I shall refer to a study which was done recently in the Province of Saskatchewan. In that study, people were asked the question: "Would a $2 increase in user fees have any adverse impact on the community that uses the health care facilities?" It was found that a $2 increase in user fees would adversely impact upon approximately 19 per cent of the clientele. Again, that 19 per cent of the clientele is composed by and large of the elderly and of people with chronic illnesses. From what I can gather, this was the result of a very unbiased study that attempted to indicate to what extent a simple $2 increase in user fees would impact on a community.

When we speak about a tax on the sick and the elderly, we are reminded of the words of Mr. Justice Emmett Hall who had so much to say about the need for medicare in the country and about the extra charges that are being levied today. He said: "The trauma of illness, the pain of surgery, the slow decline to death are burdens enough for the human being to bear without the added burden of medical or hospital bills penalizing the patient at the moment of vulnerability". This is why we in this Party are so concerned about what we see as the present erosion of the medicare system.

We in this Party are particularly concerned because of the role that we as a political Party have played in the introduction of medicare in Canada. I remember the state of the hospital system in the country at the time that I graduated from high school. I remember the confusing hodge-podge of private and public insurance schemes for health care. From my readings at that time, I recall that at least seven million Canadians did not have any kind of health insurance at all. At least half the population of Canada certainly did not have any comprehensive health coverage at that time.

In 1945, the Saskatchewan CCF Government, a forerunner to the NDP, decided that it was time to take action. I am sure that most Canadians today are under the impression that medicare has existed for as long as anything has and that medicare has always been a fact of life in Canada. Many people have grown up understanding that they could have access to a hospital and a doctor at any time at a cost that would not prohibit their treatment, and presumably at no cost at all because it was funded through the taxation system. However, I think it is important for Canadians to realize that this was not always the case.

Before we break, Mr. Speaker, I would like to take a few moments to outline the evolution of medicare in Canada. To find the origins of medicare, we must go back to 1945 because it was in that year that under the Saskatchewan CCF Government, Saskatchewan was the first province to introduce medical and dental care for all old age pensioners and for mother's allowance recipients and their families. This was the beginning of the idea that we could indeed take action using our relatively progressive comprehensive tax system to provide health and dental care for old age pensioners and those receiving mother's allowance.

In 1946, the Saskatchewan CCF Government introduced an experimental, comprehensive, Government-sponsored medicare plan in the Swift Current region of the province. In this case, the program provided a full range of medical services including a dental program for young people under the age of 16. The Government was testing the situation in an effort to demonstrate to Canadians in all provinces and territories that comprehensive medical care was available there and could be available to all.

In 1947, Saskatchewan, under the CCF Government, became the first province to introduce a comprehensive, Government-sponsored hospital insurance program. By 1961, many Canadians were beginning to feel that if there could be comprehensive medicare available to everyone in the Province of Saskatchewan, why could it not be available to those in other provinces? In 1961, Mr. Justice Emmett Hall was appointed to chair a royal commission on health services which was created to "inquire into and report on the existing facilities and the future needs for health services for the people of Canada".

**Mr. McDermid:** Who appointed Mr. Justice Hall?

**Mr. Riis:** In 1962, Saskatchewan, again under the CCF-NDP Government, became the first province to introduce a comprehensive, provincially-sponsored medical prepayment plan, or medicare. This, of course, resulted in the kind of knee-jerk response one might have expected because challenging the system in which appropriate health care was available to select groups of the society and not to everyone resulted in a 25-day strike of Saskatchewan physicians.

In 1964, the Hall Commission reported and recommended, among other things, the creation of comprehensive medical insurance plans in each province which would be available to all Canadians, with cost-sharing by the federal Government. In 1966, a big year for Canadians, the minority federal Government of that time passed the Medical Care Act providing for 50 per cent federal cost-sharing in proven provincial medicare plans.

One could go on to make the point very clearly that, as a result of the CCF-NDP Government which laid the groundwork and convinced Canadians that this was indeed a possibility, we have moved toward the point where today we see once again the need for the federal Government to take action to ensure that proper medical care is available to all Canadians.

**Mr. MacLellan:** Mr. Speaker, I have a point of order. I think there is a general agreement that if there are to be no further speakers, the vote on third reading would be deferred until 4.45 p.m.

**Miss MacDonald:** That is agreeable to us.

**Mr. Blaikie:** Mr. Speaker, you will call the vote at that time. I just want to make it clear for the record that it is intended that there be a recorded vote at that time.

**The Acting Speaker (Mr. Herbert):** In that case I shall put the question now and as there appears to be unanimous consent, the vote could be deferred until 4.45 p.m. Is that correct?