

*Medical Care Act*

Over the past 20 years we have begun to see that there is a future for medical services and medical supplies in the north. It is hard to explain, but there is a feeling in the north that what we have accomplished in the last few years we will lose in a matter of two years; we will be right back to where we started. People are asking whether we can do something to upgrade our services rather than downgrading them.

I will not get into the other areas; they have been very well covered by my colleagues. I wish to emphasize again that we should not pass this bill as it will hurt our people, especially those in the remote areas where facilities are not now available. As Canadians, they deserve these services as much as anyone living close to medical facilities.

**Mr. Les Benjamin (Regina-Lake Centre):** Mr. Speaker, I appreciate the opportunity to speak on this amendment that the bill be not now read this day six months' hence, which is the same as killing the bill: and we make no bones about that. Before getting into my speech, I want to refer to some remarks I made in my first speech at second reading. I neglected to check *Hansard*. The *Hansard* reporters were probably accurate and I was not clear in what I said. On that occasion, the Solicitor General (Mr. Allmand) asked me if I remembered the answer that Tommy Douglas, a former premier of Saskatchewan, used to give for the reason he did not introduce medicare from 1944 until 1961. In the course of that reply, in which I thought I was magnificent, I said:

Mr. Speaker, I am glad my good friend the Solicitor General asked that question because he will need to rely on the history of Tommy Douglas and his fight with his own caucus and his own cabinet over not only medicare, but also capital punishment, and a few other items.

What I meant to say, and should have said, is that I wanted the Solicitor General and all members of this House to rely on the history of Tommy Douglas and the fact that he did not have to fight with his own caucus, cabinet and party, not only over medicare but also the abolition of capital punishment. I want the record to be clear that Tommy Douglas, as premier of Saskatchewan, did not have to fight with his own cabinet, caucus party over medicare, and certainly not the abolition of capital punishment. I suspect that is not the case with the Solicitor General and his cabinet colleagues over medicare, capital punishment or anything else.

I also want to refer to an interruption in the speech of my good friend, the hon. member for Broadview (Mr. Gilbert), by a member of the official opposition. I think it was the hon. member for Pembina (Mr. Elzinga). It could have been the hon. member for Oxford (Mr. Halliday); I am not sure. In any event, the interruption came from a member of the official opposition. When the hon. member for Broadview was speaking about the closure of hospitals in the province of Ontario, the hon. member from the official opposition made assertions about the province of Saskatchewan under an NDP government closing hospitals. I whispered to the hon. member for Broadview at that time that none had been closed under an NDP government. The hon. member from the official opposition then asserted, on a point of order, that one had been closed in 1972 and three had been closed in 1973, or something to that effect.

I now wish to advise hon. member of this House that since the return of health, welfare and prosperity to Sas-

katchewan under an NDP government in June, 1971, the Saskatchewan government has not closed any hospitals. I repeat, it has not closed any hospitals. As might be expected from a Liberal government, they always talk a good fight, saying how they have been in favour of medical and health care since 1919. However, when in power they forget their words, and their actions spell out what they do, as in this bill.

Under the late Mr. Thatcher, the Liberal government of Saskatchewan from 1967 on closed eight hospitals. On the return to power of the NDP in that province, all those locations were reopened as community health and social centres, attended by visiting physicians, health region nurses, social service workers and serving as a focal point for clinics, prenatal care, ambulance facilities, and so on. So those facilities have been reopened by the Blakeney government in Saskatchewan since 1971, though probably not on the same basis as before. Those are the ones that were closed under the Liberal government of premier Thatcher. I hope I have set the record straight in that regard.

● (1640)

Before I proceed to make further remarks upon the stupidity of the bill before us, I want to remind members of the official opposition as well as members on the government side that whereas Liberals have closed hospitals in Saskatchewan, hospitals providing eight or ten beds. I was intrigued to learn that a 61-bed hospital was being closed in Paris, Ontario, by a Conservative government. I always thought a 61-bed hospital would somehow be viable, to use a free enterprise term. I am awaiting an explanation of this from spokesmen for the Progressive Conservative party or their colleagues in the Ontario provincial government.

One of the results of this bill will be to force hospitals to reduce the number of personnel employed and curtail the number of beds available. This could mean the downgrading of what we all agree are already inadequate services being offered in many instances. The average cost of a hospital bed can range anywhere from \$70 to \$175 a day, depending on the care a patient needs, and I suspect these figures are on the low side. If there is to be any saving in that direction, and that is the main purpose of this measure, I am not aware of any proposals by the federal government to assist the provinces in augmenting the number of paramedics or other kinds of service—home nursing care, for example—which would reduce what we all know to be the high cost of running hospitals and, consequently, high expenditures by hospitals.

It is sometimes said there are too many people using hospitals and too many people occupying beds they do not need. I do not accept that proposition, but even if it is true, one can hardly blame the people who are in the beds, because patients do not put themselves into hospitals beds—it is doctors who put patients into hospital beds.

**An hon. Member:** Who makes them sick?

**Mr. Benjamin:** It could be the Liberals or the Tories.

**Mr. Oberle:** No. It is the NDP that makes them sick. We are all sick right now.