

Medicare

before a plan was arrived at that was acceptable to both sides, something that the hon. member for Burnaby-Coquitlam (Mr. Douglas)—I am sorry he is not present—is fond of forgetting. However, I was happy today to hear the hon. member for Kootenay West (Mr. Herridge) point out that it is he, and not some of the others in his party, who is the real pioneer. But I found it rather strange that when he was a pioneer he was a Liberal. Nevertheless, to him I extend my congratulations and best wishes on being the true pioneer in this house, having supported medicare since 1919 and in the election campaign of 1921. Incidentally, I am one of those who were not around when he was supporting it.

With respect to the decision to delay the introduction of medicare, I support the remarks of the hon. member for Ontario (Mr. Starr). I think it is wrong for the government to delay this plan. As you can understand, Mr. Speaker, my remarks are perhaps coloured a bit by my experience in Saskatchewan, but all this delay is going to mean to my province is that we are not going to get \$14 million, \$14 million we need and need now, to take care of some of the deficiencies of the plan brought in by the government of Saskatchewan, deficiencies because of the fact that the provincial government of that day, as with the federal government of this day, did not listen to reason, did not listen to some of the problems placed before it by the medical profession.

I am not speaking, as has been suggested about the hon. member for Simcoe East (Mr. Rynard), for the Canadian Medical Association. This is a red herring that is always thrown by socialists into any debate involving medicare. As a matter of fact, I am a little surprised that they are not claiming the American Medical Association is in on this as well, because they certainly did that in 1962 and previously.

The government claims that the delay is due to inflation. I am not going into all the reasons that have already been given as to why the delay has nothing to do with inflation, but I can say just one thing, that the simplest method to control inflation, as most economists would agree, is to increase taxes. That is a simple economic fact of life, and to bring this plan into being the government will have to increase taxes. I am sorry the sharp Minister of Finance (Mr. Sharp) is not present so that I can point this out to him.

There are other reasons, Mr. Speaker, and some of them have to do with points in our

amendment such as the shortage of doctors. But before I deal with the amendment proposed by the hon. member for Simcoe East I would like to point out what we would have done and what we will do when we get the money from the federal government as its payment for medicare. I and other hon. members outlined some of the deficiencies back in July when the resolution stage of this bill was being debated, and I would like to mention a few briefly.

Under the present plan in Saskatchewan, which I am sorry to say does not provide the quality of care that we would like, we do not have sufficient doctors. Some hon. members from Ontario say that this is a specious thing to talk about. As recorded at page 8641 of *Hansard* for October 13, the hon. member for Hamilton South (Mr. Howe) referred to "the old cliché that there is insufficient personnel to handle medicare at the present time." He went on to say, "I am fed up with this old cliché."

I would point out that Ontario has a ratio of one doctor to every 756 people. Saskatchewan, with a medicare plan, has a ratio of one doctor to 1,100 people, and in the maritimes the ratio is about one to 1,900 or more. It is all very well for this hon. gentleman, who practices medicine in the province of Ontario where they have a much better doctor-patient ratio, to say it is an old cliché, but in Saskatchewan it is a fact and in many other areas of Canada it is a serious fact. In Russia, for example, the ratio is one to 550. The hon. member says it is an old cliché. Really. Far from being a cliché it is a very serious problem indeed.

There are deficiencies in the Saskatchewan plan. There are deficiencies in proper care for the chronically ill, in home care programs, and in nursing homes with proper rehabilitation facilities. We need proper clinics for the mentally ill. We need all these things but we do not have the money to provide them. We need equipment for our hospitals. And in case there are those who have not heard that medicare, unless it is properly brought in, results in deterioration, let me cite a few specific examples.

● (7:00 p.m.)

Because of the lack not only of personnel but also the lack of facilities in our University Hospital in Saskatoon this year, accreditation by the specialty boards has been removed in all except one or two specialties that were training specialists at this hospital. It has been removed because they feel there