

Health Insurance

and municipalities of this country, for this government to try to drive a wedge between general hospitals on the one hand and tuberculosis hospitals and sanatoria and hospitals and institutions for the mentally ill on the other hand. It is only by changing the definition that the government proposes in clause 2 (e) that this unworthy distinction can be eliminated. I ask the house, therefore, to send this back in order that this clause, unworthy of the Canadian parliament, unworthy of the pretensions of the government that this is a comprehensive scheme, should be reconsidered and that its shortcomings should be remedied and that the scheme should in fact be made what the minister improperly pretends it to be, a comprehensive scheme of hospital insurance.

Mr. A. M. Nicholson (Mackenzie): Mr. Speaker, I should like to rise to support very briefly the amendment which has just been placed before the house. I think it is most unfortunate that half of the people who are sick every day in the year are barred from the benefits of this so-called national health insurance plan. This matter has been discussed on a number of occasions, and the minister just has not a leg to stand on in trying to pretend that this very large number of sick people in Canada should not be covered by this scheme.

When the resolution was before us I placed on the record the cost per day for the patients in the mental hospitals of Canada in the last year for which statistics have been supplied to me. They were \$2.70 per patient per day in the mental hospitals; \$6.29 per day in the tuberculosis hospitals and \$10.77 per day in the public hospitals. It now becomes clear why the minister is trying to get from under the responsibility of the federal government for this very large group. It would be necessary to improve the services in the mental hospitals.

I read in one of the publications put out by the mental health association that in Canada at the present time we have only five doctors for every 10 required; we have six registered nurses for every 10 we need, and four social workers for every 10 required. There are about 90 mental health clinics in the country, and many of these do not operate full time; there should be 150.

After having waited since 1919 to take this step, I think the minister could at least persuade his colleagues in the cabinet that those who are mentally ill and those who are suffering from tuberculosis should not be barred. It is not so very long ago that those who were mentally ill were housed in the jails with the criminals. I think it is most unfortunate that in the year 1957 the Minister of National

[Mr. Fleming.]

Health and Welfare (Mr. Martin) is carrying on that old tradition. If you have a broken leg, or if you require an operation for appendicitis why of course you can go to a hospital and the federal government should share in the cost, but if—

Mr. Martin: Why do they not do it in Saskatchewan?

Mr. Nicholson: In Saskatchewan we do have free and complete care for the mentally ill. We had that before we had a provincial hospital scheme.

Mr. Martin: But it is not part of the hospital insurance scheme.

Mr. Nicholson: No; after the people have gone to a mental hospital you cannot tell them that they must come out and start to pay their insurance before they are eligible for the benefits.

Mr. Martin: What about those who have not gone in?

Mr. Nicholson: Those who have not gone in pay their hospital insurance.

Mr. Martin: No; no one is covered for hospital insurance with respect to mental illness and tuberculosis in Saskatchewan. What we are doing here is following the same practice.

Mr. Nicholson: Everyone in Saskatchewan is covered by provincial account whether he is suffering from mental illness, cancer, or any other illness.

Mr. Martin: That is right.

Mr. Nicholson: As I said, we had a program in operation in Saskatchewan before we had our province-wide hospital scheme, and surely the minister is not suggesting that when it was decided to set up a provincial hospital scheme we should discontinue our responsibility for those who are mentally ill?

Mr. Martin: Certainly not.

Mr. Nicholson: All I am asking the minister to do is to support the amendment that we have before us after having heard arguments from so many. There are members in his own party who would like to have spoken in support of this proposition, but have not. If he takes this action he will demonstrate that the economy of Canada can stand the cost of seeing that those who are mentally ill, those who are suffering from tuberculosis, those who represent more than half the sick people in Canada every day in the year, are permitted to share these benefits to which they are entitled as Canadian citizens.

Hon. Paul Martin (Minister of National Health and Welfare): Mr. Speaker, there are a number of considerations that I should