

Supply—Health and Welfare

that that was started many years ago by the anti-tuberculosis league in that province. When someone asks how many years ago that was, I think perhaps it was more than 40 years ago. Even when I was a member of the Regina city council I remember fighting in that council to join the anti-tuberculosis urban pool for the treatment of tuberculosis, and subsequently a few years later that developed into the free treatment of that disease.

Dr. Ferguson, who has played such a very important part in the establishment of the anti-tuberculosis sanatoria in that province, told me some years ago that the day would come when in Saskatchewan—and he thought perhaps one day in Canada—these fine sanatoria we have built for the treatment of tuberculosis would become merely rest homes, because the dread disease would be eliminated from our midst.

So I say the time has come when the Minister of National Health and Welfare should fight within the government for, and in turn the government should come before the House of Commons with, a bill designed to provide this country with a national plan to meet the health needs of all our people, regardless of their economic circumstances. I say to the minister we do not have to wait for all the provinces. Has he forgotten that that other piece of social legislation for which the government takes such great credit, old age pensions, did not wait for all the provinces to come under the plan? When that bill was introduced in 1926, and placed on the statute books in 1927, it provided that as the provinces were willing to come in and participate in the cost, old age pensions would be instituted in those provinces. That began in 1927, and it was not until 1936 that the last province, namely the province of Quebec, came under the old age pension plan.

Who is there today who would detract from that plan which has been progressively improved by the elimination of the means test for those over 70, and by granting pensions with the means test to those who need them between the ages of 65 and 69, as well as to blind pensioners and disability pensioners?

I say the need for a national health plan in this country is great. Dr. Gregoire indicated that very clearly in his remarks. The private insurance plans we have are both insufficient and inefficient. They do not cover enough people, and they do not carry the coverage long enough. Not only do they fail to give sufficient coverage to a large number

of people in the country, but one of the features of many of these private plans is that they can be discontinued when they are most needed.

Some little time ago I received a letter from a man in which he enclosed a letter written to him by one of these insurance companies. He had been paying premiums on an accident and sickness policy since 1924. In the whole of the insured period of 30 years he had made one claim amounting to only \$3. Then in 1954 he retired from work, upon reaching the retirement age of 65 years. This is a copy of the letter he received:

Dear Mr. X:

Re: Policy No. —

I am leaving out names and numbers.

Upon referring to our records we find it necessary to advise you that we will be unable to accept further renewal premiums on this policy. We sincerely regret the necessity of this action, and wish to take this opportunity to thank you for your past business.

With best wishes, we remain,

Yours very truly

I know of a member in the House of Commons—a young man who at the time was in his early forties—who fell ill. This young man had a policy and was hospitalized. When the time came for renewal of the policy such renewal was refused, though I must add that when he wrote to them again on House of Commons notepaper he was told that a clerical error had been made, with the result that I believe the policy is still in effect. I say these private health insurance plans are not satisfactory because a man may pay for 30 years, during which time he may have no claim or, as in this instance, a claim of only \$3; yet at the end of 30 years he is told, "Your medical history is such that we cannot continue your policy." And he is out. I say that only a comprehensive national health plan available to all our people can possibly meet the needs of Canadians at the present time.

Until very recently much of the propaganda in Canada against such a plan was based on the alleged deficiencies in the British plan. I refer to the plan which was put on the statute books in Great Britain by the Labour government when it was in power, the British national health service. The best answer to these distortions was given quite recently, in June of this year, when British doctors attended a conference of medical men in Toronto. I read in the newspapers that there were 3,000 delegates in the Royal York hotel ballroom to hear British medical men express their views on the British health plan.

These expressions of views were noteworthy, for before the service was inaugurated I venture to say an overwhelming