

to know the number of people now covered by various health schemes. Seven million have surgical insurance, 5.4 million have medical coverage, and 3.2 million—most of them in Saskatchewan, British Columbia and Alberta—are included in hospital schemes. Nevertheless, there is an overwhelming demand for the Government to take action in the form of a national health plan. It stems, I think, from the realization that the Government has been constantly concerned with human needs of individual Canadians.

This particular social measure produces adventure as well as security. It is just the first step: there is much more to come to fully complete the Canadian social mosaic.

The Government plans give the most value per dollar spent on health insurance, since there is no need for selling, advertising, or profits. The latest figures which I have been able to find indicate that, in 1953, for every \$1 of premium subscribed administrative costs were as follows: a casualty insurance company, 42.6 cents; a life insurance company, 17.5 cents; Ontario Blue Cross, 7 cents; British Columbia Hospital Insurance Service, 6 cents; Saskatchewan Hospital Service, 4 cents.

Hon. Mr. Connolly (Ottawa West): Per premium dollar collected?

Hon. Mr. Croll: Yes. These figures, I believe, are authentic and should be studied and understood by all Canadians, especially those who still believe that the words "Government" and "waste" are synonymous.

Now that we are embarking on this scheme it is interesting to take a look at the Ontario plan, with which many of us are familiar. It will provide standard ward care in either active treatment hospitals or hospitals for the chronically ill, including mentally ill and tuberculosis hospitals; unlimited in-patient diagnostic services; all necessary hospital extras such as transfusions, X-rays, drugs, operating room and the like; certain out-patient services and, at the outset or later, out-patient, diagnostic services. At the very minimum the plan will provide all the hospital benefits now available through the Ontario Blue Cross standard ward care plan, plus no limit on duration of necessary stay or amount of necessary extras, plus certain out-patient services, plus no limit on necessary hospital maternity benefits, plus hospitalization for tuberculosis and mental illness.

From all we have been able to gather, the premiums are not likely to exceed \$2.25 per month for a family and \$1.50 a month for a single person—which is one-half the present cost of Blue Cross standard ward care. No private plan can possibly compete. The Government plan is by far the best and the

cheapest. I think that indicates what is involved in the Ontario plan and speaks for itself. It will be some time, however, before it will be possible to integrate the various private schemes which are now available.

Five years ago, in 1952, only two provinces were interested in hospital insurance. Under this legislation five provinces have publicly declared their desire to proceed, and I venture to predict that by the time the program gets under way in Ontario at least eight provinces will have come into the scheme. In view of the dominion paying out 50 per cent of the cost annually, I cannot foresee how any province will be satisfied to pay into the public treasury and not take some benefit from it. If they stay out it will be for a very short time.

Honourable senators, let me just close by saying that this would not have been accomplished, this would not have become a reality in the lives of 16 million Canadians in 1957, had it not been for Paul Martin. For this, the crowning achievement in his ten years of accomplishment as Minister of National Health and Welfare, Canadians of the present and the future will be for ever in his debt.

Hon. Senators: Hear, hear.

Hon. A. K. Hugessen: Honourable senators, this sitting of the Senate puts me in mind of two previous occasions when I had the honour of being here, some years ago, both of which have stood out in my memory ever since. The first was in the year 1940, when the measure for unemployment insurance was introduced into this chamber. The second was a year or two later, when the first measure of family allowances was brought in here.

I welcome, as indeed I think every member of this house welcomes, this important and far-reaching measure of social benefit which is before us today. In brief, honourable senators, when it has been fully implemented it will ensure that the benefits of hospital care and basic diagnostic services will be available to all Canadians on an orderly and economically-sound basis.

I have a few observations, very general in character, to make on this legislation. The first deals with a point that was raised by my honourable friend from Toronto-Spadina (Hon. Mr. Croll). I think it is perfectly clear that the great majority of Canadians are in favour of a scheme of hospital insurance of this kind. As he said, the Canadian Institute of Public Opinion, our Gallup Poll, showed that 72 per cent of the people polled last September were in favour of such a scheme, and that this was 10 per cent more than were in favour of it only six months