Saskatchewan Doctors' Strike 1962 - Political Cartoons

Interpreting Evidence

A. Setting the Background

Prior to working with students to establish context of this event, some background knowledge about the Saskatchewan Doctors' Strike and the Medicare debate could be provided.

- Encyclopedia of Saskatchewan: Doctors' Strike: Included in this learning package, courtesy of University of Regina Press.
- Encyclopedia of Saskatchewan: Medicare: Included in this learning package, courtesy of University of Regina Press.
- "Medicare: A People's Issue" virtual exhibit, Saskatchewan Council for Archives and Archivists: http://scaa.sk.ca/gallery/medicare/index.php
- The Canadian Encyclopedia: Saskatchewan Doctors' Strike: http://www.thecanadianencyclopedia.ca/en/article/saskatchewan-doctors-strike/
- "Saskatchewan Doctors Go On Strike": CBC Digital Archives: http://www.cbc.ca/archives/categories/health/health-care-system/the-birth-of-medicare/the-saskatchewan-doctors-strike.html
- "CBC's Close-Up looks at the Saskatchewan doctors' strike, Part 1": CBC Digital Archives: http://www.cbc.ca/archives/categories/health/health-care-system/the-birth-of-medicare/cbcs-close-up-looks-at-the-saskatchewan-doctors-strike-part-1.html
- "The Saskatchewan doctors strike is over": CBC Digital Archives: http://www.cbc.ca/archives/categories/health/health-care-system/the-birth-of-medicare/the-strike-is-over.html
- History 30 curriculum : Unit 3 pages 346-388 https://www.edonline.sk.ca/bbcswebdav/library/curricula/English/Social_Studies/History_30_1997.pdf

B. Review the criteria for understanding and working with evidence

- History is an **interpretation** based on **inferences** made from primary sources.
- Analysis includes **sourcing**: finding out about **when** and **why** the source was created and by **whom**.
- A source should be analyzed in relation to its **context**; the conditions and worldviews prevalent at the time
- **Corroborating inferences** from a single source with information from other primary or secondary sources is part of evidence analysis.

Adapted from The Big Six Historical Thinking Concepts by Peter Seixas and Tom Morton (Toronto: Nelson Education, 2013)

C. Working With The Cartoons

1. Consider the creator of the source.

Provide the students with access to the 7 political cartoons related to the Saskatchewan Doctors' Strike in 1962, by Sebestyen of the *Saskatoon Star-Phoenix*. (Available online at http://saskarchives.com/Doctor_Strike and provided as part of the PDF package.)

Remind students that historians seek out the following types of information about sources ***before*** they do any work with any piece of written or visual evidence.

- Who made this source?
- What kind of source is this?
- How was it made?
- When and where was it created and for what purpose?

Biographical information is available online at http://saskarchives.com/Doctor_Strike to help students consider the creator of these cartoons.

2. Make Initial Observations and Inferences.

Look carefully at the source(s) and note what you see.

Instruct students to look carefully at the source by scanning the image up and down, left to right and corner to corner for a few minutes. Then, students can record or share what they see.

- List what you **SEE** in the cartoon.
- Describe the **arrangement of the people** in the cartoon.
- What **actions** are being shown in the cartoon?
- What can you **INFER** about the relationship between the people in this cartoon?
- What **details** in the cartoon enable you to make this inference?

Initial Observations Viewing Guide with possible prompts for making observations is provided.

Students are then asked to view the source again, this time considering the cartoonist's decisions and choices as a second step in the analysis of the source.

- What **decisions** has the cartoonist made in creating this image?
- How does this cartoon make you feel about the **doctors**?
- How does this cartoon make you feel about the **government?**
- What **details** in the cartoon lead you to feel this way?
- What was the artist's **message**?

The Cartoonist's Craft Viewing Guide with possible prompts is provided.

3. Contextualize the Cartoons.

Provide students opportunities to put the cartoons in context with the larger Medicare debate going on in Saskatchewan at the time these were published.

Secondary Source Summaries:

- Encyclopedia of Saskatchewan: Doctors' Strike: Included in this learning package, courtesy of University of Regina Press.
- Encyclopedia of Saskatchewan: Medicare: Included in this learning package, courtesy of University of Regina Press.
- The Canadian Encyclopedia: Saskatchewan Doctors' Strike: http://www.thecanadianencyclopedia.ca/en/article/saskatchewan-doctors-strike/

Primary Sources

- Pamphlets & Newspapers:
  - *Public Voice for Medical Care Insurance*, Issue No. 1, July 7, 1962, published by the Saskatchewan Citizens for Medical Care (from Saskatchewan Archives Board [SAB], G. 261.1, Pamphlets of Saskatchewan Citizens for Medical Care).
  - *Public Voice for Medical Care Insurance*, Issue No. 2, July 14, 1962, published by the Saskatchewan Citizens for Medical Care (from SAB, G. 261.1, Pamphlets of Saskatchewan Citizens for Medical Care).
  - *Public Voice for Medical Care Insurance*, Issue No. 4, August 1, 1962, published by the Saskatchewan Citizens for Medical Care (from SAB, G. 261.1, Pamphlets of Saskatchewan Citizens for Medical Care).
  - "Political Medicine is Bad Medicine," ca. 1962, (from SAB, G. 268.1, Pamphlets related to Medicare).
  - "More Abundant Living: CCF Program for 1960," published by CCF Saskatchewan Section, 1960 (from SAB, G.1.1960.8, Pamphlets of the CCF – 1960).
  - "A Pledge Had Been Broken! Prepaid Medical Insurance Must Be Acceptable Doctors and Patients," published by the Keep Our Doctors Committee (from SAB, G.521.1, Pamphlets of the Keep Our Doctors Committee, ca. 1962).
  - "Your Right to Health: What Will the Medical Care Plan Mean to You?," published by CCF Saskatchewan Section, 1960 (from SAB, G.1.1960.11, Pamphlets of the CCF – 1960).
- "Medicare: A People's Issue" virtual exhibit, Saskatchewan Council for Archives and Archivists: http://scaa.sk.ca/gallery/medicare/index.php

4. Corroborate and Cross Check Cartoons with other Evidence.

Model out loud the thinking process of corroboration and cross checking resources with students.

Select one of the cartoons and one of the other primary sources (pamphlet or newspaper article) to use as you "think aloud" and model how you would think and respond to the following prompts:

- What is similar about these sources? How do they differ?
- Why are they similar or different?

- How does this source confirm what I already know or inferred about Medicare and the Doctors' Strike of 1962?
- Does it extend what I know about the topic? Does it challenge what I have already examined?
- What makes this source an important piece of evidence?

Students can practice the same skills using similar prompts and other pieces of evidence posted on the website.

Cross Checking Sources Reflection Guide is provided for students to use as they think about how sources compare with each other during the corroboration process.

5. Expressing Degrees of Certainty and Recognizing Limits about What They Observed

Remind students that we cannot always find definitive answers to historical questions because there are not always enough sources, they may not tell us what we wanted to know or they may disagree with one another.

It is helpful to use terms such as probably, likely, possibly, suggests or implies to help state this uncertainty in the summaries we make after looking at historical evidence.

To bring closure to their learning they could use any of the following stems to help describe their thinking about the Doctors' Strike and the larger Medicare debate in Saskatchewan in the early 1960's now that they have worked with primary source evidence. Responding to a few of these would be summative assessment evidence you could use to help establish their understanding about the Medicare debate and the Doctors' Strike.

From the evidence they have studied…

- These sources lead me to believe that….
- These sources clearly show that…
- It is highly likely based on the sources we studied that….
- These sources clearly show that…. But I am still uncertain about…..
- This source(s) does not tell us about….
- These sources have limitations as a window into the Doctors' Strike of 1962 because….
- Source X supports what I have learned so far because….
- Source X goes even further than Source Y in showing that….because…
- Source X contradicts the evidence of Source Y by suggesting that…
- Source X is an important piece of evidence in understanding the Doctors' Strike because….

Saskatchewan Doctors' Strike 1962 - Political Cartoons

Interpreting Evidence

Initial Observation Viewing Guide

<table>
<tr><td colspan="2">List what you SEE in the cartoon.</td></tr>
<tr><td colspan="2">Describe the arrangement of the people in the cartoon.</td></tr>
<tr><td colspan="2">What actions are being shown in the cartoon?</td></tr>
<tr><td>What can you INFER about the relationship between the people in this cartoon?</td><td>What details in the cartoon enable you to make this inference?</td></tr>
</table>

Saskatchewan Doctors' Strike 1962 - Political Cartoons

Interpreting Evidence

The Cartoonist's Craft - Viewing Guide

What **decisions** has the cartoonist made in creating this image?	
How does this cartoon make you feel about the ***doctors***?	What **details** in the cartoon lead you to feel this way?
How does this cartoon make you feel about the ***government***?	What **details** in the cartoon lead you to feel this way?

Saskatchewan Doctors' Strike 1962 - Political Cartoons

Interpreting Evidence

Cross-Checking Sources Reflection Guide

What is **similar** about these sources?	What is **different** about these sources?
Why are they similar or different?	
How does it **confirm** what I already know?	How does it **extend** what I already know?
How does it **challenge** what I have already examined?	
Why might these be **important pieces of evidence** when considering this topic?	

Medicare

The Romanow report observed, “Canadians embrace medicare as a public good, a national symbol and a defining aspect of their citizenship.” Medicare, as the national single-payer health care system is called, began in Saskatchewan on July 1, 1962, but operated without federal funding until July 1, 1968. Other provinces and territories joined over the following four years. The steps leading up to the adoption of medicare go back a long way: the idea of national health insurance was discussed as long ago as 1919, when it was a plank in the Liberal Party platform of that year. Because the Canadian Constitution assigns responsibility for health to the provinces, negotiations with the provinces about some kind of joint funding were unsuccessful until 1957, when the Hospital Insurance and Diagnostic Services Act was passed in Ottawa. This brought substantial federal funding to help pay for the hospitalization program in Saskatchewan, which had come into effect on January 1, 1947.

The seeds were sown for publicly funded hospital and medical care in the province with the Union Hospital Act of 1916, which was broadened in 1917 to enable municipalities to come together to build a union hospital and to levy taxes to finance its operation. About the same time, the Rural Municipalities Act was amended to give rural municipal councils authority to levy taxes to finance the municipal doctor system, enabling them to offer doctors an annual retainer fee in order to encourage them to practice in a given community. With the onset of the Depression in 1929, accompanied on the prairies by a devastating drought, money was extremely scarce, and little progress was made. However, in 1939, at the instigation of Matt Anderson of RM McKillop, the Municipal and Medical Hospital Services Act was passed, permitting municipalities to levy either a land tax or a personal tax to finance hospital and medical services. When the CCF government came to power in 1944, their platform called for comprehensive health insurance. The Hospital Insurance Act came into effect on January 1, 1947, guaranteeing every citizen of the province hospital care without a fee. No other jurisdiction on the continent could boast such a sweeping reform. T.C. Douglas insisted on a small annual premium to help finance this insurance. The introduction of hospital insurance in Saskatchewan, and its wide acceptance by the physicians of the province, paved the way for the introduction of medical insurance.

The Saskatchewan Medical Care Insurance Act was passed on November 17, 1961, and after two delays became effective on July 1, 1962. Meanwhile, Douglas resigned as Premier to head up the newly created federal NDP, leaving Woodrow Lloyd, who had become Premier, to oversee the introduction of medical insurance. On July 1, 1962, almost all Saskatchewan doctors went on a three-week strike. Only those who lived through those fear-ridden days, when doctors abandoned their offices, can appreciate the pressure that Lloyd came under to capitulate and withdraw the insurance scheme. The Regina *Leader-Post* was vicious in its attacks; while doctors, with the moral support of the American Medical Association, were merciless, warning their patients that most doctors would be leaving the province if “socialized” medicine were introduced. Patients in turn appealed to their elected members. The Opposition Liberal Party promised to bring in their own scheme, which if it had seen the light of day would have left patients in much the same situation as patients in the USA find themselves today. If Woodrow Lloyd had withdrawn the legislation, the story of national medicare might never have been written. Through the mediation of Lord Taylor, a physician whom the government had brought from England, the strike came to an end after twenty-three days, and things returned more or less to normal.

In 1964 the Royal Commission on Health Services, chaired by Justice Emmett Hall of Saskatoon, recommended that Canada should adopt national medical insurance; Hall stated later that the

demonstrable success of Saskatchewan's medical insurance system played a role in this decision. When the federal Medical Care Act of 1966 came into effect on July 1, 1968, with the four principles of public administration, universality, portability and comprehensiveness, Saskatchewan began immediately to enjoy joint funding. The formula in effect meant that the costs of medicare would be split approximately 50–50 between the federal and provincial governments. Eventually, however, the federal government became disillusioned with a scheme that continually cost more, while they had nothing to say about how the money was spent. The provinces also found that constraints in the formula prevented them from bringing in needed reforms. In 1977 a new system was agreed upon, called Established Program Financing (EPF). The effect was that the federal government provided support on a block-funding basis, enabling the provinces to use the federal money to finance health initiatives, in addition to hospital and medical services. Unfortunately, annual increases to the federal contribution were tied to the rate of growth in Gross National Product (GNP); since health costs tended to grow faster than the GNP, the result was a gradual decrease in federal support. Later on this system was revised, enabling the federal government to cut support even more drastically. Thus, in the 1990s, as Ottawa cut back in an attempt to eliminate the deficit, the provinces came under severe fiscal strain and the Saskatchewan government in turn began cutting its support for health, introducing the concept of wellness as its rationale.

In 1984, the federal legislation enabling joint federal-provincial funding for hospital and medical services was consolidated under the Canada Health Act. This added a fifth criterion to the Medical Care Act of 1966: services had to be accessible to be eligible for federal funding, and providers would not be allowed to make additional charges (extra billing). By the end of the 20th century, questions were being raised about the need to amend the Canada Health Act, which dealt mainly with hospital and physician services, in order to produce a more seamless health care system, from the nursing home and Home Care to the Intensive Care Unit. Meanwhile, the right-wing press harped on the question of the sustainability of medicare. Because of these two factors, plus the phenomenon of ever-increasing waiting lists, Prime Minister Chrétien appointed Roy G. Romanow, QC, on April 3, 2001, to head up a Royal Commission. It was "to recommend policies and measures respectful of the jurisdictions and powers in Canada required to ensure over the long term the sustainability of a universally accessible, publicly funded health system that offers quality services to Canadians and strikes an appropriate balance between investments in prevention and health maintenance and those directed to care and treatment."

The Romanow Report, published in November 2002, contained forty-seven recommendations which, taken together, presented a roadmap "for a collective journey by Canadians to reform and renew their health care system." Three of these recommendations, in particular, held out revolutionary possibilities for the sustainability of a reformed system. The first put forward something new, a Canadian Health Covenant establishing governments' commitment "to a universally accessible, publicly funded health care system." The second recommended "a Health Council of Canada … to facilitate co-operation and provide national leadership in achieving the best health outcomes in the world." This one was accepted immediately by the federal government and several provinces; but when the Council was established it was virtually a toothless old lion—a far cry from what was intended—due to differences of opinion among some provinces, particularly Alberta, BC, and Quebec. The third recommendation concerned the dire need to institute Primary Health Care; this idea was also strongly recommended by the Senate findings, known as the Kirby Report, which was published in the fall of 2002. The Kirby Report suggested that properly established Primary Care units could form the foundation required to make the whole system much better organized, bringing seamless health care within reach.

The advent of medicare represents perhaps the greatest test of participatory democracy Canada

has ever known. In 1962, community clinics sprang up in many districts—the Swift Current Health Region, which began functioning on July 1, 1946, showing the way. Regina, Saskatoon and Prince Albert still have successful functioning community health clinics. Within such organizations, grassroots decision-making results from community ownership of the system, giving individuals a feeling of empowerment that makes for volunteering services and explains why these agencies work effectively. Primary Health Care is a movement to generalize that kind of decentralized decision-making. At the outset of Saskatchewan medicare in 1962, there were those who believed that centralized control was necessary to guarantee the success of the innovation; whatever the reason, grass-roots community clinics were not encouraged, which set participatory democracy back for more than a generation. The advent of Primary Health Care may well solve the dilemma of how to achieve systematic central control, yet gain the dynamism inherent in local decision-making.

In 1995 a district health board structure was put into place, with the hope of making the administration more democratic and, one suspects, to deflect criticism away from the Department of Health. Thirty-two health districts were created, plus the Athabasca Health Authority in the far north. Two-thirds of the members of the boards were elected, and the rest were appointed to ensure a better balance concerning gender and minorities. Preliminary results suggest that the devolution increased local control; however, the Fyke Report (2001) recommended that the health districts be reduced in number, with appointed, instead of elected, boards. How to organize the administration of health services remains worrisome. Also worrisome is the increasing share of the provincial budget being taken up with public health, including medicare. The fear is that health costs will continue to rise faster than the growth of the economy, and that other services will be crowded out. One solution is to have the federal government accept a growing responsibility for financing medicare, and the other is for provinces to increase revenues; but a combination of both would seem the most likely outcome. The problem is that the federal government and the provinces suffer from insufficient revenue because of the pressure to cut taxes: under these circumstances it remains exceedingly difficult to increase revenues sufficiently to meet the demands of health care and leave enough funding for other essential services such as education, roads, and the environment. With drug costs increasing (cancer drug costs in Saskatchewan go up 22% each year), all governments are faced with some tough decisions. It has been suggested that one way around the dilemma is to raise taxes without appearing to do so, by means of an increase in the provincial income tax devoted to health.

Medicare has come a long way. The steps often have been faltering and there have been stubbed toes, but a system of health services has taken shape that is the envy of many. As it continues to evolve to meet emerging needs, how the system will change or should change in the future will depend on the studies that are continuously commissioned and on the adoption of their key recommendations.

John A. Boan

Doctors' Strike

Protesting the implementation of medicare, July 11, 1962.
Saskatchewan Archives Board R-A12109-4

In July 1962, doctors in Saskatchewan began a provincewide general strike that marked the peak of a conflict between organized medicine and its allies against the government's medicare bill. One of the great crucibles of provincial history, the issues surrounding the strike divided communities and even families. Since it led a national debate on the merits of universal health insurance, interest in the strike went far beyond the province, and for three weeks national and foreign media focused on the strike in Saskatchewan.

The origins of the strike lay in Premier T.C. Douglas' promise, in a by-election speech in Birch Hills, Saskatchewan, in April 1959, to introduce a pre-paid, universal and publicly managed system of primary physician care. Commonly known as "medicare," this initiative was to complement universal hospital insurance introduced the decade before with the support of most doctors. In the 1950s, however, organized medicine in Saskatchewan became more opposed to universality. A new generation of more ideologically conservative doctors, some of whom were refugees from the National Health Service in Britain, along with a successful foray by organized medicine into the health insurance business (which the doctors wished to extend provincewide), translated into a strong opposition to any extension of universal health care coverage.

In an effort to mitigate physician opposition to medicare, Douglas established in April 1960 an Advisory Planning Committee on Medical Care with nominees from organized medicine, government, business and labour under the chairmanship of Walter P. Thompson. Delaying its establishment and then delaying its ultimate report, the nominees of the College of Physicians and Surgeons bought time for more organized opposition to the government. The medicare bill was introduced just before Douglas left the premiership to become leader of the federal New Democratic Party. It was left to his successor, Woodrow Lloyd, to implement the bill by April 1962. In March, however, Lloyd decided to extend the deadline to July in a last-ditch effort to find a compromise with the province's physicians. However, the delay, along with the sharp drop in electoral support for the NDP in Saskatchewan in the federal election of June 18, simply served to strengthen the hand of the more militant doctors who concluded that the government would eventually back down. Threatening to leave the province if the bill was implemented, they helped establish numerous "Keep our Doctors" (KOD) committees throughout the province.

Despite the defection of his own ex-minister of Health to the Liberals in May and a threatened general strike by physicians, the Lloyd government proceeded with implementation on the July 1 deadline. The same day, the physicians began a strike which would last twenty-three days. Its high point was a demonstration in front of the Saskatchewan legislature in Regina on July 11 that attracted about 4,000 people, about one-tenth the number hoped for by the organizers. The strike officially ended twelve days later when Lord Stephen Taylor of the United Kingdom earned the trust of both sides and mediated what became known as the "Saskatoon Agreement." This compromise ultimately set the terms for medicare in Saskatchewan (and Canada) by ensuring physician autonomy and fee-for-service remuneration in exchange for the provision of publicly administered,

universal physician services for all residents.

Gregory P. Marchildon

SASKATCHEWAN

Saskatchewan, which established the first universal hospitalization insurance plan for all its residents in 1947, in Canada, was the logical province to give national leadership in establishing a universal medical care insurance.

Premier T. C. Douglas made medical care the issue in the Saskatchewan general election in June. 1960. Though he sought endorsation from more than 50 per cent of the voters, his CCF party obtained 40.8 per cent of the popular vote, but a strong majority, 38 of 55 seats in the Legislature.

T. C. Douglas

The Saskatchewan Medical Care Insurance Act was passed at a special session in November, 1961. Unfortunately, one of the basic principles was not fulfilled. Mr. Douglas had promised that the plan would be acceptable to those giving and to those receiving aid.

The Act was not acceptable to the doctors, and the Act as amended in the regular session in the winter of 1961 was even less acceptable to the medical profession.

When Mr. Douglas became national leader of the New Democratic Party, he was succeeded by Mr. W. S. Lloyd in November, 1961. The following March 3, Premier Lloyd announced delay in launching the plan, scheduled for April 1, to July 1. One reason for the delay was that the administrative structure involved was more exacting and extensive than anticipated.

At this point, Ed Sebestyen, nationally known cartoonist of the Star-Phoenix, entered the picture. The government's difficulties, its feud with the doctors, and the increasing tempo of the crisis, challenged his interpretative skill.

So, for the record, here is his chronological cartoon commentary of the controversy . . . its highlights and sidelights, offered as a case history of the biggest argument in Saskatchewan's history.

PAT O'DWYER,
Chief Editorial Writer,
Saskatoon Star-Phoenix.

Ed Sebestyen

Hon. W. S. Lloyd

From "Is There A Doctor In the House?" A Case History, in Cartoons, on Saskatchewan's Medical Care Plan, by Sebestyen of the Saskatoon Star-Phoenix. SAB, F379 Ed Sebestyen fonds, File 1293.

Sebestyen, Edmund Alexander, 1930-2011

Variant Name(s)
Ed Sebestyen

Description
Edmund Alexander (Ed) Sebestyen was born on March 10, 1930, son of Denes and Theresa (Schell) Sebestyen. He completed his secondary education at the Saskatoon Technical Institute, where he was particularly inspired by art teacher, Ernest Lindner, and drafting teacher, Ernie Chan. He married Edna Regush in 1953, and they had three children: Theresa (Terri) in 1954; Charles (Chuck) Anthony in 1957; and Susanne in 1962.

Sebestyen was hired by the Saskatoon Star-Phoenix in 1949, where he worked as a photographer, engraver, editorial cartoonist, reporter, news editor, managing editor, marketing and general manager, and Executive Vice President (Planning and Corporate Development), until he retired in 1991. His earliest job at the Star-Phoenix was engraving zinc plates to be used in the printing process. He tried his hand at drawing a few editorial cartoons that were well-received by the paper's editorial staff, and this developed into work as the Star-Phoenix's first and only full-time editorial cartoonist (c. 1957-1964). Sebestyen recalled this period as the best of his newspaper career.

Sebestyen and the Star-Phoenix published four books of his editorial cartoons: An Assortment of Sebestyen Cartoons from the Saskatoon Star-Phoenix (1959); Another Assortment of Sebestyen Cartoons from the Saskatoon Star-Phoenix (1960); and I (1961); and Is There A Doctor In The House: A Case History, In Cartoons, on Saskatchewan's Medical Care Plan (1962).

In 1993, Sebestyen was made a member of the Order of Canada for being an “energetic community builder who has spent his life promoting the city as the locale for many national events.” Along with the Order of Canada, he won numerous service medals and citizenship awards for chairing or holding executive roles on organization and bid committees for events such as the 1989 Western Canada Summer Games, the 1971 and 1989 Jeux Canada Games, the 1975 Western Canada Summer Games, the 1985 Tennis Federation Cup, the 1989 Labatt's Brier, the 1990 World Junior Hockey Championship, and was known as the “the man behind the mountain” for having been instrumental in having Mount Blackstrap built for the 1971 Canada Winter Games.

Ed Sebestyen died in Saskatoon on December 4, 2011.

F 379
Edmund Alexander Sebestyen fonds

Dates of Creation
1957-1964, 2005

Physical Description
1287 drawings
0.040 textual records
2 objects (engraving plates) : zinc
2 photographs

Scope and Content
The Edmund Alexander Sebestyen fonds consists of 1287 original ink cartoon drawings on drawing board, the artwork for editorial cartoons that Sebestyen prepared for the Saskatoon StarPhoenix from c. 1957-1964 (published in Saskatoon, Saskatchewan). The fonds also includes 1197 microfilm copies of the cartoons made from microfilm of the Star-Phoenix, showing both caption and date of publication for each cartoon. Ninety of the cartoons do not have captions or dates.

The fonds also includes two sample sets which show the full process involved in creating and publishing an editorial cartoon in this period at the Star-Phoenix: the preliminary sketch which would have been submitted to the Star-Phoenix editorial team for approval; the original ink drawing; an actual size print of the artwork; the zinc engraving used on the press to print the cartoon; and an original news clipping of the editorial cartoon as it was published in the Star-Phoenix.

The fonds also includes a photograph of Ed Sebestyen, ca. 1958-1960, working at his drawing board, and a photograph of Ed Sebestyen standing next to the boxes containing his donation to the Saskatchewan Archives Board, October 5, 2005.

Finally, the fonds includes published compilations of Sebestyen's cartoons: An Assortment of Sebestyen Cartoons from the Saskatoon Star-Phoenix (1959), introduced by Eric Knowles, Editor, Saskatoon Star-Phoenix; Another Assortment of Sebestyen Cartoons from the Saskatoon Star-Phoenix (1960), introduced by Ernest Lindner, artist and art instructor at the Saskatoon Technical Collegiate; Third Annual Assortment of Sebestyen Cartoons from the Saskatoon Star-Phoenix(1961) and Is There A Doctor In The House: A Case History, In Cartoons, on Saskatchewan's Medical Care Plan (1962) (photocopy only), both introduced by Pat O'Dwyer, Chief Editorial Writer, Star-Phoenix.

Administrative History or Biographical Sketch
Edmund Alexander (Ed) Sebestyen was born on March 10, 1930, son of Denes and Theresa (Schell) Sebestyen. Sebestyen was hired by the Saskatoon Star-Phoenix in 1949, where he worked as a photographer, engraver, editorial cartoonist, reporter, news editor, managing editor, marketing and general manager, and Executive Vice President (Planning and Corporate Development), until he retired in 1991. He died in Saskatoon on December 4, 2011.

Restrictions on Access
Records are open for research use.

Terms For Use and Reproduction
Use, publication, and/or reproduction of records are subject to terms and conditions of the Copyright Act.

Physical Condition
Records are in good physical condition.

Immediate Source of Acquisition
Ed Sebestyen donated these records to the Saskatoon office, Saskatchewan Archives in two accessions in 2005: S2005-40 (October 5, 2005) and S2005-62 (November 21, 2005).

Associated Material
Original published copies of Ed Sebestyen's Is There A Doctor In The House: A Case History, In Cartoons, on Saskatchewan's Medical Care Plan (1962) are available at a number of libraries in Saskatchewan and in Canada, including the University of Saskatchewan Library (Special Collections) and the Saskatoon Public Library (Local History Room.)

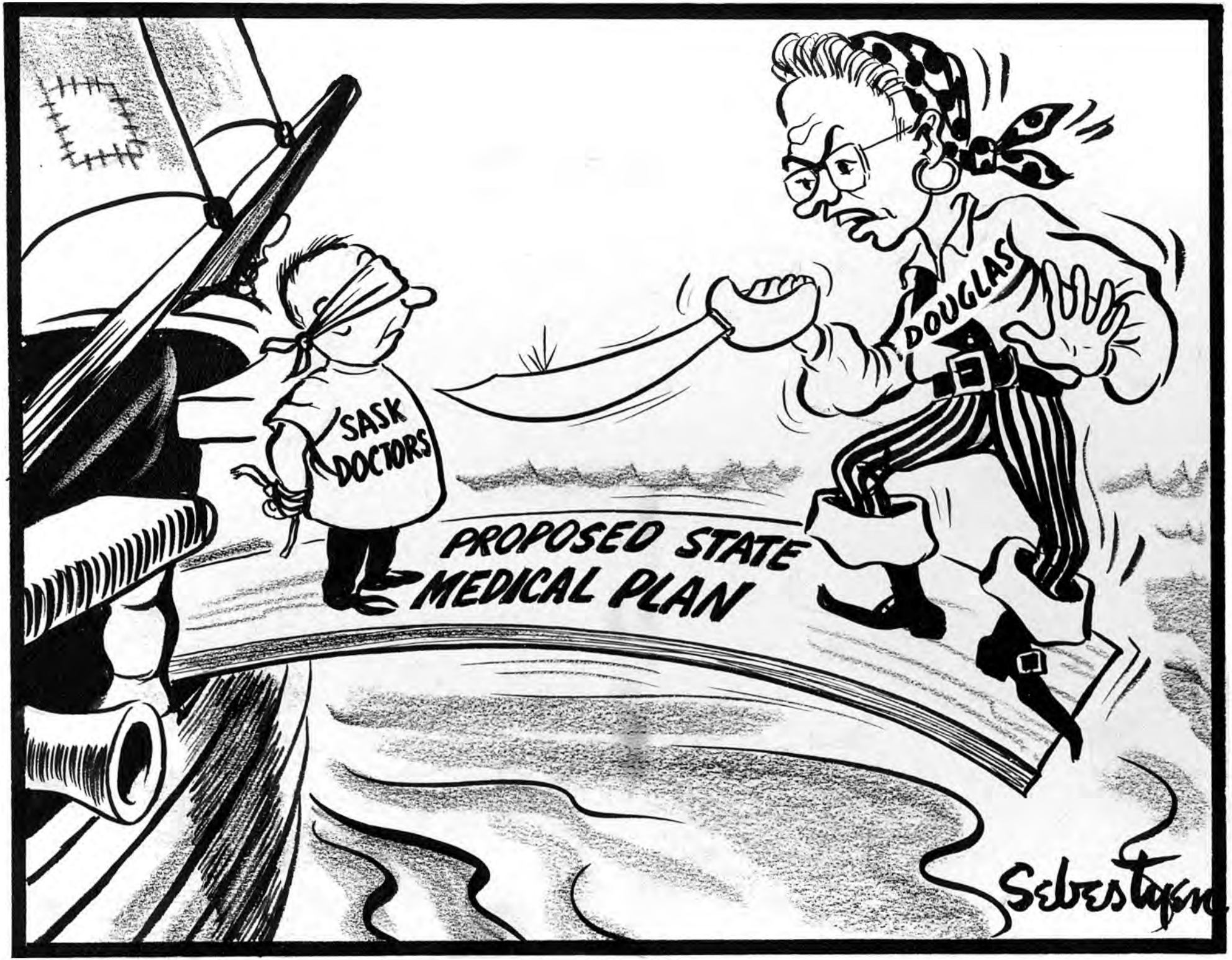
Notes
Location for retrieval: Saskatoon - Murray.

Accruals
No further accruals are expected.

Arrangement
Order reflects arrangement by the creator of the records. While this arrangement is mostly chronological, there are a few drawings that have been filed out of chronological order.

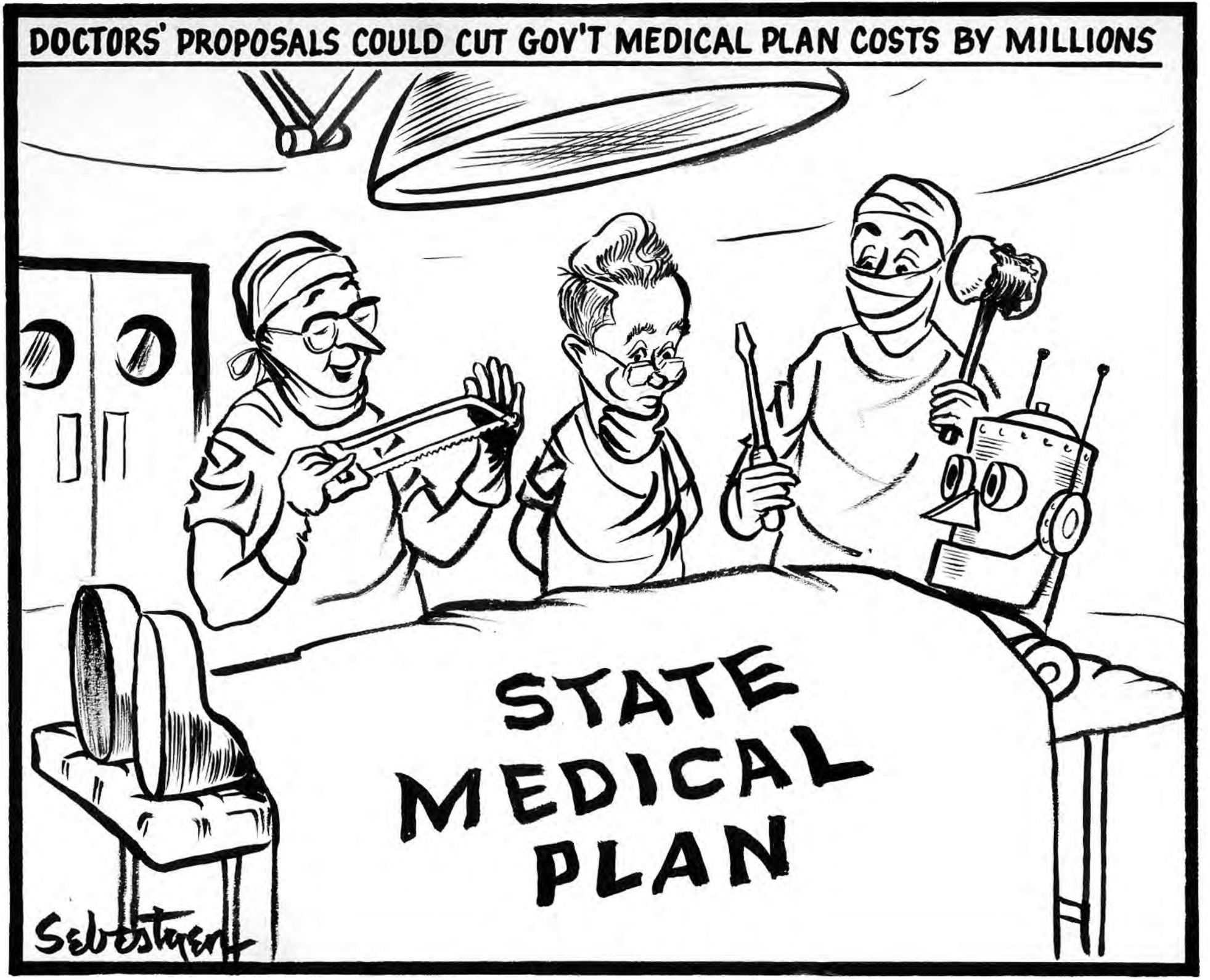
Former Codes
Photographs: S-B13598, S-B13599.

Finding Aid
SAFA 233 consists of a fonds description and an item level listing of all records.



"Aha! You purveyors of hack writers' scurrilous trash and untruths, I've got you right where I want you!"

Saskatchewan Archives, F379, File 445



SK Archives, F379, File 647

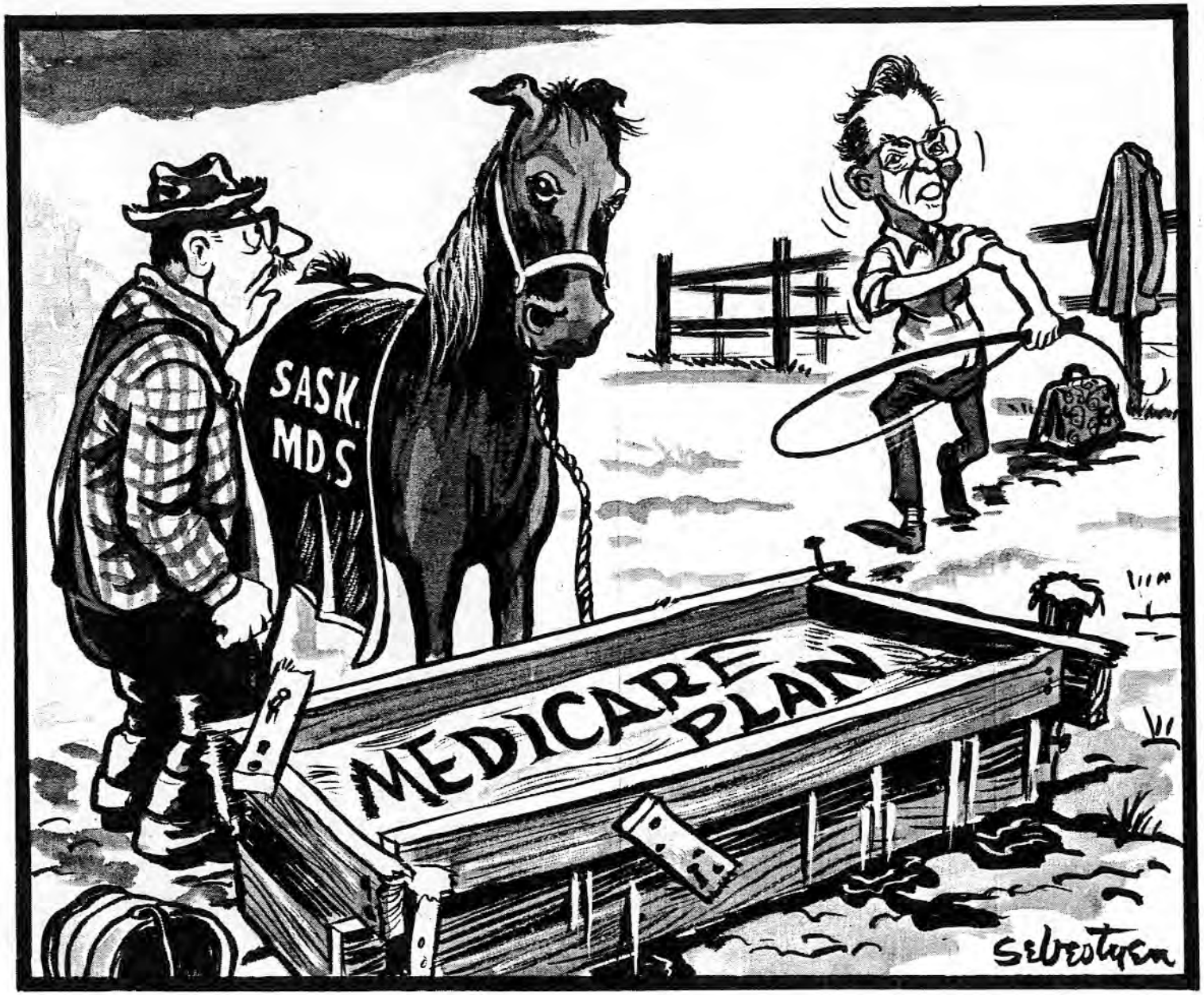
"It won't hurt a bit . . . and he'll be as good as new"

SK Archives, F379, File 698

"You were saying . . ."

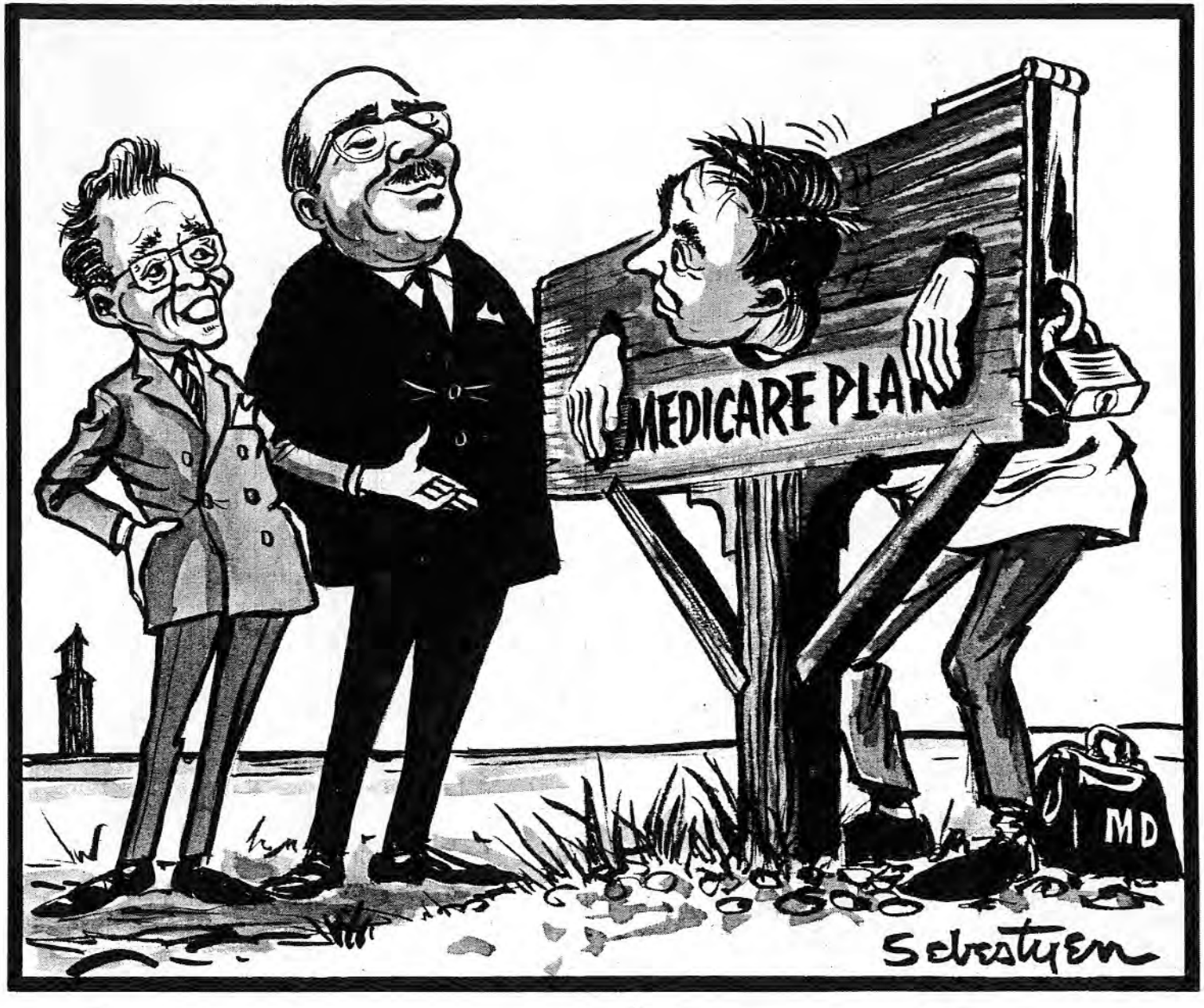
"Comfy? . . ."

April 27, 1962



"Here comes the boss!"

May 2, 1962



"All we want you to do is give it a fair and honest trial!"

May 16, 1962

PAWN

PUBLIC VOICE

for MEDICAL CARE INSURANCE

Issue No. 1 July 7, 1962

PUBLISHED BY THE SASKATCHEWAN CITIZENS FOR MEDICAL CARE — P.O. Box 1601, Regina, Sask.

Editorial

Medical Insurance A Pressing Need

A Regina woman confessed on June 19 that she is a Liberal, she voted for the Tory candidate, and was in tears when she learned that Douglas didn't get in. She is in favor of a comprehensive medical care program but she is supporting KOD because her doctor threatens to leave.

This is the kind of confusion that has resulted from the mishandling of the medical care story by the newspapers, TV and radio stations in Saskatchewan. This is the kind of confusion that prompts the Saskatchewan Citizens for Medical Care to issue this small newspaper, and bring the other side of the story to the people of the province.

The Saskatchewan news and editorial writers in most of the popular media have lost sight of the fact that over a third of the total population of Saskatchewan has no protection whatsoever against the threat of having all of their resources taken away by the high costs of medical care. And they have forgotten, if they ever knew, that this portion of the population are, for the most part, the ones that can least afford these exorbitant costs.

We regret to note that the KOD and doctors have also lost sight of the existence of these pressing needs. This is too easily explained, however, by their overriding political objective of upsetting the present government.

But no one can condone action which deprives a province of health services for such political motivation.

Writers and observers throughout other parts of Canada have been much more objective. Particularly, great fear has been expressed across the country about the future of constitutional government when a special interest group can say, in effect, "to hell with the law of the land."

Here is one point that no one can now ignore. The people of Saskatchewan now have a universal and comprehensive medical care plan. It is now in effect, and the people of the province are starting to derive benefit from it. With each passing day, more and more people will learn just how important it can be to them.

The newspapers and TV people may not tell the whole story as it unfolds in the weeks ahead. We can promise you, however, that we will reappear as often as necessary to make certain that "the other side of the story is known."

Doctors Refuse To Compromise

From the beginning of the preparations for the medical care insurance plan in 1959, the Government has made repeated attempts to obtain the views of the medical profession so that the plan would be satisfactory to them.

★ The College of Physicians and Surgeons was invited to name three representatives to the Advisory Planning Committee on Medical Care.

★ The Thompson Committee held two private meetings with the doctors, permitting detailed discussion of all the doctors' proposals.

★ As soon as the legislation was passed, the Government asked the College to take part in discussions preparatory to setting up the Medical Care Insurance Commission.

★ The Government offered, while the Legislature was still sitting and the Act could be quickly amended, to modify sections of the Act in consultation with the doctors in order to safeguard completely the professional independence of the doctors and to overcome other objections raised by the doctors.

★ Despite the refusal of the doctors to negotiate on the terms of the Act, the Government, in order to make it possible for all doctors to continue to care for their patients, regardless of their objections to the Act, revised the regulations to permit doctors to practise completely outside of the Plan, and without any dealings with the Medical Care Insurance Commission.

★ In a final effort, just prior to July 1st, Premier Lloyd offered to accept outside mediation in order to reach mutual agreement.

BUT what is the record of the Council of the College of Physicians and Surgeons in these negotiations?

★ The Council refused the invitation to discuss with the Government the formation of the Medical Care Insurance Commission.

★ The Council refused to negotiate with the Government on the far-reaching changes in the legislation offered by the Government at the April meetings.

★ The Council delayed negotiations from early April until June 22, and then criticized the Government for going ahead with the plan on the scheduled date of July 1st.

★ The Council asked for the major concession of permitting those who objected to the Plan to practise outside it. When the Government granted this major concession, Dr. Dalgleish stated on behalf of the doctors that he did not accept the word of the Government.

★ The Council encouraged the doctors of the Province not to practise under the Act, and then complained bitterly that the emergency service placed an intolerable load on the doctors handling it.

★ The Council encouraged its members to withdraw their services from their patients, and then asserted that the Government was to blame for any tragedies resulting from the withdrawal of services.

U. of S. Staff Opposes Strike

An overwhelming majority of faculty members of the University of Saskatchewan in Saskatoon signed a petition urging doctors to continue to provide service to their patients. According to the Star Phoenix of June 29, 116 faculty members signed and only 15 were known to have refused. All faculties were represented except the medical staff, who were not approached. The petition expressed deep concern about the extent of medical services available after July 1, and urged the Saskatchewan College of Physicians and Surgeons to ask all doctors to continue to give service while holding further meetings with the government to resolve the remaining differences.

Leader-Post Misleads Public

The June 30 issue of the Leader Post carried a declaration of principles with the headline "Freedom of the Press." They claimed that a free newspaper must accept the obligation to "be thorough, accurate and unbiased in its reporting, sincere and thoughtful in its editorials."

Who's kidding who?

From the very beginning of the medicare plan, the Leader-Post has done everything possible to whip up hate, hysteria and panic, in the hopes that this would further the cause of the Liberal Party and defeat the government.

Point 1. Just as the June talks between the Cabinet and the Doctors were to begin, the main headline declared "Talks Doomed to Failure."

Point 2 When Dr. A. Bailey, a member of the Council of the College of Physicians and Surgeons that met with the Cabinet, declared on June 29 that he was "unable to agree to, or recommend to others, withdrawal of physicians' services," the Leader-Post failed to report the story.

Point 3 On the same day that the Bailey story should have appeared, the Leader-Post carried a front page editorial written by Dean O. Lang of the School of Law at the University of Saskatchewan, which placed all of the blame for the present impasse at the doorstep of the government. However, the Leader-Post failed to identify Dean Lang as the Vice-President of the Saskatchewan Liberal Party.

Point 4. Practically all of the stories favorable to the medical care program have been hidden in back pages, usually with misleading headlines, and frequently shortened to the point of incoherency. Yet the KOD and its political machinations have usually received the front page treatment.

Point 5. When a Regina resident was found guilty and fined $75 for painting dripping blood-red signs on buildings asking Regina voters to "Vote CCF - - Doctors Get Out" or "Vote Douglas - - Doctors are Money Grubbers," the Leader-Post tried to leave the impression in the news-story that the guilty party was a supporter of the CCF-NDP. They knew, however, that in fact he was a recent member of the Regina Liberal executive, but refused to advise their readers of this.

The Leader-Post has an obligation to be accurate and unbiased in its reporting, particularly because of its monopoly position in a "one-newspaper" city.

Nazi Tactics

All citizens of Saskatchewan can agree that there is no room in this province for racism and religious bigotry. It is tragic that these evils have appeared in the medicare dispute.

Many physicians have told their patients that when regular doctors leave the province, the government will bring in other doctors from many lands and of many colors — Nigerians, Pakistanis, Indians and other Asians and Africans.

One of the KOD demonstrations in front of the Legislative Buildings featured a caricature of this "Saskatchewan government import" made up with a large semitic nose, a Chinese pigtail, a Middle East style of clothing, and a generally unattractive appearance.

This week, the Leader-Post published a cartoon showing a painted African tribal witch doctor applying for a job in Saskatchewan.

A Catholic housewife from Prince Albert told the CBC Newsmagazine interviewer that her doctor warned her before July 1 that once the medical plan comes into effect, the government will legalize abortion, sterilization and mercy killings.

Such tactics are much too reminiscent of Naziism to be tolerated.

Irresponsible Rejection Of Offer

During the last negotiations between the government and the Council of the College of Physicians and Surgeons in the final days of June, the government took immediate action to answer the major criticisms of the doctors. The Government prepared Orders-in-Council to deal with the more contenious points, and gave its assurance that amendments to the Medical Care Insurance Act would be introduced at the next session of the Legislature.

The reaction of the doctors' officials and the KOD representatives to the public commitments of the Government was negative and unworthy of responsible citizenship. They have said in effect that they have no confidence in the government's actions or promises. Their conduct betrays a lack of trust in the political traditions of this province.

When the KOD committee delegation met Premier Lloyd at the parliament buildings, who did they have waiting outside the door to make a political speech? None other than Liberal Leader Ross Thatcher.

Why Has KOD Not Tried To Keep Doctors?

To any citizen who is sincerely trying to understand what the argument over medical care insurance is all about it must seem strange that the "Keep Our Doctors Committee" has done nothing whatever to help keep our doctors. Their leadership has come mainly from members of the Liberal party and they have concentrated their entire attack upon the provincial government.

While the government has done everything humanly possible to make the Medical Insurance Plan acceptable to the doctors, even to making it possible for them to practise entirely outside the plan, the KOD committee has kept up an incessant barrage of misleading statements, obviously calculated to prevent any agreement being reached with the doctors. Instead of asking the doctors to give the plan a fair trial the KOD publicity has had the effect of encouraging the doctors to strike. While saying that they were only interested in assuring that Saskatchewan citizens would have adequate medical care, they have sponsored advertisements in British papers warning doctors not to come to Saskatchewan. Does this seem like the action of a group concerned about the health of the province?

In the midst of the federal election campaign insulting signs like "Doctors Money Grabbers — Vote Douglas" were spray-painted on public buildings in Regina. City police arrested two men caught at this vandalism and they turned out to be a member of the Regina Liberal executive and a member of the Regina Young Liberals. When these men were convicted and fined the Regina Leader-Post declined to indicate their political affiliation. Obviously the intent was that the public should think the offensive signs were the work of government supporters.

Later anonymous threatening letters were being sent to doctors, which obviously originated from similar sources.

At no time has the KOD committee made any attempt to recognize that the government has made every possible concession to the doctors. Instead they have attempted to give the impression that the government had not made any move in this direction.

The motive of the KOD leadership cannot be interpreted as anything but a purely political one. Political opponents of the present provincial government know that the medicare plan will be successful when it is given a fair trial. The KOD committee is anxious to see that the plan does not get this fair trial.

World Wide Support For Medicare Plan

Saskatchewan is not alone in its efforts to make the right to health a reality.

UNITED CHURCH

The United Church on three occasions has recorded its support of an integrated, comprehensive, contributory national health insurance plan. This would put into practice the Christian teaching that the strong must help the weak.

FIFTY-NINE NATIONS

Speaking to an AMA institute recently on the U.S. medical bill for hospital and nursing home care, Professor William DeMougeot of North Texas State University told the doctors that it was simply not true "that the federal government will control medical care and both patient and doctor will lose freedom. It's a good argument to scare people with" he said "but you'd better not use it if you have an audience or an opponent who knows how medical care systems are run in other countries — fifty-nine of them. All major nations except the United States have health insurance systems, and they have worked so well that not a single one has been abandoned."

BRITISH VIEW

The Medical Director of the Commonwealth Advisory Bureau, British Medical Association, in a recent interview expressed the view that the fee for service encompassed in the Saskatchewan plan should be "eminently satisfactory to the medical profession."

NEW JERSEY STATE

On May 7, a threat by 200 New Jersey doctors to refuse to take part in a system of medical care for the elderly was condemned by the New Jersey state legislature. The threat was called "reprehensible and, in this instance, is a ruthless disregard of the sick and afflicted as well as a repudiation of the lofty ideals of a noble profession."

HOSPITAL ADMINISTRATORS

Thomas B. Fitzpatrick, assistant director of the program of hospital administration at the University of Michigan, told the Canadian Hospital Association that comprehensive health insurance coverage must be made available to the entire population.

Government control of hospital and medical care finances is inevitable and necessary according to speakers at the June meeting of the Canadian Hospital Association. Prominent medical spokesmen felt that a public attitude is developing that regards health care as a basic right.

FAIR TO DOCTORS

In the weekly medical magazine "The Lancet," Lord Taylor prominent British Surgeon, said that the Saskatchewan medical plan is fair to doctors except for one clause. This is one of the clauses the Saskatchewan government since agreed to repeal at the next session of the legislature.

PROFESSIONAL MEN

A telegram of July 4 from 24 prominent Montrealers, including 10 university professors and two practising physicians and surgeons, and other prominent professionals said that, "the irresponsible action of Saskatchewan doctors with the danger of loss of innocent lives will seriously undermine public trust in the profession." It said, "In the name of humanity and of respect for democratic government, the undersigned urge the immediate resumption of normal practice and peaceful negotiation with the government."

HOUSEWIVES

Montreal women picketed the office of the Canadian Medical Association and said that what is going on in Saskatchewan is "public brainwashing with a scare campaign" to gain sympathy for the doctors.

UNION SPOKESMEN

On July 4, the United Steelworkers added its voice to the growing chorus of support for the Saskatchewan plan by calling on the Saskatchewan doctors to halt their political demonstration — "a shameless power play designed to force an elected government to repeal legislation properly passed by an elected legislature," said Mr. William Mahoney, national director.

Medical Services Improving Daily

Despite the attempts of the College of Physicians and Surgeons to harass and frighten the people of Saskatchewan by a complete withdrawal of normal medical services, the position during the first week of the strike is not as serious as the news media would have us believe.

Here is the situation regarding hospitals:

- 34 manned on an emergency basis by the doctors' emergency committees
- 39 have doctors in attendance or on call. These are doctors who have not withdrawn their services
- 75 open but without regular services of physicians
- 2 closed

154 total

Here is the situation regarding doctors:

- 230 doctors providing emergency services at the 34 emergency centres
- 30 doctors have declared their willingness to work under the Plan
- 60 to 70 doctors are providing service to their patients outside of the emergency service
- 14 doctors have come into temporary service in areas where no doctors were serving patients. These 14 have contracts with the Medical Care Insurance Commission for limited periods. Some of these are from Great Britain, a few from other provinces, and some from the United States are giving service as internes in hospitals.

Recruiting in the United Kingdom for doctors to fill vacancies is extremely promising. Advertising has been carried out in 150 British newspapers and in 2,400 hospitals. Sixty applications were received the first day the recruiting office was open. It is expected that four additional doctors for temporary service will arrive from Britain each day for the next two weeks, and the rate may then increase. Further volunteers are also expected from other Canadian provinces.

DR. A. A. BAILEY

Urges Doctors To Accept

Cracks are appearing in the "united" position of the doctors. Apparently it is not the function of the Regina press to report these.

The most recent item rates headlines. Dr. Allan A. Bailey, recently appointed Head of the Department of Medicine, University of Saskatchewan Medical College, and one of the doctors' key negotiators with the Government, wired Dr. Dalgleish on June 29 as follows:

"Believe Council should recommend that physicians accept offer of the Government which permits traditional private practice by doctors.

"Am unable to agree to, or recommend to others, withdrawal of physicians' services, as I believe such withdrawal to be unethical and unwise."

Dr. Bailey apparently still has reservations about the Act. He adds, "Do not believe we should fill out any government forms until many things are clarified." However, his opposition to the doctors' putsch is evident. Where are the headlines? In fact, where did the story appear?

A.M.A. OPPOSES STRIKE

The Legislative Committee of the American Medical Association is reported in the New York Times of June 29 to have passed a resolution asking doctors not to withhold their services. This is in keeping with the position of a number of distinguished medical educators and leaders throughout the United States and Canada.

GROUP PRACTICES

Citizens Organize To Improve Medical Services

In the face of a unilateral withdrawal of doctors from their patients and the illegal and immoral violation of the doctor - patient relationship, many citizens across the province have acted to provide themselves with services which will ensure quality, continuity and an effective relationship between patients and doctors. The way this is being done is through organization of group practices.

An organization of this kind has already been formed in Prince Albert. A medical group under Dr. O. K. Hjertaas, who has practised in Prince Albert for sixteen years, is now providing services to members.

In Saskatoon a similar group is being organized and has obtained the services of two local doctors. The group has already opened offices.

Active organizations in Regina, Moose Jaw, Weyburn, Estevan and North Battleford are meeting and laying plans. A number of rural points have indicated an active interest. On the basis of such widespread interest and activity a coordinating provincial committee has been formed and it is anticipated that rapid progress will be made.

All of the groups will operate under the Medical Care Insurance Act. Depending on the size of membership, the groups will be in a position to provide a full range of medical services except those requiring very large populations, such as neurosurgery and others. Such groups can go beyond the range of health services normally provided in medical schemes. For example dental and optometric services could be provided to the members as part of a general health service.

Doctors working in such groups would have the advantage of readily available consultation with colleagues in the same field as well as ready use of specialists in the group.

Govt. Promise Is Fulfilled

There has been a great deal of misrepresentation by those opposing the Medical Care Plan on one half of one of the five principles enunciated by the government before the Medical Care Insurance Act was legislated. That is, Principle No. 5: "Any program which is instituted must be in a form that is acceptable both to those providing the service and those receiving it."

The government has agreed that any doctor who does not find the program acceptable may elect to work completely outside the Medical Care Insurance Act. In the case of a doctor for practising outside the act, the insurance protection is then a transaction between the people and the commission rather than the doctor and the commission. This arrangement is quite consistent with the fifth principle stated above.

Recently Premier Lloyd had this to say on the question of acceptability: "The profession has no right to a veto over parts of the plan which are not a part of or do not influence professional decision. This is the area in which the decision regarding "acceptability" cannot be delegated to any organization. It is our opinion that the College seeks to extend its right to determine "acceptability" beyond professional matters into those which quite properly belong to the public. This no government should allow and no people be forced to accept. This has been the basic argument wherever public medical care has been introduced. We have proposed a means for determining the boundary of these rights. The profession's response has been to withdraw services, thereby punishing the people of Saskatchewan."

Send Financial Donations, Enquiries and Information to:

Saskatatchewan Citizens for Medical Care
Post Office Box 1601
Regina, Sask.

LUCKY LAKE DOCTOR

Stresses Morality Of Medicare Plan

Dr. John Dirauf, who practices at Lucky Lake, Saskatchewan, in an interview with Toronto Star spoke of the moral value of compulsory medical care insurance.

"It makes no difference if this government, the Liberals, the Progressive Conservatives or Social Credit put it in," he said. "For me it is a moral and Christian issue. This is a plan that does something for the poor ones."

He went on to say, "I really think this plan should be given a trial, say one year, and after that you could ask the people and the doctors if they like it." He said a trial of one year was necessary because at present, "through faulty propaganda, the people are confused."

He said if the government cut the freedom of the doctors, "then they can make a fuss. But I am personally convinced this plan will work out beneficially for doctors and people alike."

Dr. Dirauf said that without the government medical care plan about one-third of the people in his area would have no medical insurance. "They are the people who need it, the poor and the type you don't like to send a bill to."

He explained that two of his patients were in the early stages of diabetes. "I offered to treat them without charge. But they won't come until they can pay. They are too honest."

He estimated five per cent of his patients urgently needed medical care. But they won't take it when he offers it free. "Just to cover this five per cent would make a government plan worthwhile," he said.

UNITED CHURCH COMMENDS PLAN

The United Church of Canada, in its brief to the Royal Commission on Health Services in May 1962, endorsed the principle of a National Health Insurance Plan, and quoted the 1960 resolution of its General Council commending the Province of Saskatchewan for taking steps to implement such a program on the provincial level.

No Doctor Has Right To Strike

Dr. David D. Rutstein, professor of preventive medicine at Harvard University, has stated that he didn't see how a doctor could strike. Dr. Rutstein didn't think such a strike could happen in Massachusetts.

Dr. Richard Ford, head of the legal medicine department at Harvard Medical School has offered his services to investigate any death in Saskatchewan which "might be related to professional negligence by delinquent physicians."

Dr. Ford expressed the opinion that "no doctor has the right to strike." He said that the crisis in Saskatchewan might cause "irreparable damage" to the sanctity of physician-patient relationship "in all of North America and perhaps in the entire free world."

Rapid Growth For Co-op Clinics

PUBLIC VOICE
for
MEDICAL CARE
INSURANCE

Issue No. 2 July 14, 1962

PUBLISHED BY THE SASKATCHEWAN CITIZENS FOR MEDICAL CARE — P.O. Box 1601, Regina, Sask.

Assures High Quality

One of the most important developments towards raising the standards of medical care in Saskatchewan — apart from the Medical Care Insurance Plan itself — has spontaneously arisen out of the crisis resulting from the so-called doctors' strike. This is the organization in a number of communities of consumer-organized group practice medical clinics.

These are already in operation or in advanced stages of organization at Saskatoon, Prince Albert, Regina and Biggar. Planning is going forward at Weyburn, Kindersley, Grenfell and Broadview, and people in many more communities are discussing similar action.

While the immediate origin of these clinics lies in the need to secure normal medical services for members and their families under the Medicare Plan, their broader significance is in the promise they embody for a higher quality of health care.

It is widely recognized in scientific medical circles (as opposed to political and financial medicine) that the co-operative type of group practise clinic offers the highest standards of health service. This results from the most efficient employment of medical staff, whose sole professional concern is the well being of their patients.

True to the traditions of the province, Saskatchewan people in the present crisis are turning to co-operative action to fulfill their needs when these have been denied by those chiefly concerned with financial gain. In the process they are writing a new chapter in the world-famous history of Saskatchewan in safeguarding man's most precious asset — good health.

Clinic Fee Only $5.00

The organization meeting of Regina's community medical clinic established the membership fee for families or individuals at $5 — payable in instalments if necessary. In keeping with its tradition for publishing the truth, the Regina Leader-Post reported that the fee had been set at $50.

CLINICS NOW OPEN

First of the new clinics was open for business at Prince Albert on July 1 when the Medical Care Plan came into operation. Within a few days the second opened at Saskatoon. Regina's clinic was organized at an enthusiastic meeting of more than 350 persons and expects to open its doors within a week. At Biggar 350 families, representing 1,400 persons, have raised the sum of $40,000 to start their clinic.

Membership of clinics are responsible for facilities and equipment, and enter into arrangements for medical staff. Membership is open to all persons in the community for a nominal fee, with capital requirements being raised by subscription. Operating costs of course, are taken care of under the Medical Care Plan.

A provincial Co-ordinating Committee for these community clinics has been organized and is ready to provide information to interested people in other centres. Inquiries should be addressed to W. M. Harding. 2230 Smith St., Regina.

Editorial

The Positive Approach

To the thousands of citizens in Saskatchewan who have expressed a desire to do something toward promoting the medical care insurance plan we would make three positive suggestions at this time.

FORM CITIZENS' COMMITTEES

1. In your area **you can form a "Citizens For Medical Care" committee** which can undertake to explain the medical care plan and other issues at stake in the present deadlock. Many of the people who at present express opposition to the plan do so only because they have been misinformed by their newspapers or by opposition politicians. You can help to bring the truth to people. Please let us know of all developments by writing to P.O. Box 1601, Regina.

ASSURE HOSPITAL SERVICES

2. If your local hospital is without a doctor or has insufficient doctors it is probably because your local hospital board has neglected to apply to the Medical Care Commission for assistance in obtaining doctors. In such cases local citizens should approach the hospital board concerned and **insist that they do apply for the necessary doctors.** The Commission cannot supply doctors unless they are requested to do so by the hospital boards.

ESTABLISH CO-OPERATIVE CLINICS

3. One of the most satisfactory means of securing medical services is through group practice clinics, such as are being started now in Prince Albert, Saskatoon, Biggar and Regina. **A group practice clinic can be formed** by a number of citizens coming together in a co-operative way to engage a group of doctors to serve the membership. This form of co-operation between patients and doctors is desirable at any time, but it will work particularly well under a medical care plan such as we now have in Saskatchewan. Doctors who are really interested in providing the best kind of medical service favor this kind of organization, and at the same time it gives the consumers of medical services a voice in the kind of health care they receive.

Press Outside Sask. Supports Government

WASHINGTON POST

A strike by doctors is a betrayal of their profession. The striking doctors will have much to answer for.

★ ★ ★

WASHINGTON DAILY NEWS

Saskatchewan doctors are sick, sick, sick. Their strike has shocked the people of this country and their own country. It would require a whole squad of social psychiatrists to determine how 900 physicians could have turned into sadists. They have decided to punish the 900,000 people of Saskatchewan for voting to set up what they, the people, consider a desirable form of medical economics.

★ ★ ★

LONDON DAILY MAIL

When doctors strike and neglect patients the voice of humanity protests. That this could happen in Britain is so inconceivable that we regard Saskatchewan with astonishment and sadness. Even our nurses refuse to abandon the sick to forward a justified and overdue wage claim.

★ ★ ★

THE LONDON TIMES

Detached observers . . . may think it regrettable that the doctors' intransigence has reached the length of going on strike . . . to allow politics — and fundamentally this is a political issue— to disturb the doctor patient relationship is not in accordance with the Hippocratic oath.

★ ★ ★

THE OBSERVER (London)

The withdrawal of services is more than a strike; it is a mutiny. Doctors are also throwing away the best traditions of what used to be called a noble profession . . . Saskatchewan has become a battlefield for the whole North American continent in the struggle of the big medical organizations . . . against socialized medicine.

★ ★ ★

TORONTO STAR

The doctors have shown a contempt for law . . . they have further displayed a gross irresponsibility toward their patients and toward the public welfare which violates the whole tradition of their profession.

★ ★ ★

CALGARY HERALD

The strike must end and the doctors must end it.

★ ★ ★

TORONTO GLOBE AND MAIL

The doctors of Saskatchewan have taken an action which is not open to any individual within a democracy. They have deliberately decided to disobey a law of that province . . . none has a right to set himself above the law. That way can only lie anarchy, and the destruction of our democratic way of life.

Except for emergency staffs in 34 of the provincial hospitals they have left the sick and the injured without medical care, they have exposed those people to permanent disability and death; and they admit that they have done so in order to force the government to repeal the Medical Insurance Act.

★ ★ ★

LE DEVOIR (Montreal)

What the Saskatchewan doctors are doing is striking . . . the strike is illegal and they invoke the authority of the state. It is the medical profession that refuses to negotiate. It demands that the law be repealed. What government could obey a similar "diktat" without giving up as a government? What the doctors win from the legislature—if they win—they will pay for dearly in prestige and moral authority.

★ ★ ★

OTTAWA CITIZEN

Not content with carrying out their threatened strike action, the doctors are now atempting to throw all possible obstacles in the way of an eventual solution to the impasse. In view of the latest developments the Canadian Medical Association must bear a major responsibility for the behaviour of one of its provincial affiliates.

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BRANDON SUN

The unfortunate rigidity of the doctors' stand . . . has been illustrated even further by their outright dismissal of a government suggestion for an independent committee to oversee the scheme's administration and admittance of their right to practise outside the act. This seems now to prove beyond doubt that it is the doctors and not the government, as many have alleged, are the diehards.

★ ★ ★

TORONTO GLOBE AND MAIL

The Medical Care Act was passed into law by a Government which was given a strong mandate by the people of Saskatchewan in an election in which the major issue was a government health insurance plan which the government promised would be satisfactory to all. The Act was passed in conformity with the wishes of the electorate and the laws of Canada and is open to question in the Courts. If the doctors feel it to be arbitrary they should have asked the Courts to rule it invalid. They did not do so. It was not until the strike against the sick had been bitterly launched that two individual doctors decided to test the Act before the Courts.

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NEW YORK HERALD TRIBUNE

There can be no condoning the doctors' strike in Saskatchewan. The strikers have offended most gravely against their government, their patients and their own professional obligations.

Any citizens who strike against the government assume a very heavy responsibility. The doctors have not only done this, but have struck against the patients they have sworn to attend. How they can reconcile this with their consciences passes the layman's understanding.

★ ★ ★

KINGSTON WHIG-STANDARD

But in Saskatchewan, where the first battle on this continent is being mounted to try the strength of the public against profession is actually placing in jeopardy the private preserve of medicine, the people it is under oath to serve.

There are certain changes which should be made in the Saskatchewan legislation, but basically the idea is right and some day the rightness is going to prevail in every civilized country.

★ ★ ★

WINNIPEG TRIBUNE

It is doubtful if dedicated doctors will long continue to withhold their services in this ill-advised action. The doctors themselves will know this.

The doctors, in answer to their professional ethics, will be forced to break their own strike.

★ ★ ★

SYRACUSE HERALD TRIBUNE

. . . and in the cold chill of disillusion that is spreading like a virus Saskatchewan doctors have damaged themselves irreparably. Regardless of how the dispute is settled, the mask of professional dedication can never be replaced.

It is reasonable to wonder sadly whether medical men everywhere have been stained — however unfairly — in the dirtying of the Hippocratic oath in Saskatchewan.

★ ★ ★

WINNIPEG FREE PRESS

The Saskatchewan government appeared to be ready to go a considerable way toward meeting the stated objections of the doctors toward the plan.

The doctors' refusal to move from their previously held position can only lead to a widespread loss of public confidence in the sincerity of their stated motives.

Canadians Speak Out!

CARLETON UNIVERSITY PROFESSORS

In a telegram to Dr. Dalgleish: "You have shown a wilful disregard for democratic processes even at the cost of your patients' health and your own professional ethics . . . get on with the work of medical diagnosis and treatment for which your are technically qualified."

★ ★ ★

CLAUDE JODOIN

Doctors are dealing with human lives which the doctors are dedicated to protect. They should abide by the law, which is what we have to do.

★ ★ ★

FARMERS UNION OF ALBERTA

The Farmers Union of Alberta supports the principle of a government administered health plan and hopes the medical profession will accept this principle as an effective means of providing adequate health care to all citizens.

★ ★ ★

DR. ALBERT SABIN

The Saskatchewan doctors strike is contrary to everything the practice of medicine stands for. It seems to me the doctors are false to their profession when they refuse to take care of the sick.

★ ★ ★

RIGHT REV. F. H. WILKINSON

The strike is morally indefensible and contrary to all humanitarian considerations. They have chosen the wrong way to do what they feel is correct.

★ ★ ★

MANITOBA FEDERATION OF LABOUR

It was a clear act of defiance of constitutional government and therefore on behalf of the workers who may be injuriously affected the Manitoba Federation of Labour protests most strongly against the actions of those doctors of Saskatchewan who are placing themselves above democratically-elected law and in so doing are endangering the health and the lives of Canadian citizens living in Saskatchewan.

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Manitoba Farmers Union

The Manitoba Farmers Union has always favoured a universal medical care program and is hopeful that the plan in Saskatchewan will pave the way for a national health plan in the near future. If the Saskatchewan doctors are allowed to win their case against the Saskatchewan government it would seriously affect the success of any future provincial or federal health plan.

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DR. BROCK CHISHOLM

(Formerly director general of the World Health Organization)

There are delegates here from 60 countries and I can assure you that there is little sympathy among them for the so-called doctors strike. It is extremely unfortunate and in the light of world trends quite indefensible. A country which does not offer some sort of medical health plan for its people is considered a backward country in these times.

The fact that the Saskatchewan doctors rejected the plan out-of-hand was bad enough. Their decision to withdraw service in support of their demand has resulted in an abortive impasse, which cannot help but reflect on the entire profession.

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NONOPERATING RAILWAY EMPLOYEES

The non-operating railway employees accused Saskatchewan doctors of showing a "callous defiance" of the law by striking in opposition to that province's medicare plan. The employees said it was "astounded and disgusted" by the doctor's stand.

GLOBE AND MAIL

935,000 Hostages

The (doctors') strike is, in itself, an arbitrary act. It is an effort by a few individuals, who possess the power of life and death over a great many individuals, to use that power to force a duly elected government to repeal a properly enacted piece of legislation. If the doctors were to succeed in this violent attack on the democratic process, a precedent would be established whereby any group possessing similar powers over the community could set itself above government, above the courts and above the people.

Farmers And Co-ops Back Medicare Plan

Hundreds of thousands of citizens of Saskatchewan have expressed their support of the medical care plan through their provincial organizations.

The Saskatchewan Farmers' Union in their last annual convention resolved "that this convention commend the Saskatchewan Government for its action in bringing into force a medical care program for the people of Saskatchewan and that the Saskatchewan Farmers Union give its full support to this program." This stand has been reiterated by Mr. Alf. Gleave, President of the Farmers Union. The Farm Women's section of the Union recently passed a resolution assuring Mr. Gleave of their full support.

The Co-operative Union of Saskatchewan, which is the educational and organizational arm of the co-operative movement in Saskatchewan, resolved on May 5, 1962 "that the Co-op Union now urge the implementation of the Medical Care Insurance Act as soon as possible."

The board of Federated Co-operatives, the central wholesaling agency for all consumer co-operatives in Saskatchewan and the prairies generally, stated on April 25, 1962: "Whereas our thirty-third annual meeting passed with one dissenting vote a resolution supporting the principle of a tax supported medical care plan and asked the Saskatchewan medical men to reconsider their stand and to negotiate with the duly elected representatives of the people, in the opinion of the board of directors of Federated Co-operatives Limited, representing co-operatives in the three prairie provinces, this has not been adequately done; we are further of the opinion that a small pressure group should not be permitted to challenge the program of the duly elected representatives of the people; and we support the introduction of a comprehensive medical care program based on the principles laid down by our annual meeting."

This support from farmers and co-operators is based firmly on a long tradition of activity in medical care. Municipal doctor schemes and prepaid co-operative schemes pioneered public responsibility for medical care. The present scheme is recognized by farmers and co-operators throughout the province as a natural and necessary development to bring better and more equitable medical care to all on a basis of need.

World Wide Health Plans

Canada and the United States are in the company of Saudi Arabia and Afghanistan in lacking any national program of health insurance. All other major nations have such plans, some introduced as long as 78 years ago, and they have worked so well that not one has been abandoned. Here is just a partial list.

Austria	Australia
Brazil	Belgium
Chile	Burma
Columbia	China (Nat.)
Denmark	China (Com.)
Ecuador	Czecholsovakia
Germany (W)	France
Greece	Germany (E)
Iceland	Hungary
Ireland	India
Italy	Israel
Mexico	Japan
New Zealand	Netherlands
Peru	Norway
Rumania	Poland
Sweden	Switzerland
Turkey	Spain
U.K.	U.S.S.R.
Yugoslavia	Venzuela

In these countries it has been recognized that the aim of medicine as a business enterprise must be subordinated to the right of all citizens to free access to the best of medical care and protection against the risks of crushing financial burdens as the result of illness.

3,000 OR 30,000?

Limited Interest In KOD Rally

REGINA.—Forecasts by KOD commitee spokesmen that their cavalcade to Regina last Wednesday would bring twenty to thirty thousand people to demonstrate in front of the Legislative Buildings made the actual demonstration look dismal. City police estimated less than 4,000 were in attendance. Many of these were Regina people of whom several hundred were not supporters of the cavalcade but merely came to see what was going on.

Announcement by the chairman of the meeting that the number in attendance was approaching 30,000 brought smiles to the faces of the press representatives present who at that point were estimating the crowd at not much over 3,500. The chairman also made an announcement that people were still arriving in such numbers that traffic was blocked on Albert St. A check showed that the traffic was moving in its normal way, with none of the cars at that time heading for the KOD meeting.

No doubt these fantastic exaggerations sounded effective over the air waves, but they didn't impress anyone present.

What did impress the unbiased observer was that many of the statements made from the platform were no closer to the truth than the chairman's estimate of the crowd.

IGNORE PATIENT'S FREEDOM

Speaker after speaker kept shouting about protecting the freedom of the doctors, completely ignoring the fact that the doctors are perfectly free to practice outside the Medical Care Act just as they always have done.

Not a single speaker had anything to say about the freedom which patients should have to seek medical treatment without regard for the cost and without having to submit to humiliating means tests. One couldn't help wondering why all the concern for the doctors' freedom and not a thought for the freedom of the public?

Deserting Doctors Cost More

From a straight dollars and cents point of view the people of Saskatchewan are not losing anything by bringing in doctors to replace those on strike. The total cost of fees, transportation and other guarantees to incoming doctors is far less than the amounts regularly paid to many of the doctors who have deserted their patients.

You Can Help

Send Donations

also information and enquiries to:

Saskatchewan Citizens for Medical Care

P.O. Box 1601 Regina, Sask.

Theatrics from Thatcher

Liberal leader Ross Thatcher staged a threatrical performance at the KOD rally by way of radio and TV when he demanded that a session of the legislature be called and tried to lead 17 Liberal members into the legislative chamber. When he found the doors locked he screamed that this was some kind of diabolical oppression.

Newsmen, experienced in parliamentary procedure commented that, had Mr. Thatcher succeeded in pulling off his byplay, this would have been the first time in the history of parliamentary government that a session had been called by the leader of the opposition.

Responsible Government Main Target

The so-called doctors' strike of the Saskatchewan College of Physicians and Surgeons and the hysterical support of their actions by the politically-motivated Keep Our Doctors Committee has raised issues of the gravest nature concerning responsible and constiutional government in Canada.

It is the purpose and pride of democracy that laws are made, changed or unmade through an orderly process by the elected representatives of the people. Any refusal to obey the law, and any mob action seeking to bolster such refusal, is an attack on the very basis of constitutional, democratic government.

Industrial strikes take place within a well-defined framework of law and are aimed at serving perfectly legal goals of higher wages, better working conditions, etc. — they are not directed against the law itself. Commenting on an Act of Parliament in 1960 postponing a proposed railway strike, union leader Frank Hall said: "The law may be an ass, but we'll abide by the law."

But it is apparent from the present situation that the leaders of organized medicine in Saskatchewan believe that the responsibilities of ordinary citizens do not apply to them.

Their attempt to defy the law and force its repeal through the ugly method of intimidation of the public by withdrawal of normal medical services is much more than that. It is a revolutionary attempt to overthrow the established processes of democracy.

This fact has been almost universally recognized by the press outside of Saskatchewan—in the rest of Canada, in the United States and in Britain. Whatever may be their attitude toward the medical care plan (mostly favorable), editors everywhere hold the doctors' action to be indefensible on legal as well as moral grounds.

The position of the Keep Our Doctors Committees is, if anything, worse.

UNCONSTITUTIONAL ACTION

With leadership drawn almost entirely from the Liberal party organization and membership consisting of anti-government people, the KOD is attempting to use the efforts of organized medicine to intimidate the public for the purely political objective of discrediting the Government of Saskatchewan.

Their frenzied attempts to produce public hysteria has not been directed to securing a settlement of the dispute, but is being used as a club to try to defeat the Government through unconstitutional action—an objective they have been unable to realize through democratic process at the polls.

Much more is at stake than the medical care plan alone—the attack of medical and political reactionaries is on responsible, democratic government itself!

JULY 23 - A PEOPLE'S VICTORY

Medicare is now a reality. Universal medical care insurance, administered by a public authority responsible to the Legislature, with costs shared by all and related to ability to pay, is now an inalienable right of every Saskatchewan citizen.

Medicare is an achievement of the Saskatchewan people and of Premier Lloyd and his government. Faced with an attack unprecedented in Canada's social and political history, both stood firm. As with our Hospital Plan, the July 23 agreement represents a pioneer development in social progress in North America.

All Saskatchewan citizens have reason to be proud!

CLINICS NOW GIVE MEDICAL SERVICE

Community health centres are springing up all across the province.

In five communities the doors of health centres are open and patients are being treated.

In Regina, the provincial executive met to set forth organizational plans and to establish co-ordination procedures.

Wm. Harding, provincial chairman of the movement, said that the rate of inquiries indicate that some communities are meeting on their own to deal with the situation. He urged everyone to get in touch with the provincial body at 2230 Smith St., Regina.

In ten centres, said Mr. Harding, associations are past the initial stages of organization and are busily engaged in membership drives. In fifteen others organization has begun.

Among the more interesting developments:

—the Weyburn - Estevan - Radville area is closely co-ordinating development in the three centres and it is hoped that the community associations will provide together specialist services to a population of 50,000 in south-western Saskatchewan.

—in Regina patients are streaming into clinic, a beautiful big house at the corner of McIntyre and College. Eleven doctors are on staff.

—in Biggar the centre is booming and the search is out for more doctors.

—North Battleford has rented premises and has 350 families signed up in the association.

Shumiatcher Attempts to Stop Regina Clinic

Legal action has been commenced by Dr. M. C. Shumiatcher's legal firm against the Community Health Services Association (Regina) Limited whereby an injunction is being sought to prevent the operation of a medical clinic at the premises of the Association, 2363 McIntyre St.

W. M. Harding, Chairman of the Association, said that his group was very surprised to learn that any people in the neighborhood were feeling indignant or aggrieved at having such an essential public service in their immediate vicinity. In fact the Association, said Mr. Harding, already has several members living in close proximity to the clinic and has already given necessary medical care to people in the area.

It is ironical to note that at the time the injunction was being sought, a permit to operate a medical clinic at 2363 McIntyre Street was granted by the Interim Development Board of the City of Regina. The granting of the permit should remove any reasonable doubt as to the right of the Community Health Clinic to operate at its present location.

PUBLIC VOICE

for

MEDICAL CARE INSURANCE

Issue No. 4 August 1, 1962

PUBLISHED BY THE SASKATCHEWAN CITIZENS FOR MEDICAL CARE — P.O. Box 1601, Regina, Sask.

Thompson Commission Still Probes Harassment of "Outside" Doctors

Despite the "settlement" of the Medicare dispute between the government and the College of Physicians and Surgeons, the one-man Royal Commission appointed by the government to investigate harassment of doctors recruited during the College's three-week boycott will remain active.

Justice H. F. Thompson will continue his probe into incidents of discrimination against British doctors and others who assisted during the emergency period.

It is reported Justice Thompson will investigate the recent denial of hospital rights to a doctor working at the group practice clinic at Prince Albert.

It appears that, in spite of the settlement—or perhaps because of it — doctors who choose to practise directly under the Plan, in group practice clinics or otherwise, are in danger of discriminatory action by their colleagues and by hospital boards. It seems likely that a concerted effort will be made to deny them hospital privileges, and to penalize them in other ways.

If such a pressure campaign indeed materializes, the Thompson Commission will be needed more than ever in the months ahead.

CLINICS SERVE ALL

Community Health Clinics will serve both members and non-members on the same basis.

Patients' 4 Choices May Be Cut To One

Under the terms of settlement ending the Medicare dispute between the government and the College of Physicians and Surgeons, patients are given four theoretical choices.

One of these choices, whereby the patient chooses to ignore the Plan and pay all his medical bills out of his own pocket, may be disregarded except for a few rich and eccentric individuals.

The other three are as follows:

(1) The patient chooses a doctor enrolled with the Medical Care Insurance Commission for direct payment. His doctor bills the Commission, and the patient is charged nothing beyond his annual compulsory premium.

(2) The patient chooses to enroll with a private insurance agency, to which he will pay an enrolment fee and, at his option, an additional premium for fringe benefits that may be offered. He then chooses a doctor who has a service contract with the agency, and the doctor collects from the Commission through the agency.

(3) The patient chooses not to enroll with a private agency, and chooses a doctor not enrolled with the Commission for direct payment. The doctor will bill the patient, who, by forwarding the bill to the Commission, will be reimbursed up to 85% of the schedule of minimum fees. The patient will be liable for payment of the remaining 15%, or even more, if the doctor so decides.

Although all these choices are theoretically open to a patient, it is apparent that the anti-Medicare doctors are in a position to compel large numbers of people to choose No. 2.

In other words, the doctors have the power to use THEIR "freedom of choice" to restrict their PATIENTS' freedom of choice.

Are the patients completely helpless against this kind of medical power play? Will they be forced to "choose" No. 2 and join a private agency?

No. There are two possible courses of action. One is to make it unmistakably plain to a "No. 2 doctor" that the majority of his patients would prefer him to operate directly under the plan—on a fee-for-service basis, if he desires—and eliminate the needless and wasteful expense of belonging to a private agency. Such group pressure — politely but firmly applied—may have the desired effect on many doctors. It has already been used successfully by a few Citizens for Medical Care committees.

The second — and much preferable—course of action is for citizens to band together, set up a branch of Community Health Services Association, and provide their own group practice clinic with its own medical staff. This is the action that has already been taken by more than a dozen communities in the province, and is the one sure, effective way of obtaining maximum benefits under the Plan, at minimum cost.

It is possible that neither of these avenues of action may be feasible or effective in certain areas. But in many cases they will be successful. In any event, they should be given a trial before citizens knuckle under to doctors' insistence that they embrace the No. 2 alternative and join a private plan.

Biggar Battle

For a detailed account of the unscrupulous tactics used by anti-Medicare forces during the three-week controversy that started July 1—

Read Jeannine Locke's article about the Biggar Battle, "Our Town Will Never Be The Same", in the Aug. 4 issue of The Toronto Star Weekly, on sale this week.

BATTLE ENDS—BUT NOT WAR

By EDDIE KEEN
(Southam News Service)
(Calgary Herald, July 24)

SASKATOON. — The battle may be over, but the war is still on. Although it is difficult to assess just who won the medical care dispute, one thing is certain: Saskatchewan doctors have not dropped their opposition to the government-sponsored plan.

The doctors say they have made a strategic retreat. They are going to continue opposition to Premier Woodrow Lloyd's medical care plan. They may even wreck it.

And let there be no mistake: what happened in Saskatchewan is a warning to politicians in other provinces.

An official of the Canadian Medical Association who played a major role in the provincial controversy said any Liberal or Conservative government intending to introduce a national health plan had better take 'a long hard look at what happened in Saskatchewan.

The doctors pull no punches when they say they are a mighty power bloc, and it's the type of bloc a federal government probably will not challenge.

Some Doctors Continue To Obstruct

Pro-Medicare citizens who are inclined to be lulled into a sense of false security by the signing of a "settlement" between the government and the doctors should be warned by these developments:

(1) Dr. W. Wohlfarth of Melville told citizens of that community that "the only way patients can have their medical bills paid in full is to join one of the approved private plans".

(2) Over 100 doctors of the Regina and District Medical Society unanimously resolved to practise outside the government plan, and "are urging their patients to retain medical coverage with the private agencies".

(3) A doctor working in the new Community Clinic at Prince Albert has been refused hospital privileges by the hospital board there.

(4) Patients in many areas report being warned by doctors and hospital officials not to patronize group practice clinics, since doctors working in them will not have access to hospital facilities.

Clinics Draw Doctor's Praise

Editor, Public Voice.

Dear Sir:

Maybe the most positive direct result from the three-week impasse in the Doctor-versus-People dispute between July 1st and July 23rd was a general relief from an unbearable tension.

I call it 'Doctor versus People', in view of the real events, that the College of Physicians rebelled against the parliamentary machinery. Now the tomahawk again is buried, we welcome back our doctors into our community to restart their highly skilled fight against injury and disease.

History has shown that wars and any other forms of emergency or grievances have always pushed the affected people out of their complacency into an active participation of a search for a remedy. That is why there are tremendous alterations and improvements during and immediately after wars on gadgets as well as on human relations.

No wonder that in search for an adequate and unfailing health service, the setting up of Co-operative Community Health Centres was the logical outcome to remedy the now buried impasse; and last but not least to secure in the meantime a better and more durable Doctor-People relationship for the future.

A new impulse has created a new venture to improve our health, to secure efficient treatment, to adapt our health services to progressive improvement.

Good luck to our clinics!

Yours sincerely,

DR. W. WEINBERG.

Regina, Sask.
July 25, 1962

Urges Public Representation On M.S.I., G.M.S.

In a letter to Premier Lloyd last Friday, Walter Smishek, executive secretary of the Saskatchewan Federation of Labour, pointed out that private agencies such as Medical Services Inc. and Group Medical Services will now be handling large sums of public money.

"They will be entrusted with the disposition of public funds collected in the form of direct premiums, sales tax and income and corporation surtax," he wrote. "They will receive this money from the Medical Care Insurance Commission to be forwarded to doctors operating in association with these private plans."

In his letter, Mr. Smishek argued that "membership on the governing boards of these agencies should no longer be limited to members and shareholders. Surely the public should now be represented on their boards of directors. This is standard practice in the case of all organizations handling public funds."

He asked the premier "to take steps to safeguard the disposition of public funds by appointing adequate public representation to the governing boards of these private agencies."

Injunction Against Commission Denied

Application for an interim injunction against the Medical Care Insurance Commission was denied last week by Queen's Bench Justice D. C. Disbery.

The three applicants were Hans Taal, who recently resigned as vice-president of the Keep Our Doctors committee; Ralph J. Purdy, secretary-manager of the Free Citizens Association; and a Saskatoon doctor, Dr. L. M. Brand.

Judge Disbery's ruling:

"It is not for the court to in effect sit in appeal on valid acts passed by the elected representatives of the people, and to interfere with such laws on the grounds of whether or not the effect of such legislation is beneficial or detrimental. The consequences . . . is the responsibility of the legislature alone."

The judge ruled that the Commission, as a servant of the Crown, is entitled to the immunities granted to the Crown and its officers and servants by the Proceedings Against the Crown Act.

Judge Disbery further ruled that no irreparable injury would befall the plaintiffs if no injunction was granted.

He found that Dr. Brand, since he was free to practise outside the Act, could not be injured by the Act.

"Taal" Tale?

The vice-president of the Keep Our Doctors committee, Hans Taal of Saskatoon, has resigned, saying that "the work (of the KOD committee) has been completed".

In his letter of resignation, Mr. Taal piously reminded his fellow executive officers that "we must remember that the present government was elected to office on the mandate of a medical care plan".

And yet, only a few weeks before, Mr. Taal in his public speeches for the KODs was contending the very opposite, and demanding that the government hold a plebiscite on the medical care issue.

Mr. Taal even went so far as to apply, with others, for a court injunction against the implementation of the government's Medical Care Insurance Act.

What's Up, Doc?

Why are the doctors so anxious to keep their private health insurance agencies in operation, even though the Medical Care Insurance Act makes them completely unnecessary?

Several possible explanations have been advanced.

One is that the doctors insisted on preserving the private agencies (which they control) as a face-saving device, and nothing more.

Some people honestly believe the doctors are sincere in claiming that the private plans—especially M.S.I. and G.M.S.—still have a useful function of some kind.

The most plausible theory, however, is that the doctors want to keep the private plans going — even though there is really nothing for them to do — because they still hope to wreck the government plan. When they accomplish this (they hope), they will have their private agencies ready to move in and pick up the pieces.

If this is indeed their motive in maintaining the private plans, they have a long wait ahead of them.

Editorial— PEACE—or Cold WAR?

Now that the major battle between the Saskatchewan government and the College of Physicians and Surgeons has been ended and terms of settlement signed by representatives of both sides, the tendency of many pro-Medicare people may be to sit back and relax.

Their work, they think, is all done. They have only to reap the benefits of Medicare.

It would be nice if this were true. But it isn't.

The grim fact is that, although one battle is over, the Medicare War goes on. The enemies of public health insurance have not surrendered. They are as implacably opposed to the government plan as they ever were, and just as determined to scuttle it.

The only difference is that they are changing their tactics. From open, active opposition they are switching to the more subtle but no less effective methods of passive resistance, obstruction, and sabotage.

They are hoping to hamper the satisfactory implementation of the government plan. They are hoping to create so much trouble and confusion and dissatisfaction in the next couple of years that they will be able to label the public medical insurance plan as "unworkable". They hope thereby to be able to defeat the government in the next provincial election.

This is the new phase the Medicare war has now entered; it poses a more insidious but no less real threat to the government's plan; it calls for no less energetic counter-measures by the S.C.M.C. and other pro-Medicare citizens.

We can expect the great majority of doctors to practise outside the government plan, and to refuse to treat patients who prefer to deal directly with the Commission instead of through one of the doctors' private agencies. Many doctors have already announced publicly they intend to follow such a policy.

We can expect discriminatory action by anti-Medicare doctors and hospital boards against doctors who choose to practise directly under the Commission—by depriving them of hospital privileges, and so on.

We can expect a propaganda campaign designed to dissuade people from patronizing group practice clinics, and thus deriving maximum benefits from the government plan at minimum cost.

We can, in short, expect a variety of tactics aimed at crippling the government plan, or wrecking it altogether.

In such a state of "cold war", those who worked and fought for Medicare cannot afford to relax. The fight is far from over. Attempts to undermine the government's plan must be opposed. The public must be alerted to the nature and intention of the new anti-Medicare policies. Group practice clinics must be provided wherever feasible, wherever needed.

The enemies of public health insurance are still determined to kill it, but now more slowly and stealthily—with the scalpel rather than the bludgeon. We must be equally determined to preserve it.

Interpreting "The Saskatoon Agreement"

Because the renewed negotiations between officials of the government and the College of Physicians and Surgeons, which culminated in last Monday's settlement, were shrouded in secrecy, there has been some confusion and misunderstanding about the terms of agreement.

There have been conflicting claims about who "won" or "lost" the Medicare Battle. There have been serious misinterpretations of some of the clauses in the agreement.

What are the facts?

To begin with, renewed discussions were made possible only by the withdrawal by the College of its demand that the Medical Care Insurance Act be suspended before such discussions could be resumed. Once Dr. Dalgleish had made this concession, in a speech before the CCF-NDP convention in Saskatoon, all conditions advanced by both parties were met. The government earlier had acceded to the doctors' request for certain amendments to the Act, and had promised to call a special session of the Legislature **after** the doctors had returned to work.

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ONE EXTRA CONCESSION

Only one additional concession was made by the government during the final negotiations; that was the agreement to allow patients to assign their reimbursement rights—in other words, to have their benefits under the Medicare plan funnelled through an intermediate agency.

While this provides a continuing role for the private agencies, it is not in any sense the kind of role which they have previously played, nor is it the kind of role the College had previously demanded for these private agencies. It is much more limited, and is furthermore subject to the approval of the Medical Care Insurance Commission.

To obtain the sanction of the Commission, an agency must limit its enrolment fee to the amount necessary to meet the cost of administration of its service. It can, of course, charge extra for any services that may be provided above and beyond the reimbursement function. However, these services could have been offered and the extra charge levied without any understanding or arrangement with the government. But the private plans must make the reimbursement service available entirely separate from any additional fringe services.

VERY LIMITED ROLE

The function they will be allowed to serve, so far as medical care insurance is concerned, is an extremely limited one. Quite simply, it is this: They will receive the bill from a doctor with whom they have a service contract on behalf of a patient who has paid the required enrolment fee. They wil relay this bill to the Commission. The Commission will assess the bill in exactly the same way it assesses bills from doctors operating directly under the Medicare Plan. After assessment, 85% of the properly assessed bill—the amount to which the doctor is entitled — will be sent to the private agency to be forwarded to the doctor.

In short, the private agencies will operate only as a kind of "branch post office"—a very limited function indeed. They will have nothing to do with the assessment of bills or with negotiations of the basis on which bills will be rendered. They will make no decisions other than purely administrative ones dealing with their function of sending bills to the Commission and forwarding the amount of reimbursement to the doctors.

From a strictly administrative viewpoint, this arrangement will have the advantage of relieving the Commission of a great deal of paper-work, with a subsequent reduction in costs. However, there are certain disadvantages that must be faced. The chief of these is that the majority of doctors will probably choose to practise on the basis of a service contract with the approved private agencies. This in turn will have the effect of compelling many people to enrol in one of these private plans in order to assure themselves of doctors' services.

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SOME DISADVANTAGES

Granted, the enrolment fees should be relatively small, but they will still constitute an additional expense made necessary by the doctors' face-saving desire not to deal directly with the Commission. It appears that the doctors do not hesitate to limit their patients' "freedom of choice" in order to ensure their own.

Where patients do not have access to doctors who are prepared to operate directly under the public plan, their only alternative to assigned reimbursement through the private plans is direct reimbursement. The only trouble here is that, while it saves the cost of enrolment in one of the private agencies, it leaves the patient liable to another bill from his doctor for at least 15% of the minimum fee not paid by the Commission. There is no legislative protection against this extra billing under this third of the four alternatives open to the patient.

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REIMBURSEMENT UNAVOIDABLE

Most supporters of Medicare were, and still are, opposed in principle to the whole reimbursement method, preferring the direct and complete application of the straight insurance principle. However , this concession, made during the June negotiations, was one of the major factors in enlisting public sympathy and support of the government's stand — particularly from outside the province —and this pressure of public opinion, in turn, was a major factor in causing the College to retreat from its inflexible position and resume negotiations. Without the government's concession on reimbursement, it is questionable whether public opinion would have been so overwhelmingly in favour of the government.

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A GREAT ACHIEVEMENT

All in all, the concessions made by the government leave completely unchanged and undisturbed the basic principle of compulsory, universal, tax-supported medical care insurance. But the concessions **do** make it imperative, for optimum results, to have as many doctors as possible practising directly and completley under the Medicare Plan. This provides a major role for public activity in the establishment of group practice clinics, and in making it plain to doctors that their patients would prefer them to operate under the public plan.

One of the amendments to the Act will make it possible for regional health boards—such as the one in Swift Current —to be recognized as approved agencies for the purpose of accepting reimbursement assignment.

increased to the point where, as in Britain today, you might have to wait much longer for an operation. It would also result in fewer beds being available for the acutely ill of all ages within our communities.

IF THE PLAN BECAME LAW, WOULD THIS MEAN STATE MEDICINE?

Yes. It is gross *misrepresentation* to say that a Government plan would merely mean the transfer of responsibility for payment of the Doctor's bill to a PAYING AGENCY. No matter how you look at it, the Paying Agency is ultimately *Government*. This means:

— Health department people who are civil servants would make decisions affecting your everyday life.

— government budgets are rigidly controlled, requiring limitations on health care expenditures.

— health care budgets would compete with budgets of other departments for roads and other services.

— total health care suffers.

— You pay *more and more* for *less and less*.

Your personal doctor makes this pamphlet available to you in the public interest.

16 PEERLESS PRINTERS LTD.

POLITICAL MEDICINE IS BAD MEDICINE

JUST WHAT IS POLITICAL MEDICINE?

Political medicine is the type of medicine this Province can expect if *Government* — any Government, controls you and your Doctor. It would mean red tape, bureaucratic control, high costs and inferior medical care. Decisions affecting you and those who provide the service would be subject to POLITICAL considerations bearing no relation to your NEEDS. Such plans were overwhelmingly *rejected* in 1955 by democratic plebiscite in large areas of the province by a popular vote of 4 to 1.

WHO WOULD RUN THE PROGRAM AND RULE ON WHAT SORT OF TREATMENT MUST BE PROVIDED?

The Provincial Government through government employees, would make decisions seriously affecting you the patient, and the Doctor.

WHAT WOULD ALL OF THIS COST?

The Government refuses to say, but any estimates for the first and second year would skyrocket — as they did in Great Britain.

WHO WOULD PAY THE BILL?

You would, through:

1. Direct compulsory taxation of $35 - $40 minimum per family.
2. Direct increased taxation by raising the existing Hospital and Education Tax, making an imposing contribution for each family.
3. Indirect "general revenue" taxes on gasoline, business, etc.

Making a total MUCH MORE than that now asked by Voluntary Prepaid Plans.

IS SUCH A COMPULSORY PLAN NECESSARY?

No. Voluntary Health Insurance has made spectacular gains in the past 12 years. During that period, the number of persons covered has risen from 5,000 to over 320,000 in the medical plans. Two-thirds of the people in the province today have Health Insurance in some form. The Government Plan proposes a PERMANENT INFLEXIBLE GOVERNMENT SCHEME at a high cost as the answer to a MINORITY problem. You, the self-reliant and responsible citizen, are being asked to exchange a QUALITY PLAN for an unknown quantity of medical service.

HOW WOULD THE PLAN AFFECT YOUR RELATIONSHIP WITH YOUR FAMILY PHYSICIAN?

Unfavorably. You, as a patient, would have to choose a physician under contract with the Provincial Government. Your Doctor would be forced to conform to administrative regulations which could hamper him from prescribing the treatment which, in his professional opinion, you needed. In Britain, 1,300 pages of regulations are required to direct the Doctor.

HOW WOULD THE VAST MAJORITY OF PEOPLE BE AFFECTED BY THE INSTITUTION OF SUCH A PLAN?

The dangerous overcrowding of your local hospitals, which now exists, would be

A great deal is being said today about Saskatchewan's abundant natural resources and their recent but rapid development. Important as this wealth may be or become, Saskatchewan's greatest resource will always be her people. The happiness and security of men, women and children is the ultimate objective of all CCF programs. We believe in the dignity of the individual, in the undeniable right of every person to health, opportunity and freedom. We believe in a family's right to an adequate income, in a man's right to work in the job of his choice, in a woman's right to security for herself and her children, in a child's right to security and education. The CCF encourages the development of mines and mills and manufacturing plants, but only that our people may prosper. We build highways and roads and parks, but only that our people may use them. We undertake power, natural gas, water and sewer programs, but only that our people may enjoy a better way of life.

The 1960 program of the CCF is outlined in this pamphlet. Its implementation will mean more abundant living for the people of Saskatchewan. You know that we will keep our promises in the future as we have kept them faithfully in the past.

T. C. Douglas

VOTE HUMANITY FIRST **CCF**

AUTHORIZED BY THE CCF PROVINCIAL COMMITTEE
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more abundant living

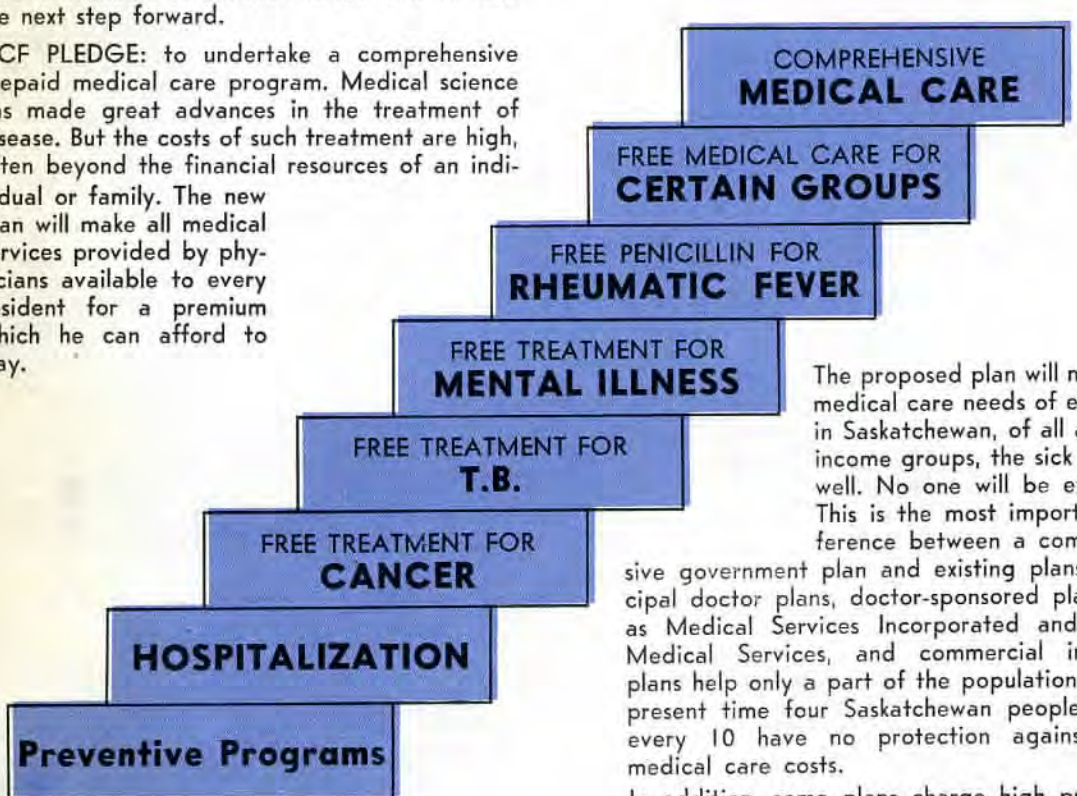
CCF PROGRAM for 1960

Medical Care — next step to safeguard health

"Everyone in Saskatchewan, irrespective of ability to pay, has the right to good health. This is the motivating principle behind the Saskatchewan government's health program." In these words Premier T. C. Douglas set forth the basic health policy of the new CCF government in 1944. During the next 16 years the CCF pioneered many new health care programs: hospitalization, free treatment for cancer and mental illness, health regions, province-wide preventive programs, and many others.

Saskatchewan is justly proud of its past achievements in medical and hospital care, but we must continue to move ahead until complete health care is available to all. Now is the time to take the next step forward.

CCF PLEDGE: to undertake a comprehensive prepaid medical care program. Medical science has made great advances in the treatment of disease. But the costs of such treatment are high, often beyond the financial resources of an individual or family. The new plan will make all medical services provided by physicians available to every resident for a premium which he can afford to pay.



The proposed plan will meet the medical care needs of everyone in Saskatchewan, of all age and income groups, the sick and the well. No one will be excluded. This is the most important difference between a comprehensive government plan and existing plans. Municipal doctor plans, doctor-sponsored plans such as Medical Services Incorporated and Group Medical Services, and commercial insurance plans help only a part of the population. At the present time four Saskatchewan people out of every 10 have no protection against these medical care costs.

In addition, some plans charge high premiums, do not pay all medical bills, and exclude from membership those who need coverage most—the ill and the disabled.

You ask about Medical Care

What services will the medical care plan include?

The plan will cover the services of your doctor, either general practitioner or specialist, for diagnosis and treatment of any illness or disability and for preventive health care (check-ups, immunization, etc.).

How will the plan be financed?

Like the hospital plan. You will pay an individual or family premium of about the same amount as the present hospital tax. The province will pay the remainder of the cost from general revenues — expanding revenue from industrial and resource development.

Will I be able to choose my own doctor?

Yes. You will select your doctor just as you do now.

Will the plan interfere with the doctor-patient relationship?

Of course not. Our many existing public health programs such as cancer, tuberculosis and polio care have not interfered with the doctor-patient relationship. There will be no interference under the medical care program.

Will doctors be subject to government interference?

No. Doctors will retain the same relationship they now enjoy with their patients. The only difference will be that their bills will be sent to the medical care plan instead of to their patients.

Will there be fewer doctors?

No. In the Swift Current Health Region the number of doctors has more than doubled since the medical care plan began. The new program may result in more doctors in other areas. In addition, the plan will encourage a better distribution of doctors, thus improving rural medical care.

Will doctors' offices be overcrowded?

For a time there may be an increase in the demand for doctors' services because some people now need medical care but don't get it. These people will go to the doctor when financial barriers are removed. In the long run, however, the demand for doctors' services should not increase. Early diagnosis and treatment will reduce the demand for care and the need for lengthy treatment.

How much will it cost to administer the plan?

Very little compared with private plans. In fact, only through a government-sponsored, universal plan can administrative costs be kept low. Our present hospital plan has an administrative cost of only 2.5 per cent. Voluntary plans have much higher overhead costs.

The CCF believes that every young man and woman deserves the opportunity for advanced education. We must provide facilities and financial assistance so our young people can prepare themselves to live in a dramatically changing world and help shape its future. We must provide them with the means and the opportunity to study science and technology and medicine, to explore the world of ideas.

The CCF government now provides scholarships and interest-free loans to reduce financial barriers to advanced education. Since 1948, facilities at our university have doubled. A new Technical Institute opened last year.

Under a CCF government this rapid expansion of facilities will continue at the University of Saskatchewan, at Regina College, and at other centers of learning.

Increased Grants for Education

CCF PLEDGE: continued increase in the provincial share of education costs. School grants this year will reach $28.5 million as compared with $3.2 million in 1944. This means the percentage of school costs paid by the province has almost doubled in the past 16 years. In 1944 the province paid only 22.3 per cent of school expenditures; in 1960 the province will pay well over 40 per cent. A CCF government will continue to increase school grants and will pay a still greater share of the costs of primary and secondary schools.

CCF PLEDGE: a sewer and water program for farm homes. One of the continuing objectives of the CCF has been to provide rural people with services comparable to those enjoyed by urban residents. Now sewer and water systems for farm homes will mean new convenience and less work for rural people. Grants and loans will be available to farmers and low-cost installations will be assured by organizing the work on a large-scale project basis.

CCF PLEDGE: to assist towns and villages to install or improve water and sewer systems. Grants will be made to help towns and villages construct new water and sewer facilities, or to acquire, extend or improve existing systems. Technical advice and assistance will also be available and the government will provide further help through research on water supplies and water systems.

Modern Living for All

CCF PLEDGE: to improve rural telephone service. Improvement grants will be given to rural telephone companies. Dial telephone facilities will be extended in rural areas and 24-hour-a-day service will be provided in additional smaller centers.

CCF PLEDGE: to provide natural gas to at least 100 additional communities. All cities in the province and about 60 other centers now have natural gas. The Saskatchewan Power Corporation will bring this modern fuel to at least 100 additional communities, both large and small, during the next four years.

Power will be available to 98 per cent of all farms in Saskatchewan by the end of 1961. The Saskatchewan Power Corporation is now carrying out "Operation Complete Coverage", the final step to provide power to isolated and other unserved farms in all parts of the province.

Economic Growth

CCF PLEDGE: rapid development of the South Saskatchewan River Project. This mammoth undertaking will benefit all parts of the province. It will provide water for irrigation and for use in towns and cities, hydro power for new industries, and recreation sites for the enjoyment of our people and to attract tourists. The dam, power and irrigation works will cost $192 million of which the province will pay $118 million and the federal government $74 million.

CCF PLEDGE: continued development of our mineral and forest resources. Before the CCF resources were undeveloped and there was no plan for their use. In the past 15 years developments in oil, natural gas and uranium have been spectacular. Mineral production has gone up 10 times. We have taken an inventory of forest resources and planned their development on a sustained yield basis. We are encouraging the use of new minerals—potash, iron ore, helium. Saskatchewan has natural riches in abundance; under a CCF government, this natural wealth has been developed rapidly and used wisely in the best interest of the people of this province.

CCF PLEDGE: a vigorous program to attract new industries. Manufacturing production in Saskatchewan has doubled in 15 years. The report of the Stanford Research Institute on the province's economic growth indicates that this industrial development will accelerate in the future. The new Department of Industry and Information will undertake a comprehensive program to encourage industrial growth.

The CCF places great emphasis on industrial development. The growth of industry means economic stability for the province as a whole. New factories provide employment and higher income for our people. Economic growth brings new sources of revenue for the province—money to pay for the CCF health, welfare, education and other services which mean better living for all.

CCF PLEDGE: to provide more housing for senior citizens. the CCF government has implemented Canada's outstanding senior citizen security program. This program includes assistance in constructing and operating housing and nursing home projects. Accommodation now available in all parts of the province enables 3,400 guests to enjoy their retirement in comfort and close to home. In the next four years new projects will provide more accommodation. There are also four provincial geriatric centers and a fifth will be built this year.

CCF PLEDGE: to expand social welfare benefits. The CCF believes that every person has the right to health, comfort and security. This means provincial assistance for those who, through no fault of their own, are unable to help themselves. Advanced social welfare programs undertaken in the past will be expanded during the next four years.

The CCF will launch the internationally acclaimed "Saskatchewan Plan" for the care of the mentally ill. The construction of the first community mental care center will be started in 1960.

CCF PLEDGE: to give continued leadership in the farmers' struggle for a fair share of the national income. The CCF believes that a solution can be found to the cost-price squeeze and has constantly pressed for federal action to meet the present crisis in agriculture. The federal government is solely responsible for the trade, tariff and price policies which have resulted in the present agricultural depression. The CCF will continue to urge a realistic agricultural policy at the national level. Despite limited provincial jurisdiction, the CCF government in Saskatchewan has implemented a comprehensive program to assist agriculture. Expenditures for agriculture have gone up nine times in 16 years to reach nearly $7 million in 1960-61. In addition, assistance is provided through the family farm credit program, crop insurance, grid road and education grants, farm machinery testing, rural electrification, sewer and water and telephones programs, and the South Saskatchewan River Project.

CCF PLEDGE: further improvement of working conditions for wage earners. Saskatchewan now has the most advanced labour legislation in Canada. Among the benefits which our wage earners enjoy are Canada's highest minimum wage, the best provisions for holidays with pay, the right to join a union and protection against discrimination. Unemployment in Saskatchewan is 19 per cent lower than for Canada as a whole. During the next four years the CCF will continue to implement advanced labour programs to protect the rights of working men and women.

CCF PLEDGE: to spend $125 million to improve provincial highways. There are 8,200 miles of highway in Saskatchewan, most of it completely rebuilt during the past 15 years. In the future, standards will be further improved, pavement and oil surfaces extended, and divided highways built to ensure safe and convenient travel where traffic is heaviest.

CCF PLEDGE: to provide $6 million each year to build and improve municipal roads and bridges. The CCF introduced the grid road program in 1956 and provincial assistance now covers, on the average, about 60 per cent of construction costs. Beginning this year, grants will also be made for the regravelling of grid roads.

CCF PLEDGE: further development of provincial and regional parks. The new regional parks program to begin this year will mean the development of new recreation areas in all parts of the province. New provincial parks will also be developed and existing facilities improved.

A Record of Promises Kept

You can trust the CCF to carry out its 1960 program. In each election for the last 16 years the CCF has made specific promises like these, and each time the promises have been kept. Here is the record for the past four years.

CCF PLEDGE 1956	THE RECORD
1) To spend $100 million on a provincial highway program.	✓
2) To contribute an average of $3 million a year to municipal roads.	✓
3) To increase substantially the provincial government's contribution to the cost of education.	✓
4) To bring up to 65,000 the number of farms supplied with electricity. To double the generating capacity of the province.	*nearly completed*
5) To bring natural gas to all cities and intermediate towns and villages.	✓
6) To continue the rapid development of oil, mineral and forest resources.	✓
7) To expand existing drainage, irrigation and reclamation projects.	✓
8) To extend the Hospital Plan to include out-patient and other health services.	✓
9) To expand social welfare benefits.	✓
10) To continue to attract new industries to provide employment and create local markets for farm products.	✓
11) To protect and improve working conditions of wage earners, especially those in the low income brackets.	✓
12) To fight for stability in agriculture.	✓

You can TRUST the CCF

46,000

Saskatchewan Citizens

Petitioned Against the COLD, RUTHLESS, NAKED Power of Dictatorial Might!

• • • •

46,000 People Were Denied Fair Consideration!

• • • •

WRITE — TELEPHONE — WIRE

Your M.L.A. and insist that he speak for You as Your ELECTED REPRESENTATIVE

To: MY M.L.A.

If you have more than one M.L.A., make copies and send one to each.

.....

(Name of M.L.A. representing you)

Legislature Building,

Regina, Sask.

STOP IMPLEMENTATION OF MEDICARE PLAN JULY 1, UNLESS AGREEMENT CAN BE REACHED WITH DOCTORS

NAME .....

ADDRESS .....

NOTE:
Be sure to sign and use your correct Name and Address.

Prepaid Medical Insurance

Must Be Acceptable to the Doctors and Patients

• • • •

A PLEDGE HAS BEEN BROKEN!

☆ ☆ ☆ ☆ ☆

During a television debate between ex-premier T. C. Douglas and Dr. E. W. Barootes, prior to the establishment of the Thompson committee, a question period provided audience participation and brought forth the following exchange between T. C. Douglas and Dr. Borden Bachynski of Regina:
(Transcribed from a tape recording which verifies the question and the reply.)

Dr. Bachynski asked:

> **"The fifth of your principles requires acceptability to those providing and those receiving services. If the majority of the medical profession does not consider your plan acceptable, will you then find it more convenient to forget your principles and force them into submission, or what is the plan?"**

T. C. Douglas replied:

> "I would think, doctor, that's somewhat of a reflection on my integrity. I have been in the public life of this province for 25 years, doctor. I don't know how long you've been here, but I have been in the public life of this province for 25 years and no one, not even my political opponents have suggested that I have forgotten my principles.
>
> "I recognize — I have stated that the government recognizes that a plan of this sort will not work unless there is goodwill and co-operation on both sides and we will have to keep on trying and negotiating until we work out a program which is acceptable to both sides.
>
> "You can no more take a doctor and make him practice medicine than you can take a horse to the water and make him drink. We recognize that."

Publication of this pamphlet authorized by:

KEEP OUR DOCTORS COMMITTEE

(REGINA BRANCH)

P.O. Box # 1781, Regina, Sask.

A non-partisan group of Regina citizens wanting prepaid medical insurance, but a plan acceptable to both doctors and patients.

DOCTORS DO NOT OBJECT TO PREPAID MEDICAL CARE INSURANCE

They Do Object to the Restrictive Controls Contained in SECTION 49 of THE SASKATCHEWAN MEDICAL CARE INSURANCE ACT!

• • • •

Section 49, of the Act, deals with the "Powers of the commission to make regulations" and reads:

(1) Subject to the approval of the Lieutenant Governor in Council, (actually, Saskatchewan government Cabinet Ministers) the commission may make regulations for the purpose of establishing and administering a plan of medical care insurance for the residents of Saskatchewan and, without restricting the generality of the foregoing, may make regulations:

(a) prescribing the arrangements to be made for payment to physicians, and to other persons providing services, for providing insured services to beneficiaries;

THIS MEANS: **That the doctor and the patient is denied the right to establish the method of payment they may wish to enter into on a contractual arrangement. It could provide a means whereby payment to a doctor might be unduly delayed as payments in other fields have been long delayed after work has been completed and bills rendered. Political factors involved here could make this an effective weapon against a particular doctor.**

(b) providing for the establishing, maintaining and altering, subject to subsection (2), of lists of persons entitled to receive payment under this Act for providing insured services;

THIS MEANS: **Advertisements placed by the Saskatchewan Medical Care Insurance Commission in publications circulating in foreign lands soliciting applications by interested doctors, indicate that the Commission contemplates bringing in doctors who may not be approved by the "appropriate professional body", and adding them to the list of persons entitled to practice medicine and receive payment under the Act for providing insured services.**

(c) prescribing the rates of payments to be made under this Act to physicians and other persons and the method of assessing accounts submitted by physicians and other persons;

THIS MEANS: **The Saskatchewan Medical Care Commission has complete authority to prescribe the rates of payment to be made under the Act for services rendered by physicians and other persons without consultation with the providers of such services; under this subsection the Commission also may prescribe the method of assessing accounts submitted by physicians and others which could mean demanding personal details respecting the services rendered.**

(d) respecting the manner and form in which accounts shall be rendered and in which any other required information shall be submitted;

THIS MEANS: **This subsection obviously provides the Commission with sweeping powers as it may make regulations respecting the "manner and form in which accounts shall be rendered" and in addition "any other required information" may be demanded by regulations made by the politically-appointed Commission.**

(e) respecting the manner and form in which payments to physicians and other persons shall be made under this Act;

THIS MEANS: **This subsection of the Act could permit the Commission to make payments to doctors on any basis it so decided without reference to the wishes of those rendering the insured services. Payments could be made at irregular periods, or by monthly, quarterly, half yearly, yearly or in any other manner or form so decided by an all-powerful politically-appointed Commission. Again, this would afford the means of providing complete economic control over the providers of insured services.**

(f) respecting the manner in which persons may be identifjed as beneficiaries;

THIS MEANS: **The politically-appointed Commission has complete power to determine who are beneficiaries. Any individual or group of individuals could be cut off as beneficiaries. It also means that certain classifications of persons could be taken off as beneficiaries, or benefits could be curtailed as they have been under the Saskatchewan Hospital Services Plan already in force.**

(g) prescribing the terms and conditions in which physicians and other persons may provide insured services to beneficiaries;

THIS MEANS: **The Commission, under this subsection, has complete control over doctors and other persons and could prescribe how, where and to whom service might be rendered.**

(h) respecting the kind of information to be procured under any of the provisions of this Act;

THIS MEANS: **A politically-appointed Commission may demand the complete file on any or all patients served by any doctor or other person providing insured services to beneficiaries. This is complete State control such as could be expected in a totalitarian or communistic state.**

YOUR RIGHT TO HEALTH

WHAT WILL THE MEDICAL CARE PLAN MEAN TO YOU?

Your Right To Health

Your future—the future of your family, your community, province and nation—depends upon good health. It is a primary need of every individual. Therefore, the highest standard of health care that medical science can provide must be recognized as a fundamental right of every person.

But it is no longer possible for individuals — with limited financial resources — to pay the bills resulting from serious or prolonged illness. Medical science has made great advances. But most health services are costly and beyond the grasp of many of us.

Because of this, it must become the responsibility of society, of all of us together, to organize health resources for the benefit of all and with barriers to none.

In Saskatchewan we have been working towards this for many years. Starting with municipal doctor plans and the TB service, and working up to provincial programs for free cancer care, the hospital services plan, free care for the mentally ill, and similar programs, we have been making progress towards our goal of bringing the best possible health care to all of us as our right.

Saskatchewan is now ready to take the next logical step in this long term development of a complete program of health care. Medical care for all is this next step. Naturally, as with any new program, there are many questions to be answered. The following pages provide the answers to some of these questions.

1. What does "comprehensive medical care" mean?

Comprehensive medical care would cover medical services necessary to maintain health and treat illness and disability. This would include prevention, diagnosis, medical and surgical treatment, and rehabilitation.

2. Would the Saskatchewan program cover all these services?

Yes. It will cover all services rendered by your physician—in the home, office, or hospital. Care by both general practitioner and specialist will be covered.

3. Why do people need protection against medical costs?

Because most families, on their own, cannot afford the present high costs of medical care. Most families obtain only the medical care they can afford, not what they need. The only way of correcting this is to spread the costs over the entire population.

4. What does the Government propose?

Premier Douglas has announced the Government's intention to "embark upon a comprehensive medical care program that will cover all our people and will ensure a high standard of medical care to every citizen of Saskatchewan."

5. But aren't the present plans good enough?

No. Although municipal doctor plans, doctor-sponsored plans such as Group Medical Services and Medical Services Incorporated, and commercial insurance plans, have been of help to those who can afford them, there is still about **one-third of the population who have no coverage whatsoever** under any public or private medical care plan.

Furthermore, some plans charge high premiums, exclude certain people from membership, sometimes exclude or restrict the care of chronic or long-standing conditions, and do not give full protection against medical bills. Voluntary plans require payment of fixed premiums regardless of the income of the subscriber. These plans cannot meet the health needs of the entire population.

6. Why do we need a Government-sponsored program?

Only a government-sponsored program can include everyone—the sick and the well, those of **all** ages, **all** income classes, and **all** occupations, in good times and bad.

Only a government-sponsored program can finance comprehensive services on an ability-to-pay principle, by using general revenue to supplement modest premiums paid by each family.

Only a government-sponsored program can co-ordinate a wide range of preventive and treatment services and thus make the best use of our health resources.

7. Why must the plan be compulsory?

Like the provincial hospital plan, a medical care plan must include everyone if it is to succeed. By spreading the risks over all people, and using provincial revenues to cover part of the costs, it is possible to keep premiums low and yet provide all necessary care. It is everyone's concern that all persons enjoy good health!

8. How will the plan be financed?

Again, like the hospital plan, an individual or family premium will be collected. This will be about the same amount as the present hospital tax. Premiums will pay a part of the cost. The remainder will come from those revenues of the province which are collected on the basis of ability to pay.

9. Will the administration of the program be completely centralized?

No. It is anticipated that the financing will be centrally arranged but the actual administration will be decentralized as much as possible. This is the kind of service where regional health boards could play an important and vital role. The details of the administration will require study by all concerned.

10. What about administrative costs?

A government-sponsored, universal plan is the only one that can achieve low-cost administration. There will be no need for salesmen, promotion campaigns, special "reserve" funds, or high overhead. Our hospital plan is an example of efficient administration and has an administrative cost of only 2.5 per cent. Voluntary plans have overhead costs more than four times as great.

11. Will standards be lowered?

No. In fact, a universal plan makes it possible to improve standards of care. High standards will be achieved by providing complete medical services, making good diagnostic facilities available, in both rural and urban areas, encouraging a better distribution of doctors, supporting postgraduate training for physicians, and promoting medical research.

12. Will I be able to choose my own doctor?

Yes. You will be able to select your doctor as you do now, and as the people in the Swift Current Health Region have done throughout the fifteen years of their medical care program.

13. Will doctors' offices be overcrowded?

For a time there will undoubtedly be an increase in the demand for doctor services. Some people don't get the care they need now. When services are more readily available to all, there will be more people in doctors' offices.

But this will tend to level off after a time. People will visit their doctor earlier and clear up troubles before they become serious. Early diagnosis and treatment will reduce the demand for care and the need for lengthy treatment.

14. Will doctors be subject to government interference?

No. Doctors will retain the same relationship they now enjoy with their patients.

They will continue to practise their skills in the best interests of the patient. Patients will be free to go to the doctor of their choice. The only difference will be that money matters will not interfere in th doctor-patient relationship. These will be taken over by the provincial plan.

15. Will doctors be overloaded with paper work?

No. Doctors have always had two kinds of paper work—medical records and accounting records. They will have these two kinds of paper work under any system.

At the present time the submitting of accounts is a very time-consuming operation. The doctor has to determine if his patients are members of a particular plan, he must show what services he has rendered, bill the patient separately for the uninsured portion of his account, and so on. Under a provincial plan this can all be standardized and a sizable load of work removed from the doctor's office.

16. What will happen to doctors' incomes?

The total amount of money paid to doctors will not decrease. In fact, a comprehensive program will stabilize doctors' incomes and eliminate the problem of bad debts.

17. Will doctors leave the province?

A few might, but the vast majority will stay. Experience has shown that the number of doctors will increase. In the Swift Current Health Region, the number of doctors has increased during the period of that region's medical plan from 19 to 41.

Doctors have a warm feeling of identity with their communities and their patients. When the public makes a decision about medical care, doctors will respect that decision. As the plan develops and succeeds, more doctors can be expected to enter the province.

18. Have doctors left Britain because of the National Health Service?

Just as North America has always attracted people of all professions and occupations from Britain, doctors have been attracted by our higher standard of living.

The facts are that Britain now has more doctors than ever before and a surplus of students wishing to become doctors. We are fortunate to be getting a part of this surplus.

19. Will there be interference with the doctor-patient relationship?

Of course not. The doctor-patient relationship has not been interfered with in any of our many public programs, such as cancer, tuberculosis, and polio care. Doctors are trained to provide personal health services. The Government's wish is to make it possible for people to utilize these services as they require them.

A British Committee on General Practice (of which 19 of the 23 members were doctors) reporting on the relationship between doctors and their patients in the British National Health Service in 1954, concluded:

> "the relationship is good; in some respects indeed, it was found to be better than before, and this was attributed to the absence of the money bar and to increased co-operation among doctors."

20. How will the new program affect people who are now members of some other medical plan?

These will all be absorbed into the province-wide scheme **at no increase in cost to themselves.** In fact, premiums will be considerably lower than premiums of the voluntary plans.

Those groups which are most affected are groups of employees who have obtained medical care services through collective bargaining. In any legislation that is introduced, provision will be made that employers must contribute on the same basis as they have done previously. The integration of all of these plans will be a problem which will require

careful consideration by the public committee. These problems have been worked out satisfactorily in the Swift Current Health Region, and can be dealt with fairly in a provincial plan.

21. What will be the task of the Medical Advisory Planning Committee on Medical Care which is now appointed?

There will be many details to be worked out before a plan can be launched: services to be covered, type of administration, method of payment for services, how other programs can be integrated, overall financing for the scheme, and so forth.

A public committee has been set up by the government to consider these and other questions. It is composed of 5 from the general public, 3 from the medical profession, 1 from the University of Saskatchewan College of Medicine and 3 from the government. This committee, after the most careful study, will give its advice and recommendations to the government and the government will then make final decisions about all aspects of the program.

To meet the health needs of all the people in the 1960's, Saskatchewan needs a broadly based medical care plan.

Such a program will mean . . .

- **Coverage for all**
- **Comprehensive medical services**
- **Premiums within the reach of every family, subsidized by general revenues**
- **Major emphasis on prevention**
- **Encouraging early diagnosis and treatment**
- **Promoting medical research and education**
- **Encouraging the best distribution of doctors**
- **Co-ordination with other health programs**
- **Emphasis on the value of human life**

Humanity First !

SUPPORT THE PARTY THAT MAKES PROMISES . . . AND KEEPS THEM!

AUTHORIZED BY THE CCF (SASK.) SECTION

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