

After Recess

The house resumed at eight o'clock.

Mr. A. M. NICHOLSON (Mackenzie): Mr. Speaker, when the hon. member for Edmonton East (Mrs. Casselman) was speaking before six o'clock she mentioned that she would defer some remarks until the bill respecting health insurance was before the house. She appeared to me to be unduly optimistic, if that bill is to come before the house this session I fear that we shall be here until Christmas.

The Prime Minister (Mr. Mackenzie King), in speaking this afternoon, indicated that this bill would provide a sort of clearing-house which would coordinate the health services in the different provinces of the dominion. That is not good enough at this stage. The people of this country expect and deserve that legislation be placed on the statute books by this parliament to remove the inequalities in the medical services in different parts of Canada, so that the health of the Canadian people may receive the attention which it deserves. If the British North America Act does not place responsibility for the health of the people on the right branch of government, the conference which is to be held between the provinces and the dominion has been too long delayed. Too often the excuse has been given when important legislation has been proposed that this is not a matter in which the federal government can act. In turn, the provincial governments say that they have not the jurisdiction or the funds, and the municipalities are unable to find the resources to introduce the changes desired. When war breaks out it is in the interests of us all that we should have a maximum number of able-bodied men and women to give their services in defence of our institutions. Then it is important that our young people should have their defects of vision corrected, their teeth put in good shape, that they be free from tuberculosis, that they be able to stand up to the rigours of modern warfare. If it is important in time of war, it is equally important in time of peace to be concerned about the health of our people and to see that sufficient hospitals and nurses and doctors and dentists are available to give the very best services in different parts of the country.

While some hon. members who have spoken this afternoon appear to be satisfied with the progress we have made in Canada, members of this group are far from being satisfied. Here again Canada lags. I have before me "A Distinguished Report on a Proposed Reorganization of Medical Practice in Great Britain." This group of younger doctors are not only concerned about having medicines and hospi-

tals but with some of the wider medical problems. They speak of two groups of problems connected with but not strictly a part of medical planning. First, they say that medical organization is largely determined by the social pattern of the society in which it exists. The second group of problems, they point out, which are connected with but not strictly a part of medical planning are those of environmental planning for health and happiness. They go on to point out that the people of Great Britain can have as high a standard of medical hospitals as they want to. In connection with their studies they give some attention to the control of industry, rationing, price fixing, nutritious food, adequate supplies of heat, light, potable water, sewage disposal arrangements, and fresh air. They say:

Since it has been discovered that finance, as such, is no longer a limiting factor in national endeavour, it will only be offered as an excuse for not taking action by the ignorant, the prejudiced, or the wicked.

There is no need for a return to pre-war poverty, slumps or unemployment, if we are prepared to impose certain disciplines on ourselves. By continuing to sacrifice some freedoms, which we have willingly sacrificed in war, we can gain greater freedoms than we possessed before.

They go on to point out:

A planned health service is an A1 priority. The best that the medical and allied professions can provide must be available for everybody. Provided this does not encroach on other A1 priorities we need not count the cost. Since the productive wealth of Britain has never been greater, we can plan if not prodigally at least boldly.

They mention the importance of eliminating poverty, caused by the unemployment of the chief wage-earner or his sickness; sickness benefits, provision for old age and many other important proposals.

In the United States a survey has been made, and I have here an interesting report in *News of Toronto*, in its issue of March 18, 1944, regarding some of the discoveries that have been made in the United States, among which are:

More than 40 per cent of the counties in the United States contained no registered general hospital to serve their total of 17,000,000 people in 1938.

Nearly a quarter of a million women had no medical aid in childbirth.

In eighty-four cities, 28 per cent of children had neither physician nor hospital care in illnesses which disabled them for a week or more.

One-third of the 35,000,000 children under fifteen years old in the United States were in families unable to afford medical care.

Two-thirds of the United States rural areas were without child health centres or clinics.

More than a billion days were lost from work each year by 70,000,000 sick persons.