

Medicare

All this took place on July 12. We in the New Democratic party told the minister we would be prepared to give the bill second reading before the summer recess. It was not done, however, and the next announcement of government intention came not from the Minister of National Health and Welfare but from the Minister of Finance (Mr. Sharp) in early September at the end of the emergency session on the railway strike. What does this mean? It means that the Minister of National Health and Welfare carries little or no weight in the cabinet and that some of the other cabinet ministers can blandly disregard his well-meaning intentions.

• (6:40 p.m.)

It would be interesting to speculate what the present Minister of Manpower and Immigration (Mr. Marchand) would have done in these circumstances. Would he have resigned or would he do what the minister is now doing—sit in the house hearing members underline the shameless course of events and the spinelessness of the minister?

The least the government could do would be to make the Minister of Finance tell us in detail why he thinks this measure of social welfare is inflationary and back up his statement with figures, not speculative fantasies. The Minister of National Health and Welfare set forth the estimated cost of medical care insurance when he spoke during the debate on the resolution. He said, as reported at page 7549 of *Hansard*:

It has been estimated that approximately \$600 million would be spent next year on physicians' services if no change were made in the present methods of providing these services.

I would ask hon. members, therefore, to compare the estimates on which we are basing public expenditures for public programs covering the whole population if these go into effect next year, namely, a total of \$680 million including the provincial share of half the costs. Thus, by redistributing the estimated \$680 million and adding another \$80 million, all residents of all provinces of Canada will have physicians' services available to them.

This indicates that all we are talking about here is the sum of \$80 million and I ask: Is this inflationary? If the estimated cost is \$680 million and the Canadian public spends, by and large, \$600 million, all we are talking about now is the difference between \$600 million and \$680 million. There are many ways of taking care of this small amount. One is by means of government savings in all departments. Doubtless the savings brought about as a result of the integration policies of the Minister of National Defence (Mr.

Hellyer) would in themselves amount to double the \$80 million required.

Opponents of medicare have made many statements about the additional services medicare would necessitate. It would be as well to remind ourselves again of the experience of Saskatchewan where full medical insurance has been in effect since 1962. In an article which appeared in one of our periodicals under the heading, "Saskatchewan Medicare Costs Now Actually Going Down", we read the following:

Opponents of medicare who prophesied that the cost of a comprehensive plan, like the one set up by the former C.C.F. government in Saskatchewan, would steadily mount, are being confounded by the facts. The costs of the medicare plan in Saskatchewan are now actually going down.

The Liberal government of the province, upon taking office, raised the premiums without waiting to find out from experience if it was necessary, but they found no reason for any further increase and have announced that the premium rate for 1967 will be the same as for 1966.

When the C.C.F. government first set up the plan the rates for combined hospital and medical insurance were \$72 for families and \$36 for single people. After the plan was well launched the C.C.F. reduced the premiums to \$52 for families and \$26 for single people. When the Liberals took office in 1964 they almost immediately raised the rates again to their original level. Now they are making money on the plan and may have to face a public outcry for a return to the lower level set by the C.C.F.

The strongest indication that the plan was being successful in every way came at the time of a meeting of the general council of the Canadian Medical Association in Edmonton this summer. At that time Dr. E. W. Barootes of Regina, who had been the most vigorous leader of the opposition to medicare, told his colleagues that some of his profession's fears about medicare had proved unfounded.

Dr. Barootes made a courageous admission when he said, "Some of the qualms we have had have been disproved and some of us should revise our thinking."

"The idea that total medical care results in constantly mounting costs has been shattered," he said. The fact is, he said that the total cost of Saskatchewan medicare dropped last year by \$500,000 from \$23 million to \$22½ million.

He said in an interview later he could not explain why medicare costs have not shot up as he and other doctors had predicted. He said it may be because Saskatchewan residents have been saturated with medical service—that they now have been treated for all the ailments that, before medicare, went untreated.

When one compares the rates of medicare insurance in Saskatchewan with those in effect in Ontario some startling figures confront us. In Ontario, for hospitalization a single person pays \$39 a year and a married person with children pays \$78 a year. Under