

Supply—Health and Welfare

I listened with great interest to the speech made by the hon. member for Rosetown-Biggart and to his delineation of the need for a national health plan without individual payment. What he had to say reminded me of something I saw in a recent issue of the *Letter-Review* which I should like to draw to the attention of the minister. This is the issue of July 11. On page 3 there is a heading "Health Insurance Council" and under it reference is made to figures relative to health insurance in the United States. I have not had a chance to check the accuracy of these figures and I do not know whether or not the minister has had a chance to do so; but I would ask him, when he speaks in this debate, to comment on the statements that are made here. If these figures are accurate they present a picture which I think the members of the house would be glad to have. This is what the writer of the article had to say:

Health insurance council, representing U.S. organizations engaged in such insurance, announces that almost two out of three Americans—men, women and children—are protected against hospital expenses, and more than half are protected against surgical expenses.

Mr. Martin: It is not true in Canada.

Mr. Low: No. This is in the United States.

U.S. population is now 165 million. Number of U.S. people now covered by hospital insurance is 104 million. Number of those carrying surgical insurance is 87 million. Number of those carrying ordinary medical insurance is 47 million.

Mr. Martin: I can tell my hon. friend that I have seen that article. I may say that the article is a gross exaggeration of the facts in the United States.

Mr. Low: That is one of the questions I wanted to ask the minister. If he says it is a gross exaggeration, then of course that satisfies me. But I was anxious to find out whether any credence was to be placed in these figures. If there were, they present a vastly different picture from the one we have heard described in this country.

At any rate, I believe this raises the whole question as to what exactly should be the role of the government in providing health insurance or prepaid medical care for the people. We have heard one view expressed here tonight by the hon. member for Rosetown-Biggart. His view is that the government of this country should put through legislation for a national health plan without individual payment. Whether or not that is the answer in a federal state I am not at this moment prepared to say. I do not know whether anyone can say, but I know the hon. member quoted quite liberally from the British scheme. I have heard a good many British doctors praise the scheme. I have

[Mr. Low.]

also heard some who came out to this country to get away from it. Whether they came from fear or from a full working knowledge of the situation there I am not prepared to say, but we do hear both sides of the matter.

But I remind the hon. member for Rosetown-Biggart and his colleagues that Britain is a unitary state. Britain does not have a country of the size we have or the greatly varied conditions we have. Nor has Britain ten provinces and provincial governments. Doubtless that would make quite a difference in the approach we make to a national health program. I think it would prove much more difficult to introduce in Canada the kind of scheme Britain has than a good many people suppose.

My colleagues and I realize how difficult the rising costs of hospitalization make it for many of our families to pay their way. We quite well realize that in the past ten years there has been a terrific rise in those costs. We are also quite aware of the increasing costs of medicine. I am aware of the fact that all too often some of the new medicines that have been discovered to fight disease are out of the reach of the ordinary person, though the people of Canada in general seem to be carrying their costs fairly well.

We are also aware of the increasing cost of medical service. Recently at a meeting of the medical men of Ontario a new schedule of rates was adopted. Like the hon. member for Rosetown-Biggart, I must say that the doctors as much as anyone else are entitled to their fees, and their fees must bear a fair relationship to their costs. Consequently we are not criticizing the new schedule of fees, but we do recognize that the new schedule does place a pretty heavy burden upon many of our people.

Where do we in this group stand with respect to the matter of national health insurance? We recognize the need for government action, but we rather lean to the view that the role of government in making health and medical services available to our people should be to bring them within the reach of our people, to make grants or pay subsidies for the purpose of bringing our health and hospitalization services within the reach of all our people. That has been the principle upon which we have worked in my province, and I think we have been in pretty fair harmony with the Minister of National Health and Welfare and the work he has done in the federal field.

We lean to the view that this is a voluntary type of national health program which bids fair to become really vital, and as the provinces of Canada are seized with its importance it can be extended until the coverage can be