

*Medicare*

into recent history in that respect, including the failure of successive federal governments to introduce a national health services insurance plan.

The demand for a health services insurance plan was strong in British Columbia and this ferment continued from 1919 until the Liberal party was re-elected provincially in November, 1933. As I say, it was a subject discussed at all the local meetings of the organization and by other organizations. I remember that once again I campaigned as a member of the Liberal party in support of this program, but once again there was a delay in giving legislative effect to the overwhelmingly expressed will of the people.

When he spoke this afternoon the hon. member for Vancouver East (Mr. Winch) referred to what happened in the legislature of British Columbia. However, the pressure was so strong in this respect that in 1936 Dr. Weir, the minister responsible, introduced legislation in line with the Liberal provincial program which provided for a health services insurance program on a provincial scale. The legislation was passed by the legislature. A commission was established, but that was the end of it. I ask why, because we have heard nothing since of that legislation? The reason that plan was not given effect to, although the legislation is still on the statute books of the province of British Columbia, was that the medical profession at that time opposed the introduction of the plan on a provincial basis, although I did know of some who thought it could be more satisfactorily introduced on a federal basis.

Since that time more and more people and organizations have come to realize that all Canadians should be covered by a national health services insurance plan. Successive Liberal governments have been aware of public sentiment in this respect. The late Right Hon. Mackenzie King was very aware of it. In fact, I remember on one occasion having a conversation with that former prime minister of Canada on this subject because he stopped me to tell me to send his kind congratulations to my father who was having a birthday in the near future, and I did so.

This desire was emphasized by trade unions, the Canadian Federation of Agriculture, farmers unions, women's organizations of various types, and other organizations, and the government mildly responded to these representations by the introduction of legislation to provide for further research into this problem, to provide for grants for hospital

beds when hospitals were being constructed, and by legislation to provide for further contributions toward provincial hospital insurance plans that were appreciated at that time. When those plans were introduced members of this party actually thought the government was introducing those proposals before launching on a national health services insurance program.

● (5:40 p.m.)

I rise at this time, Mr. Speaker, to express my support for the principle and purpose of the bill, although I must say it has suffered from a very Sharp frost in recent days, and to express my opposition to the amendment moved by the hon. member for Simcoe East (Mr. Rynard). I have great respect for the hon. member, but on reading his amendment carefully I am of the opinion that he has, in somewhat different terms, expressed the opinion of the Canadian Medical Association. I read their letter when I received it and at this point I would like to quote in part from a letter I received from Dr. R. K. C. Thomson, president of the Canadian Medical Association. This is what Dr. Thomson had to say:

The enclosed letter in respect to Bill C-227 was forwarded to the Prime Minister and will be discussed with the Minister of National Health and Welfare. We hope that all members of parliament will seriously consider and support our more practical approach to medical services insurance—

1. which would provide insurance for those who need financial assistance;

That means on a means test basis.

2. which could be serviced by existing medical personnel;

That was the very same argument used in 1921 with regard to the national program proposed at that time and in 1936 when the legislature of British Columbia adopted a bill to provide for provincial health insurance.

3. which would maintain the quality of medical care;

We also heard that argument on those two occasions.

4. which would not be too costly for the provinces or the federal government;

Surely, Mr. Speaker, we in Canada with our vast natural resources would not find a social welfare measure of this type too costly when the governments of Great Britain and other European countries have had plans of this type in effect over a good number of years and have improved them as a result of experience.

5. which would have the support of the doctors of Canada.