

THE LEGISLATIVE ASSEMBLY OF MANITOBA
8:00 o'clock, Monday, May 6, 1968

MR. EVANS: Mr. Speaker, I beg to move, seconded by the Honourable the Attorney-General, that Mr. Speaker do now leave the Chair and the House resolve itself into a Committee to consider of the Supply to be granted to Her Majesty.

MR. SPEAKER presented the motion.

MR. PAULLEY: Mr. Speaker, there is a provision within our rules that on the motion going into Supply a member of the Assembly has the right to raise a matter of grievance and it is my intention to exercise that right at this time. My grievance, Mr. Speaker, deals with the announcement, according to the press media, of astronomical increases in the charges to be made under the Manitoba Medical Service Plan.

I raise this protest for two reasons. First of all, because I do not think that the citizens of Manitoba are being fairly treated by the controlling interests at the present time of MMS, namely, the Manitoba Medical Association; and secondly, I protest most vigorously the ineptitude, the inaction, and apparent lack of concern of the Government of Manitoba in respect of the provision of Medicare in our province.

I do not wish or desire to go over all of the ground that we have covered so far this session in respect of the attitude of this government in respect of Medicare. I think however, Mr. Speaker, it would be proper for me to say that the headlines that have been appearing in our papers today indicate the coming home of the chickens to roost, that MMA, who still have the controlling interest of MMS, are able at the present time to impose their will and domination on MMS in asking for increased rates to the subscribers of Medicare which will apparently average 22 or 23 percent.

Some years ago, Mr. Speaker, this government, through its then Minister in charge of the responsible department, promised to this Legislature that they would have a review and undertake a review of any rate increase under MMS. The First Minister and the Government of Manitoba have been silent thus far. According to the news item appearing in today's Winnipeg Free Press, it is suggested that Premier Walter Weir said this morning that Health Minister C. H. Witney would be making a statement on the matter later today in the Legislature. I know the reason for the absence of the Honourable the First Minister this afternoon and appreciate why he was not here, and I'm sure we join with him in the unfortunate circumstance that required his absence. But, Mr. Speaker, we had the honour of the privilege of the presence of the Minister of Health, but we didn't have from the Honourable the Minister of Health any statement respecting the situation.

The Winnipeg Tribune of this morning stated in headlines that the MMS rates to rise to 23 percent unless the government intervenes. I want to know, the people of Manitoba want to know, they deserve to know: is this government going to take any action? Is this government going to act in the interests of the citizens of Manitoba in respect of the provision of Medicare in Manitoba? I want to know, I'm sure members of this House want to know, the people of Manitoba want to know: is the Government of Manitoba concerned as to the welfare of the people of Manitoba respecting Medicare?

I suggest to you, Mr. First Minister, and to you, the Minister of Health, no longer will we tolerate silence from either or each of you in respect of this very grave dilemma and crisis that is facing the people of Manitoba. What is the suggestion that we have now from the Manitoba Medical Society? They suggest that they should, and will, relinquish their control over MMS. I don't know whether it's necessary to bring in legislation to change the Manitoba Medical Service Act in order to make this possible, but what is the suggestion that is being made at the present time in respect of the provision of medical services to the citizens of Manitoba? The imposition of another means test basis. The Manitoba Medical Association are suggesting that they should give extra billings, bring about extra billings to those who are in the non-taxable brackets. And I want to say to my honourable friends in the agricultural fields that according to news reports they're going to be hit doubly hard, because according to news information the Manitoba Medical Association will not place too much reliance in the absence of the necessity of being in the taxable income bracket as far as the rural areas of Manitoba are concerned.

I don't know exactly how they arrive at that particular situation, Mr. Speaker, but I do know that if the report as contained in the newspaper, Winnipeg Free Press of this morning, to the effect that at the meeting held on Saturday of the Manitoba Medical Association an amendment

(MR. PAULLEY cont'd) was put forward that subscribers and subscribing families with a taxable income up to \$10,000 should also be immune from direct billing, and this over and on top of the increased premium, was defeated by a vote of 97 to 63. So even those, Mr. Speaker, apparently if news reports are correct, who have less than \$1,000 taxable income, particularly in rural Manitoba, despite the increase of 22 or 23 percent will be in a category where they may have to pay an additional 25 percent over and above the fee schedule.

What are the doctors doing, Mr. Speaker? They're suggesting that their fee schedule, not a fee schedule that is negotiated between two parties but the fee schedule that they establish, should be paid for at 75 percent and that the additional 25 percent of their fee schedule - and mark that well - should be in the position where the person concerned can pay or be forced to pay that 25 percent fee schedule in addition. You know, Mr. Speaker, the workers of Manitoba would love to be able to operate under a similar situation, where they decided what they were worth and carry as a deficit, as the Manitoba Medical Society, a certain percentage over the year.

You know, Mr. Speaker, before I became more or less full-time as the Leader of the New Democrats in this House, I worked pretty well full time for Canadian National Railway, and they decided that they were going to pay me a certain amount of money, but I've been carrying in my books the difference between what they were paying me and what I thought I was worth, and I've carrying it as a deficit. The Railway actually owes me twice as much wages as they have paid me, because I decided what fee I should have just as the Manitoba Medical Association have decided what fee they should have without arbitration, conciliation or negotiation.

I would say this would be all right, Mr. Speaker, if poverty was prevalent in all areas in Manitoba, but such is not the case. I say to you, Mr. First Minister, you can no longer sit back on your haunches and be stony silent. At the present time, only 62 percent of the people in Manitoba are covered by any Medicare scheme. It is now proposed to increase the rates of those people by the Manitoba Medical Association - and don't think that it's MMS because it's not, it is directly the Manitoba Medical Association that are doing this - that those premiums are going to be increased from between 22 and 23 percent which will cover approximately 75 percent of the fee schedules set by whom? By themselves, and they have the right, or take onto themselves the right, to bill directly the other 25 percent of the fee schedule.

You may say to me, Mr. Speaker, they always had this right under the present system. I say to you - yes, with this provision however, they took this right onto themselves with anyone who was in an income bracket of \$10,000 and over. But what are they saying today, Mr. Speaker? Even those who have less than a \$1,000 taxable income are likely to have to pay the extra 25 percent billing. Where stand you, Mr. First Minister? Or where sit you, as my colleague from St. John's says. We have reached a crisis here in Manitoba, and if my honourable friends opposite think that we're peculiar in this, and if my honourable friends think that this is simply because of a threat in Canada today of the possibility of a universal compulsory Medicare scheme, let me say that this is not so. There is a crisis all over the North American continent, so it's not peculiar just to us, and I refer to an article in the Winnipeg Tribune of Saturday, May 4th emanating from Washington, D.C., where it's suggested that medical expenses will continue to rise faster than the economy for the next few years in the United States.

But, Mr. Speaker, what this government is overlooking, and other government as well, is that they have a responsibility, despite that fact, to make provisions for adequate Medicare services for all of the people. The onus is on government and assemblies such as this, and so far this government has been negligent in its approach. What did Dr. Ely Ginsberg, Professor of Economics at Columbia University say - and again I'm quoting from the article of Saturday's Tribune - Dr. Ginsberg says that the speakers at the conference had said in effect that everyone has a right to quality medical care received in a dignified way as personalized service without wasting his time, without jeopardizing his personal budget.

Mr. Speaker, can anyone in Manitoba today, threatened with the ultimatum from the Manitoba Medical Society and the MMS, consider that he or she is in a position of receiving Medicare or medical treatment with dignity? I ask my honourable friends opposite - or do you understand what dignity means? You've evaded it so far. All of you across the way have evaded it, but I want to say to you my honourable friends, you're not going to evade it longer. We're going to reach such a crisis here in Manitoba - as a result of your ineptitude, the situation is going to become worse and worse and worse unless you show some intestinal fortitude and some gumption into taking under consideration the problem that we have.

(MR. PAULLEY cont'd)

Mr. Speaker, you know, tonight's Free Press carried two headlines. What an injustice to the readers of the Winnipeg Free Press to take a look at the two headlines that appear here tonight. "Tories to Aid Poor. A policy enunciated at London, Ontario by Robert Stanfield, the Tory Leader of the Conservative Party." "Poverty war policies outlined." Here is the Leader of that once-great Party, who in the throes of this election is now trying to throw out shocks to the electorate to attract on to the Conservative Party support, who sits in London, Ontario, Conservative policy for an attack on poverty, including a guaranteed minimum income for those unable to earn, and whereby here in Manitoba the policy of the Conservative Government is "Say to heck with the provision of Medicare treatment for the citizens of Manitoba." What inconsistency!

How can you, Mr. Premier, how can any potential candidate for the Conservative Party federally, sit or stand in this House and quietly or silently look at the situation? I ask you, Mr. Premier, don't you really think that anyone who has a taxable income of \$1,000 or less is, generally speaking, within the poverty bracket? You know what this means, don't you? I'm sure you fill out income tax papers. I'm sure that you know that a single person with an income of \$2,100 has a taxable income of \$1,000, because he gets the base exemption of \$1,000 plus the \$100.00 charity allowance. (There's no charity across the way that I can see.) People aren't asking for charity; they're asking for what is theirs by right. But that person, that person, a single person with an income of \$2,100, has a taxable income of \$1,000, and yet MMA by a resolution passed last Saturday, if the news reports are correct, are suggesting that this particular individual should not only have to pay an additional 22 or 23 percent premium for Medicare, but is in a position where they would be billed for the extra 25 percent over and above the 75 percent (see schedule), but they say they want on the basis of what they decide that they want. If the Minister of Labour would only allow labourers to negotiate on the same basis, I think we'd all be driving Cadillacs. But he doesn't. The Minister of Labour brings in laws into this province to prevent this type of shenanigans.

Where are we going? I sometimes think, Mr. Speaker, that it might be a good idea to abolish completely Medicare as suggested under MMS. I think sometimes that it might be a darn good idea to go back to the days before MMS and let the individual negotiate themselves, for I recall the days when a farmer, or a relatively less affluent individual, would take a few dozen eggs into the doctor's office as thanks for the delivery of a child; or it might be a piglet or a side of beef to say "thank you." I'm not really advocating we should go back to those days but I remember them, and I think, Mr. Speaker, that the time has come when we've got to take a closer look at what is going on in the provision of medical services in Manitoba.

Over the weekend, we had in Manitoba one of the more prominent doctors that bucked and fought Medicare in Saskatchewan. I'm referring to Dr. D. H. Dalglish who conducted quite a fight respecting Medicare during the efforts of the people of Saskatchewan to establish a Medicare scheme. I might say they established that Medicare scheme; they've still got it, despite the opposition. It's true, my friends to the right, or their compatriots in Saskatchewan have put on deterrent charges and utilization charges or whatever they are. Dr. Dalglish suggested in the news report of this morning's Free Press that he sees a Government-M.D. row. I suggest, Mr. Speaker, that if it's necessary to have a row, let's have a row. Only good can come of it on behalf of the people, and it is people we are concerned with, or at least we should be concerned with.

Some quarters suggest that we haven't got the professional personnel in order to provide the services, medically speaking, for all of the people. This may be, Mr. Speaker. I recognize this possibility. But, Mr. Speaker, the very people who need the medical treatment most are those least able to afford it or to get it. I get it, and I might confess that with my present medical deficiencies I suppose I get more return for my MMS premium than many others. But I would suggest, Mr. Speaker, that if the plan of MMA and MMS prevails, I'd still get the service because of my ability to pay, but many thousands more in Manitoba will be deprived of even the services that they're getting at the present time, and these are the people that require it.

So I say, Mr. Speaker, I say to my good friend the First Minister, I say to my good friend the Minister of Health: in the name of humanity, come out from the cloak of silence. We cannot longer remain dormant and docile to the situation that is prevailing here in the Province of Manitoba in respect of Medicare and the treatment of our people.

(MR. PAULLEY cont'd)

I have raised the question in this House of the attitude of the Department of Welfare and its Minister insofar as the provision of Medicare is concerned, without very much success thus far. I don't have to tell the members opposite, I am sure, of situations that are prevailing in many of their constituencies and with their constituents. They must be aware of it. I don't have to say, Mr. Speaker, to the members of the House on all sides, "Are you not concerned with the headlines that appeared today in the Winnipeg Free Press? Are you not concerned with the headlines that appeared today in the Winnipeg Tribune? Are you not concerned with the possibilities of even more rigid future restrictions in the provision of care to the people of Manitoba?" I say to you Conservatives in this House: if you really believe in the policies of your Leader federally and your government federally or your endeavours to form a government federally, if you really believe it why don't you take up the cudgels? Why don't you accept the proposition as enunciated by your Leader in London of over the weekend, and carry on a crusade for the elimination of poverty and ill-being of the people of Canada and Manitoba? Why don't you? Are Conservatives talking in two tongues? --(Interjection) -- Oh, yours is no better, because you had the opportunity, you and your colleagues and your Party over the years, so I want no interruptions from that side of the House because they are not a darn bit better, and if one would believe the speculation that's prevalent at the present time insofar as the Liberal Party approach to the provision of Medicare, the attitude of Sharp and of Martin and many others in their recent convention, so let not the Liberals talk to me as to their particular -- (Interjection) -- and you are no better. You're no better at all. All you are doing is to try and beat the dead drum as far as your Party is concerned. But I say, I say Mr. Speaker: because the government has the responsibility in this House, at least in part accept the pronouncements of your federal Leader and consider some method by which citizens of this province of Manitoba and of Canada can receive the much-needed aid they need and deserve in the field of Medicare.

There are those, Mr. Speaker, who suggest that between now and June 25th we are going to hear a lot from the politician insofar as the Leaders are concerned and it's going to be a leadership battle. I want a battle on the basis of principle and of policy. I challenge you, Mr. First Minister, to take a close, close look at the ramifications contained in the headlines of today's paper insofar as the effect is concerned on the people of Manitoba. I say to you, Mr. Minister of Health, you have a responsibility too. Accept it, and don't hide behind a screen of silence. I say to the Minister of Welfare: you have failed to accept your responsibilities on behalf of those who haven't got the ability to pay, and I want to say to all three of you that I have mentioned, that if you allow this dastardly suggestion to occur in Manitoba, you will be letting the people down even more than I considered at any time that it was possible for any government to let its people down. I say to you, Mr. First Minister - and this is a prophecy and I don't usually make prophecies - but I say to you that if you sit idly by, as you have done thus far, and allow MMS to increase the premiums to the degree that is suggested with the other aspects insofar as charges are concerned, that not 62 percent or 70 percent of the people will be covered in Manitoba, but less than half under a Medicare scheme.

Mr. Minister of Health, last year when we were considering the Medical Health Services Bill, when you rejected on behalf of the government a proposition to have the fee schedule considered within the legislation, you started the ball rolling. It's here with us today. It happened over the weekend. So again I say, Mr. Speaker, in the name of humanity and the interests of the people of Manitoba, in the provision of what is their right, a reasonable provision for Medicare, do something about it. We on this side of the House have tried as best we can to draw this matter to your attention. We have been doing this almost since the first day the session started, but you have sat back smugly complacent without rebuttal. Mr. Speaker, I confess that I have failed, as Leader of the New Democratic Party, in eliciting any discussion from that side of the House. I accept that failure, but I wonder, Mr. Speaker, whether the headlines as contained in the two Winnipeg daily papers may achieve what I have failed to do: to get some statement of policy from this inept government who represents 38 percent of the electorate of Manitoba.

I say to you, Mr. First Minister, to you Mr. Minister of Health, and to you Mr. Minister of Welfare, and even the Member for Wolseley, if you want to get elected or re-elected accept your responsibility in the field of Medicare, in the field of health. I've tried my darnedest to get something from you. I throw the ball now into your court, but for goodness' sake, please don't let the people of Manitoba down any longer. The individual subscriber to MMS cannot

(MR. PAULLEY cont'd) fight the Manitoba Medical Association. I can't fight them. My group can't fight them. But the government can lead them. Please, Mr. Weir, please Mr. Witney, accept your responsibility. Please, members of the Government of Manitoba, you have a responsibility to fill - the provision of medical care for Manitobans. Don't let the people down any longer. May we hear something from you tonight? May we hear from you Mr. First Minister, of the negotiations or consultations that you were supposed to have been part of over the weekend? Can we hear from you that you really are concerned with the problem facing Manitoba?

Mr. Speaker, I am glad that there is a provision within the rules of the House that gave me this opportunity of raising this matter as a matter of grievance in this Assembly. If ever the people of Manitoba had a grievance, surely this is it. Mr. First Minister, as I said a moment ago, the ball is in your court; the people of Manitoba are looking toward you for some leadership. I ask you to accept that responsibility and exhibit that leadership in this House tonight by telling all concerned that you have the affairs of the people of Manitoba at heart and you will do something about this crisis in Medicare.

MR. SPEAKER put the question and after a voice vote declared the motion carried, and the House resolved itself into a Committee of Supply with the Honourable Member for Arthur in the Chair.

COMMITTEE OF SUPPLY

MR. CHAIRMAN: The honourable the First Minister.

HON. WALTER WEIR (Premier) (Minnedosa): Mr. Chairman, the impassioned finger-waiving, desk-thumping, shouting and appealing remarks of the Leader of the New Democratic Party speaking on a matter of grievance, as well as the fact that I intended to say a few words anyway, prompts me to get to my feet.

Mr. Chairman, you would almost think that our friends opposite were the sole champions of the people of Manitoba when it comes to attempting to look after their interests. You'd be left with the impression that to attempt to look after their interests on so many occasions it requires the interference of government. They're has been some question about the discussions that I may have had with MMA, MMS and others over the last number of weeks - and may I say, Mr. Chairman, that there have been many - there has been some question about where I have been, my absence from the House of late, and in very large part the future of medical care insurance has been responsible for my absence, because I do have a concern, and I want to register that concern. I must also say that the actions of an association, whether it be MMA and the type that it is, MMS and others -- the Leader of the New Democratic Party talks about the controlling interests and it's true, that MMA has control through the membership of MMS over the years, through their members they have - if my information is correct, acquired mainly from reading the newspaper - reduced the number so that they no longer have controlling interest, and to me this doesn't really matter at this stage of the game. It doesn't really matter because what I'm interested in is in the interim, seeing that Manitobans still have an opportunity to insure themselves while we can be allowed the opportunity of seeing what the future is of medical care insurance in Canada.

My honourable friend may believe that it's all settled. I, for one, don't. He quoted from some remarks that were in the press about Mr. Stanfield, the Leader of the Conservative Party. If he had chosen one other paper, I know that Mr. Stanfield could have been quoted as saying that were he elected Prime Minister on June 25th the first thing that he would do is call a Federal-Provincial conference to attempt to develop a basis under which all of the provinces would be able to participate in a plan more to their liking. -- (Interjection) -- No, I don't say like this one. I don't say like this one, but at least the one that we've got is one that is established voluntarily by those people that are providing the services essentially. Essentially it is still being supported financially, if you want to look at it that way, in the terms of the underwriting that takes place as far as utilization is concerned. I appreciate the Leader of the NDP's point about setting his own salary because I've been in areas like that too where I'd like to have established my own wages. I've worked for people. I've worked for people that I felt owed me more money and they haven't paid it, but I think that MMA does not control every individual doctor. I would be very surprised, I would be very surprised if the doctors individually and collectively adopted an identical procedure to the billing to schedule, or extra billing, or billing extra or whatever you want to call the extra charges that some people will be asked to pay by some

(MR. WEIR cont'd) doctors.

I think that the area of negotiation does exist, not between the individual and MMA, not between the individual and MMS, but between the individual and his doctor. My honourable friend talked in terms of 62 percent coverage in Manitoba altogether. Well, the figures that MMS give me is that 62 percent are covered under MMS and there are quite a number of others that are covered by other means within the Province of Manitoba, and it's not just a 62 percent coverage; it's something closer to 80 percent in terms of coverage in the Province of Manitoba.

But I must say that in the discussions we've had, there was certainly presented in one newspaper some talk of the Province of Manitoba underwriting the premiums or the operation of MMS, and this wasn't done. It wasn't done. MMS and MMA are continuing. The underwriting that is done on utilization is being done by the medical profession themselves, and they do have the privilege of billing the individual extra in areas where they believe that they're financially in a position to do so.

I don't know that this is all bad. I don't know at just what level the doctors will choose. It's true, I gather, that the levels are suggested as \$1,000.00 taxable income. I'm willing to bet that there are many doctors will not use the thousand dollar extra billing, the thousand dollar guideline, if you would. I believe that there will be many that won't take that attitude. But I think that it's important that the status quo be maintained as far as possible in the Province of Manitoba until we can determine the means of establishing a medical insurance scheme within the province that would cover as many people as practical. I would like to see that scheme pay or subsidize the needy.

My honourable friend talks about it being hard on the needy. All of the people that I inquire of and people who should know, indicate that the people that can afford it are the ones that tend to use the doctor the most, and I really don't think that a fellow by the name of Weir needs any particular subsidy. I think he should be able to pay the actuarial base or roughly like that on his premium. I think that he's probably in a position to help pay the premium of others who are less fortunate than he is and I think that applies to most of us in this Assembly. I think that -- (Interjection) -- No, I'm sorry I can't agree that this is what you advocate. As a matter of fact, I can't really understand the compulsory aspects that our friends put in here, and talking in terms of premium, if you put it straight ability-to-pay, straight ability-to-pay all the way across the board, less controls, this, that and the other thing and all income tax, then this might be my friend's philosophy, but in the terms of the plan that would be acceptable to us in the Province of Manitoba with the premium base, I don't know. I think that to a reasonable degree the progressivity that my friends talked about would not be in effect.

I can tell you this, that the government, the Minister, myself, and I'm sure the department, will be watching the exercise of the new proposed plan of MMS and MMA and the individual doctor participation as closely as we can, very very closely, because it is all right for my friend the leader of the New Democratic Party to talk in theoretical terms as to how it's going to work - and he may be right; he may be right. If there is all that difficulty the Province of Manitoba will, I believe, in the public interest, take steps to correct same.

He inquires about silence. The reason for silence is that it was a conviction of this government that medical insurance would be available, would be available for Manitobans on July 1, 1968 hopefully being provided by members of the MMS in co-operation with the medical profession, carrying things along as well as they could with as few changes as possible. They have in their wisdom believed that a premium increase was necessary. This is a matter of opinion, I'm sure, and there'll be as many different opinions as there are people probably, and whether or not a premium increase was necessary, and if so how much? But in their wisdom they believe that a premium increase is necessary, which as far as I can determine, probably will amount to possibly a 10 percent increase depending on utilization; depending on utilization probably 10 percent increase in the amount of money that the insurance would pay for the subscribers during a period of the year.

But my honourable friend leaves the impression that they are the only ones concerned. They're not. I think that it's not just the standpoint of cost; it's the standpoint of provision of people and facilities which he mentioned as he was making some of his, oh, appealing phrases come across the floor of the House here. I think that it's a real concern, the provision of trained people by the medical services that are required, and I think it's something that requires consideration by not just the Government of Manitoba but all of the governments in Canada. I think there's a big bill attached with it. We've had a commission nationally; we've

(MR. WEIR cont'd) had a commission nationally and under the right set of circumstances there may yet be room for an inquiry in the Province of Manitoba at some stage of the game, not my friend with the same terms of reference of the Hall Commission, because I think that there was a certain amount of area covered there that wouldn't be necessary. The other thing is it is several years old now, but there are many other areas that their application suits the Province of Manitoba that may very well need an enquiry at some stage of the game. But my friend, I believe that the Province of Manitoba should be and if we can get -- well as we are assured now, that MMS will continue to carry the insurance of the people that choose to subscribe to their plan as of July 1st, I think that we can set our minds to attempting to develop the best medical insurance scheme designed for Manitobans that we can without, hopefully, the arbitrary guidelines that are being established by the Government of Canada, one being its universality, the other being a refusal to admit the need of the individual, to take into consideration the need of the individual within the plan. -- (Interjection) -- I am sorry I didn't hear my honourable friend, . . .

MR. RUSSELL DOERN (Elmwood): Why not wipe out all the guidelines and take your own chances?

MR. WEIR: Well, I would think that this might be very fair, because the guidelines that would apply in one province of Canada, may not necessarily apply in the other provinces of Canada and I think that the varying regional interests might very well be considered within the context of a national plan. -- (Interjection) -- I beg your pardon, Sir.

MR. DESJARDINS: How would you do with the grants if you did that?

MR. WEIR: Well I would think the tax money -- it's not new, we've talked about it before, the money that is raised by taxes, it's the feeling of the group on this side of the House is it should be used to subsidize those people that can ill afford to pay their own, that can ill afford to pay their own, and I would hope that within these various guidelines within a reasonable period of time an insurance scheme can be developed for Manitobans. It will require the goodwill, it will require the co-operation of all of the people of Manitoba, the citizens themselves, the profession, because -- well they may be the big bad fellows to my friend the Honourable the Leader of the New Democratic Party, and I tend to agree that professional associations, it doesn't matter which one you want to look at, tend to reflect a collective opinion, but individually the doctors themselves and their co-operation is going to be absolutely required for the development of a good medical insurance scheme in the Province of Manitoba.

I'm optimistic enough to believe that it is possible to design one; I believe it is possible to design one that won't have incentives built into it that incur over-use. I have no deterrence or utilization fees and I recognize the manner in which my friends on one side of the House here are for them. I was happy to notice my friend the Member for St. Boniface the other day in reference to hospital premiums, indicated that deterrents in some respects are a necessary thing and I think in many areas of health service that they may be a very desirable - well desirable may be too strong a word - a very necessary application of this principle to maintain the utilization at a satisfactory level.

Well, Mr. Chairman, I don't believe it's necessary to go into any strong detail here, because I'm not here to stand to defend the medical profession. I think that they are large enough, they are strong enough, and my honourable friend over here would say, have resources enough to defend themselves. They have established a plan which will be available to the people of Manitoba which will receive, I am sure, the scrutiny of the people of Manitoba and I can assure them as I assure you, it will be receiving the scrutiny of the Province of Manitoba as to the manner in which its application affects the public interests of the people of Manitoba. The government of Manitoba will be seeking the co-operation of these same people in attempting to develop a scheme, that legislation will be presented very shortly - I expect the bills will be back from the printers - to provide flexibility which would allow different types of plan to be put into effect in the Province of Manitoba and I would hope that you would have that legislation before you very very soon.

The co-operation of the medical profession and the co-operation of all of the people of Manitoba will be necessary to bring about a reasonable, a desirable and an effective medical insurance scheme for the people of Manitoba. I'm happy that my friend the Leader of the NDP in his impassioned plea, under the terms of grievance so that he could make his point, rather than waiting for just a few minutes when a motion was placed, when he knew very well he would have the same opportunity if he wished to and I appreciate the remarks that he made. There

(MR. WEIR cont'd) does appear to be a bit of a difference of opinion between us and that's understandable I believe, but by the same token I would hope that we will be able to come to something mutually satisfactory and that the application of the new plan being presented at the MMA meeting last Saturday will not be as violent as my honourable friend the Leader of the NDP tends to have us believe at the moment.

MR. MOLGAT: Mr. Chairman, I was seeking earlier today some statement from the government as to what their policy was on the question of Medicare services in Manitoba and was unable to get one at the opening of the House. I am happy tonight to see that the Premier has finally agreed to participate in the debates of this House, because he has been strangely absent in the beginning of this session.

I must say, however, as I listened to him, Mr. Chairman, I am not very much enlightened as to what the policy of the government is insofar as providing services to the people of Manitoba in this regard. The First Minister says that he wishes the status quo maintained. Mr. Chairman, that's the very point that we've been discussing here for some days on these estimates, that through the action of this government last year the status quo has not been maintained. As the result of the action of this government bringing in Bill 68 last year, and proceeding with it in the way that they did, they changed the whole ground rule, they changed the whole situation insofar as medical services in the Province of Manitoba. Now they say we want the status quo maintained. But they are the ones, Mr. Chairman who changed the whole structure and by proceeding with the bill that they did last year, by refusing to put in that bill a fee schedule as we requested them to do at that time, by refusing to put that as part and parcel of the whole structure of medical services in the Province of Manitoba, they have allowed the situation to develop which now faces the Province of Manitoba. So it's not good enough for the Minister in charge of the department or for the First Minister to say, well really, we had nothing to do with this. They created this situation. They brought this upon themselves, and that's half bad. The trouble is, they've brought this upon the people of Manitoba; that by their action the people of the province are now being faced with a very much increased price for the same services they were getting a year ago. Now had the government at that time either said no we are not going to go into Medicare, or yes, we will go into Medicare, here is the fee schedule, the people of Manitoba would have known where they stood; the Members of this House would know where they stand. But the government didn't do that. They said last year we'll go into Medicare. They set up a commission which is established now, is established as of last June, to take care of this, then they came along in the month of January and changed their mind and said, no we won't go into the plan. The reason they gave for it was the compulsory features.

Mr. Chairman, the compulsory features were there last year, there hasn't been a single change in the features of the plan between last year and this year. The only change has been in the minds of this government. Now had they not acted last year, the government could sit here now - the Premier could sit here and say we're not involved. But, Mr. Chairman, they cannot take that position, because they took action last year which has changed completely the status quo, and to say now that it's nothing to do with them simply just doesn't satisfy the people of this province. And for the First Minister to say now that they are going to - and his words were "watch the operations of MMS and MMA very closely" -- that's his assurance to the people of Manitoba that things are going to be all right from now on, because he is going to watch very closely the operations of MMS and MMA. Well let me ask him, Mr. Chairman, what's he been doing for the past year? What's the Minister of Health been doing for the last year? Watching very closely the operations of MMS and MMA? And the result of that has been an increase last year of some 12 or 15 percent; an increase now announced of some 23 to 25 percent. Is that watching very closely the operations of MMS and MMA? Is this what we can expect next year on the same basis?

This is what the government has done. They have had their commission. It's been sitting there. The Minister when I asked him today told me hadn't had negotiations - he's playing around with words - what they have had is consultation. Well be that as it may, if that's the results of the consultation, then the people of this province simply cannot be satisfied.

Mr. Chairman, the government has said that they are not prepared to proceed with Medicare in the Province of Manitoba. They say what they want done is to protect those people who need the protection most, but to date, Mr. Chairman, we've been unable to find out from the government what their alternative is. The federal plan takes effect on the 1st of July; this government has said it is not going to proceed on the federal plan, it doesn't like the compulsory

(MR. MOLGAT cont'd) features, and it believes that it should start off by covering those in the area of need. But what specifically are the plans of the government for covering those in the area of need? What exactly is it that they are going to do? So far there has been not one parcel of information from the government as to what they intend to do, but in the meantime, we are finding that the premiums and the fees are going to go through another increase.

Mr. Chairman, insofar as the public is concerned, whether the premium covers 75 percent or 85 percent or 90 percent in the long run doesn't make any difference. What really matters to the people is how much does it cost for them to get the coverage. The amount, the degree of percentage that is paid for out of the fee schedule is not of direct concern to the public; what the public are concerned about is getting the service, getting the service at a price that they can afford to pay for. This the government has apparently been totally unable to even in any way control. The question then is, what exactly has been going on this past year, Mr. Chairman. What has the commission that the government set up been doing? What has the government themselves been doing in this regard. It would appear, Mr. Chairman, that the government simply -- after having confused the situation totally by saying first that they are going to go into Medicare, then saying that they won't go into Medicare -- having simply abdicated and let the situation develop, having set-up a bill which they are not now going to enforce, having refused to put in that bill any type of a fee schedule, they are simply saying to the people of Manitoba, well you pay the fees. As far as we are concerned, we are not involved. Mr. Chairman, that's not good enough, because it's this government who brought in the bill last year and it's this government that created the situation.

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MR. SPEAKER: The Honourable Member for St. John's.

MR. CHERNIACK: I suppose it makes one feel more comfortable if one's on the Liberal side to accuse the Conservative side. The ones sitting in our position may be more objective of course because it seems to me that not so long ago, like something over a year ago, it was the Liberal party, federally, which made a switch in the concept of the Medicare bill itself, made a switch for the introduction of Medicare by one year, at a time when the doctors weren't fully aware of what was coming and they were given a year by the Liberal party to delay in carrying out the plan so that they could organize themselves, plan, take lessons from Dr. Dagleish who was headed as the man who has the experience, has the information, has the bargaining power, as he suggested by implying that we are not alone in this, we will be able - we have had the experience. I think it was the past president of the Manitoba Medical who spoke about "we have learned the lessons of 1962". He didn't add the words, "we were at the barricade" but that was the sense in which I took it.

Well, Mr. Chairman, I don't want to make a lengthy speech; we have heard a few and we have heard one from my Leader which I feel covered the ground very well, but I did want to touch on just a few of the things that were said by the Honourable the First Minister, and I'm glad he made the statement. We've been waiting for it for quite a while and now we got a statement where he has shown his reluctance to get into this problem entirely. He says he's been dealing with it, he's been meeting with them - meeting with them I'm sure in a nice genial fashion, discussing mutual problems and considering how to find mutually satisfactory methods of dealing with the problem. He says that it was the compulsory feature in this last Bill that was passed that bothered him so, although he has made clear to us that he feels that Weir can well afford to pay the full cost and doesn't need any bargains, indeed, he said, that Weir could well afford to contribute something on behalf of those less able to participate.

I don't know if in saying - I have no doubt that he believe what he says - that he believes that it's right, that he should pay for those who are less able to pay. I don't quite see how he is going to be able to accomplish that for all the other people of Manitoba who are in his income category or better unless he accepts the concept that all the people will have to contribute to this scheme in order to provide the base by which all people will be able to derive benefit.

Now he used the word "compulsory" and we pointed out again and again the only compulsion that is in his own Bill, for which he voted last year, is a compulsion to participate in the financial aspect of it, that is to provide the financing that's needed to carry it out; that's the only concept of compulsion there because there is no compulsion on him as a contributor to accept benefits thereunder - there is no compulsion on any doctor to work under the scheme as was made so clear last year. But he made the very point, or he should have realized that he was making the very point which makes it so necessary that this be a universal scheme. The point is that as long as gentlemen such as he is, remain as young as he does, and are as healthy as he looks, that it just doesn't make sense for them to join this kind of Medicare scheme. There's just no actuarial, no financial reason for people in his category, for himself to belong to a scheme because obviously, as he himself puts it, he would then be required to contribute for others, and that doesn't mean necessarily others who are less financially able to handle it; it means others who are in greater need to use the services because they may be ill, they may be much older than he, they may be infants who also have a high need and the whole value to a scheme such as this - and I'd like to have him understand this - is to bring in all people, both the high users and the low users to level out, so that when they enter into this life at age one day and have great need for medical attention in the first year of their lives, they will then get the benefit of those others that are contributing, and as they advance in age and reach the age of 20 and 30 and 37 or 38, they will not have a need for it but will be contributing because when they reach the age of 60 and 65 and 70 they will become heavy users again, and at that time they have to have the opportunity of participation by others. If that's compulsion, if that's the word that the Honourable Minister wants to use as a scare word, he's welcome to use it, but let him not use it in any wrong sense as I think he has been doing up to now.

Now, Mr. Chairman, he is relying on the old principle of laissez faire. He says the doctors are taking unto themselves the right to set fee schedules. (which they have a right to do, of course); they are taking unto themselves the right to decide whom to extra bill, which of course they have the legal right to do; and he's saying that he doesn't believe that many of them will do it. I was looking at the newspaper, trying to confirm my recollection of what the vote was, and I didn't see it but my impression is that only four or five doctors voted against the

(MR. CHERNIACK cont'd.)... policy presented by the MMA yesterday, and therefore he is suggesting that so many of these doctors don't mean what they say. He is relying, I believe, on the doctors not doing what they said yesterday they will do, and maybe he's right, but isn't that a ridiculous situation to rely on somebody not to do what that person says he'll do in that way say, "Well, probably things will work out."

To the same extent I feel is the gamble he's been taking with the millions of dollars which would be contributed to Manitoba health from the and through the national Treasury. It's the same type of gambling that's taking place, and maybe he's young enough or strong enough to withstand the gambling, the tension that follows, but I doubt if the people of Manitoba should be in a position to let their Premier gamble with their health and their money the way he's doing. But he's doing it. Well, he's got the power so to do and he has made it clear that he intends to do so and wait to see just what happens. Now he's saying that he's waiting for Stanfield to become the next Prime Minister so he can sit around and talk to him. Then of course he has not ruled out the possibility of another commission, which has been a very useful device used by this government for delaying things, and need we go into the list of commissions and committees and studies that have undertaken by this government and have not found their way into any form of practical legislation?

Let me ask the Premier of Manitoba how he envisions bargaining that should take place between the provider of a service and the recipient of a service. Just how is it that he expects people to be in a position to bargain collectively or individually, with equal rights, with equal opportunities to bargain, in the concept of Medicare services? The Premier is relying, as I say, on doctors not doing what they said they would do, but at the same time he is accepting the fact that the doctors, having been in control of Manitoba Medical Services, having set it up themselves for good reasons — and let's not forget that when the doctors set it up they did it because they thought it was good for health services and good for doctors, and doctors have been the beneficiaries of the Manitoba Medical Service. They have accepted, let's say 85 percent, let's say 80 percent, let's say 75 percent of their self-established tariff of fees, but they got cash on the line, within, is it two months? Every — I think they run about two months late, and they got paid.

We've heard my Leader describe the days, and I must confess that I lived through the days but I didn't live in that part of the country where they were able to supply a half a cow or a dozen eggs, but I know very well that the doctors in the city in that part of the city of Winnipeg where I lived, and where I still do live, used to go from home to home and spend 12 and 14 hours a day attending to the sick and charging \$1.00 and \$2.00 and not collecting it, and when the MMS was instituted and they started getting money, be it for a lesser amount, they did not have the problem of billing, of collection, of embarrassment, of difficulties with people who could not or would not pay; they did not have the collection fees involved; they did not have that tremendous ledger which, prior to that time, every doctor had of uncollected bills, of bills for services rendered for which they got nothing. So the MMS was established by them for good purpose. But when they saw the way the future was being planned for them by the Liberal Government, whose Party stated in 1919 that they were going to do it, and they finally did get around to doing it a couple of years ago and based their election campaign on that, and when they saw what was happening and when they were given an extra year of grace by the Federal Government (and I know I said 1966 when I should have said 1967 for the one year postponement) and when they saw the way this government was not taking hold of the problem in accordance with the debate that was carried on last year, the doctors started to secure their position, and what I am saying is being said in full recognition of their legal and social right to organize in such a position as to put themselves in the better bargaining position, and they did it. So they increased their rates, and then they said we're only getting, let's say 85 percent of those rates, so, as my Leader pointed out, right away everybody owes them something, and having done that, they then said, "Now we will walk out of MMS and we will expect the government to take over and that then means the government will subsidize."

Well, because of the government's attitude of sitting back and watching and waiting, as the Premier indicated they have been doing and will continue to do, the doctors have been able to put themselves in this bargaining position, and they had every right to do so. But Mr. Premier, who is bargaining on behalf of the people? What position do you hold in this, as the watcher sitting on the sidelines saying laissez faire will decide for them? Who is there to represent the people who should be, in all fairness, in an equal position to bargain across the table with the

(MR. CHERNIACK cont'd.)... providers of the service?

The people of Manitoba are consumers, and although this government has done a good deal in the last few years to help the consumers, the fact is it's been dragged along in that position and this government is still not consumer-oriented, and this government is still sitting on important consumer protection legislation which should have been before us a couple of years ago. And in the same way, this government does not recognize that it represents primarily consumers in the field of health, and that these consumers are entitled to have somebody bargain on their behalf, and it is only the government that has the, well, I suppose the right because it is the government, and certainly the responsibility to do that bargaining, and for all we know the doctors are absolutely fair in the tariff they have established. But that's "for all we know" because we don't know what the other side would have been had there been somebody to assume that responsibility of doing some bargaining on behalf of the consumers of that service.

There's nothing wrong with the concept of the bargaining that takes place. The doctors are people in a highly respected, respectable profession who are dedicated people, and who say that they want a return for their service. And who can deny them that? The only question is: how much do they want? How much are they entitled to in terms of the ability of the people of Manitoba to pay? How much can they get out of a province that has so much to offer in terms of health? And I think that the greatest fault on the part of this government is its failure to assume the responsibility to bargain with the doctors, and sitting back and watching and seeing and hopefully not falling asleep while you're sitting and watching, because that's a danger that can happen when you don't participate. The one-sided bargaining that's taking place may well become adverse to the people of Manitoba generally but will certainly be adverse to a great number of people who are in lower income brackets and who can say that \$1,000.00 of taxable income puts a person into a category where he can afford medical services at 100 percent of cost, while people in the higher brackets such as we here, the Premier and I included, could get away from providing our proper share for their benefits by refusing to participate in a Medicare scheme such as this. There lies the fault and there, I believe, this government has fallen prey to an approach which is outdated, which is running so far behind the general tenor of what people want and people need and people are entitled to have, that it is negating its responsibilities and I'm afraid will continue to do so whilst all of us sit back and watch and wait to see what develops. Unless the Premier is prepared to undertake to do the bargaining on behalf of the consuming group which he represents, that will be the situation: the government will sit and wait, and perforce we on this side will also have to sit and wait and not even watch, because we don't have an opportunity to see in the way that the Premier has had in all these many meetings he describes that he has held.

So we'll just have to wait. At least the premier will watch and wait and the people of Manitoba will see their costs rising in every respect in those fields in which this government has responsibility, by seeing their government say, "We have a balanced budget," and at the same time their costs are going up in municipal taxation, in hospital premiums, in medical costs which are even worse than the others because there's no arrangement whereby those who are able to contribute will do so. I think it's a shame; I think it's something that we'll have to watch in the sense of this government's action or lack of action, and hopefully the people will continue to react in such a way as to see to it that if this government won't represent them, another one will.

MR. CHAIRMAN: The Member for St. Boniface.

MR. DESJARDINS: Mr. Chairman, over the period of a few short days, the people of Manitoba learned that they would have to pay added premiums and added tax, because it's a tax, it certainly is a tax; when you're talking about something that is compulsory, something that is sponsored by government, you can play around with words but it's a tax. Well, the people have learned that they would pay a higher tax for their hospitalization, and then they are being told now that they will have to pay more to cover their Medicare, and I think that this second phase of it, this pill is a little too much to swallow. And for the record, Mr. Chairman, I think that we should mention again that the former Premier has left this House when we start talking about these important things. I think this is a shame that a man should have to go to Kitchener to make speeches on Medicare and hospitalization.

I'd like to congratulate the Attorney-General on his speech of last Thursday. He is an excellent speaker and when the government is in trouble, when they want to shift a discussion,

(MR. DESJARDINS cont'd.)... he takes part in the debate. Unfortunately, he hasn't been too active this year until Thursday, and Thursday he did quite well. He mentioned - and I'm going to cover now for awhile, coming back to this hospitalization, he mentioned that there was an increase in the premiums but that that didn't mean very much because at the time the percentage covered by the premiums wasn't any higher, in fact - I should say it was higher than it is now even covering with 28 percent.

But this is only half the story, and again I'm sorry Mr. Chairman, but I'll have to quote another few words that I got from the session from the words of the man who is now contesting a Federal seat but doesn't think it is important enough to stay in this House, and you will see that there is no mention at all, no mention at all about percentage, but strictly about "ability to pay," and I would like to see any members of the Opposition explain this quotation after I'm finished, if they can - of the government, I should say - (Interjection) - Well, even the Opposition if they can; I don't think they can either.

This is found on Page 22 of Hansard of October 16, 1961, in which Mr. Roblin stated: "Now, Mr. Speaker, when the hospital premiums were first imposed at \$4.10 for married people and \$2.05 for single, at the relatively low level it was considered by the House that citizens could pay these premiums without undue hardship," - no mention of percentage at all - "particularly as provision was made that those who were not in a position to handle the matter would have their premiums presented to them at the expense of the Consolidated Revenue, and members know that some 35,000 or 40,000 people have free hospital premiums in that way. But that's not the case with the premiums of \$6.00 and of \$3.00." Again, no mention of percentage. "And it underlined our determination to introduce the ability-to-pay principle in connection with hospital premiums at the first opportunity. We now have the ability to implement that policy in the way that I've suggested, because it seems to me that a one percent increase in taxable personal income on the people of our province, it does introduce that measure of ability to pay. Personal income tax is, so far as I can see, one of the best measures yet devised of ability to pay and we are going to take advantage of it. But, Sir, we also maintain that there should be an added contribution to the general from the consolidated fund to the cost of our hospital system, and for that reason we are raising one percent of corporate income taxes as well to provide that extra money. Thus we are able to introduce the ability-to-pay principle in our hospital premiums system to a greater extent than ever before through the personal income tax, and we can increase the contributions from the general fund of this province through the corporation income tax."

Well, you see, Mr. Chairman, this is quite clear - I see we've lost the Premier now - this is quite clear, and the government is saying now, that we did not, on this side of the House, offer anything, that we only criticized when we asked the government and the Minister of Health to bring in a clear-cut policy. The Attorney-General said that nothing was proposed, that we were just ready to criticize and that is not quite true.

I remember on Thursday, I think, or Wednesday, that I first of all talked about all the added costs that we could save - or at least if we didn't save the money, this same amount would benefit a lot more people. I remember talking about the construction of beds and trying to start at the bottom of the list, talking about home care and so on, and this would be a big factor, because the Minister of Labour said yesterday that the average per diem day was \$40.00, he said that on television, \$40.00 -- and by the way I've checked, in Ontario it's cheaper than that. I don't know why - but \$40.00, and I don't think that this is the same as paying at the start with home care or nursing home and so on. All right, well we'll do away with this thing - you still have to finance. And I think that this is what we said, that after reducing the costs, we would save large sums, we talked about ability to pay and we have asked that we definitely - this is one place where we should talk to Ottawa and talk about priorities and so on and try to get this on the same policy of trying to keep this principle of ability to pay, trying to get more money from Ottawa. I know what you're going to say - we're trying that. All right, but I'm starting from the start and I think that this is the best way to do. This is one place, this is something that should be priority. I'm not faulting the provincial government of Manitoba; I'm sure they are trying this. But this is why I suggest that we have a meeting, we call a meeting in ... the resolution that I have.

Then I said that we talked about the next thing, that we consider the ability to pay. We don't have to go all in one tax, we can split this around. I've talked about the ability to pay here in the province and we've cut down 1 percent of the income tax. Now I want to say something

(MR. DESJARDINS cont'd.) . . . on this question of income tax and premiums because there are only a few provinces in Canada that are charging a premium, there is only a few provinces. And when we are talking about ability to pay and about these premiums well let us look at the provincial income tax and Manitoba -- I'm not talking about Quebec here, they have such a difficult system, a complete system, so I have excluded Quebec, it's too difficult to explain because they have a system of their own - but here we have the income tax. Two provinces, Manitoba and Saskatchewan charge 33 percent of the Federal income tax as a personal income tax, 33 percent, and all the others charge 28 percent -- and we laugh, the Attorney-General laughs at my friend from Inkster when he suggested that there was certainly enough to cover on that. All right. And then the Corporation Income Tax, there's one that charged 12 percent, that is Ontario, the others 11 percent, some 11 percent including Manitoba, and one, two, three, four, five, and again I'm not talking Quebec, five out of nine charge 10 percent. So this government says we are not raising taxes, they are taking premiums instead of this money and they are putting less from the consolidated fund also.

Now these are certain things that we have mentioned. We are talking about ability to pay. Maybe the \$10 million needed . . . the government say we don't agree with the NDP but they could have said at least, we'll put more money in there. This is the government that talked about ability to pay and then cut down 1 percent of the income tax, of the tax on hospitals, because the money wasn't needed, they were getting more money than needed. And then we brought in a sales tax since then and that was supposed to help for these things. At first it was designated as an Education Tax but the Minister changed this, we had an amendment, I don't think we needed an amendment, it was changed before it came in this House and it was just to bring general revenue, thinking of the priorities and nothing, apparently not a cent of this has been put on this at all.

Then I did talk about utilization fees - I said a deterrent at first and then I corrected myself, not because I'm ashamed of the word deterrent, but I didn't want to use it in this way, as a punishment, but a utilization fee. We are talking - the Minister said and the Attorney-General said well this is fine but let the people that are using it, let the people pay more premiums, this is the way it should be. Well I say that a lot of people are paying premiums and they are not getting any coverage at all, a lot of people in the north of the - they can't get a bed if they want one. At least let those that are fortunate -- the Minister himself, the Commission reports, that there is still a waiting list, and I'm not saying that this is exaggerated, but there is still a waiting list of what? -- 3700 people and they are paying; so I say that a utilization fee is good. The Minister did not say anything here, he covered it on an interview in television and he said, when it was his turn to stand up here in the House, he said, well, we've covered this, and this is his two words "we've covered this", and I'll come back to this, the First Minister tells us the utilization fees are terrific things.

Now I don't want the Attorney-General to say that we didn't present any other thing -- and then, all right, if you had to bring an increase, if this wasn't enough, if you had to bring a few cents a few pennies on the premium, but 80 percent. You can change it to how much a second if you want - it looks a lot better so much a day or so much a week - but it's still 80 percent. I say that you could have added a few - excuse me, Mr. Chairman, that the Minister could have added a few pennies. In other words, it's difficult - you've got to find the money. You've got to find the money. Try to get as much as you can for your money and then spread it out as much as possible but don't all of a sudden decide that the ability to pay is not important any more and say, well all right, when it was \$2.00 it was all right but \$3.00 was too much; \$3.00 or \$6.00 was too much and now we are getting \$7.80 or \$7.20 and that's supposed to be all right. So I say that this is not quite right and if the Minister wants to look at these taxes, this is an interesting book with all the taxes of the different governments, amusement tax and so on and we're practically the highest in everything.

Now I thought that this had to be brought in because it's difficult to separate the two -- (Interjection) -- What's that? Do you want me to start reading some of this? Do you think that I'm not telling the truth?

MR. LYON: All I know is that we have the lowest per capita tax rate . . . of any major province in Canada except Alberta.

MR. DESJARDINS: All right what is this 33 percent and Alberta and all the others have 28 percent?

MR. LYON: I said except Alberta.

MR. DESJARDINS: All right, Alberta - but it's not only except Alberta; Ontario has 33 percent we have 33 percent, and others have 28 percent. That doesn't count. What about your sales tax, what about your amusement . . . You say that you have no taxes because as far as this government is concerned, nothing is a tax. The former First Minister when I said something about premium isn't that a tax "premium" he said - and then he walked out. But he did manage to say "premium". Well this is a joke I mean this hospitalization - use it for the Medicare but hospitalization is a compulsory plan. How can you say that this is not a tax. The other people, there are only three provinces that have premiums, three or four provinces that have premiums, the others pay this with their tax, so no wonder we have a lower tax as far as you are concerned.

And now let us go to this question of, let us go now to this question of doctor premiums. I was pleased to hear the First Minister take part in this debate but I was awfully disappointed in what he had to say, because he said nothing. He said nothing. We are told time and time again, well first of all they have changed this, they decided not to go into the plan after passing Bill 68. The first reason was, well because Mr. Sharpe in the campaign had said that he was going to change it -- not to change it, that was denied by Mr. Sharpe and I have the quotation to prove this -- he said that he would look into it. This was the reason, Sharpe. I said don't gamble Sharpe's not there yet. I personally asked Mr. Sharpe what he meant, and this is when he came in with a statement that changed the whole picture. I asked Mr. Trudeau, this was one of the things that I wanted to know. All of them are ready to have another look at this, but nothing is going to be changed before this year, the 1st of July - it's impossible. So all of a sudden - well it's no longer Sharpe and Trudeau - now we are going to bring the element of politics and it's Stanfield, in other words the Conservative Government will change all that. Well I ask the First Minister, or I would ask him if he was here, why did the Conservatives vote on this, exactly the same as the Liberals, all of the members of the House except two. And I'm talking about the Federal House and I'm sorry that my friend from St. John's isn't here; he likes to turn around and look at us and tell us what happens with the Liberals in Ottawa, but I'm not interested. He might be right. He might be right. The action of the Federal Liberals by delaying this, maybe they gave the doctors a chance to change this. But what's the use of debating this. I'm not interested in Federal politics, that is in participating and taking part myself, that is, as offering myself as a candidate and I can't change this. I have been elected for here and I can discuss things that we have a chance to say or to act on, but not these Federal politics, so this is a waste of time.

Now the First Minister told us, well he was ready to accept this because he felt that Weir will be able to pay for premium. Well I should hope so. He's getting \$24,000 a year and when we talked about this kind of money, we are told well only 3 percent, why talk about these high priced people, only 3 percent are in the \$10,000 bracket and even the \$24,000 bracket. So how many - he can pay, what about the rest of the people. I don't think that this is good enough. We are fortunate here, we made another rule, we made a rule that one-third of our salary is not taxable, as far as the income tax is concerned, so we are fortunate; but the rest of the people of Manitoba are not as fortunate.

And then he said - well I wasn't in this house, because I was out there negotiating - but we were told, the Minister and I'm sorry to have heard him today play on words like this that they weren't negotiating, they were just, I don't know the terms, discussing and so on. But I want to know where my friend the Minister of Health was when this was discussed. Are we right, is this a dictatorship? My Leader said that there was no change in Ottawa since you passed Bill 68. There was no change at all, nothing is changed. Well he was wrong, there was one thing changed. We have a new Premier in this province and is he running a dictatorship? Was I right a few months ago when I said that the people that were all for this - and boy the Minister of Health must admit unless he wants me to start quoting again, last year that he really told us - he told us off, he told his own members off and he told the members of the Liberal Party because we were reluctant and he felt this was a good thing - he didn't like everything but he had to accept it. Now we had a change. We have a new Premier in this province. He doesn't even bring, my friend who has been the Health Minister for a number of years, he doesn't take part in any discussion, or very few, because my friend has been here talking about

(MR. DESJARDINS cont'd) his estimates and the Premier said this evening, he wasn't here, because he was negotiating with the doctors. Well this is a funny setup. --(Interjection)-- Oh no, excuse me, not negotiating, not negotiating. And now we are told that this is why he was absent, and I think that if you have a Minister of Health, well at least bring him along. If you want to treat him like a little dog, that's your business, but bring him along. And I don't think that my friend - I'm not suggesting my friend should be treated like a little dog, because I think he's very sincere and I think that he's worked - he puts in a lot of hours in this department - and don't tell me, please don't tell me I had my estimates to defend or I couldn't be there. It would have been just as easy to say we have important negotiations going on, now we will change, we will bring another department. This is no excuse to me at all.

Now we are told, well we'll watch - the First Minister said we will watch and this has been covered by different men. But what was said last year? In all these things - let us look back. Let us look back, we want to be realistic, we don't want to just beat around the bush, let us look back and see what has happened in this field of Medicare.

No. 1 - and I will not mention the members of the New Democratic Party too much in this, because they have been steady, they have been advocating certain things and they have been straight from the shoulder on this, they haven't changed, so we know where they stand; I'm not trying to slight them at all, but I mean there was no reason, because there hasn't been any change. But, the Federal Government, the Liberals and the Conservatives brought in a - no, first of all I should say that here in this province, the Conservative Party and the Liberal Party favoured a voluntary plan that would cover especially those that are in need. All right. Am I right so far? The members of the Liberal and the Conservative Party brought in, wanted, had been advocating since '65-66 or before that, a plan, but a voluntary plan that would take care mostly of the people in need, because we had a real good setup under MMS here a few years ago.

Now a federal government composed of all the members of all the parties brought in this compulsory plan so if there is a fight between plans, it should be between Conservatives and Liberals - it should be between the Federal and the Provincial because the Conservative members out there, I suspect that Bud Sherman and Bud Simpson, all these people they voted for it. I don't know of any from here that voted against, there was only one Liberal, there was only one Liberal and two or three NDP. Now the rest -- I'm talking about the federal government, the federal representatives -- those are the people who voted in favour of this compulsory plan a few years ago. Yes, they were in the house. So this was brought in. Granted the Conservative Party and the Liberal party did not like it, but, Bill 68 is it? was accepted in this House. Now nobody has denied that. Why don't you answer this. Why doesn't the Attorney-General answer this: why did you vote on Bill 68. Nothing has been changed, nothing has been changed at all here.

Now what happens? I brought in a resolution; I brought in a resolution saying I don't want to kill this bill, we've approved of it on second reading, but let's wait. You are not asked to bring in this legislation before July 1st of '68, let us go back -- you remember that, Mr. Minister -- when I said let us go back to the provinces? Let us try to get a plan like Alberta, and if there is enough of us maybe the government will accept it. Let us not cut our bridges behind us. Let us go and try and get this plan changed and in the meantime we'll be able to negotiate. But no, no, the bill was passed. Another thing that we asked . . .

MR. LYON: Mr. Speaker, I'm sorry to interrupt my honourable friend but there is one piece of business we have to transact tonight before we adjourn and I move the Committee rise.

MR. CHAIRMAN: Committee rise and report. Call in the Speaker.

MR. WATT: Mr. Speaker, I beg to move, seconded by the Honourable Member for Springfield that the report of the Committee be received.

MR. SPEAKER presented the motion and after a voice vote declared the motion carried.

DEPUTY SERGEANT-AT-ARMS: His Honour the Lieutenant-Governor.

MR. SPEAKER: May it please Your Honour, the Legislative Assembly at its present session passed several Bills, which, in the name of the Assembly, I present to Your Honour and to which Bills I respectfully request Your Honour's Assent.

MR. DEPUTY CLERK:

- No. 2 - An Act to amend The Insurance Act (1).
- No. 3 - An Act to amend The Insurance Act (3).
- No. 4 - An Act to repeal certain Acts relating to certain Corporations.
- No. 5 - An Act to amend The Coat of Arms, Floral Emblem and Tartan Act.
- No. 6 - An Act to amend The Unsatisfied Judgment Fund Act.
- No. 7 - The Presumption of Death Act.
- No. 8 - An Act to amend The Jury Act.
- No. 10 - The Securities Act, 1968.
- No. 11 - An Act to amend The Public Utilities Board Act.
- No. 12 - An Act to amend The Garage Keepers Act.
- No. 13 - An Act to amend The School Attendance Act.
- No. 17 - An Act to amend The Wildlife Act.
- No. 19 - An Act to amend The Reciprocal Enforcement of Judgments Act.
- No. 20 - An Act to amend The Public Schools Act.
- No. 21 - An Act to amend The Forest Act.
- No. 23 - An Act to amend The Provincial Police Act.
- No. 24 - An Act to amend The Queen's Bench Act.
- No. 25 - An Act to amend The Gas Pipe Lines Act.
- No. 26 - An Act to amend The Reciprocal Enforcement of Maintenance Orders Act.
- No. 31 - An Act to amend The Employment Standards Act.
- No. 33 - An Act to amend The Mortgage Act.
- No. 34 - An Act to amend An Act respecting Soldiers' Estates.
- No. 35 - An Act to amend The Treasury Act.
- No. 36 - An Act to amend The Fires Prevention Act.
- No. 37 - An Act to amend The Highway Traffic Act (1).
- No. 103 - An Act to amend An Act to incorporate the Village of Winnipegosis.

MR. CLERK: In Her Majesty's Name, His Honour the Lieutenant-Governor doth assent to these Bills.

MR. LYON: Mr. Speaker, I beg to move, seconded by the Honourable the Provincial Treasurer that the House do now adjourn.

MR. SPEAKER presented the motion and after a voice vote declared the motion carried and the House adjourned until 2:30 o'clock Tuesday afternoon.