

Supply—Health and Welfare

we are going over the detailed items probably I will have some further remarks to make.

Mr. Coldwell: When these estimates are before us the hon. member who has just taken his seat always brings before the committee some worth-while considerations as to why this country should support, not only within our own borders but beyond, all those measures which will assist in alleviating suffering and sickness everywhere in the world. I am very happy to congratulate him on the excellent presentation he made tonight.

As the minister and the house know, if there is one thing I hope to see done during my time in the parliament of Canada it is the enactment of legislation setting up in this country a national health plan which will give every Canadian an opportunity to receive the very best of medical and hospital care without individual payment. I say "without individual payment" because I know these services will have to be paid for when we set them up. Of course in an economy of any type there is nothing that is free, in the sense that sometimes the term is used.

A short time ago I was disappointed to read in several of our newspapers a Canadian Press dispatch which quoted the Minister of National Health and Welfare as having said at the meeting of the British and Canadian medical associations that the national health service in Canada, which likely would be based on contributory pre-payments—I am not commenting on that at the moment—must be founded upon the mutual agreement of all the provinces which, up to the present, has not been forthcoming. It seems to me that is introducing into the discussions we have had on this subject from time to time a new and rather disappointing factor. All provinces must, first of all, agree. It is said, of course, that some of the provinces are opposed to such a plan. I do not know of any province that is opposed to the plan.

Two or three days later, in the *Montreal Gazette*, I read a statement made by Dr. Jean Gregoire before the Quebec Catholic hospital committee in Montreal. After reading it I wondered if, after all, the province which is sometimes said to be lagging behind in this field is not likely to push forward and prod the federal government into doing something which it included in its 1919 platform, some 36 years ago, and which has not yet been implemented. Dr. Gregoire said that current hospital costs and convalescence were beyond the economic reach of 80 per cent of the patients. He went on to say that

[Mr. Blair.]

this statement came as a surprise to many. He was quoted directly as follows:

"Our hospitals are numerous and modern, our doctors competent and able, our surgeons outstanding," he said. "But the rising cost of hospitalization is reaching a level where it is beyond the capacity of 80 per cent of the patients to pay." He attributed the situation to the constantly rising cost of hospitalization.

He went on to say this:

It is all very well for us to advocate having large families. But when it comes to paying \$400 to deliver a child we are bound to ask ourselves whether the expression "social medicine" can be used and still retain a sense of consistency.

Of course we all know that young people raising families today are faced with costs about the same as the doctor mentioned in the province of Quebec. I see one or two of the younger members in the house nodding their heads in support of that statement. That probably is one of the reasons we have seen a decline in the birth rate and in larger families, particularly among the group of people who sometimes are described as the middle group in our society.

I want to say to the minister that we of the C.C.F. will support every measure and every move in the direction of a national health program. I say with some pride that in Mr. J. S. Woodsworth, who preceded me as leader of this movement and who was one of those who founded it, we had one who to a very large degree—and I am not going to say more than that in the house, because I do not want to raise any arguments—promoted old age pensions in this country. I think we can claim that we took the lead in popularizing across the country other social security measures such as unemployment insurance, disability pensions, pensions for the blind and so on. And, while I am quite willing to give a government which enacts the legislation after it is popularized credit for enacting it, I now wish to see our social security system in this country rounded out by what I believe to be the most necessary piece of legislation yet to come. I refer to a national health plan such as I outlined at the beginning of these remarks.

I am happy that in my own province of Saskatchewan the C.C.F. government has done much to promote a national health plan, because of the example it has set within its own borders. In that province hospitalization is available to all residents without individual payment of the bills. Care of the mentally ill and mentally deficient is free. Cancer, whether curable or incurable, is treated surgically and hospitalized free of charge under the hospitalization plan. Treatment in the anti-tuberculosis hospitals is free; and I am not giving credit to the government of Saskatchewan for that, because I know full well