

and other considerations give great concern to the people of Canada, and anybody who will advocate such measures as the one we are now discussing may be sure to receive support.

The thing I object to is that any man who is intelligent, any man who knows the workings of this house, will venture to get up on a platform at election time and promise that if he is elected he will bring about these reforms.

Mr. Marshall is appealing on behalf of Liberalism. If the Liberal party were honest at this time, it would repudiate the statements of the candidate at Edmonton. In parliament to-day we find ourselves in this difficulty. We are allowed by the government to go ahead with this debate, which may last the whole day; a great many admirable reasons for the adoption of state medicine will be put on Hansard; and then the whole proposal will be left in cold storage for another year or another two or three years, possibly until another election, when some other honest and earnest people will get up in the house and advocate a measure of this kind.

Is this sort of thing to go on indefinitely? I do not like to be dragged into party politics; but I say that when the government has a majority quite capable of putting through a measure of this kind, the least it can do is to tell the people of the country as a whole where it stands on these matters, and that it is or is not going to do anything about the question. That is the least that can be done to maintain anything like political honesty in this chamber or in the country.

It is not my purpose this afternoon to give any lengthy presentation of this case. That perhaps can be better done by some of the medical men in the house. All I want to do is to assure the house that we in our group are heartily in sympathy with state medicine. It is just part of the program we should like to see adopted, by which the welfare of the community as a whole would be given first consideration.

I might place on the record a summary of the case for greater health provision for the sick by quoting a few brief passages from those who have given considerable attention to this matter. I have in my hand a pamphlet entitled *Social Work and the People's Health*, being the report of an address given by Miss Charlotte Whitton, executive director of the Canadian Welfare Council, before the Registered Nurses' Association of Ontario on February 5, 1936:

Extent and nature of the problem: At any time about two per cent of the working population are sick from one cause or another; at the date of the 1931 census one out of every twenty-three workers had lost time in the year for illness, and the average lost time for this one worker in every twenty-three (that is over

[Mr. Woodsworth.]

four per cent) was over twelve weeks. Altogether for the whole working population an average loss of about ten full days per annum due to illness was recorded. On June 1, 1931, one per cent of all workers were off work due to illness. One reliable estimate reports about seventy per cent of all school children as suffering from remedial defects; about thirty per cent of persons from eighteen to forty years of age as incapacitated for arduous labour from largely preventable causes, and sixty per cent of those from forty to sixty years as in need of care for controllable if not preventable conditions.

And again:

Many of our people are not regularly employed, even in good times, because of the seasonal nature of employment. Sometimes as high as forty per cent of the working population will have some time off during the year, and this may run as high as twenty-four and twenty-five weeks for certain activities. It was estimated in the unemployment insurance calculations that 860,000 wage workers are seasonally or casually employed and that about 730,000 workers are occupied in agriculture.

It is manifest from these figures it is quite impossible that the ordinary insurance scheme would cover the needs of the great majority of the sick people of this country. Let me give another quotation:

Millions of dollars, hundreds of units and thousands of personnel are already an integral part of public health services or services so substantially aided by public funds as to fall justifiably within the category of publicly provided services. Thousands of qualified persons are engaged in private practice in medical, nursing, dental and pharmaceutical pursuits. Hospitalization services indicate the extent of Canada's existing investment in health. In 860 hospitals, 11,416 doctors are now members of staff or caring for patients, with 726 medical staff and 733 internes in full-time employment; 5,210 graduate nurses and 9,472 student nurses are employed. Annual maintenance costs exceed \$38,000,000 and 51,577 beds are available for hospital patients. Fully twenty per cent of this care is given to non-pay patients, while thirty per cent to thirty-five per cent of all patients are indigent.

That gives some idea of the extent of the interest we have in this problem.

One more brief quotation from another pamphlet by Miss Whitton, entitled *Britain's Social Aid and Ours*. In Great Britain, where the hon. member for St. Boniface has said there is a thoroughly worked out scheme of health insurance, there is also provision for medical assistance for the indigent.

There is thus provided through the public assistance committees, which in Canada might be described as municipal social welfare committees or boards, a complete local service including institutional, and hospital, and outdoor relief and medical relief in their own homes for all persons who are in need thereof for causes other than unemployment, or who are not eligible for aid under unemployment insurance or assistance, health or pension plans.