

*Supply—Health and Welfare*

response to the hon. member for Burnaby-Coquitlam. I thank him for having made those observations. I seem to have touched a nerve somewhere. I do not wish to take away any credit from the hon. member or from the government he had the honour to lead when he brought about many useful and progressive measures in the province of Saskatchewan, measures which are working very well at the moment. But I do not wish him to take credit for those he did not bring in and I noted that he mentioned the cancer program. This was started by one of the members of the Hall Commission, Dr. D. M. Baltzan, of Saskatoon, during the Conservative administration. It was first started as a pilot plan and it was made free by the Liberals, admittedly as an election bribe in—

**Mr. Douglas:** May I ask my hon. friend a question?

**Mr. Brand:** Just sit down. I have not finished. The hospital insurance program which your government brought in did an admirable job. I merely pointed out in my address that nothing has been done to take care of the distaff side, and I would ask the hon. member to listen carefully. As I suspected, the means test was once again used by the hon. member as a smokescreen, and this is exactly what I meant. I said nothing about a means test in any medicare scheme. I made no pronouncement about the policy of our party. I asked some questions which the hon. member did not take time to listen to, and so we have had more sophistry.

The hon. member said I opposed the four main points. If he reads *Hansard* tomorrow I think he will find that is not the case. He said that I said we had not endorsed the Hall Commission report. I invite him to read the speeches of the Leader of the Opposition, and I think I shall send him some of mine also.

May I just read from the Hall Commission report, paragraph No. 2, under the heading "Health Charter for Canadians":

"Universal" means that adequate health services shall be available to all Canadians wherever they reside and whatever their financial resources may be, within the limitations imposed by geographic factors.

I understood the hon. member to suggest that he thought the medical profession had learned its lesson. I thought he had learned his in Regina a few years ago. May I point out that the plan at present in operation in Saskatchewan is not the plan originally proposed. Admittedly the idea is there but the plan was changed. The legislation was

[Mr. Brand.]

changed by a special session of the legislature called by Premier Lloyd of Saskatchewan after the meeting of the doctors and the Saskatoon agreement on July 23.

This plan operating in Saskatchewan is not the plan originally proposed by the hon. member's government. That plan outlawed the private practice of medicine in the province of Saskatchewan. Certainly the present plan is working well now. The reason it is working is that the doctors are still dedicated individuals who are working hard to give the best possible care to their patients despite the fact that there is overutilization of their services, despite the fact that they are working much longer and much harder than they ever worked. But I am afraid that by reason of the amount of work they are doing they are working in less depth than they should be in medical practice, and these are things which must be considered by the committee and the government in any proposals for medicare throughout the country.

**Some hon. Members:** Hear, hear.

**Mr. Douglas:** I do not want to delay the committee, Mr. Chairman, but may I just make two points. Reference was made to the free cancer program in Saskatchewan. First of all, I want to point out to the hon. member for Saskatoon that the free cancer program which had been set up by a Conservative government in 1932 or 1934, if I remember correctly, provided only for diagnostic services and not one dollar was ever paid out for cancer treatment or cancer surgery until a C.C.F. government was elected in the province and supplied the necessary funds for that purpose.

The hon. gentleman also made reference to the fact that the hospitalization program was set up with not sufficient attention having been paid to the supplying of what he calls the distaff side. I suppose he means hospital equipment, plant and facilities. I would point out that between the time our government took office and the time the hospital insurance plan was established we doubled the number of hospital beds in the province. I have not looked at the figures for the last two years but for years Saskatchewan had the highest ratio of hospital beds per thousand of the population of any province in Canada and was only equalled by one state of the union, namely, the state of New York.

When the hon. gentleman points out that the medicare plan operating in Saskatchewan is not the same plan as proposed originally he