

*Medical Care Act*

minister has always given the program his highest priority and that with his kind of expertise it will be possible to say from this side of the House where we are going, and not where they think we should be.

● (1710)

**Hon. Alvin Hamilton (Qu'Appelle-Moose Mountain):** Mr. Speaker, the bill before us today is one which has to do, really, with the government's attempt to combat inflation. If hon. members opposite care to listen to my observations, I think they will hear something which may be of use to them. What we are considering is, in effect, a panic-stricken effort on the part of a government which is facing rolling inflation whose consequences are endangering many government programs as well as the private security and peace of mind of most of the people of Canada. I say at the outset that the government had better listen to speeches such as that made by the hon. member for Villeneuve (Mr. Caouette) and think about them carefully, because what the hon. member was saying today concerning the needs of his people is applicable to every riding in this country.

The subject has personal interest to me—a painful one, too. I attribute the major cause of my defeat in 1968 and of being turfed out of parliament for four years to this very issue, and even though I can say, personally, that I was innocent, someone got on the CBC about ten days before the election claiming to be a Conservative and said that if the Conservatives got in in 1968, medicare would be stopped. As a result, four or five Saskatchewan MPs went down the drain in that election. That is one of the issues which sent us down to defeat. There were others, of course. I mention this as a warning to hon. members on the other side of the House.

In almost every country in the world, whether it be socialist or relatively freely organized, as is our western world, the question of medical care is probably the most sensitive area with which parliament can deal. In the western world we were slow to embark upon social welfare legislation. As for the type of programs we brought forward, we had to rush into them and that is the only excuse for much of the stupidity which has gone on in this area in North America for the last 30 years in connection with social programs.

I am glad to see in the Chamber today a minister who once held the portfolio of National Health and Welfare; I refer to the Secretary of State for External Affairs (Mr. MacEachen). I think we would be a witness to the truth of much of what I have to say. Perhaps when I have finished members on the other side will recognize the need to put pressure on the government in order to free themselves from the narrow considerations which guide the building of policy by virtually all governments in Canada when it comes to the subject of health care.

The bill before us has been described by many people who understand its details far better than I do as amounting to an opting out on the part of the government from its own program. The reason given by the government, in justification, is a legitimate one in their peanut brain. They think it is a way in which to reduce costs. They are frightened by the tremendous increase in the cost of all these opened programs which now account for 80 per

[Mr. MacFarlane.]

cent of the tremendous spending power of the federal government.

Some of us are old enough to remember the great enthusiasm in the United Kingdom during the war years when a nation sorely troubled by physical and economic dangers was fighting for survival. Some of us remember the excitement which went through the ranks of the troops as they heard announcements about "cradle to grave" social welfare programs which were being proposed at that time. They gave great hope not only to men and women in the services but to people in the civilian ranks of war. They encouraged a belief that a more equitable social order could be brought into being after the war. It was all going to be worth while.

I recall going back to Saskatchewan and witnessing the birth of the basic hospitalization plan—and I give full credit to the hon. member who now sits in this House on my left for being the father of that proposal. I believe he was aware that he was trying to get Saskatchewan to catch up with the western world by providing some form of egalitarian service in a field of vital interest to the people. I recall how the province of Saskatchewan undertook a statistical study in connection with the scheme, on the basis of which it was ascertained that out of every 1,000 people in the province, 66 received hospital treatment in the course of a year. Because the government was proposing to bring in a universal plan, it was thought likely that more people would take advantage of the plan, so in calculating the costs it was estimated that 100 people out of every 1,000 would go to hospital each year. If I am wrong as to any detail, I hope the House will pardon me, because I am trying to get an idea across.

Here was a government with great sincerity, and a firm sense of social purpose, trying to provide for the people of Saskatchewan no matter where they lived or how much they earned. They went into the legislation with honesty and sincerity. Yet within four years a great fear came over all of us who were watching the hospitalization scheme in Saskatchewan. I remember being called into a private meeting at which we were told about the rising costs of the scheme. An appeal was made to members in all parties to do our best to solve this problem of escalating costs in order to save the scheme. This was a private meeting. I recall a list of six causes of the overly large use of the plan. Within four years of the plan starting, instead of having an expected 100 per 1,000 going to the hospital each year, the figure was 326 per 1,000. At this rate of escalation, members of all parties knew the plan would be so expensive that it would put in great danger a scheme that everyone wanted.

● (1720)

The matter came up for debate in the house on a series of proposals to restrain and hold back these rising, opened costs. One unfortunate member of the legislature on the opposition side, in all sincerity reported to the House that in his municipality they once had a hospital fund, with so many mills on the tax bill to pay for it. When the people found out it was universal and that for the same number of mills everyone had free access to the hospital in the municipality, the number of people who decided to go the hospital was away above expectation, and as a result costs increased. They had to place a negative, deterrent fee