for. There are freedoms that are being denied and one must fight and work against. The United Nation's declaration of Human Rights subscribes to the belief that governments have a responsibility to provide all their citizens rich or poor with the best possible health care. Deterrent fees, Mr. Speaker, are

a restriction of that right and therefore infringe upon that freedom. Someone once wrote, "Freedom is a thing that has no ending; it needs to be fought for; it needs defending." Mr. Speaker, the alleged diagnosis of abuse is a wrong diagnosis. The proposed cure is evil; deterrent fees are bitter medicine prescribed to strike the patient dead. I urge the Members to support the resolution proposed by the Hon. Member for Regina Centre.

SOME HON. MEMBERS: — Hear, hear!

MR. G.T. SNYDER (Moose Jaw North): — I want to say a few words on the amendment which draws attention to the fact that we on this side of the House feel that the Bill should not be proceeded with because the Government has failed to provide us with any facts regarding specific abuses of the medical and hospital plans, and in addition has totally failed to offer to this House any kind of facts to support their conclusion that deterrent charges will assist in correcting the abuses of these health plans. I don't intend, Mr. Speaker, to talk at any length on this amendment except to draw attention of Members opposite to the fact that there has never been a more appropriate moment for the Government to show a degree of tolerance, integrity and sensitivity as there is at this particular moment. I think this is the appropriate moment for the Premier (Mr. Thatcher) and Provincial Treasurer (Mr. Steuart) to release their Members from the ties that bind, if I can refer to them as that, and allow a free vote on the question that is before us in the amendment at this time.

I think, Mr. Speaker, that when the Member for Regina Centre (Mr. Blakeney) spoke earlier today and last night, he did a precise and a coherent analysis of the whole of our public health programs, both medical care and hospitalization and I think he tackled them in a diligent manner which left the Government with no tangible arguments for proceeding with Bill No. 39. I doubt, Mr. Speaker, that there are even a handful of Members sitting opposite who would support this particular Bill if a free vote is to be allowed by the Premier and the Provincial Treasurer. I am inclined to believe also that the Minister of Health (Mr. Grant) would be satisfied if this piece of legislation was side-tracked at this particular time and discarded. It is apparent, Mr. Speaker, that the Government proceeded with this piece of legislation in accordance with a pre-conceived prejudice with respect to public health plans without any thorough thought or without any study in depth into the whole matter concerning the abuses which it alleges are taking place. Instead it chooses to provide a solution to a problem which it hasn't been able to prove actually exists in any of our public health programs. I suggest, Mr. Speaker, that this hasty Liberal panacea doesn't present a solution, and I suggest also that it has created a great many problems that I am sure that the Minister of Health and the Government opposite didn't foresee when the Bill was introduced in the first place, only a few weeks ago. This is what has been regarded as a reasoned amendment that I am speaking to this afternoon, Mr. Speaker, and I would ask the Government not to proceed with this legislation. There have been many developments in recent weeks and more particularly in recent days, Mr. Speaker. I think once again the Government has failed to establish a case, it has failed to convince itself and certainly it has failed to convince us that the problems that it points to can be cured by the deterrent charges which it is suggesting. During the past few days, Mr. Speaker, since many people have become more

totally aware of the effects of deterrent charges, especially since yesterday with the introduction of deterrent charges without any legal foundation, the Moose Jaw and District Medical Society made an announcement. I know that other medical societies across the Province have made a similar announcement to the effect that they will be collecting the full fee from the patient. They have given no indication, Mr. Speaker, when they talk in terms of the full fee whether they are talking in terms of 85 per cent, 95 per cent or 100 per cent of that schedule of fees. I think it means quite clearly, Mr. Speaker, that the patient is now going to be in a position where he will be forwarding his bill to the Medical Care Insurance Commission and being provided with reimbursement only on the basis of the percentage which he would formerly have enjoyed. There is a good deal of discussion and a good deal of apprehension as far as patients are concerned as to whether they will be paying something in addition to $1.50 deterrent charge. I think it is understandable that the medical profession would choose to assume this status. It probably assists them in their bookkeeping because otherwise they would be obliged to keep two sets of books, send one bill to the Medical Care Insurance Commission, and send another bill to the patient making them a tax collector for the Government. This has been most unpalatable and a great many of the medical practitioners have found it be something that they abhor, something they have been free of since 1962 and it represents a backward step in this connection. Some general practitioners, two that I have talked with, have indicated that they don't intend to collect the fees from old age pensioners and I think this is an admirable position, but I think I would have to suggest too that many general practitioners cannot afford this kind of charity, nor should they be called upon to be in a position where they are administering a means test to the patient that comes to them for services. As I said, Mr. Speaker, many doctors have been vocal in their opposition to these new deterrent charges. The Providence Hospital, a very respected institution in the city that I represent, suggested in a release in the Times Herald only a few evenings ago that this represents a return to the pre-1947 days.

The Government I suggest is placing hospitals in a most untenable position with respect to their legal position. They are flying in the face of the law as it presently stands on the Statute Books of Saskatchewan. I suggest once again, as was pointed out earlier by other Members and our Leader, Mr. Lloyd, that the hospitals are being placed in a position where they conceivably bring upon themselves a fine of some $500 if they make a charge which they have no legal right to collect. I say in conclusion, Mr. Speaker, that this is a matter which will have a very lasting flavor for the people of Saskatchewan. They recognize this is a step backward in time. I would call on all Members to use their good judgment and I would call once again on the Provincial Treasurer and the Premier to release their Members from the tie that they have which I am sure many of them feel very strongly about at this time. I am convinced, Mr. Speaker, that if a free vote is allowed, the vast majority of those who sit opposite will rise with us and support us in voting on the amendment that we are discussing at this moment.

MR. W.G. DAVIES (Moose Jaw South): — Mr. Speaker, I intend to add only a few words to what has already been said with respect to this amendment and

will certainly attempt not to return to the debate that took place before the amendment.

It seems to me, Mr. Speaker, that the core of the amendment before us is this, that the Bill be not now read a second time for the reasons that follow in the amendment. I would think, Mr. Speaker, that the Government would be pleased to get off the hook on which it has placed itself and would agree that this Bill be now not read a second time. I have been in this House, Mr. Speaker, for some years and I have heard many speeches given on second reading by the Ministers who are in charge of piloting Bills through the Legislature. I think that I can say honestly that I never heard a flimsier case made in substantiation of a Bill than I heard from my friend, the Minister of Health (Mr. Grant) of Bill 39. It seems to me that the speech that began the debate by the Hon. Minister and the remarks made subsequently by his colleagues have failed to establish in any way the kind of valid basis that should underwrite this Bill. Of course, what the amendment says is that this lack now be made up, that the Bill be not proceeded with because the Government has failed to provide facts about specific abuses and has no evidence to offer to support a conclusion for the inauguration of deterrent fees.

If the Government is truly sincere in what it says it believes with respect to health benefits in this province, it would seem to me that it would agree to the withdrawal of the Bill at this time so that the kind of facts that have been called for, and asked for time and time again, in speeches made from this side of the House could be secured; so that, if there were to be another Bill with respect to deterrent fees or any other kind of controls on health costs, the House would have something before it that it could study beyond, as I say, the very flimsy case that has been established to this time by the Government.

You know, Mr. Speaker, when the Welfare Minister arose this morning and when he concluded his remarks early this afternoon, I had hoped that he would proceed to identify some of the information that was asked for by my colleague, the finance critic of the Opposition (Mr. Blakeney) in a truly wonderful speech I thought, last night and this morning. None of this was provided by the Members of the House. Instead the Minister to my mind established the rationale for this amendment by saying absolutely nothing that was really in opposition to the amendment. He went from highways to resources, to technical education, to morality, from taxes to everything else, except Bill 39 and deterrent fees. I would have perhaps forgiven him had he not had too much to say about the amendment, but in the whole of his remarks, he touched not at all on the subject of Bill 39 either. Mr. Speaker, I have done a little private assessment of public opinion in my own constituency and elsewhere in the province during the last few weeks. I think it is fair to say that all across this province, there is a prevalent feeling of disquiet, if not outright opposition to this proposed measure of the Government. I think it is also fair to say that what the amendment claims is essentially substantiated. There is a feeling the Government has proceeded out of prejudice, not from the facts. There is a feeling that the Government is doing damage to health plans that have been built up not only at great financial cost, but at the cost of many people's energies and many people's personal sacrifice over the years. I don't think that very much more needs to be said this afternoon than to appeal to the Government to take a look at

this amendment, to take a look at its own position, as I think most of the people, in fact I believe the great majority of the citizens of this province see the situation as it is. To retreat from the adamant and inflexible stand that it has taken from the beginning, if it does this it will show a measure of statesmanship that is has miserably failed to do at this time. I think that this amendment is what now the people of this province are calling upon the Government to observe. I will support the amendment.

SOME HON. MEMBERS: — Hear, hear!

Amendment negatived on the following recorded division:

YEAS — 21
Messieurs

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

NAYS — 32
Messieurs

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

MR. A. THIBAULT (Kinistino): — Mr. Speaker, I've been sitting and listening and hoping to hear from the other side. Over the weekend I did a lot of thinking. I felt when we came back from the Easter holiday that there would be a different atmosphere in the House, that we would see a little change in attitude, but it appeared to me that the Members opposite are very well entrenched in their idea. We read during the Easter holidays about the crucifixion two thousand years ago, we also heard about Martin Luther King, dying for the things that he believed in, then we saw the House rise and pay tribute to this great man, Martin Luther King. A little later on we heard the Member for Rosthern (Mr. Boldt) make some remarks that just saddened many people's hearts. On the way in to Regina on Sunday night, I listened to Billy Graham talking about Martin Luther King, how people all over the world paid tribute to him. I felt so proud that I was part of this Legislature and that had paid tribute to him, if it hadn't been blotted by the Member for Rosthern. It was only a display and I want to thank the Government for having removed him as Minister of Social Welfare, because when he made that remark it proved to me the cruelty that is in that man's heart. I'll leave it there. This is not very charitable, but there are

times when you have to got to whip some kids and you've got to do it.

Another thing that was mentioned this morning that I don't quite approve of were the remarks by the Minister of Social Welfare, although I have a lot of respect for the Minister of Social Welfare (Mr. MacDonald), about the former Member, R.A. Walker. I am not going to read all the news items, but I would refer him to the Saskatoon Star Phoenix, June 4th, I believe that is the article he referred to, on page three, 1962. Then I would say he should read the Star Phoenix, June 6, 1962, on page three, there is another article headed "Butchered remarks, Attorney General declared." Now you could read those remarks, this will shed a little more light on it. Then you could read the Star Phoenix, June 15, 1962, page three, "Compulsion of doctors possible under the Act." That would throw some more light on the question. Then if you go to the Star Phoenix 16, 1962, page three, you will read, "Apology." I want to quote from the Star Phoenix of that day, page three, June 16, 1962:

> In the issue of the Star Phoenix, Friday 15, it was stated that the Attorney General, Hon. R.A. Walker admitted under questioning at a Borden political rally, Wednesday evening that under the regulations of the Medicare Insurance Act, if the Government so wishes it could compel doctors to treat people at the north pole. The Star Phoenix is now satisfied that the above statement attributed to Hon. R.A. Walker was incorrect and wholly unfounded and desires to express its regret to the Hon. R.A. Walker for this mistake and to apologize to him for any inconvenience and embarrassment which may have been caused to him.

Now I think six years later that a Minister should not rise in this House and make remarks of that kind. Trying to dig into things like that doesn't please me very much. As a matter of fact, Mr. Walker spoke in my constituency on several occasions and I want to say that he always drew in large crowd and we never needed a bar after to bring the crowd in.

Now there were remarks about Pierre Berton in Maclean's Magazine. Now I am not going to say that I agree with Pierre Berton about everything he does, or what he says. But who in this House hasn't got a black page in his book that he doesn't want read. So I would say before we start throwing that kind of stuff (I'm disappointed in the Minister of Social Welfare for the things he said) that we have a good look at our own house before we try throwing stones.

SOME HON. MEMBERS: — Hear, hear!

MR. THIBAULT: — Now medicare is quite close to me for several reasons. I know that in 1959 when the Member for Kinistino passed away, we had a by-election in my constituency. That is where the first announcement was made about medicare during that by-election. Last year I happened to buy a book on the doctors' strike and I was reading though it and I was kind of pleased that my name turned up in the book. I want to quote from page 21, chapter 2. It was almost written like some of those books we read on Sunday:

> In 1954, he had been the Premier of Saskatchewan for 10

> years, Mr. Douglas was goaded by an opposition motion concerning his government's commitment to a complete system of health services financed through taxes. Mr. Douglas said, we don't need the opposition to remind us. I made a pledge to myself long before I ever sat in this House, in the years when I knew something about what it meant to get good health services when you didn't have the money to pay for it. I made a pledge with myself that some day if I ever had anything to do with it, people would be able to get health services just as they are able to get educational services as an inalienable right of being a citizen of a Christian country.

Now there was Tommy Douglas, there was his goal. Health just like we get education. The step that is being taken now is not towards health as we have education.

SOME HON. MEMBERS: — Hear, hear!

MR. THIBAULT: — I want to read a little further:

> The five principles. In 1957 the Liberal Government in Ottawa was replaced by a Conservative regime and Prime Minister Diefenbaker. Within a year arrangements were completed for Ottawa to share the cost of hospitalization insurance program with province.

Here is where I've got to give Diefenbaker his dues. I don't agree with his policy, but the an had a heart for hospitalization and so he took a step forward.

> Since Saskatchewan had initiated its own hospital care in 1947, the Federal money now available made a plan to pay doctor bills a logical next step. In the spring of 1959, the farmers of Saskatchewan were busy seeding their crops. In the province's Kinistino constituency another activity was also in progress. The CCF Member of the Legislature had died and a by-election had been called. On April 25, 1959, Premier Douglas came to the constituency for an election meeting in a small farming town of Birch Hills. When he spoke he did what politicians traditionally do, he made a promise. He announced his Government's intention to proceed with a comprehensive medical care insurance plan that would cover the entire population. In the by-election Arthur Thibault representing the CCF was elected.

SOME HON. MEMBERS: — Hear, hear!

MR. THIBAULT: — Mr. Speaker, proceeding it goes on to say:

> Eight months later on December 16, 1959, while recovering from an attack of Bell's Palsy, Mr. Douglas spoke to the people of Saskatchewan on a Provincial Affairs broadcast. Prepaid Medicare was the topic of his speech in which he delineated his Government's position. There are many people who cannot avail themselves of the voluntary plan either because they cannot afford the premium or because they have congenital conditions which are not covered by the plan. It is for these reasons that the Government has come to the conclusion it should embark upon a comprehensive medicare plan program that will

> cover all our people. In setting up such a plan there are a number of basic principles which the Government believes to be sound. The first is the prepayment principle. The second principle is universal coverage. The only way we can have a real insurance scheme is to cover the good risks as well as the bad . . .

SOME HON. MEMBERS: — Hear, hear!

MR. THIBAULT: —

> . . .thus spreading the cost over the entire population.

Mr. Speaker, isn't that what we have tried to do for 20 years? Did we not prove to this province that it could be done. Did we not give to this Government $9 million surplus in the medicare fund and hospitalization fund? Mr. Speaker, these boys had a field day. That honeymoon is over and they've got to look after the family and they are running into problems something that they should have foreseen. I'll elaborate more on that later on in my speech. And I refer back to Mr. Douglas' quotes:

> The third principle is high quality of service. Better distribution of medical personnel as between the urban and rural areas.

Now I want to comment about urban and rural areas. You might find some local hospital that over-utilizes. I want the people of the city to appreciate the fact that when a patient comes in to the doctor from 20 miles and he's not too sure whether he should keep him in the hospital or send him home, that is a lot different than when the person is living right close, a few blocks away or a few miles away than when it's 20 miles or 30 miles away out in the country. That makes the difference whether the doctor decides that the patient should stay in the hospital or not. Some reference was made to the Kinistino hospital by the Member for Regina Centre (Mr. Blakeney). I want to say as far as the Kinistino hospital is concerned that it is partly on account of the Indian reserve that the hospital is being used a great deal. The kind of conditions our Indian people are living in today is causing this over-utilization.

SOME HON. MEMBERS: — Hear, hear!

MR. THIBAULT: — Now I want to go back to the book and read a little more:

> Fostering medical research, development of facilities and techniques, integration of the curative and preventative services. The fourth principle that we have accepted is that this must be a government-sponsored program administered by a public body responsible to the Legislature and through it to the entire population.

What are you doing today? You are bringing in deterrent fees without a plebiscite. They are the boys, the Liberal party that cried for a plebiscite when we brought in medicare. We had a plebiscite and our plebiscite was right here on the program card, 1960, a CCF program for more abundant living. During the next term of office the CCF will provide medicare for every citizen. There was a plebiscite. That's what the people voted on and we told the people of the province, "If you

elect us we'll give you medicare." There was a plebiscite. We were elected. When you decided to bring deterrent fees, which is very important, I say it's the crucifixion of our medicare plan. That's what it is. Easter Monday . . .

MR. G.G. LEITH (Elrose): — Rubbish, Art.

MR. THIBAULT: — Did you say rubbish? That's not rubbish. I feel sorry for these poor people to have to pay deterrent fees. I'll read the letter by Dr. Hjertaas that was published in my local paper, Dr. Hjertaas was the saint of medicare, who stood by what he believed in and at times I am sure he thought he was walking alone.

The Member for Prince Albert West (Mr. Steuart) has no other way of carving his constituency now. If he can carve it now to win, I'd like to see it and to prove my point I'm going to table these cards, one for the Clerk here, and one for the Minister of Public Health (Mr. Grant), and one for the Member for Athabasca (Mr. Guy), one for the Premier and the Minister of Finance, the Member for Prince Albert West (Mr. Steuart) for the next five years I think they said the other day, four years, but maybe they said five years — before another election. Now going back to the fourth principle of this program spelled out by Mr. Douglas:

> The fourth principle that we have accepted is that this must be a government-sponsored program administered by a public body responsible to the Legislature and through it to the entire population.
>
> The fifth principle is that it must be a form that is acceptable to both those who provide the service and to those who receive it. The Premier fired its first shot and a major conflict was in the making.

Mr. Speaker, there was a major conflict at that time and we thought we would have to reinforce the locks on the doors. But nevertheless I would proud when we voted on this legislation. I sat back there somewhere where the Member for Elrose (Mr. Leith) now sits. That's one vote in this House that I'll never forget when we voted in favor of medicare. I think that the Members that are going to vote for deterrent fees had better make up their mind that they are going to remember it for a long time because there is the first nail in the coffin or our medicare plan. I want to quote again from page 36 of the book:

> The passage of the legislation, the recommendations of the majority report of the Thompson Committee formed the basis of The Saskatchewan Medical Care Insurance Act, 1961, which received Royal Assent in Saskatchewan on November 17, 1961.

They want to call that rubbish. Well I can understand why they want deterrent fees. But after they make a few remarks then you can sort of draw a conclusion why they reason the way they do. I think that the Member for Regina Centre (Mr. Blakeney) did a very good job of presenting the statistics and the pros and cons and all your arguments back there are gone. We are convinced that this legislation is immoral and if these boys could vote secretly, I'm satisfied that this Bill would not pass.

SOME HON. MEMBERS: — Hear, hear!

MR. THIBAULT: — The Liberals made a horseshoe around Humboldt you know to get St. Benedict into Watrous, carving constituencies to win an election. They said. "We won the election." I wouldn't be proud of seeing constituencies with 4,000 votes in one and almost 17,000 in another one and say representation by population. I'd never be proud of that. I wouldn't say that I won the election.

MR. T.M. WEATHERALD (Cannington): — You'd better tell your side that, Art, — in 1960 . . .

MR. STEUART: — You ain't seen nothing . . .

MR. THIBAULT: — Well, you know I want to agree with the Member for Prince Albert West, Main Street and the jail and a few others. I am afraid that we haven't seen anything yet. That's why we must do all we can to convince the people back there that they are doing the wrong thing. I know that a lot of them are convinced that they should not go ahead with it. I noticed the other day the Member for Melville (Mr. Kowalchuk) got up and admitted he was wrong and on second thought he voted differently. I noticed that the Member for Shellbrook (Mr. Bowerman), when the Minister of Public Works (Mr. Guy) had installed or was given the orders to install a wire from this Chamber into the Members' lounge, he was quite decent in getting up. He said, "I took the letter out of the Chamber." Honesty, you see, admitting where he was wrong. Well you fellows cannot admit when you are wrong. It seems to be a crime to say, "Well, we'll have another look at this ungodly mess." Now I would suggest that this is a very serious situation. When we dealt with highway safety we had dialogues between the two sides of the House. This is a very important question. If we had dialogues by committees and studied where the abuses are, and dealt with the abuses, I wouldn't quarrel with that. But people who have paid taxes for 20 years for a plan and have never used it, today are going to need that help. They are going to be deterred. A lot of them have paid their taxes over the years and today they cannot afford the deterrent fees. What is going to happen? They'll be back to the old story of phoning up the reeve and the councillors, "Will you pay for so and so if we let him into the hospital?" On one occasion when I was reeve I had a doctor phone me asking if we would pay for the ambulance for a child if they send this child by an ambulance to Prince Albert from Birch Hills. I said, "I'm not going to decide, you're the doctor. If it's an indigent we'll pay, and if the parents can pay, it's not up to us." But why should I be the one to decide whether the child got an ambulance or not. You are going right back. It's the first step back and how far back you are going to go, I don't know. I'm sure, as was pointed out by the Member for Regina Centre (Mr. Blakeney) this morning, that with computers, you've got all the information. You could get right at the source of any abuse if there is some and deal with that. Why are you turning your back on this? Is it that you made a deal. Most of the Members don't talk at all back there. They are just sitting back and they aren't saying anything. Have they had orders from Big No. 1 to keep quiet? You know they make me think of a bunch of little kids that set fire to the hayloft and they are hiding behind the doors. Get up and voice you opinion and tell us why, tell us why.

MR. STEUART: — . . .Drive them out, Arthur. They are out behind the hayloft.

MR. THIBAULT: — We aren't hiding. I've been in here a lot. Look at the Members opposite, practically every seat is filled. You count them — one, two, three, four, five, six, seven, eight, nine, ten, eleven, twelve, thirteen. And you had 35 of you sent out here. Now what's going on back there? A big sign on the door says, "Don't come in, this is only for us."

SOME HON. MEMBERS: — Hear, hear!

AN HON. MEMBER: — Oh, on the other side, that's right.

MR. GUY: — Where are all your Members, Art?

MR. THIBAULT: — We've got more in here, the percentage is much greater here. Well, we go back to 1964 when the now Premier come into my constituency and he said, "We are not against medicare. We are all for it. We are not against hospitalization. We are all for it but we'll make it work better." He said, "Leave it to me, I'll look after it." Yes, it was the kiss of death for medicare when he did get it.

SOME HON. MEMBERS: — Hear, hear!

MR. THIBAULT: — I cannot understand why they will not change their minds unless they have made some deals with the insurance companies or something like that. I remember sometime ago the Minister of Public Health (Mr. Grant) on a television broadcast — if I don't quote him correctly I want him to rise and correct me — he was asked if an insurance company had approached the Government to talk about covering the deterrent fees with an insurance company, would it curtail hospital service? He admitted: "If the people go and insure against deterrent fees, I don't think the deterrent fees will be effective," or words to that effect. Well, Mr. Speaker, we know very well that the insurance companies are going to come in and pick that up. There's no doubt about it. What we are doing with Bill 39 is cutting a slice off our medicare and hospitalization program and handing it over to the insurance companies, just as clear as day. Time will tell. He said, "Try it for six months." He said, "I've won the war for six months, if you drown we will try a dry place."

SOME HON. MEMBERS: — Hear, hear!

MR. THIBAULT: — You know I don't know how some people do think. I know that when I look back over the years, I think of the old times. I can remember when my parents used to go over to the neighbors and take turns taking care of the old and the sick, waiting just for death to come and alleviate their suffering. The older people have all experienced that Liberal medicare plan, but I'm not quarrelling with that. When I say we have

moved away from it, we have led Canada, we have led the North American continent away from it. It's a sad thing. According to the boys across the way, it's a crime that we've got too many hospital beds. We've got more hospitals than the Province of Quebec. Why that shouldn't be? I know that during those days we stood at the foot of many a grave that wouldn't have been there if we'd have had the plan that we've got today. Many of our people have added ten and 15 years to their old age because we've had a good medicare plan in this province. You cannot deny that.

SOME HON. MEMBERS: — Hear, hear!

MR. THIBAULT: — Sure it's going to create problems for senior citizens, senior citizens' homes cost more money. But where do we spend our dollars? Are we going to cut a few miles of four-lane out and fix up the mess that's at North Battleford in our mental health program, as stated in the Frazier Report? What are we going to do? $500,000 to correct a $2 million request? I would like to know if there are good intentions there. It's pretty hard to accept that the Government is going to do something about the mental health program. To try and chisel on the sick, on the old, on the young, is pretty hard to accept.

Now we talk about the population. If you're going to have deterrent fees, it could very well mean deterrent fees for expectant mothers. Are you trying to encourage the use of the pill? Do you want to increase population? It's not by deterring the mothers that come in to have a child that you are going to increase the population. That's one area where you shouldn't have deterrent fees. That's the wrong end of the system maybe. That's what the Member for Prince Albert West says. But the population of Saskatchewan is dropping, partly because a lot of people don't know where they are going with our medicare plan. I see a report here about population. Saskatchewan has the smallest increase. You know the Leader (Mr. Thatcher) kind of disturbs me. I have got a few news clippings here. I think the real idea behind it all is a matter of capitalistic philosophy or the independent sector. I want to read an article from the Moose Jaw Times of 20 years ago, April 3, 1943:

> Everything progressive is branded as communistic by the old party, said W. Ross Thatcher, CCF MP at a meeting here.

Everything called communistic that is progressive. Then I've got the Minot Daily News here and I want to quote: The Premier may have paid a visit down there. And he says:

> Since I was elected and got rid of those darn Communists.

'Oh,' he says, 'I mean Socialists.' Well that sure brings out the thinking of our Leader. Well he's leading the Province and I can't help that. We've got to put up with him. You know I don't think that even Al Capone would do the poor what the Members across the way are doing to the poor people today.

SOME HON. MEMBERS: — Hear, hear!

MR. THIBAULT: — In 1947 we had taken the price tag off hospitalization. In 1961 we removed the price tag from medicare. I thought we'd never see it again but it's back with us today. I know

that on the election day I saw people weep because they said, "I hope that our medicare and hospitalization plan is in good hands." I couldn't believe it. I said, "Certainly they won't hurt these plans. They may bring in something else but they are not going to hurt these plans." I want to say that I can see today that these people knew what they were weeping about and I as one perhaps didn't see as far as they did.

I'd like to refer to the kind of values that we seem to place on our money. We in Saskatchewan spend approximately $60 a year for every man, woman and child for liquor. We spend a lot for tobacco and cigarettes. Then we come to pay for medicare and hospitalization, we seem to want to tighten up.

Now I think that there have been enough requests throughout the province for the Government to change its position. But it doesn't seem to want to listen at all. Is it on account of greed and selfishness that we don't want to spend any more money on health; that we value a few miles of four-lane highways more than health? How do we judge a nation? We judge it by the way it takes care of its sick, its aged, the young, and how it will share its surplus food with the hungry nations of the world. That's the way you judge a nation. A Legislature that will do the will of the majority where we have a democracy, that's how we judge a nation. I'm satisfied that today in this Province of Saskatchewan the vast majority are against deterrent fees by a long way and I am sure that more than half of the Members across the way are convinced about that too. I doubt very much if their conscience isn't telling them not to go ahead with the deterrent fees.

Now I have some letters I would like to read and I don't want to go into the trouble of reading all of them, but there are some that I would like to bring to the attention of the House. First of all, I want to point out, let's go back to 1944, when a CCF Government was elected in the province. We had 4.59 beds per thousand people. We were one of the lowest in Canada for hospital beds. By the time we left office we were somewhere around 7 beds per thousand. We were one of the highest, along with Alberta with the number of hospital beds. Yet Newfoundland remains with 4.2 as of 1958. Is this a crime? Is it wrong that we have done so well in building hospital and medicare services in Saskatchewan? We are not complaining that other provinces should have it; we say all of Canada should have it. That's what we are trying to do. I am sure if a CCF Government in Saskatchewan had been re-elected in 1964, we would have a national health plan right across Canada today. But some thought, well after 20 years it's time to change. I've been married for 25 years and I'm not thinking of changing yet. But some do; after a certain time there is always a change. The change that they made in 1964, the people of Saskatchewan are paying a pretty big price for it.

Now I would like to read a letter from my constituency. As many of them read letters they did not reveal the names and the addresses, I will not read the names and addresses, but I will not read any letter that is not signed. The names are there, if you want to see them, the addresses are there also and none of them come from "Son Pere":

> Dear Sir:
>
> I write you to protest on the high taxes and high drug

> prices and heartless way the Liberal get back money from innocent people. I have been a diabetic since 1964. In November 1966 I was told that I had glaucoma on both eyes. At first I spent $35 in drugs. It is a wee bit less now each month. Now in 1967 I spent $217.45 of my own money on diabetic pills and drugs. So far, in 1968 I spent $63, then added to that, diabetic food which is so high priced, it is like for me to need the rest of my life to save what sight I have left. My husband died on April 8, 1966 and must have a bit of heat in my old house, a few clothes, there are no trips to warm places like Lester Pearson takes. I wish I had Pearson's and Thatcher's change over and stay in my house on a bit I can afford. It is no pleasure trip for me. It's the doctor who orders a person into the hospital and releases the same party.

You know she makes sense after all, it's the doctors that let them in.

> Why tax the young, the old, the sick, why not these with big cars from the government who go on trips to warm climates like Lester Pearson. He could stay at my home as I am forced to do and be alone. I would like to have had the money that the gowns and furs and so on cost at the opening of the Saskatchewan session. In the Dirty Thirties I drove six horses on harrow disk in the fields. I have never had money. Now in my seventh year and doomed for worse than ever. What is it to get a pension of $76.50, for a diabetic with glaucoma and partial vision. Ross Thatcher, do you want to try it?
>
> Signed Mrs. Larson, Edison.

I'll table this letter. Now I will just table a few more letters here, I'm not going to read them to save a little time. Here is one from my constituency, protesting against deterrent fees:

> If this is the medicine Mr. Thatcher promised to include in medicare he certainly deceived us all again. It is the wrong medicine for sure. The people of Saskatchewan should go on strike by withholding fees to show their appreciation. The medicine was designed to kill medicare.

Thatcher medicine. I'll read some more on Thatcher medicine. I think we should read this one:

> This letter is to let you know that I certainly do not approve of deterrent fees being applied to medicare. We believe that there must certainly be a more appropriate method that can be taken rather than penalize those unfortunate enough to require medical attention. We haven't had to pay for our hospital beds for 24 years. It isn't a step in the right direction. As our MLA would you please bring this to the proper authorities.

This is another letter from my constituency. Now the pensioners and senior organizations of Saskatchewan:

> Hon. Ross Thatcher, Hon. Gordon Grant, (Minister of Health), all Members of the Cabinet of the Legislative Assembly.

> Dear Sir:
>
> The Pensioners and Senior Organization of Saskatchewan is strongly opposed at the Government's proposed hospitalization and medical utilization fees on the sick as a means of resolving the problem of alleged over-use of hospital services and health care financing. A large percentage of our pioneer citizens are presently in very low-income brackets and unable to maintain a decent standard of living. The imposition of deterrent fees will definitely accentuate this situation by seriously affecting people that should be helped by the plan. The method of collecting deterrent fees at the hospital level would impose an extra workload on over-worked staff. In fact it would mean for most hospitals additional staff for bookkeeping and collection procedures and the hospital would be in the end with less money than ever before.

I'd like to comment about this. It has been proven that we are going to lose from Ottawa approximately 40 to 50 per cent of those deterrent fees. Then the extra book work. I think that alone is enough for anyone to be convinced that deterrent fees are not the solution to the problem. Now getting back to the letter:

> A similar method of collecting deterrent fees by doctors would have the same effect. Former Chief Justice Emmett Hall stated in his Royal Commission Report on Health Services that deterrent fees would have an effect only on the poor and that administrative costs would be out of proportion.

I think they are right.

> Senior citizens prefer less worry and a more peaceful existence in their declining years than the deterrent fees would seem to impose.

Now after opening up the country why don't we give them peaceful reclining years, instead of coming in and saying, "Come on give me, give me a few dollars," to pensioners who get less than $100 a month.

> The Pensioners and the Senior Citizens Organization in Saskatchewan strongly urges the Government of Saskatchewan not to proceed with deterrent fees, penalizing the sick as a means of resolving the problem of over-used services or health care financing.
>
> Signed, E.W. Campbell, Provincial Secretary of the Pensioners and Senior Citizens Organization.

Now here is one by a Mr. Babcock, I don't know if he is related to Governor Babcock, this is from Regina:

> Re: Protest of Bill 39, taxation of the sick.
>
> Last week I was to see my parents and in-laws. I was asked if I thought deterrent fees, a tax on the sick, was necessary? I said emphatically, no! It was contrary to the very setup of medicare. Percentage-wise it severely penalizes the people that medicare was developed to protect. The percentage of looking after the

> sick, that is the increase in cost was very low in 1967. I could see no logic in any of the reasons the Government supported it with. In fact I said all the taxes levied by Mr. Steuart's first Budget were out of touch with priority. The Provincial Government tells me that the economy is booming, the new Saskatchewan. However, I wasn't able to tell this to my group that I visited on the weekend. I said the priority of using the province's money for entertainment centres, auditoriums and 40 foot bars, four-lane highways to Swift Current, before building a base hospital or before imposing deterrent fees on the sick was a betrayal to any informed public. They asked me to object most strongly on their behalf. My mother and dad, both old age pensioners, told me they pay $31 for 50 days of pills for their ailments. Is this not deterrent fees enough? My mother-in-law, an old age pensioner, requires daily medication and visits to the doctor, at least once every two weeks. Myself a cook on a hourly wage basis, lose my wages every time I visit the doctor.

Now there is another angle, when you visit the doctor you lose wages, is that deterrent enough.

> An allergy caused me to have a monthly injection of fluid at a cost of $1.25 per dose. I pay approximately $60 per year to chiropractor doctor treatment of my back ailment after medical doctors failed to rectify it after four years of treatment.

I think we should think about the chiropractor service instead of deterrent fees.

> I can see no spare money in my niece's family and young laborer husband and they have one child. They are trying to buy a home. The invalid of course with his family of seven lives on welfare. I maintain he is an invalid from working under unhealthy conditions, a welder who has insufficient ventilation at work. Do you honestly think that there is a group of Saskatchewan citizens that can pay deterrent fees, while outside companies deplete their birthright Saskatchewan resources. They nor I can see how any politician could try to justify this.

There is a P.S.

> I enjoy your speeches and I find them with a homey, honest approach which I find refreshing.

Mr. Speaker, I haven't got any petitions from my constituency. There were some that were circulated and I believe they were sent directly to the Premier. But I want to table a picture of the crowd that was gathered at Wakaw at a fund-raising banquet two weeks ago. Now if you look at the picture you will see that the people are standing at the back of the hall. This was in the Civic Centre at Wakaw. Perhaps several of you Cabinet Ministers have seen the Civic Centre. It's a large room and we had to bring chairs in from one of the churches in town to seat the crowd, and even at that some people had to stand. The whole floor was covered. I want to say that a lot of Liberals were there and from Rosthern constituency as well. On that day there were between 500 and 600 people that turned up, well over 500. It could have reached somewhere around 600. Why did they come? I know the Liberals have tried to hold meetings in the

Civic Centre, and couldn't draw a crowd, a little bunch in the middle of the hall. I want to say that we didn't have a bar at the beginning and a bar after to attract them. We passed the hat around to help the Anti-TB League, and some $50 went to help the Anti-TB.

SOME HON. MEMBERS: — Hear, hear!

MR. THIBAULT: — We feel in the Kinistino constituency that when we are going to discuss the nation's business that it should be done in a sober manner. So enthused they were about the gathering that they decided to hold another banquet, four days later in Weldon. I thought they were going to have a little meeting, maybe a few sandwiches, and so on. In four days' time on Tuesday they hadn't decided on the date. The banquet was on Thursday and Mr. Berezowsky, the Member for Prince Albert East-Cumberland was there as speaker. The hall was filled right up to capacity.

AN HON. MEMBER: — Allan Blakeney only gets 25 in Moose Jaw.

MR. THIBAULT: — I want to say that in a matter of a week about 800 people turned out and at both meetings they said, "Mr. Thibault we are backing you up all the way." I want to say that on these petitions you're getting signatures of people who are holding Liberal membership cards. I wouldn't be afraid at any time. If the Member for Last Mountain wants to resign his seat, I'll resign mine, and I'll match you. We'll see if public opinion will guarantee a by-election in three months, double or nothing.

You know the people are disgusted, you cannot explain it to them. They can see what's happening and they are trying to impress this Government with things like this, this crowd that turned out, 800 people. 800 people!

AN HON. MEMBER: — It's gone up now.

MR. THIBAULT: — No, there was 500 to 600 in Wakaw, 800 people. This goes to show how many people have turned out. This is as much as you could get when you had the KODs come here. I think if I wanted to get 1,000 in front of the Legislature I could get them from my constituency alone.

Now, oh yes, I'll table this picture. I am sorry — it's from the Commonwealth too, you know.

AN HON. MEMBER: — Is it reliable?

MR. THIBAULT: — It's reliable information. The picture was taken by Gordon Jackson of Kinistino.

Here is a letter by Doctor Hjertaas, in the Wakaw Recorder.

> To the Editor, Wakaw Recorder, Saskatchewan.
>
> In the New England Journal of Medicine, of March 7, 1968, appeared an article of low income and the barrier to use of health services in which it is shown that the use

> of health facilities varies directly with the patient's income. It shows that if a patient's income is under $3,000 annually he or she visits the doctor 3.2 times a year. It if it over $10,000 he will visit 5 times a year. If their incomes are less than $2,000, only 2.8 per cent of women see their OBG specialist annually. If it is over $10,000, 12.5 per cent see him annually. If their income is less than $2,000 only 7.5 per cent of the children see a doctor annually. If it is $10,000, 33 per cent of them see a doctor annually. The infant rate per 1,000 births is 34.8 in the poverty areas and 21.8 in the well-to-do areas.

AN HON. MEMBER: — Mosquito bites?

MR. THIBAULT: — No mosquito bites.

> It is against this background that the introduction of deterrent fees in Saskatchewan must be viewed. This regressive step in our province will once again introduce firm and definite barriers between those people already inadequately treated and available health services. These facts are well known to the men in Regina who brought down the iniquitous legislation. I wonder if the well-meaning people who cast their ballot to put them there are equally as aware of these socio-economic factors in health care.
>
> Sincerely yours,
> O.K. Hjertaas, M.D.

If you want the Wakaw Recorder, you can have it.

Now I want to look at another area of this medicare plan. I hope that you don't hold me to parliamentary language. My education is very limited and I am going to express myself the way I think and the way I feel. If I make any mistakes, I will apologize to the House, but in the meantime I will proceed with whatever the good Lord has given me. When we look at the Members of the Commission I find that in 1962 we had a certain number of board members, 13 of them. Today how many of them are left on that board? There are only 2 of them left, from 1962 to 1968. I was looking at the picture of Rev. Daniel Lucie, who I am sure served his place there to give the medical plan a spiritual touch. He is gone. Donald Tansley who is in New Brunswick, Deputy Minister of Finance . . .Well that's where he went from here. You know, when you see the change-over, of all these members, they got rid of the people who really believed in medicare. Dr. Hjertaas a man who devoted much time to medicare they got rid of him, they got rid of the horses, the good working horses. What did they replace them with? This is why the plan is in trouble. It's right there, a complete turnover. That's why your plan is in trouble, you should have kept some of these people here, they would have certainly advised you properly. Yes, I think that what is really in the back of their minds is to let the insurance companies gobble up the medicare plan.

I want to say that the remarks made by the Member, the mayor of the city of Regina about hospitals here show that you can look at the report of the Prince Albert Hospital on utilization and the figures compare about the same, that there is a drop in utilization. I think the Minister of Public Health

should look that over. I'm not going to deal with it. But there again it proves that the medicare plan is not being over-utilized. I hope that with the new Liberal Leader it's not going to change the position of the Federal Government to enter medicare on July 1. But I'm very much afraid that with the fooling around and the monkey business that's been going on that, if the Federal Government doesn't come in, it will really give an excuse for deterrent fees. With the added $10 million or so I cannot see why we should have been faced with deterrent fees at this time. I think it would have been proper to set up a Legislative Committee to study the program.

MR. HEALD: — Order, order!

MR. THIBAULT: — What's the order about?

MR. HEALD: — That amendment is wrong. That amendment has been debated and taken off.

MR. THIBAULT: — I haven't spoken at all you know on any of the amendments and I thought I had a wide open field.

SOME HON. MEMBERS: — Hear, hear!

MR. THIBAULT: — But anyway I said this is what should have been done and I won't waste too much time with it. If you think this is out of order, we'll be very kind. If you only change your mind we will certainly appreciate it.

Now I would like to bring to your attention some of the people who are against these deterrent fees and I want to read an article in the Leader-Post, April 15, 1968:

> Protest made against fees — The Qu'Appelle Crusader published by the Anglican Diocese of Qu'Appelle has in its April edition taken an editorial stand against implementation of hospital and doctor utilization fees. In its editorial the Crusader said there might be some point to impose a charge on patients the first time you consult the doctor on a particular ailment, but there seems little justification to charge him when the doctor tells him to come back and when the doctor sends him to a hospital. The sick will pay, the hospital will have greatly increased red tape, the doctor will need more staff to cope with the collection of fees and administrators at the Provincial level will increase as machinery is set up to try to collect the additional fees and track down delinquents. It would appear that everyone stands to lose and nobody wins, the editorial states.

Now this is the stand of one church. Here's another one:

> The Regina Presbytery of the United Church of Canada had a recent meeting opposing utilization fees and favored the breathalyzer test for blood alcohol.

Boy, am I happy about that one too.

> The Presbytery, elected representatives of 40,552 United Church members, said: "We are convinced the utilization

> fees will place unnecessary hardship on the poor, the young and the elderly. We are further convinced that the public cannot abuse hospital services when the doctor directs patients to the hospital. It recommends an increase in hospitalization premiums to meet the rising costs of the health service plan. This recommendation was passed unanimously. On breathalyzer tests for drivers suspected of impairment the Presbytery urged Governments to set the legal alcohol level low enough to be realistic control. Both resolutions were forwarded to the Premier.

Now the University of Saskatchewan Employees' Union, Saskatoon Campus is the latest provincial group to publicly oppose utilization fees saying, "They take from the poor and give to the rich and we view this with great concern." Taking from the poor and giving to the rich, and if you analyze this thing properly that's what you come up with. That's my own remarks. Now getting back to quoting from this paper:

> Sicknesses that our people endure are not of their choosing and some are of long durations, such as cancer. It is a great enough burden to bear all ills without saddling them with fees for being ill.

The Union said in a press release Monday:

> The Union recognized that Government costs are rising and that the Government is responsible for raising funds, but we also know that the Government has at its disposal methods in which it can do so without penalizing the sick, the old, and the poor.

Now this is one group of people, this is what they said. When church groups speak that way I am inclined to sort of pay a little more attention.

Now I would like to quote from another article. This is on development of people, Pope Paul VI, article 49, written by the Prairie Messenger Translation, Superfluous Wealth. I think the remarks here — and I'm not quoting yet, I want to comment first — on the development of people is a very important one. It may apply to the whole world but you can apply this very same thing to the people in this province and I will quote:

> We must repeat once more that superfluous wealth of rich countries should be placed at the service of poor nations. The rule which up to now held good for the benefit of those nearest to us, must be applied to all the needy of this world. Besides, the rich will be the first ones to benefit as a result. Otherwise their continued greed will certainly call down upon them the judgment of God and the wrath of the poor with consequences no one can foretell. If today's flourishing civilization remains selfishly wrapped up in themselves, they could easily place their highest values in jeopardy, sacrificing their will to the great, to the desire to possess more. To them we could apply also the parable of the rich man whose field yielded an abundant harvest and who did not know where to store his harvest. God said to him, "Fool, this night do I demand your soul of you." (Luke 12-20).

So no matter what direction you look about these deterrent fees, they are bad. The only reason the Government is going to

proceed with these deterrent fees is that it doesn't want to admit that it walked up the wrong path or made a deal with the insurance companies — it's one or the other.

Mr. Speaker, I have covered the grounds the best I could. It was well covered this morning by the Member from Regina Centre (Mr. Blakeney). The Mayor of the city of Regina (Mr. Baker) did a good job yesterday and I don't know much more we can do. If you want to bulldoze this thing through there is nothing more we can do. We will vote against it, but I hope that you will remember that you voted for it and I hope that in the not too distant future we will be able to test this opinion in some by-election. I hope the by-election is not on account of someone passing away, but if this would be my last speech in this House I would never be ashamed of it. I want to say this: Please reconsider because I am convinced that another way can be found. You haven't proven that the abuses were of the kind that you have intimated. So with this, Mr. Speaker, I want to thank all those who stayed in to listen and those who stayed behind the wall. Well I can't help it. They will learn with the time. Thank you, Mr. Speaker.

SOME HON. MEMBERS: — Hear, hear!

HON. G.B. GRANT (Minister of Public Health): — Mr. Speaker, like the last speaker, I have sat here for four days listening to considerable verbiage. I think in most cases it was spoken with sincerity. There was the odd time I think when Members on both sides possibly got a little emotional and said things that they probably didn't believe completely. I think basically the argument boils down to a difference in basic belief that the NDP, feel that the Government should look after everyone from the cradle to the grave. That's their Socialist theory and it is so frequently found wanting. I must admit that I strongly hold to the idea that society certainly has a responsibility to protect and look after the less fortunate from catastrophic conditions but not necessarily for their every need. I'm like the mosquito in the nudist colony — there's so much territory to cover — I don't know where to begin. But I'll make an effort to get my points over in considerably less than four days. The Hon. Leader of the Opposition (Mr. Lloyd) along with many speakers from the other side of the House admitted that there were abuses but they took the same approach that they did during the discussion in connection with the suggested closure of small hospitals. They recognize the need for something to be done but "For heaves sake, why are you doing what you are doing," or "Why are you doing it this way?" I think this covers a good number of the arguments and points raised.

The Leader of the Opposition certainly did a good job in playing on the medical and hospital sympathies of the people. He cited many imaginary catastrophic happenings that in his mind would occur at the passage of this Bill. But as nearly as I can check these things have not occurred where utilization fees are in effect and I refer to the Swift Current area, to the Province of Alberta and to British Columbia. I can assure the Hon. Leader of the Opposition that I do not plan to write a book entitled "How to Argue with Your Doctor" because I'm going to have lots of arguments with them without writing a book, and I think I can do it without that. While it seems to be the fad these days to write books, politicians particularly, I'm not going to fall into that category.

I'll have to take the points as I come to them, because, as you can appreciate with the number of speakers, there has been considerable repetition and it is difficult to follow them through in their proper sequence. The Hon. Member for Turtleford (Mr. Wooff), I see is missing from his place and I was hoping that he would be here, because the case that he cited to me was so typical of accusations made on the other side of a poor individual who had been confined to or is confined to one of the general hospitals here in Regina for two months and in an unconscious state as a result of a car accident. He conjured up dire conditions that his wife was going to have to meet. A close check with the hospitals did not disclose such a patient and when we inquired as to the identity of the patient so that we might ascertain if there was any assistance we could give, the name was not forthcoming. Now it seems to me that the same Hon. Member used these tactics in referring to a mental patient whom he picked upon on the way home from North Battleford one day. I asked for the identification and I have still not received it. Now I must admit I've received one or two letters, I don't want the Members of the Opposition to think that they were favored by Her Majesty's mail entirely. I certainly have received a few. But I would advise the Hon. Member from Swift Current (Mr. Wood) and he likewise is absent this afternoon — unfortunately I seem to be picking on the ones who are absent. He said that he'd received many complaints from the Swift Current people about the utilization fees and he pointed out that they paid some $50 additional, but in the next breath he was very careful to tell about all the extra services they received for this $50. I might say that of all the mail I've received, very, very few letters came from the Swift Current Health Region. And I would thank the Hon. Member for not stirring up a campaign down there such as some of the other Members no doubt did, because it was either that or it was because the people of the Swift Current area are not too opposed to utilization fees or I certainly would have heard from them.

The Hon. Member from Melville (Mr. Kowalchuk) and also the Leader of the Opposition and several others, took exception to my statement that the provision of services at Government expense had a tendency to create an attitude of "I paid for it and I want my share." The Hon. Member from Regina North West (Mr. Whelan) quoted this as well and I think the statement was made that this was really just a generality and that there was no detail to support it. The Thompson Report has been quoted quite frequently in this debate and I would like to read what they say about responsibility. Trends and individual responsibility, Page 33:

> Increasing trend to solve health problems through a community or state approach has been noted. However an unfortunate corollary of this is that there has been deterioration in the sense of individual responsibility. For example the trend in care of the aged is to have the state take more responsibility while the family takes less. The tendency to institutionalize persons has an impact on medical care. The prepayment principle in medical insurance and the insertion of a third party between doctor and patient has tended to lessen the sense of responsibility on the part of both patient and doctor. Having paid in advance there is a tendency on the part of some patients to get their money's worth or seek some service because some neighbor got it. Such a dilution of the individual sense of responsibility tends to increase the demand for and the cost of medical care.

So, I want those Members to realize that it wasn't just off the top of my head. I was quoting from what they have used as an authority when I said that there is a tendency towards this.

The Hon. Member from Melville also seemed to feel that he came up with some original ideas. He suggested that there should be home-care programs set up and he indicated that we already had two. I notice he was careful to mention only the two that were in existence in 1964, but I might advise him that in addition to Moose Jaw and Saskatoon home-care programs, there are programs at Regina, Prince Albert, Central Butte and currently programs are being initiated in Swift Current and Yorkton. He mentioned that we need more rehabilitation programs to get the patients out of acute hospital beds. I can assure him that the budget of the Wascana Hospital is higher than it has ever been, purely for this particular purpose and turnover of patients from acute beds into the Wascana Hospital is moving better than ever before. The Saskatoon University Hospital budget is up considerably from last year for the same purpose.

Mr. Speaker, I hesitate to curtail my remarks or speed them up to the point where I cannot cover the various points adequately. I'll endeavor to cover all these points by 5:30 if I can but it is going to be difficult.

The Hon. Leader of the Opposition (Mr. Lloyd) also developed five themes as reported in the Leader-Post. He found it difficult to believe that Health Minister Grant believed his own defence of the Bill. I can assure the Hon. Member that I do believe my own defence. I'll take full responsibility for my statements but I'm not going to take responsibility for other people's. He doubted whether the Government had done any real research into the effects of deterrent fees. My definition of research and his would probably differ but I'm satisfied with the research that we did. He doubted if the Government had really studied alternatives of deterrent charges. We certainly did study the alternatives. The Government had not considered the effects on the medical profession — we certainly did so. I think the experience in the Swift Current Health Region was an indication of what the effect would be. He stated that not one organization has given any public support for the imposition of the fees and they quoted quite a number of bodies that had passed resolutions condemning them. Only a few hospitals were named giving the impression that it was general. We have not heard from possibly 140 out of the 144 hospitals. Reference was made to the College of Physicians and Surgeons. I might say that in a recent newsletter put out by the College — well prior to this, in January at a meeting with the council of the College, I was advised by the president that the College supported patient participation. This was reiterated in this recent newsletter and it stated that the profession has long held this view. I know that they made submissions along these lines to the Thompson Commission as well as to the Hall Royal Commission. They indicated a growing acceptance by British politicians and economists who six years ago were saying that nobody should pay for those services. Now these same people recognize and are advocating some form of payment on the part of the user. The College points out that this is the only way in which to handle the creeping utilization and spiralling costs. They admitted that there were problems and that it would be cumbersome for physicians and patients, but it is the price that must be paid to meet the problems that are being encountered. Some of the Hon. Members indicated the difficulties that

the physicians would have in their offices. They would have to install cash registers and all sort of steps they would have to take. The physicians in the Swift Current Health Region have handled this for quite a number of years without all these complications they speak of.

Reference was made to the Saskatchewan Hospital Association and their stand against utilization fees. This is their privilege. They certainly changed their tune since they advocated it in 1964. I respect the opinions of these people if they have decided now that they are against utilization fees, that's their privilege. Reference was made to the fact that we are violating the Saskatoon Agreement. I'm satisfied. I received advice from my people, legal and otherwise that we are not violating the Saskatoon Agreement.

The Hon. Leader of the Opposition suggested that I said that great numbers of people probably would break their legs, puncture their own appendix, rupture themselves, poison their tonsils, plan a baby every year (if some people planned their babies they might be better off) just because they had paid the premiums and they want to take advantage of it. Well, I don't think I suggested that. I think he is stretching his imagination a bit and that's his privilege too if he wishes to do so.

Now speaking of responsibility I must take the remaining minute to refer to the Hon. Member for Melfort-Tisdale (Mr. Willis) who is the ultimate in responsible action in this Legislature. I hope that the people in Melfort-Tisdale appreciate the time that he took in reading 315 letters and getting into the question of highway construction and lack of interest shown by Government Members. He went far afield in discussing this subject so I don't think I have to take a lesson in responsibility from that Member and I just hope the supporters of the Hon. Member read the article in the April 11th Leader-Post.

The Hon. Leader of the Opposition quoted a number of items he felt were worthy of consideration and I wondered just where he got his material from. I found out the next day when we entertained a delegation entitled Citizens for the Defence of Medicare and most of the points made by the Hon. Leader of the Opposition were the recommendations made by this group. But he was very careful to avoid a couple of them and these two are recommendations 6 and 7:

> The Government should continue its reduction in rural hospital beds but only after ensuring that there is adequate and available hospital accommodation at hand.

Which we are doing. No. 7:

> The Government should strenuously resist any proposed increase in hospital beds anywhere in the province unless this occurs as a result of major shifts in population.

Mr. Speaker, it is quite evident that I will not be able to wind up my remarks.

The Assembly recessed until 7:30 p.m.

MR. GRANT: — Mr. Speaker, when you called 5:30, I believe I was reviewing the points raised by the Keep our Medicare Committee

from Saskatoon, many of whose points were used by the Hon. Leader of the Opposition in his comments on the unfairness of utilization fees. Just by way of review to get back on track again, I would like to repeat that many of the statements made were quite similar to those made in connection with small hospitals, namely that everybody seemed to recognize that there were abuses and things that should be corrected, but while they were in agreement with this they were very critical of what we were doing, asked why didn't we take a somewhat different course and made several suggestions in this regard. This was particularly true of the Hon. Member for Regina Centre (Mr. Blakeney). Let's get long-stay patients out of our hospitals, was one of his suggestions. I think we've made more progress in this regard in the last four years than the previous Administration did. We are certainly continuing to work in this area. The changes made at the Wascana Hospital will be of some considerable assistance. The addition of the nursing homes and senior citizens homes in the last four years has been of great assistance. If we hadn't taken this course I can assure you that the problem of the waiting list for acute hospital beds in Regina would have been considerably worse than it is. I don't believe that it is any worse than it was four years ago and yet the population has increased. This is only possible because of the better utilization that we are making of beds in the Regina hospitals and the major cities.

He admitted that there could be an over-use and this may be due to the lack of alternative services for these people who are in an acute bed who could possibly be cared for elsewhere. We are quite aware of this and will continue to do everything within our powers to overcome this problem. As he knows perfectly well, to finally overcome it we must have recognition on the part of the Federal Government of the need to share in the cost of care of these patients and facilities other than acute beds.

The Hon. Member from Regina Centre (Mr. Blakeney) also said that in his opinion utilization fees will do nothing to change the pattern of utilization or hospital operation. He is entitled to that opinion, as I have my own opinions, and I am sure that only time will prove which one of us is right. We hope that we will have this opportunity to assess the effect of utilization fees very shortly.

Quite a number of speakers asked what the Government was doing or what the Minister had done about certain things, and the Hon. Member for Regina Centre suggested that we should be doing something about the regionalization suggested in the 1962 report. Part and parcel of this regionalization of course was the closure of small hospitals. The Saskatchewan Services Plan is continuing to conduct a very close scrutiny of all operations of hospitals with the view to improving the efficiency of the operations of those hospitals. I think we can honestly say that, for the first time in the history of the province, we have two small hospital boards finally together and I refer to Frontier and Climax. This is more than the previous Administration was able to do. These two boards have met and it appears that as a result of their meetings something really worthwhile will emanate from this.

Now with regard to the Indians, I don't intend to get into that except to comment on the Hon. Leader of the Opposition's remarks claiming that I was making contradictory statements.

He will well recall that when I made the statement that I hoped that the Federal Government would continue to recognize their responsibility as far as Treaty Indians were concerned, it was at the time when there were news items emanating from Ottawa, suggesting that they would withdraw their assistance and since that time, this has been clarified. I trust this will be continued along the same lines that they have in the past.

The Hon. Member from Regina Centre (Mr. Blakeney) I think was completely honest when he stated that the Provincial Treasurer (Mr. Steuart) could probably take the same figures as he was taking and come up with a different picture. I think that this has been evident throughout the debate on this subject that almost anyone can take a set of figures and make a case to promote his own situation. This is certainly true and I do not intend to dwell any further on this approach because I can gather up more figures that will strengthen my argument, but I don't intend to do it. I think that we have all the figures that we need. They have been juggled around back and forth, in some cases using the same figures, and in some cases using others, depending on which suited the particular speaker's purposes to the best advantage.

Many figures were quoted about bed capacity between Alberta and Saskatchewan. The Hon. Member from Regina Centre was referring particularly to this when he made reference to the Provincial Treasurer. One thing that I do know is that the cost of hospital care is rising rapidly and it is largely because of salary costs and wage costs. The more beds we have the more will be used and the more the cost is going to rise. And I repeat once again that something must be done about the multiplicity and the high number of beds in Saskatchewan regardless of whether Alberta is ahead or behind us. I can assure you that they are not very far ahead of us, if they are, and I doubt that they are.

Merely to say that Saskatchewan's utilization rate if not rising as quickly as some other parts of Canada is not sufficient as far as I am concerned. Just because your neighbor is doing something doesn't justify you doing it. I could say that, if other parts of Canada are worse than Saskatchewan, it is high time that they started to pay a little bit more attention to their cost picture and the utilization of their beds. If they don't do it now they will be doing it very shortly because it will catch up to them.

The Hon. Member from Kinistino (Mr. Thibault) has suggested that this was a means of selling out to the insurance companies and that I had admitted that there had been one inquiry from an insurance company. I am sure that one inquiry from an insuring agency showing interest in this doesn't indicate a desire on the part of the Government to sell the medicare or the hospitalization schemes to insurance companies. He said that it is inevitable that these fees would be insured. This has not happened in the Swift Current Health Region. It has not happened in Alberta, and I see no reason why it should happen here in Saskatchewan. I have no guarantee that this will not happen, of course, after all it is a free country and if an insurance company wishes to insure this, that is their privilege.

The Hon. Leader of the Opposition (Mr. Lloyd) quoted quite extensively from the New England Journal of Medicine, particularly from the section dealing with low income and barriers to the use of health services, indicating that the low-income people

do not utilize health services as freely as the higher income groups and that imposition of utilization fees was merely a retrograde step and would worsen the picture as far as the low-income people were concerned. There is one paragraph in connection with this article that I would like to read, which he failed to do, and I think has a bearing on his comments:

> The statistics cited and other data that are available provide only a narrow and restricted glimpse of the end result of a long chain of historic events and human behavior, but neither inability to pay nor discrimination on racial or other grounds, nor the simplistic phrase, 'Life styles of the poor' is an adequate explanation of the existing discrepancies. The advent of medicare and medicade in the States and the enforcement of the type of Civil Rights Act of 1964, will not be sufficient to erase these inequities.

In other words the utilization of hospital services and medical services as far as the poor are concerned, has more reasons back of it than merely a cost factor.

Now a lot has been quoted from the Thompson Report as indicated earlier. The Opposition have admitted that one of the recommendations in the Thompson Committee Report was that limited utilization fees on physicians home calls and office calls be charged to the insured patients at the time of the service. They must have felt at the time, that is the Government of the day, that this could possibly serve a useful purpose in the future because they provided for it in the MCIC Act. If they had felt that utilization fees were to be abhorred as much as they have made out in the last four days, I just wonder why they incorporated this provision in the MCIC Act. Granted there were reservations made in the Thompson Report as to how these utilization fees should be imposed and when they should be imposed. They mention that there should be certain analysis made of the abuses before imposition of such utilization fees, pointing out that, because there is universal medicare coming into force, there would be a certain group of citizens that would make larger use of it than others, because of the fact that they may have been denied it, or many have denied themselves of these services. But the report goes on to say that such statistical separation — in other words that we should separate this group from other people — utilizing the scheme so as to determine abuses that might exist, because such statistical separation will, of course, involve difficulties which would be overcome before the plan commences operation. As far as I can find there was no effort made to overcome these difficulties before the plan commenced operations.

One last quote from the Thompson Report in the same general area:

> The principal control which can be directed at the incidence of service is the one which is most often called co-insurance. This device is also referred to as the application of utilization fees.

So the Thompson Commission was quite aware of the potential need of some control and that's why they recommended this and this is why the previous Government included it into the legislation.

Mr. Speaker, many of the speakers on the other side of the

House have indicated that merely because we have more hospital beds and higher utilization, is not bad in itself, it may be good. Well I suppose the proof of the pudding is whether the general health picture of our citizens is better than it is elsewhere. Once again, I suppose it could be argued that these figures can be used either to my advantage or to the advantage of the speaker on the other side of the House. But in the final analysis the proof of good health is the death rate and for some strange reason the male population of Saskatchewan seems to enjoy a somewhat lower death rate than elsewhere. But nevertheless we are not the best. In Saskatchewan in 1966, the average age at death for males was 63.4, Manitoba 64.7. but when we look at the female side, Saskatchewan is way down the list. In fact Manitoba is considerably higher. British Columbia is three years higher, Ontario two years higher, Nova Scotia two and a half years higher, and Prince Edward Island practically the same on the male population but when it comes to females, instead of an average life span of 64.4, Prince Edward Island is 70.8. I would point out that Prince Edward Island spends exactly one half of what Saskatchewan spends on each hospital bed. So to try and relate general health conditions to the number of beds, the utilization of beds or the frequency of medical visits, I think is open to dispute and argument as well.

Mr. Speaker, I think that the Government's announced intention to bring in utilization fees has brought forth some interesting and in some cases quite imaginative debate and argument from the Opposition. I believe that it is fair to say that some of the apprehension that has been shown by the Opposition Members is representative of the apprehension shown by the people. I am sure that they have voiced, generally speaking, the apprehension that has been conveyed to them. I wouldn't be completely honest if I didn't say that there is apprehension on the part of every Member of the Government, because this is a serious matter that we are embarking on. The Opposition has questioned why so many organizations and groups oppose this, why have so few come out and supported us. Actually I haven't seen very many organizations and groups and individuals coming out openly these days and supporting government whenever they show an increase in taxation or in this case the imposition of utilization fees. It is just not natural to expect organizations and people who are affected drastically by these fees to be enthusiastic and jump at the thought of additional taxation.

Let us consider what is at stake. Let us consider the end rather than the means. The object of the Government is after all not to bring in utilization fees purely for the sake of bringing them in, but to try and do something to preserve and protect our medical and hospital programs. I think that if this debate has accomplished nothing else, it has certainly made the people of Saskatchewan and indeed the Members of the Opposition, aware of the fact that our health programs are possibly in financial jeopardy and could be endangered, unless some steps are taken to preserve them. We have offered utilization fees as one of these means. The Opposition's criticisms of these fees have been most imaginative. It is a pity that in some cases they have not harnessed their imagination a little bit more and proposed more practical alternatives. There have been some alternatives suggested. Some are certainly being explored and have been explored for quite some time. It is not as simple as the Members of the Opposition make out. Namely, ferret out the individual trouble or abuse and then do something about it. This is easier said than done. I can assure the Hon. Members opposite that the Department of Health will continue to be on top of these individual

abuses and do whatever they can to overcome them.

The Opposition has suggested that it would have been better to have increased the premiums. Well, increasing premiums is not exactly a popular approach either. We can look at what happened in Ontario. They have increased premiums to the extent that what the Saskatchewan citizens pay a premium of $36 for, the people of Ontario are paying $66; what we pay $72 for, the people of Ontario are paying $300. It seems to me that in many, many cases, the average family would prefer to be faced with utilization fees than to be harnessed with an additional $100 or $200 on their premium as has been the case in Ontario. When you consider this additional charge that the people of Ontario pay this would pay for a good many hospital visits, office visits, or home visits.

I ask; where is the fairness in increasing the premium on everyone to offset what we feel is necessary to be paid by those who are utilizing the service? We can cite many cases where the user of the service pays a portion of the cost of that service and I really see no difference between the payment of such a utilization fee for this service as compared to other services where governments are involved. If we fail to find a solution or solutions, for the preservation of our health programs, if we fail to control rising costs, then the Members of this Legislature, both Government and Opposition, have failed their purpose and their responsibility. It is time to put these theoretical schemes and suggestions and arguments aside and in my opinion give utilization fees a fair trial.

As has been stated by many Members on this side of the House and by myself, if after a fair trial it can be proven that utilization fees have not brought about a more responsible utilization of our programs, have not controlled rising costs, have not met financial needs, or have deterred people from using services that they need, alternative services must be considered and tried. I warn you, however, that such alternative measure would not be found to be more palatable than utilization fees. Any diminution or restriction of a service that has been rendered by a government is not going to be happily received. Means would have to be instituted to put pressure on hospitals which operate uneconomically while at the same time incentives would have to be given to economically operating units.

You can see the hue and cry that has been raised in this province when we attempted to do something about a better distribution of hospital beds and better utilization of hospital beds. It certainly wasn't received with glee. Pressure would have to be put on physicians to discourage them from admitting patients to hospitals unless necessity could be established. The Opposition has not mentioned these things because it knows that such measures are as subject to criticism as utilization fees are.

We are certainly going through a period of growth and it is inevitable that various measures must be tried and inevitable that some of them will survive and some will be abandoned. It is only right that theoretical merits and disadvantages will be weighted in this Legislature but when it is all over and all the arguments are considered and we start to repeat ourselves, then it is time for action.

I want to hear no more cries of virtue from the Opposition about saving our health programs. they seem to be crying the

same cry as we are. We are crying that we are saving the health plans, and they claim that they are. Only time will prove who is right. The Government is as fundamentally committed to health programs as the Opposition. As our record proves and this measure demonstrates, this is the case. I would thank my colleagues for the support that they have shown me in this debate. It hasn't been a comfortable one or an easy one, but I say that it is time to draw the debate to a close, so that a vote can be taken. I would urge everyone in this Legislature to support the motion.

SOME HON. MEMBERS: — Hear, hear!

Motion agreed to on the following recorded division:

YEAS — 31
Messieurs

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

NAYS — 21
Messieurs

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

MR. W.E. SMISHEK (Regina North East) moved seconded by Mr. F.A. Dewhurst (Wadena) that Bill No. 39 be referred to the Select Standing Committee on Law Amendments and Delegated Powers.

MR. SPEAKER: — Just in case there might be some misunderstanding in regard to whether or not the motion is debatable, I would draw attention to Standing Order No. 24.

(1) The following motions are debatable:

Every motion;

(a) standing on the order of proceedings for the day, except as otherwise provided in these Standing Orders;
(b) for the concurrence in a report of a standing or special committee;
(c) for the previous question;
(d) for the second reading of a bill;

(e) for the third reading of a bill;
(f) for the adjournment of the Assembly when made for the purpose of discussing a definite matter of urgent public importance;
(g) for the adoption in Committee of the Whole, or of Supply, or of Ways and Means, of the resolution, clause, section, preamble or title under consideration;
(h) for the appointment of a committee;
(i) for reference to a committee of a report or any return laid on the Table of the Assembly;
(j) for the suspension of any Standing Order;
(k) and such other motion, made upon routine proceedings, as may be required for the observance of the proprieties of the Assembly, the maintenance of its authority, the appointment or conduct of its officers, the management of its business, the arrangement of its proceedings, the correctness of its records, the fixing of its sitting days or the times of its meeting or adjournment.

(2) All other motions, including adjournment motions, shall be decided without debate or amendment.

For the prevention of error I draw your attention to the fact that routine proceedings are those appearing on the front of the Order Paper. I enumerate them as follows:

Presenting petitions. Reading and receiving petitions. Presenting reports by Standing and Special Committees. Notice of motions and questions. Introduction of Bills.

Those are the routine proceedings which are debatable. This question though routine as to order is not.

MR. F.A. DEWHURST (Wadena): — Mr. Speaker, could I ask a question on your ruling. You were reading No. 24. You said, "The following motions are debatable." Now on the heading it lists them a, b, c, d and so on, and in 'k' any further motion made upon routine proceedings. And the heading says that they are debatable.

MR. SPEAKER: — Yes. It all depends on what the routine proceedings of the House are. And the routine proceedings of the House appear on the front of your Order Paper. "Presenting petitions. Reading and receiving petitions. Presenting reports by Standing and Special Committees. Notices of motions and questions. Introduction of Bills." This motion is for the reference of the Bill 39, to the Select Standing Committee on Law Amendments and Delegated Powers. I have ruled that it is a non-debatable motion and so in my humble opinion it should be, because after all is said and done, Members have been debating this Bill for some considerable time. This could apply to any other Bill and not necessarily to this one. If Members cannot now make up their minds as to which Committee they want the Bill referred without any further debate, all I can say is that they haven't been very brisk at making them up.

Motion negatived on the following recorded division.

YEAS — 21

Messieurs

Lloyd	Meakes	Baker
Wooff	Smishek	Pepper

Willis	Thibault	Bowerman
Wood	Whelan	Matsalla
Blakeney	Snyder	Messer
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Grant	Radloff	
Coderre	Weatherald	

The Assembly adjourned at 9:58 o'clock p.m.