THE MEDICAL CARE ISSUE AS A FACTOR IN
THE ELECTORAL DEFEAT OF THE
SASKATCHEWAN GOVERNMENT
IN 1964

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by
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J. A. H. D.
In 1944, the first socialist government of any province in Canada came to power with the election of the Co-operative Commonwealth Federation (CCF) party in Saskatchewan. A basic principle of the party from the outset was the determination to institute a complete comprehensive compulsory state operated medical care plan. Although a province-wide state supported program for providing hospital care to the residents was instituted quickly by the new government and many other social measures regarding medical care problems were implemented over the years, no attempt was made to provide for an universal scheme to pay the costs of doctors' services until the late 1950's. At this time certain events combined to make the provincial government decide to proceed with assuming the responsibility for the payment of doctors' fees. In 1960, the CCF party was re-elected in an election which was fought basically on the medicare issue and the doctors of the province participated vigorously in fighting the CCF in that election. Despite intransigence and opposition by the doctors through their organization (the College of Physicians and Surgeons of Saskatchewan) the provincial government proceeded with the establishment of the medical care program and its
implementation on July 1, 1962. For twenty-three days following the implementation of the scheme the doctors withdrew their normal medical services, closed their offices, and administered only emergency medical care and cancer treatment through hospital based centres. A severe crisis occurred in which a large proportion of the residents of the province were involved until the abandonment of several clauses from the original Medical Care Act (in a special session of the Saskatchewan Legislature) induced the physicians to return to their normal pattern of duties. From August 1962 to April 1964 a number of issues surrounding the medical care controversy continued to be prominent in the Saskatchewan news media. In April of 1964, another provincial election was held in which the CCF Government tried to make medical care an issue, in which the Liberal party (the opposition party in the legislature) urged the electorate to "fight the socialists," and the doctors were silent. The CCF Government lost that election by a very narrow margin.

This thesis probes the reasons causing the delay of the implementation of the medical care program by the CCF Government until 1962, attempts to explain why the program was initiated following 1958, and examines the medicare conflict between 1962 and 1964. The conflict is examined from the point of view that a democratically elected reformist government is limited in the amount of reform it can undertake (in the face of powerful opposition), by the
amount of grass roots support existing for that change. The models used to examine the conflict are embodied in a sentence by Seymour Martin Lipset and in a systems analysis by David Easton.

An initial survey of the historical development of medical prepayment services of various kinds in Saskatchewan up to the late 1950's intends to show that a relatively satisfactory situation regarding medical insurance existed. Because the basic needs of the population had been in good part met by a number of insurance schemes it appears that there was no strong popular demand for further medical care legislation. An attempt is made to determine what factors were instrumental in the initiation of the medical care program if there was no great popular demand for it. The nature and degree of the conflict engendered by the reformist government being opposed by a powerful opposition, the College of Physicians and Surgeons and its supporters, is explored. Events following the settlement of the dispute and the way in which they led up to the 1964 provincial election are examined. The conclusion is drawn that in the very close election of 1964, the medical care issue was a vital factor and contributed significantly to the defeat of the CCF Government.

Occasionally opinions will be found in the text which are not substantiated by source material. These are the impressions of the author. This study is in part a memoir of that exciting period in Saskatchewan's history.
CONTENTS

ACKNOWLEDGMENTS i
PREFACE ii
LIST OF TABLES vi

I. POLITICAL DEMANDS AND THE MEDICAL CARE DISPUTE IN SASKATCHEWAN 1

II. THE SITUATION IN SASKATCHEWAN UP TO THE LATE 1950'S 16

III. FACTORS INFLUENCING THE INTRODUCTION OF A GOVERNMENT-OPERATED MEDICAL CARE PLAN IN SASKATCHEWAN 41

IV. A PERIOD OF STRIFE: THE DOCTORS AND THEIR SUPPORTERS AS A POWERFUL OPPOSITION TO THE MEDICARE PROGRAM 63

V. THE ELECTION OF 1964 123

VI. CONCLUSIONS 160

BIBLIOGRAPHY 168
LIST OF TABLES

Table                                                                 Page
1. Number of Doctors Practising in Saskatchewan: 1949-1959         18
3. Enrolment in MSI in 1959                                     27
4. Medical Insurance Enrolment, Canada 1958                      32
5. Vote on the Plebiscite to Establish a Medical Care Scheme in Two Health Regions 34
7. Average Weekly Wage in Manufacturing in Four Canadian Centres, 1952 and 1958 44
8. Specified Amounts of Money Received by the Government of Saskatchewan, 1955, 1958, 1959 46
12. Saskatchewan Election Results, 1960 and 1964                 148
CHAPTER I

POLITICAL DEMANDS AND THE MEDICAL CARE

DISPUTE IN SASKATCHEWAN

For the purposes of the present discussion a number of terms must be clarified. Many of the protagonists in the medical care conflict and commentators on it have used a variety of terms to refer to the scheme which the Saskatchewan Government attempted to implement on July 1st, 1962. Since these terms appear so frequently and since they mean essentially the same thing, they will be used interchangeably. The terms "medicare," "medical care," "medical care issue," "state medicine," and "socialized medicine" will all be used to refer to that piece of legislation which constitutes the Medical Care Insurance Act. The words "conflict," "issue," and "crisis" will be used to refer to the disagreement which occurred between the Government of Saskatchewan and the College of Physicians and Surgeons regarding the Medical Care Insurance Act of 1962. Prior to 1962 a large number of private insuring agencies, municipal health areas, federal and provincial agencies for individual health care, and the Saskatchewan Hospital Services Plan had been brought into existence.
The new medical care scheme included some of these services but differed from them in the vital aspect of assuming the responsibility for the payment of the physicians' fees by a government agency under law. By the same token, the terms "doctors," "physicians," "College," and "College of Physicians and Surgeons" will be used interchangeably to mean the doctors of Saskatchewan as a whole, usually acting through their official organization of the College of Physicians and Surgeons of Saskatchewan.*

When the Saskatchewan Government announced its intention of introducing a medical care scheme in Saskatchewan in 1959 it outlined five basic principles: (1) prepayment; (2) universal coverage; (3) high-quality service; (4) administration by the Department of Public Health or by an agency responsible to the Government; and (5) acceptability to both those providing and those receiving the services.¹ This was the basic position of the Government of Saskatchewan.

The College of Physicians and Surgeons of Saskatchewan took the stand that it was not opposed to medical care insurance but that it was opposed to a government agency controlling such a program. Pointing to their long

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*The College of Physicians and Surgeons of Saskatchewan was at that time the official organization of the doctors of the province. It had complete powers of licensing and discipline for its members.

history of involvement in prepayment medical schemes in the province, including the Saskatchewan Hospital Services Plan, the doctors maintained that they were advocates of medical care insurance. They stated that not only were they in favor of medical care insurance but that they would prefer if governments would subsidize the existing voluntary non-profit agencies for prepayment of physicians' services such as Medical Services Incorporated (MSI) and Group Medical Services (GMS). The purpose of such subsidies would be to allow the voluntary non-profit organizations to extend their coverage to three groups of people who were either excluded from the voluntary schemes or who found them out of reach of their incomes. These were the elderly group and the chronically ill who were not eligible for benefits under most of the voluntary non-profit schemes and those individuals with a level of income which was too low to enable them to purchase voluntary insurance.

Throughout the conflict the Saskatchewan Government maintained that only a compulsory comprehensive government-administered medical care scheme was acceptable. The College of Physicians and Surgeons maintained that it could not accept such a government operated scheme and it based its defense on what it considered the positive approach of urging government subsidies for the private non-profit schemes. As the date for implementation of the scheme drew closer the positions of both sides hardened into irreversible stands. Meanwhile a number of political developments,
including the birth of the New Democratic Party, and its first federal election campaign in June of 1962 at the height of the medical care crisis, made the issues more involved.

During the first twenty-three days of July 1962, the doctors withdrew their normal medical services and established a system of hospital based emergency services. These emergency centers were restricted to acutely ill patients and for people who had cancer or other conditions such as pregnancy. The Government and its supporters labelled this withdrawal of medical services a strike. After three weeks, the Government of Saskatchewan and the College of Physicians and Surgeons arrived at what was called "the Saskatoon Agreement." By the terms of the Agreement, the principles which the Government had insisted upon were maintained but certain restrictive clauses which the physicians felt would enable them to practice only under the medicare legislation were lifted, allowing the doctors to practice outside of the medical care act and bill their patients privately if they wished to do so.

Following the settlement, the issue of Community Clinic organizations, the hospital privileges issue in connection with these clinics, the establishment under the CCF Government of a board to look into the question of hospital privileges, as well as the Saskatchewan Government's conflict with two groups in the medical community, the radiologists and pathologists, kept the medical care issue alive
until the provincial election of 1964. Over an extended period of time, the general population of the province had become most involved in the issue and continued to be so until the provincial election of 1964. In the campaign preceding the election, the CCF Government campaigned on the issue of the gains it had made under the medical care act and the need to return that party to power if the act was to be preserved. Supporters of all other political parties were urged to band together and to support the Liberal party in order to oust "the Socialists," as Mr. W. R. Thatcher (the Liberal leader) called them. The medicare issue produced an unique polarization of the electorate in opposition to the CCF Government and although the actual vote which the CCF party received in the 1964 provincial election changed only 0.5 per cent from the preceding election of 1960, the non-CCF vote seemed to accrue to the Liberal party and the CCF was removed from office in a most unexpected manner.

This thesis relates political demands to the medical care dispute in Saskatchewan by referring to Seymour Martin Lipset and David Easton. The specific relation which this thesis explores is embodied in one sentence by Lipset. "The degree to which a democratically elected government can successfully install far-reaching changes in the face of powerful opposition would seem to depend on the organized popular demand for its program." ¹

following pages probe the foregoing concept of political demands. The CCF Government was a reform government in a democratically elected society. It attempted to install its first truly far-reaching change since taking office* and the thesis is that there was not a significant demand for the change. The reasons for the absence of a demand for medicare are discussed. The suggestions as to what then were the motivating factors in the institution of medicare at that particular time are made. The degree and character of the powerful opposition is explored. Finally, the lack of success of the Government in instituting this far-reaching change in the face of a powerful opposition is noted by its failure to gain re-election in the first post-medicare election in 1964.

This question of political demands and reform in their relation to re-election is discussed by Lipset in relation to the Saskatchewan situation. A long portion of Lipset's text is quoted here because it relates to the Saskatchewan situation so specifically and provides additional background.

The conflict between the Saskatchewan government and the organized medical profession is the only major clash between the government and a powerfully entrenched and socially necessary "vested interest" group. There are no major industries in

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*This sentence may perhaps be qualified somewhat. The CCF Government in Saskatchewan had introduced other far-reaching changes such as its entrance into the field of compulsory automobile insurance. However, medicare was its first major social change in which a powerful group providing an essential service to society was involved.
the province, and the government, therefore, is not faced with the internal opposition of powerful industrial and financial interests. In embryonic form, however, the struggle with the medical profession is comparable to the problems faced by other socialist governments. The socialization of the medical profession in Saskatchewan is a small-scale equivalent of the problem of the socialization of a key sector of an economy which a controlling group is determined not to yield.

Like all other governments, one of the prime goals of a radical reform government in a political democracy is to be reelected. Any plan of the government will come to naught if it is defeated after one term in office. The elected reformer must, therefore, hold two considerations in mind if he is to achieve the social reforms which his party proposes: first, he must make the changes that are necessary to secure the reforms; and second, he must not antagonize the majority of the electorate. To threaten the power, privileges, or beliefs of any socially necessary key group may lead that group to refuse to continue its work efficiently. Such "sabotage" could temporarily deprive the general public of the services it had previously received.

The Saskatchewan government was faced with the possibility that the socialization of medicine would cause a large number of doctors to leave the province. Members of the government feared that they would then be blamed for the consequent decline in medical standards and services. Similarly, if the British government were to socialize an industry in which the managers were strongly opposed to the plans of the government, the resultant decline in productivity could bring down the government at the next election.

This dilemma has been faced repeatedly by democratic reform governments. The Labor and Social Democratic governments of Sweden, Norway, New Zealand, and Australia have held political power for long periods without making significant inroads on "vested" property and managerial interests. Few industries have been nationalized by these governments, though they all profess socialist objectives. Each of these governments has increased its social services, as Saskatchewan has. Increased social services are an easy solution to the dilemma of the democratic socialist in office, for they improve living standards but do not upset the status quo and are not violently opposed by the people with economic power or skill. Thus the medical profession
had no serious objection to the establishment of free hospitalization in the province in 1947, for this measure satisfied the popular desire for increased state provision of medical care, but did not affect the positions of the physicians.

The problem suggested is a major one in any attempt to secure important social change through democratic channels. Can the state make significant inroads on the power of entrenched groups which are economically or socially necessary without, in the process, giving up democracy? The degree to which a democratically elected government can successfully install far-reaching changes in the face of powerful opposition would seem to depend on the organized popular demand for its program.* The British Labor government could not have refused to nationalize the coal mines without suffering a loss of many of its supporters. In Australia the recently defeated Labor government embarked on a campaign to socialize all banks, after being criticized by many of its more left-wing supporters.

The Saskatchewan government, however, is not backed by an electorate that understands or demands qualitative changes in medical care. The people wanted greater and cheaper quantities of the kind of service they already had. The farmers supported "state" medicine, but to them the term meant state payment for medical care, free medicines, free hospitalization, prepayment of medical costs, and medical care of pensioners and indigents. The public, including most of the members and leaders of the CCF, are not and were not aware of the dangerous implications of the professional control of licensing or of the fee-for-service plan for the program of the CCF.

There has been little criticism from members of the CCF of the government's compromises with the medical profession. Party members and supporters enthusiastically approve every step toward the goal of a complete plan of medical coverage. Thus, government officials are faced on one hand with the popular demand for any kind of state medicine, and, on the other, with the threat of sabotage by physicians unless the plan of their organized profession is put into practice. The compromise of the basic goals of reform of medical practice naturally followed.1

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1*Italics mine.

1Ibid., pp. 295-297.
The theory of the necessity of political demands with the success of reforming governments will be approached in an additional manner as well. David Easton discusses the political system under stress (see figure 1). Easton constructs a "flow model of the political system,"¹ a system which works well for comparison.


² Ibid., p. 112
David Easton believes that the "study of politics is concerned with understanding how authoritative decisions are made and executed for a society." To facilitate this understanding he attempts to "view political life as a system of interrelated activities" all of which "influence the way in which authoritative decisions are formulated and executed for a society." ¹

For analytical purposes he constructs a model in which a "political system" surrounded by an "environment" has "inputs" in the form of "demands" and "support" and "outputs" in the form of "decisions or policies" with a "feedback" mechanism. ² "Inputs are converted by the processes of the system into outputs," he says "and these, in turn, have consequences both for the system and for the environment in which the system exists." ³

In examining the "properties" of the political system Easton finds that a system must first have properties of identification to distinguish it from other systems. These consist in the "units of a political system" ⁴ (its political groups) and its boundaries ("all those actions more or less directly related to the making of binding decisions for a society"). The second property consists


²Ibid., p. 91, Fig. 1.

³Ibid., p. 90.

⁴Ibid., p. 91, Fig. 1.
in the inputs and outputs of the system while the third property is described as "differentiation within a system" or "division of labor that provides a structure within which action takes place." The fourth property he calls the "integration of a system" by which "it must provide mechanisms whereby its members are integrated or induced to cooperate in some minimal degree so that they make authoritative decisions."

Easton examines some of the components of the political system, beginning with the "inputs," of which there are two varieties: demands and support. These provide the "raw materials" for the machine to process and the "energy to keep it going." The "outputs," of course, are decisions or policies. The demands may be external (that is, arising from any one of the many systems in the environment including the economy, culture or social structure), or the demands may arise within the political situation itself where they take the form of such things as political relationships between members or groups of members. Demands, says Easton, may or may not become issues depending on many factors, including who presents them and how and when. Easton places particular importance on demands because they "constitute a significant part of the material upon which the system operates." They are the raw materials which the machine uses and thus

\[\text{Ibid.}, \text{ p. 92.} \quad \text{Ibid.}, \text{ p. 93.} \quad \text{Ibid.}, \text{ p. 95.}\]
the output of the machine fluctuates with environmental changes in these materials (demands).

In addition to raw materials, however, the machine requires "Energy" in the form of support to keep it operating. This support may be overt or in "orientations or states of mind"\(^1\) and is found in the political community, the regime ("all those arrangements that regulate the way in which the demands put into the system are settled and the way in which decisions are put into effect"),\(^2\) and in the government. The "quantity and scope of support"\(^3\) varies according to the machine and its environment. In most western countries a small number of very active people keep the machine going while in certain other situations (for example, France) many members of the system tend to put in support but the amount that each gives is so low that the machine is in danger of stopping.

Since this "energy" is so vital, what then are the "mechanisms of support"?\(^4\) These may be outputs either in the form of negative sanctions or in positive material benefits. These are extremely important, and while not all demands need to be met, the "persistent inability of a government to produce satisfactory outputs for the members of a system may well lead to demands for changing of the regime or for dissolution of the political community."\(^5\)

\(^{1}\text{Ibid.}, \text{p. 96.}\)  \(^{2}\text{Ibid.}, \text{p. 97.}\)  \(^{3}\text{Ibid.}, \text{p. 98.}\)  
\(^{4}\text{Ibid.}, \text{p. 99.}\)  \(^{5}\text{Ibid.}, \text{p. 100.}\)
An additional source of energy is "politicization"\(^1\) by which society indoctrinates its members to the "goals and norms of that society"\(^1\) by a large number of measures not the least of which are education, public opinion and a sense of legitimacy."\(^2\)

The medical care dispute in Saskatchewan makes an ideal case study for the testing of these two not dissimilar theories. Of the two models, Easton's model of the political system does perhaps provide the more useful apparatus for the examination of the medical care dispute in Saskatchewan. Easton has provided a most illuminating functions study, almost a mechanical theory, as an approach to the study of politics. The "systems theory"\(^2\) with its inputs and outputs provides an almost mechanistic reality to problems of how authority may make and execute decisions for a society.

If the medical care dispute in Saskatchewan is related to Easton's model one would have to envisage a very large amount of outputs coming out of the system in the absence of a great deal of inputs in the form of demands or support. Here a political party is not bolstered in the political system by sufficient support in the form of demands. In the Saskatchewan situation the government installed a major action in the face of a great deal of difficulty with an opposing group in the political system.

\(^1\)Ibid., p. 101. \(^2\)Ibid., p. 102
An approach as exemplified by figure 2 is useful to illuminate the model. Here the output exceeds the support. In addition, the return from the outputs to inputs in the environment is interrupted by social strife. According to Easton's model the political system then breaks down or a change in regime occurs. In Saskatchewan, a change in regimes occurs.

*Figure 2 was not found in Easton's writings. The adaptation from Easton's original model has been used in this thesis to indicate diagrammatically how the medical care issue in Saskatchewan may be related to Easton's model.
According to Lipset's theory, the politically advantageous manoeuvre of the CCF Government in 1962 would have been to compromise. With no great popular demand for the particular issue at stake, and thus with no powerful groups to counterbalance the opposition of the powerfully entrenched doctors, and with the possibility of social dislocation and strife in the offering, the politically sagacious course of the Government would have been to sacrifice principle and effect an agreement with the doctors. Instead, the position of the Government remained inflexible.
CHAPTER II
THE SITUATION IN SASKATCHEWAN
UP TO THE LATE 1950'S

There is no evidence that there was any widespread popular demand for a comprehensive medical care program in Saskatchewan in the late 1950's at the time of the announcement that medicare was to be established in Saskatchewan. At that time, the general public had hospital care provided free of charge on payment of a premium under a government scheme. In addition, two out of every three people in the province were covered by some form of prepayment scheme for their physicians' fees. The situation, with regard to protection from medical expenses, was relatively good in Saskatchewan by the late 1950's. The new medicare legislation was to provide for payment of doctors' fees. It was also intended to establish a more progressive concept to comprehensive health care. This kind of concept was of little concern to the public which was perhaps more interested in freedom from large doctors' bills than in a new approach to qualitative medical care. ¹ Because

¹A similar position is also taken by Seymour Martin Lipset. Lipset states that the "people wanted greater and cheaper quantities of the kind of service they already had." Agrarian Socialism p. 297.
the details of various medical care plans were not properly understood by the general population, it was often difficult for the public to determine just what the issue was between the Government and the College of Physicians and Surgeons. Because of this, it is easy to understand that alternative plans, such as subsidizing voluntary insuring schemes, submitted by the College of Physicians and Surgeons did sound reasonable to the public while at the same time being unacceptable to the Government of Saskatchewan.

A great popular demand for payment of Physicians' fees did not exist by the 1950's, in part, at least, because of the wide range of the various health services which were already available to the general population. In one sense, the medical care scheme could almost be described as the regrouping of the various pre-existing schemes into a package policy, while at the same time making provision for those individuals who were not qualified for coverage under the voluntary insuring schemes and for providing these services at lower premiums. The type of coverage which was available consisted of a multiplicity of plans and schemes which had grown up with the province since the settlement of pioneers took place at the turn of the century. The pioneer doctors came to what is now Saskatchewan as Medical Officers with the Hudson's Bay Company and the North-West Mounted Police. As the population grew, their numbers were supplemented by civilian colleagues. By 1906 there were 147 doctors
providing services to the residents of the newly created province. In 1931 the number had risen to 584 to keep pace with the ever-increasing population, which then had reached 922,000. In 1951 there were 662 doctors, and by the end of 1960 there were 898 doctors serving the 913,000 residents of Saskatchewan. ¹

<table>
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Average Increase per year -- 31

Source: Brief to the Advisory Planning Committee of the Province of Saskatchewan on Medical Care, presented by the College of Physicians and Surgeons, Saskatchewan Division of the Canadian Medical Association. December 1960, p. 39.

¹Brief to the Advisory Planning Committee of the Province of Saskatchewan on Medical Care, presented by the College of Physicians and Surgeons, Saskatchewan Division of the Canadian Medical Association, December 1960, p. 8.
Gradually several systems for prepayment of physicians' fees evolved in Saskatchewan. These were not only well supported by the medical profession, but in fact the doctors of Saskatchewan themselves pioneered the concept of non-profit medical care insurance.

In 1911, the Anti-Tuberculosis League was formed in Saskatchewan. This League was a very early and progressive effort for the diagnosis and prevention of tuberculosis in Saskatchewan. Dr. R. Gibson of Moose Jaw, Dr. E. E. Meek and Dr. M. M. Seymour of Regina, Dr. F. W. Hart of Indian Head, Dr. W. J. McKay of Saskatoon and Dr. W. Sinclair* of Manor were instrumental, with members of the lay public, in organizing the League. Since 1911 the medical profession has had continued official representation on the Board of Directors of the League. Over the years, the College of Physicians and Surgeons has actively co-operated with the League in carrying out health surveys, in the introduction of mass x-ray services, in the hospital admission x-ray program and in a combined and continued effort to seek out and treat active new cases of tuberculosis. Costs to the patient in connection with the diagnosis and treatment of tuberculosis in Saskatchewan were eliminated from the very earliest days.

*In actual fact these early practitioners were most progressive. The Saskatchewan Anti-Tuberculosis League was the first of its kind in the world and has been copied by many countries since that time.
In 1919, the municipal doctor plans were begun. They reached their peak of development in 1947 when over 210,000 persons were enrolled for basic medical care services and some limited surgical and consultative services. A survey showed that in 1959 some 136 rural municipalities, mainly in the north east and some thinly populated areas in the north west, had plans in operation with about 115,000 members.

Table 2

Municipal Doctor Plans
(Number in Operation: 1950-1961)*

<table>
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<th>Year</th>
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<td>132</td>
</tr>
<tr>
<td>1960-61</td>
<td>126</td>
</tr>
</tbody>
</table>

* "Year" consists of the fiscal year: April 1 - March 31. Saskatchewan, Department of Public Health, Annual Reports, 1950-1960, passim.


The Municipal Medical Care Plans were subsidized by the provincial government to a limited extent.* By and

*Subsidy rate was twenty-eight cents per person.
large the medical services provided were on the general practice level with certain municipalities allowing complete to partial coverage for services received outside the area. A municipal plan required approval by the provincial health department. "Approval carries the implication that proper standards of medical care are being promoted and that the responsibilities of doctor and of municipal council alike are clearly defined." ¹

In the municipal areas, the doctor was often paid by salary. Where doctors were on a fee-for-service basis the problems of cost frequently arose.

Almost all of the contracts for medical benefits provide for payment of the physician on a salary basis. In some cases the capitation method of payment is used and in a few areas, where the municipalities have entered into contracts with several physicians, services are provided on a fee-for-service basis. Contracts for both medical and surgical benefits frequently provide for payment on a combined salary and fee-for-service basis where medical care is on a salary basis and surgery is paid on a fee-for-service basis.

The cost of operating these plans increased slightly in 1956. Plans operating on a fee-for-service basis with broad coverage found it necessary in some instances to discontinue or restrict services due to the high cost of operation. Very few plans, if any, place a limit on the amount of service which any one person may receive under the plan. A few plans still require a partial payment for calls outside of regular hours, and in some plans a charge is made to the patient for the first call in any one illness.²

¹ Saskatchewan, Department of Public Health, Annual Report, 1956-57, p. 136.
² Ibid., p. 137.
Municipal medical plans resulted to some extent from grass roots demands. Their establishment did relieve members of the municipality from the fear of doctors' bills. In retrospect, it may be tempting to point to the inadequacies of the municipal schemes when compared to the present medical care situation in Saskatchewan. Yet, at that time, their presence and relative utility were felt to be no small accomplishment. Once established, their very existence provided a certain sense of satisfaction with the state of medical care insurance. For this reason the rural population served by the Municipal Plans was relatively satisfied with its medical services and the climate was not such as to cause a public demand for the alteration of these services.

In 1929, a committee of the Saskatchewan Medical Association recommended to the Minister of Public Health the organization of "the medical profession, the laity and Government forces in an endeavour to provide the most scientific treatment for our cancer patients, and that a supply of radium be obtained for this purpose. ..."¹ In 1930, the Cancer Commission Act was passed by the Legislature, and in late 1931 and early 1932, the first consultative, diagnostic and treatment clinics were opened in Regina and Saskatoon. The Act provided that medical

¹Brief to the Advisory Planning Committee on Medical Care by College of Physicians and Surgeons, p. 6.
and hospital costs connected with the diagnosis and treatment of cancer were to be paid by a government agency. Since that time the medical profession has maintained a close association with the Commission.

In 1937 the non-profit medical insurance company, long the dream of many, began to emerge in Saskatchewan. In that year, a group of sixteen Regina doctors began to meet one evening each week to study methods of insuring health services. Their discussions were met with enthusiasm and led to operative plans. In 1939, Medical Services Incorporated (MSI) (Regina) was inaugurated with Dr. F. D. Munroe as its first president.\(^1\) Financial collateral was provided by the College of Physicians and Surgeons of Saskatchewan. Group contracts were offered, as well as contracts to individual subscribers, employee and municipal groups. In 1947, MSI (Regina) and the Mutual Health Benefit Association (a medical co-operative) amalgamated to form Group Medical Services (GMS). By the end of 1960 there were to be 87,000 people enrolled in the plan.

In 1944, representatives of the medical profession met with the Premier of Saskatchewan to discuss methods of providing a type of medical services insurance coverage to old-age pensioners and other indigent groups. Agreement was reached, and a co-operative management was established, whereby the cost of the services was borne partially by

\(^1\) Brief to the Advisory Planning Committee on Medical Care by College of Physicians and Surgeons, p. 7.
the government and partially by the medical profession.¹

In March 1945, the medical profession supported the introduction of a province-wide, state-aided hospitalization plan. On March 21, 1945, a meeting of the Central Health Services Committee of the College of Physicians and Surgeons took place in Regina. At this meeting, the newly elected Premier, Mr. T. C. Douglas, was present in his capacity as Minister of Public Health. Dr. J. L. Brown, on behalf of the College of Physicians and Surgeons, presented several important recommendations to the Minister. The first was the establishment of a "province-wide state-aided hospitalization scheme, suitably controlled to offset undue abuse, and to co-ordinate hospital facilities to their most effective level pending further construction."² Other recommendations included "improved Municipal Health Service in rural areas" and "endorsation of voluntary groups already in operation which are providing health services in the province on a non-profit basis."³ Since then, the College of Physicians and Surgeons has continued to study the provision of hospital insurance with the Premier and his government. The College did not agree to a hospital program being administered and controlled by the Department of Public Health. It was felt by the doctors that this type of administration was prone to the implementation of unilateral decisions without prior agreement or adequate consultation. It was also felt

¹Ibid.  ²Ibid., p. 35.  ³Ibid.
by many that this type of plan would tend to undermine the independence of the hospitals. However, the College co-operated with the Government in the implementation and operation of the Saskatchewan Hospital Services Plan. Under the plan all residents of Saskatchewan became eligible for benefits covering the daily cost of a public ward hospital bed, certain diagnostic and outpatient services, and some drugs. Premiums were compulsory and the services were available to all upon payment of the premium. The Saskatchewan citizen was thus provided with insurance against major hospital costs.

On April 3, 1946, the Swift Current and District Medical Society in the Swift Current Health Region passed a resolution endorsing a plan whereby payments to physicians were to be on a fee-for-service schedule with money raised by public taxation and individual premiums. Services included all physicians' and diagnostic services in the region and payment was 75 per cent of the schedule of fees. Because of mounting costs, payment for services outside the region was restricted to 50 per cent and in 1953 utilization fees were instituted. These were effective in reducing both the number of home and office visits and the costs of the plan. The plan was unique in North America. In 1961 it included some 75 urban and rural municipalities with 53,169 residents serviced by 44 doctors.

The Swift Current doctors considered the plan fairly successful but emphasized that it was not likely
to work on a large scale basis. As they put it in 1960
"it is of note that the percentage of payment received by
the doctors in the Region indicates that the medical pro-
fession has continued to subsidize the cost of medical
care by not receiving full payment for their services.
The Profession does not object to this type of subsidiz-
ation as long as the percentage of payment does not reach
an undesirable level."¹

On May 10, 1946, seven Saskatoon doctors signed
a "Memorandum of Association" as a result of which Medical
Services Saskatoon Incorporated (MSI) was organized as a
non-profit organization. Since it was intended that the
organization should be provincial rather than local, the
name was later changed to Medical Services Incorporated.
From its inception, the medical members of its Board felt
the need of non-medical representation in negotiating be-
tween the medical profession and the public in voluntary
pre-paid non-profit medical care plans. After 1949, there
was equal medical and non-medical representation on the
Board with a geographical distribution throughout the
province. MSI was quickly and widely accepted. By 1959,
after thirteen years in operation, 203,811 persons were
covered for prepaid physicians' fees and some outpatient
diagnostic services by this corporation on a non-profit
basis. (See Table 3)

¹Ibid., Part II. Brief from the Swift Current and District Medical Society, p. 53
Table 3
Enrollment
Average Annual Number of Persons Enrolled, 1959

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Persons</td>
<td>21,733</td>
</tr>
<tr>
<td>Two Persons</td>
<td>26,787</td>
</tr>
<tr>
<td>Family</td>
<td>155,291</td>
</tr>
<tr>
<td>Totals</td>
<td>203,811</td>
</tr>
</tbody>
</table>

Source: Brief to Advisory Planning Committee by Medical Services Incorporated, December, 1960, p. 40.

Medical Services Incorporated was originally designed to cover subscribers on an individual or family basis. However, it was soon discovered that this procedure was too costly from the point of view of enrolment and general administration. Consequently, in 1948, Plan "A" for small groups was offered, in 1949, Plan "B" for large groups, and in 1950, the first contract was offered and sold to a community.

MSI was non-profit; but it was also non-subsidized. Because of this lack of subsidy, there were restrictions on benefits, age limits, and waiting periods in the individual (non-group) contracts. These were found necessary as a defense against the speculative individual who would purchase protection for a short period against a specific illness requiring immediate treatment. Under MSI's group contracts, where a high level of participation was assured, MSI felt it was able to eliminate the waiting
periods and cover the pre-existing conditions for the few individuals who required treatment immediately after enrolment. This was provided in the "B" or Group contracts.

Building on this experience, MSI approached the problem of making comprehensive prepaid medical care insurance universally available on a voluntary basis. On February 10, 1958, a brief was presented to the Minister of Public Health of the Province of Saskatchewan by Medical Services Incorporated. The purpose of the brief was to change two clauses in the Health Services Act. The Act allowed municipalities to levy a property tax, a personal tax, or a combination of the two to finance personal medical services programs, providing the personal tax did not exceed $50.00 per family per year. The purpose of the MSI brief was to broaden the Act in its provisions "to permit councils of rural municipalities, towns, and villages to enter into an agreement with Medical Services Incorporated for medical care coverage with funds raised by the local governments by personal and/or land tax."

The second purpose of the brief was to delete the section putting a $50.00 per annum per family limit on the amount of personal

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1 A Brief to the Minister of Public Health of the Province of Saskatchewan by Medical Services Incorporated, February, 1958.

2 Presentation to the Advisory Planning Committee of the Province of Saskatchewan on Medical Care, by Medical Services Incorporated, December, 1960, p. 30.
tax which could be collected for medical care. Existing legislation under the Health Services Act prevented municipalities from entering into realistic contracts for medical services insurance. The limitation on annual premiums to $50.00 per family would not allow municipalities to enter into contracts with the prepaid plans such as MSI. The charge at that time, for comprehensive coverage, was no more than $60 to $80 yearly for a family contract. Some municipalities were anxious to obtain these contracts, and a request for legislation allowing realistic subsidies to MSI by local governments was brought to the attention of the Government by the Saskatchewan Association of Rural Municipalities as well as by MSI. The government was also urged to change this part of the Act by the Regional Health Boards and by the College of Physicians and Surgeons of Saskatchewan.¹

If that part of the Health Services Act had been changed by the government, the basis would have been laid in 1958 for a complete, comprehensive, voluntary medical insurance program in Saskatchewan, subsidized and supervised by local government, and with the complete backing of the medical profession. But the Government of Saskatchewan did not act on these recommendations and so MSI did not become the subsidized non-profit insuring agency which it had hoped it might be.

Two years later, Medical Services Incorporated

¹Ibid., pp. 31-37, passim.
was again to submit its plans, this time to the Thompson Committee.¹

M.S.I. feels that the simplest and most efficient way of extending voluntary coverage is by arranging to have the personal contributions (premiums) reduced by the application of a subsidy from general funds at the LOCAL LEVEL. Such contributions would be paid, in part or in full, dependent on financial need, on behalf of every individual, irrespective of age or physical condition.²

Nonetheless, by the end of 1959, MSI had 203,811 subscribers under all types of plans. Of these, 60,705 people were covered under comprehensive community contracts without the help of enabling legislation.

By 1960, two out of three persons in Saskatchewan were to have some kind of insurance program against the cost of physicians' fees. The largest group consisted of 214,000 persons who were covered under MSI of Saskatoon. The Regina based Group Medical Services had 87,000 persons enrolled at December 31, 1960. Private or commercial insurance companies covered an estimated 70,000 additional persons. At the end of 1960, there were 368,537 persons covered by various voluntary private schemes. The


² Presentation to the Advisory Planning Committee by Medical Services Incorporated, p. 10.
Municipal Doctor Plans covered an additional 107,414 residents. The Swift Current plan included 53,169 persons. Public assistance recipients numbered 33,857 and 20,000 persons had medical care paid for under municipal social aid. Federal programs covered an estimated 27,500 persons in the armed services, the RCMP, the Department of Veteran's Affairs and the Indian groups. Thus, of Saskatchewan's population of 913,000 on December 31, 1960, 610,477 (or 67 per cent) were receiving medical care protection for payment of doctors' fees under private or government schemes.

Thus, by the end of the 1950's, the people of Saskatchewan had provided themselves with a wide range of medical cost protection schemes. A good many of these, such as the Anti-Tuberculosis League and the private non-profit physician payments insuring companies (such as MSI), had been provided by the public and the doctors. At this time Saskatchewan ranked third among the Canadian provinces in numbers of persons enrolled in non-profit plans (see Table 4). The total effect of this multiplicity of efforts in medical care coverage was to provide a situation in which there was not a widespread public demand for changes regarding the methods of payment for various health care costs.

The absence of popular demand for more medical care coverage was exemplified by a plebiscite held to establish a medical care scheme in the Assiniboia-Gravel-
Table 4
Medical Insurance, Canada
Estimated Numbers of Persons
Enrolled for Medical Benefits,
Canada\(^{(a)}\) and Provinces, 1958

<table>
<thead>
<tr>
<th>Province</th>
<th>Population(^{(b)}) 000's</th>
<th>Non-Profit Plans Total Enrolment</th>
<th>Per Cent of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newfoundland</td>
<td>438</td>
<td>15,272</td>
<td>3.5</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>100</td>
<td>11,255</td>
<td>11.3</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>710</td>
<td>138,439</td>
<td>19.5</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>577</td>
<td>136,182</td>
<td>23.6</td>
</tr>
<tr>
<td>Quebec</td>
<td>4,884</td>
<td>744,242</td>
<td>15.2</td>
</tr>
<tr>
<td>Ontario</td>
<td>5,803</td>
<td>1,829,450</td>
<td>31.5</td>
</tr>
<tr>
<td>Manitoba</td>
<td>870</td>
<td>306,873</td>
<td>35.3</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>888</td>
<td>260,861</td>
<td>29.4</td>
</tr>
<tr>
<td>Alberta</td>
<td>1,201</td>
<td>345,243</td>
<td>28.7</td>
</tr>
<tr>
<td>British Columbia</td>
<td>1,544</td>
<td>649,602</td>
<td>42.1</td>
</tr>
<tr>
<td><strong>Canada(^{(a)})</strong></td>
<td><strong>17,015</strong></td>
<td><strong>4,437,419</strong></td>
<td><strong>26.1</strong></td>
</tr>
</tbody>
</table>

\(^{(a)}\) Excluding Yukon and Northwest Territories. No adjustment has been made for armed service personnel, Indians, persons in institutions, or any other special groups in the population.

\(^{(b)}\) Based on D. B. S. population estimates.

bourg and the Regina Rural Health Regions in 1955. In that year two separate attempts were made to establish prepaid medical care programs similar to the Swift Current plan in the two mentioned health regions.* The two health regions involved were the Assiniboia-Gravelbourg Region and the Regina Rural Health Region. The Regional Health Boards of these two areas decided to put a prepaid medical care plan to the electorate in the form of a plebiscite on November 2, 1955. The proposed plans would have been compulsory in membership and would have provided a wide-range of medical services coverage. In the pre-plebiscite campaigning in both regions there was an extensive campaign in support of the proposed comprehensive medical schemes. Local Boards in these regions utilized radio, newspaper and pamphlet advertising, and public meetings were held to promote the schemes. The proposal was defeated in both regions (see Table 5).

John C. Courtney notes that two aspects of the 1955 Health Region plebiscites are of especial significance.¹

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*A Health Region was a specifically designated area established by the provincial government for the purpose of administering certain aspects of health problems, particularly those connected with Public Health aspects such as sanitation, innoculation procedures, restaurant and sewage control. The entire province was divided into health regions and three of these were the Swift Current Health Region, the Assiniboia-Gravelbourg Health Region and the Regina Rural Health Region.

Table 5

Vote on the Plebiscite to Establish a Medical Care Scheme in Two Rural Health Regions
(November 2, 1955)

<table>
<thead>
<tr>
<th>Region</th>
<th>Vote For</th>
<th>Vote Against</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assiniboia-Gravelbourg</td>
<td>1,353</td>
<td>7,511</td>
</tr>
<tr>
<td>Regina Rural</td>
<td>4,510</td>
<td>14,040</td>
</tr>
</tbody>
</table>

Source: Files of the Department of Public Health, Province of Saskatchewan, Regina, Saskatchewan, as quoted in John Childs Courtney, "Socialized Medicine as an Issue", p. 30.

The first point is that the two health regions in question coincide to a certain extent with provincial constituencies which had been returning Liberal members to the Provincial Legislature. He notes that although "politics did not openly enter into the debate preceding the two plebiscites, the Liberal bias of the voters may have had some bearing on the rejection of a plan obviously connected with, and tacitly sanctioned by, the CCF Administration."¹ Dr. Courtney also notes that the efforts to inform the voters of the health regions on financial and other aspects of the scheme along with the removal of active campaigning on the part of politicians "left the voter with a well-defined alternative: to support or dismiss a proposal on the basis of its costs and/or benefits."² Courtney goes on to state that "no

¹Ibid., p. 31. ²Ibid., p. 31
mention was made of the issue of socialized medicine by the Government when seeking to return to power in the 1956 provincial election. The CCF no doubt considered the time inopportune to re-introduce debate on the issue of socialized medicine. "^1

It could be argued that the defeat of the proposed scheme to establish a comprehensive medical care program in the Assiniboia-Gravelbourg region by a margin of four to one, and the defeat in the Regina Rural Health Region by a margin of three to one, did, in fact, represent the relative satisfaction of the population with the state of medical services which existed at that time. One might also infer that the plebiscite results would tend to indicate a reluctance to accept financial and other obligations which such schemes might entail.

The question arises, of course, as to whether or not the provincial election of 1960 did represent any "popular demand" on the part of the electorate for government-operated medical care insurance as the CCF won the election and medicare was its major issue. It can be noted that in the election the CCF support changed from electing 36 members in 1956, to 38 members in 1960, but that the party dropped its share of the popular vote from 45 per cent to 41 per cent. On the other hand, the Liberal party increased from 14 members in 1956, to 17 members in 1960, and changed its percentage of the popular vote

^1 Ibid.
from 30 per cent to 33 per cent. In addition, the Progressive Conservatives, while electing no members, increased their share of the vote from 2 per cent to 14 per cent. The Social Credit party had 3 members in 1956 and elected none in 1960, dropping its share of the vote from 22 to 12 per cent (see Table 6).

Dr. Courtney attempts to analyse the significance of the 1960 victory. He states that it was "conceivable that the 'split-vote,' resulting from the four-way fight in every constituency, aided in the re-election of the Douglas Administration."\(^1\) However, while the CCF was the strongest party in the 1960 election in that it received more popular support than any other party it was "not stronger than its combined opposition." He notes that the CCF party record was "relatively unblemished"\(^2\) and a great factor in the CCF victory was "undoubtedly the personality of the party's leader, Mr. Douglas."\(^3\) Courtney quotes Premier Douglas as saying that the idea that the CCF had been elected because of the issue of socialized medicine was "completely erroneous" and that "if anything, the intervention of the doctors in the campaign lost us some support." Douglas is quoted as saying that patients having been told by their doctor that "the government would tell them what doctor to go to . . . were frightened" with the result that they voted for one of the opposition parties. Douglas felt

\(^{1}\)Ibid., p. 91.  \(^{2}\)Ibid., p. 93.  \(^{3}\)Ibid.
Table 6
Saskatchewan Election Statistics, 1905-1960
(number of seats won and % of popular vote)

<table>
<thead>
<tr>
<th>Year</th>
<th>Liberal</th>
<th>Conservative*</th>
<th>CCF</th>
<th>Social Credit</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>1905</td>
<td>17 (52%)</td>
<td>8 (48%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1908</td>
<td>27 (51%)</td>
<td>14 (49)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1912</td>
<td>46 (57%)</td>
<td>8 (43)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1917</td>
<td>51 (57%)</td>
<td>7 (35)</td>
<td>1 (8%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1921</td>
<td>46 (52%)</td>
<td>1 (2)</td>
<td>14 (46)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1925</td>
<td>50 (52%)</td>
<td>3 (19)</td>
<td>8 (29)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1929</td>
<td>28 (47%)</td>
<td>24 (36)</td>
<td>11 (17)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1934</td>
<td>50 (48%)</td>
<td>-- (27)</td>
<td>5 (25%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1938</td>
<td>37 (45%)</td>
<td>-- (12)</td>
<td>11 (19)</td>
<td>2 (16%) 2 (8)</td>
<td></td>
</tr>
<tr>
<td>1944</td>
<td>5 (35)</td>
<td>-- (11)</td>
<td>47 (53)</td>
<td>-- (1)</td>
<td></td>
</tr>
<tr>
<td>1948</td>
<td>19 (30)</td>
<td>-- (8)</td>
<td>31 (48)</td>
<td>-- (8)     -- (6)</td>
<td></td>
</tr>
<tr>
<td>1952</td>
<td>11 (39)</td>
<td>-- (2)</td>
<td>42 (54)</td>
<td>-- (5)</td>
<td></td>
</tr>
<tr>
<td>1956</td>
<td>14 (30)</td>
<td>-- (2)</td>
<td>36 (45)</td>
<td>3 (22)     -- (1)</td>
<td></td>
</tr>
<tr>
<td>1960</td>
<td>17 (33)</td>
<td>-- (14)</td>
<td>38 (41)</td>
<td>-- (12)</td>
<td></td>
</tr>
</tbody>
</table>

* In 1942, the Conservative party changed its name to the "Progressive-Conservative" Party.

1. Government of Saskatchewan, Regina, Files of the Chief Electoral Officer.

that if the issue had helped the government it was in that it "made a few of our own people angry and they went out and worked a little harder. I think that a lot of people who had supported us, but never really had been active, came out of the bushes and took a stand. But, in so far as the floating, uncommitted vote is concerned, we lost quite a bit over it."¹ If Douglas is to be taken at his word, then the 1960 election was not a mandate. Courtney feels, however, that by "making the choice to campaign against the doctors, the CCF may well have brought about its return to power on a minority vote."²

The question of whether or not the 1960 election, based at least partly on the medical care issue, represents "popular demand" for the issue as interpreted by Lipset is not easy to determine. It seems reasonable not to equate "popular demand" with "mandate." The Toronto Daily Star felt that Premier Douglas did have a mandate to proceed with the medicare in the 1960 election results.³ Professor Courtney states that it would "appear senseless to argue one way or the other regarding the nature of the Government's 'mandate'."⁴ The CCF received 40.8 per cent of the vote. Further, the Liberals and Conservatives had

¹Ibid., p. 95. ²Ibid., p. 98
⁴Ibid., p. 100.
hedged on the issue of socialized medicine and there was no reason to believe that they might not have implemented it themselves sometime in future. Many voters may have wished to see the CCF returned to power but not necessarily because of socialized medicine. Courtney concludes that the election statistics do not necessarily indicate a "precise" degree of preference for socialized medicine. "What they do represent is an indication of the CCF's popularity in Saskatchewan as of June 8, 1960. Nothing more can be read into them."¹

If the "mandate" concept is indeed valid, it is most interesting to note a "two-way" by-election held in Turtleford constituency where the 1960 election results had been nullified because of suspected irregularities. In June of 1960 only 12 votes separated the winning CCF candidate Robert Woof from Liberal Frank Foley. In the by-election held on February 22, 1961, in a two-way electoral contest, the Liberal candidate won 3,126 votes as opposed to the CCF's 2,517.

It seems reasonable to assume that "popular demand" for an issue is not necessarily equated with a given party's success at the polls. In democratic terms, it may well be that an electoral victory does provide a party with a go-ahead for specific programs although this same party can go ahead with any other programs which it may

¹Ibid., p. 101.
or may not have included in the election platform.

This chapter has outlined the historical development of various programs in Saskatchewan which had been designed to eliminate or reduce direct personal cost to individuals resulting from medical attention. Since all residents of the province were eligible for hospitalization without direct cost and since two out of every three persons in the province were in possession of a mechanism for prepayment of their physicians' fees, a state of relative satisfaction existed. In addition, it is difficult to find evidence in the press of the day of a demand for the extension of health prepayment services in Saskatchewan in the late 1950's.
CHAPTER III
FACTORS INFLUENCING THE INTRODUCTION OF A
GOVERNMENT-OPERATED MEDICAL CARE PLAN
IN SASKATCHEWAN

The foregoing chapter traced the development of medical insurance programs in Saskatchewan. The suggestion is made that the success of these programs had provided a good proportion of the population with insurance against the cost of physicians' services. These facts suggest that the success of these ventures had provided the population with a good measure of protection against medical costs. Because of the foregoing fact it is difficult to find evidence that there was a popular grass roots demand for the extension of medical insurance in Saskatchewan in the late 1950's. This chapter indicates several reasons which may have been instrumental in motivating the CCF Government to institute a complete comprehensive compulsory medical care scheme at that point in time.

Seymour Martin Lipset seeks reasons for the introduction of the medical care scheme. "Perhaps the most intriguing question . . . in the history of the Saskatchewan CCF as a government, is why it decided after eighteen years in office to bring in the highly
controversial medicare program."¹ He decides that to a
certain extent the innovation could be related to the
gradual loss of strength of the CCF and that party leaders
"felt the need to find an issue around which they could
rally their increasingly apathetic supporters." Lipset
indicates that this did not seem to work and, in fact, may
have "stirred those who traditionally supported the CCF."
Interesting also is his thesis that the medicare issue
"permitted the CCF to go out of office in a blaze of glory,
and gave the party a national issue with which the more
deprived segments of the Canadian population could
identify."²

John W. Bennett and Cynthia Krueger lend credence
to the theory that medicare was not inspired by an ideo-
logical demand of the grass roots supporters for that
reform. They note that "regardless of the ideology formu-
lated by the party leaders, the grass roots supporters
of the CCF were concerned primarily with specific grievances
and the particular reforms sought as remedies."³ The
remedy which the people sought was freedom from doctors' bills by one method or another. They were not particularly
concerned with the type of program which would relieve them
of doctors' bills.

¹Lipset, Agrarian Socialism, p. xxi. ²Ibid. ³John W. Bennett and Cynthia Krueger, "Agrarian
Pragmatism and Radical Politics," in Lipset, Agrarian
Socialism, Part II, p. 348.
A major motivating factor was finances. It may be argued that for the first time in the history of the province it had become financially possible for the province to undertake a scheme of such magnitude. It can be shown, for example, that the average weekly wage in manufacturing rose from $56.00 and $53.00 in Regina and Saskatoon in 1952 to $74.00 and $66.00 per week in the same two cities by 1958. These wages compared favorably with those prevailing in other Canadian cities of roughly comparable population and type; Winnipeg, Manitoba and London, Ontario. In fact, between 1952 and 1958 wages in manufacturing in Regina and Saskatoon had pulled well ahead of those prevailing in Winnipeg and London (see Table 7). It can be seriously questioned as to whether or not the economy of the province could have, without major difficulty, supported medicare before the late 1950's.

An outstanding factor to consider in the timing of the introduction of medicare in Saskatchewan was the increased funds made available to the provincial authorities by a new federal policy. In 1957, new federal legislation provided for federal sharing of costs incurred by provincial hospitalization schemes. This additional money from the federal treasury was a most important factor in making the introduction of the medical care program possible at that time. From the inception of the Saskatchewan Hospital Services Plan until the federal government began to provide funds for hospitalization in 1958, the CCF Government of
### Table 7
Average Weekly Wages in Manufacturing in Four Canadian Centres

<table>
<thead>
<tr>
<th>Industry</th>
<th>Area</th>
<th>Average Weekly Wages and Salaries 1952</th>
<th>Average Weekly Wages and Salaries 1958</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturing</td>
<td>Regina</td>
<td>56.65</td>
<td>74.15</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>Saskatoon</td>
<td>53.90</td>
<td>66.35</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>Winnipeg</td>
<td>51.97</td>
<td>60.82</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>London</td>
<td>56.36</td>
<td>64.77</td>
</tr>
</tbody>
</table>


Saskatchewan had financed the costly hospitalization scheme from its own resources. In 1957, the Dominion Parliament enacted legislation providing assistance to provinces for universal hospital care insurance. As of 1958, the provinces could claim support from the federal government amounting to approximately one half of the cost of any provincial plan providing general hospital care to the whole population. When this act took effect in 1958, Saskatchewan began to receive a portion of its hospitalization revenue from the federal scheme. It was this infusion of extra health dollars into the Saskatchewan economy which "permitted the province of Saskatchewan to attempt to move further into the field of socialized medicine. Without the federal hospitalization grants, then, it is
possible that the provincial government would not have been in a position to propose the adoption of socialized medicine at the time of the 1960 provincial election. ¹

The Saskatchewan provincial budgets for this period reflect the infusion of this capital from the federal treasury. Since Saskatchewan's hospitalization scheme (in contradistinction to most other Canadian provinces), was in operation at that time, Saskatchewan received a sudden rather than piecemeal addition to its budget from the federal health sharing grants (see Table 8). In 1955, the so-called federal health grants amounted to $4,305,000. By 1958 these were $9,006,000 and by 1959, $16,528,000, of which $7,440,000 was made up from grants for hospitalization under the new federal costs sharing plan for hospital care. (Figures are shown in the 1959 budget because the fiscal year ends March 31, 1959).

Table 9 shows the net general expenditure for health services in Saskatchewan over a period from 1955 to 1959. During this time the total health budget rose from $33,000,000 in 1955 to $39,000,000 in 1959. The hospital care program consumed the great bulk of the public health budget. In 1955 the amount was $29,000,000 and by 1958 it had risen to $33,000,000. However, the budget for hospitalization from 1958 to 1959 remained

Table 8

Specified Amounts of Money Received by the Government of Saskatchewan.
Fiscal Year Ending March 31 of Year specified (thousands of dollars)

<table>
<thead>
<tr>
<th></th>
<th>1955</th>
<th>1958</th>
<th>1959</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taxes</td>
<td>40,292</td>
<td>50,500</td>
<td>53,220</td>
</tr>
<tr>
<td>Federal-Provincial Tax Sharing</td>
<td>26,646</td>
<td>33,071</td>
<td>34,261</td>
</tr>
<tr>
<td>Special Federal Grants</td>
<td>4,305</td>
<td>9,006</td>
<td>16,528</td>
</tr>
<tr>
<td>Amount of Special Grants for Hospitalization</td>
<td>Nil</td>
<td>Nil</td>
<td>7,440</td>
</tr>
</tbody>
</table>


relatively consistent as did the general budget for health care. Table 8 makes it apparent that special federal grants to the province of Saskatchewan had been boosted by $7.4 million in the budget year ending March 31, 1959. The Government of Saskatchewan thus had a surplus of money available for use in the health field. It can be argued that the Government was now in a relatively good position to allocate more money to the health field and to bring in the long spoken of medicare plan. The conclusion might be drawn that a very major factor in the circumstances surrounding the decision to proceed with the medicare scheme in Saskatchewan was the federal legislation designed to
<table>
<thead>
<tr>
<th></th>
<th>1955</th>
<th>1958</th>
<th>1959</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Health^a</td>
<td>411</td>
<td>463</td>
<td>500</td>
</tr>
<tr>
<td>Public Health</td>
<td>2,010</td>
<td>2,738</td>
<td>3,152</td>
</tr>
<tr>
<td>Medical and Dental</td>
<td>1,448</td>
<td>1,848</td>
<td>2,319</td>
</tr>
<tr>
<td>Hospital Care</td>
<td>29,157</td>
<td>33,724</td>
<td>33,301</td>
</tr>
<tr>
<td>Total Health</td>
<td>33,026</td>
<td>38,773</td>
<td>39,272</td>
</tr>
</tbody>
</table>

^aFigures in 1955 include Ordinary and Capital costs added together. In 1958 these were not differentiated.


Mr. Douglas, speaking in Birch Hills, Saskatchewan, on April 25, 1959, announced definitely that he was planning the development of a medical care plan for Saskatchewan. This may have been the first time since he had assumed the premiership in 1944 that he was financially able to make his long awaited announcement. It was quite likely that 1959 was the first time which Mr. Douglas could see that the province was able to assume the financial load of a medicare scheme. Financing the plan was still not to be

---

^1Canadian Medical Association, Saskatchewan Division, College of Physicians and Surgeons of Saskatchewan, Newsletter, Vol. 2, No. 8, April 24, 1962.
easy. In October 1961, the Provincial Treasurer, Woodrow Lloyd, announced that there would be increases in income and corporation taxes, an increase in the sales tax from 3 per cent to 5 per cent, and that there would be personal premiums to finance the medical care plan. He indicated that these four sources would raise the estimated $22 million needed annually for the medicare scheme. ¹ Many argue that a medicare program simply diverts money from the private to the public sector of the economy. Even if this is true, the problem of the mechanism of this diversion remains.

The federal government's entry into hospitalization would perhaps not have been a sufficient stimulus for the introduction of the medicare scheme if the economy of Saskatchewan had not been relatively buoyant in the late fifties and if the provincial finances had not been in good condition. The Financial Post noted that Saskatchewan had a surplus of $4.5 millions for the 1954-55 fiscal year despite the $5 millions increase in expenditures for education, public health and social welfare over the previous year. ² The article noted that although revenues from the 1954-55 period had shown a slight decline from the previous year reflecting the poor crop conditions of 1954, increases in the Dominion-Provincial Tax Agreement of ($1.4 millions) from motor licenses ($300,000) and gasoline tax ($400,000) offset losses. ³ By 1959 the Financial Post had noted that

¹Saskatoon Star Phoenix, October 20, 1961.
²The Financial Post, January 14, 1956, 50:24
³Ibid.
the "change in Saskatchewan's economy—from rural to urban—is behind most of the changes in the province's record 1957-58 budget. In spending a total of nearly $176 million (up 20.9% from the year just ending) Saskatchewan's CCF government is putting new emphasis on diversified industrial urban development."¹ The Provincial Treasurer, Mr. C. M. Fines, had predicted record budgetary expenditures and revenues for 1957-58 (see Table 10). By November of 1957, the budgetary situation of Saskatchewan had become even more optimistic. The budgetary revenues were $83.8 million to November 17, 1957, compared with $73.8 million in the same period last year. The Provincial Treasurer announced that a healthy increase had come from increased revenues from oil which had reached 12.2 million that year compared with 8.3 million the previous year.² The province had been able to reduce its net debt by $9.1 million dollars to $66.8 million "amounting to 6.8% of the personal income for the year, compared with 25% in 1946-47 and 66% in 1939-40."³

By March of 1958, it was announced that in the fiscal year beginning April 1, expenditures would be up nearly $19 million over the 1957-58 budget "assuming a $5.3 million federal reimbursement expected under the proposed national health insurance program."⁴ The article

¹The Financial Post, March 16, 1957, 51:52
²Ibid., November 30, 1957, 51:25. ³Ibid.
⁴Ibid., March 8, 1958, 52:19.
also noted that Saskatchewan's net debt had "been reduced to $31,861,025 at December 31, 1957." Operations of the coming fiscal year were expected to reduce it by a further $1,542,770. The budgetary situation in Saskatchewan continued to improve in the late fifties. By March 7, 1959, C. M. Fines was able to produce a budgetary surplus of $13,166,511 despite 33.3 million dollars for hospital costs.

Table 10

<table>
<thead>
<tr>
<th>Estimated Record Expenditures and Revenues.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saskatchewan Government</td>
</tr>
<tr>
<td>1956-57 and 1957-58</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Estimated Expenditures</th>
<th>1957-58 ($000)</th>
<th>1956-57</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health</td>
<td>27,671</td>
<td>23,793</td>
</tr>
<tr>
<td>Education</td>
<td>22,334</td>
<td>17,278</td>
</tr>
<tr>
<td>H'way &amp; transportation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ordinary</td>
<td>8,500</td>
<td>7,725</td>
</tr>
<tr>
<td>Capital</td>
<td>14,000</td>
<td>12,000</td>
</tr>
<tr>
<td>Social Welfare &amp; rehabiliation</td>
<td>11,867</td>
<td>10,196</td>
</tr>
<tr>
<td>Treasury</td>
<td>4,738</td>
<td>4,644</td>
</tr>
<tr>
<td>Public Works:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ordinary</td>
<td>1,996</td>
<td>1,844</td>
</tr>
<tr>
<td>Capital</td>
<td>4,500</td>
<td>5,000</td>
</tr>
<tr>
<td>Municipal Road Assistance Authority</td>
<td>3,900</td>
<td>2,325</td>
</tr>
<tr>
<td>Agriculture:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ordinary</td>
<td>3,338</td>
<td>3,027</td>
</tr>
<tr>
<td>Capital</td>
<td>1,720</td>
<td>2,000</td>
</tr>
</tbody>
</table>

1Ibid. 2Ibid., March 7, 1959, 53:3
Table 10—Continued.*

Estimated Expenditures

<table>
<thead>
<tr>
<th></th>
<th>1957-58 (000)</th>
<th>1956-57</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural resources:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ordinary</td>
<td>3,008</td>
<td>2,731</td>
</tr>
<tr>
<td>Capital</td>
<td>500</td>
<td>399</td>
</tr>
<tr>
<td>Attorney-general</td>
<td>2,398</td>
<td>2,208</td>
</tr>
<tr>
<td>Mineral resources</td>
<td>1,106</td>
<td>877</td>
</tr>
<tr>
<td>Municipal affairs</td>
<td>966</td>
<td>801</td>
</tr>
</tbody>
</table>

Estimated Revenue

<table>
<thead>
<tr>
<th></th>
<th>1957-58</th>
<th>1956-57</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treasury</td>
<td>89,002</td>
<td>78,985</td>
</tr>
<tr>
<td>Mineral resources:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ordinary</td>
<td>13,732</td>
<td>10,540</td>
</tr>
<tr>
<td>Nonrecurring</td>
<td>7,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Natural resources</td>
<td>2,131</td>
<td>2,028</td>
</tr>
<tr>
<td>H'ways &amp; transportation:</td>
<td>78</td>
<td>165</td>
</tr>
<tr>
<td>Ordinary</td>
<td>1,665</td>
<td>195</td>
</tr>
<tr>
<td>Attorney-general</td>
<td>1,327</td>
<td>1,292</td>
</tr>
<tr>
<td>Agriculture</td>
<td>1,193</td>
<td>1,190</td>
</tr>
<tr>
<td>Public health</td>
<td>729</td>
<td>669</td>
</tr>
</tbody>
</table>


*This table has been included to show where spending for health measures fit into the provincial budget. In both years Public Health easily topped the list. The introduction of a medical care scheme would add about $22 million to the already large proportion being spent on health.
In April of 1958, *Western Business and Industry* noted that provincial expenditures and revenues had set a new record throughout the year, despite the spending of $4 million for construction at the University of Saskatchewan and "almost $50 million" for health and welfare and the payment of about $42 million in assistance to local governments.¹ By the end of the decade the gross revenues of the Saskatchewan Government increased from $112,465,000 in 1955 to $171,863,000 in 1959, while total gross expenditures increased from $117,284,000 to only $167,967,000 (see Table 11). With a solid financial base it was now becoming possible for the province to introduce the medicare scheme without resorting to measures which might worry the depression-conscious farmers.

It is tempting to agree with Mr. Douglas' statement that financial considerations were most important in implementing the medicare program at that time. It is worth remembering, however, that during this period he was being accused of political opportunism in introducing the medicare scheme and he would likely be quite anxious to attempt to find other answers for that reason. Another accusation which Mr. Douglas must have been anxious to avoid was that of over-taxing from the mid to the late 1950's. Nonetheless, in the absence of a healthy budgetary situation, it is less likely that he could have introduced the scheme under any circumstances. For the purposes

¹ *Western Business and Industry*, Vol. 32, No. 4, April 1958, p. 36.
of this discussion it is worth noting again that the vital factor in Lipset's thesis, "popular demand," was not an outstanding consideration at this time. Applied to Easton's model this means that a large amount of "inputs" in the form of demands for the measure were not going into the "machine."

Table 11

Total Revenue and Expenses for the Government of Saskatchewan
Fiscal Year Ending March 31 of Year Specified*
(Thousands of Dollars)a

<table>
<thead>
<tr>
<th></th>
<th>1955</th>
<th>1957</th>
<th>1958</th>
<th>1959</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Gross</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td>112,465</td>
<td>137,271</td>
<td>155,723</td>
<td>171,863</td>
</tr>
<tr>
<td>Total Gross</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenditure</td>
<td>117,284</td>
<td>137,170</td>
<td>144,111</td>
<td>167,967</td>
</tr>
</tbody>
</table>

* Figures of total gross expenditure are exclusive of debt retirement in each case.


Political factors may also have been influential in the introduction of medicare at that time. The CCF leaders must surely have recognized that a working medicare program in Saskatchewan would be advantageous for Premier Douglas' assumption of the leadership of the New Democratic Party following its anticipated formation in 1961 in Regina, and its entrance into its first federal election campaign which could be expected in 1962. The
introduction and implementation of the medical care program in Saskatchewan correspond closely in time with the birth of the New Democratic Party and the selection of Mr. Douglas as its leader. It may be suggested that the new party's needs could have been an important factor in the conception and the speed of implementation of the medical care plan. Premier Douglas did press for a more rapid facilitation of medicare and often this apparent haste seemed to correlate closely with the development of the new party.

Seymour Lipset seems to agree with this concept for he states that medicare "gave the party a national issue with which the more deprived segments of the Canadian population could identify." ¹ E. A. Tollefson appears to sense the Government's feeling of urgency about the plan when he notes that the reason the medicare bill was not referred to the Council of the College of Physicians and Surgeons "for criticism as to detail before it was introduced in the Legislature by Mr. Erb on October 13, 1961" was that the Government felt it would "only result in further delay."² Tollefson states that "events were to show that tactically they made a grave mistake in not first receiving the comments of the College on the proposed legislation, for the College interpreted this

¹ Lipset, p. xxi.
omission as further evidence that the Government had a
callous disregard for the opinion of the medical pro-
ession.\textsuperscript{1}

There is further evidence that Premier Douglas
was anxious to facilitate the implementation of the med-
ical care plan at the same time that the new party was
being formed. Speaking in Medicine Hat, Alberta, on
January 17, 1961, in support of a new party candidate
in an Alberta provincial by-election, Douglas made the
announcement that a special session of the Legislature
would likely be held to create the medicare act as soon
as the Thompson Committee had concluded its study.\textsuperscript{2} Why
would a special session of the Legislature be necessary?
Was Mr. Douglas using the proposed medicare scheme as a
trump card in his bid for the leadership of the new
party? Late in January when asked at a Citizen's Forum
in Regina if he would lead the new party he noted that he
"would go wherever the movement thinks I can make my best
contribution," and then he quipped: "Like the old maid
said, nobody asked me."\textsuperscript{3} Only three days following this,
on January 25th, the CCF National House Leader, Hazen
Argue, announced that he would seek the leadership of the
new party whether or not Mr. Douglas was a candidate;\textsuperscript{4} and
on the same day, David Lewis, National President of the

\textsuperscript{1}\textit{Ibid.}, p. 64.  \textsuperscript{2}Regina Leader Post, January 18, 1961.
CCF, said that he hoped that Douglas would get unanimous support for the leadership of the new party.¹ When Mr. Douglas was asked to comment on the way the leadership situation was developing he stated that "in terms of the movement as a whole, I can be of more use to carry out the program here in Saskatchewan,"² indicating how important he felt the medical care program was.

There is a correlation in time between the leadership convention which the new party had slated for August 3rd and Mr. Douglas' efforts to speed the implementation of the medicare program. On May 25, 1961, Mr. Douglas said he would lead the new party if they wanted him to do so.³ On June 8, 1961, Dr. W. P. Thompson, Chairman of the Advisory Committee on Medical Care, was asked for an interim report from the Advisory Committee which was to be devoted chiefly to a plan for medical care insurance, leaving out the other aspects of the report for the time being.⁴ One could point to this as a changing in the terms of reference of the Committee which had hoped that this "advice will be given, I believe, only after the Committee has been able to make a thorough study of all the diverse issues involved."⁵ The Saskatoon Star Phoenix picked up this

¹Ibid. ²Ibid., January 30, 1961. ³Ibid., May 26, 1961. ⁴Final Report of the Advisory Planning Committee on Medical Care to the Government of Saskatchewan, p. 5. ⁵Brief to the Advisory Planning Committee by the College of Physicians and Surgeons, p. 5.
theme in an editorial on June 12, 1961, which accused Mr. Douglas of enhancing his leadership prospects by the fact that he could bring the new party "a ready-made issue for the impending federal election—a national medical scheme."

"Perhaps this consideration prompts the almost desperate haste with which the government is trying to bring the medical plan into being." ¹ The editorial also noted that Health Minister Walter Erb had promised that "the committee will want to place its recommendations before the Government only after a complete and comprehensive study of the many problems involved." ² On June 28, 1961, Mr. Douglas announced that he would resign as Premier of Saskatchewan in November if the founding convention of the new party chose him as its new leader. But he was adamant that before leaving Saskatchewan he would preside over the birth of the province's medical care program.³

Following his resignation from the Cabinet early in May, 1962, Mr. Erb made statements which further implicated Mr. Douglas. Mr. Erb noted that early in the summer of 1961 Premier Douglas had urged him to set up the administrative machinery for the medical care plan and to look around for a commission chairman and members to serve on the commission. Mr. Erb claimed that at that time he "pointed out to him [Douglas] this would be difficult to do

in view of the fact we had not yet received the recommenda-
tions from the Thompson committee which presumably would 
set out the kind of administrative set up that would be 
required."  

Mr. Erb's confession continues:

A week or so after this while I was in 
Toronto addressing a meeting of the American 
College of Apothecaries, I received a call 
from Mr. Douglas from Regina, at which time 
he gave me a first-class dressing down for 
not having taken the action he requested, 
saying if my officials were unable to do this, 
he would get people who could.

Early in August he began pressing me 
for the report from the committee. He asked 
me, and I agreed, to write a letter to Dr. 
Thompson urging him to expedite the report. 
This I might say I felt was highly irregular.

Mr. Erb goes on to say that he was informed that 
the Committee's report would be available at the end of 
September. However, early in September, after Mr. Douglas 
had become the Leader of the New Democratic Party, he asked 
Mr. Erb to have his officials prepare legislation setting 
up a medical plan.

I again pointed out to Mr. Douglas that 
this would be difficult to do in that we had 
no way of knowing what the recommendations 
of the Thompson committee would be, since I 
expected the legislation would have to be 
based on these recommendations.

He replied, saying: 'To hell with the 
Thompson committee. Your people in the depart-
ment know what we want.'

I did not begin to have the legislation 
prepared until at least firm parts of the interim 
report were made available.

\(^{1}\) Ibid., May 5, 1962.  
\(^{2}\) Ibid.
Ever since the Thompson committee was set up in April 1960, and until its report was presented, [September 1961] both Mr. Douglas and I stated in the legislature and outside it that the government had no preconceived plan; that we would await the recommendations of the Thompson committee.¹

Mr. Erb completes his note by making the implication that Douglas' haste was dictated by the political developments surrounding the new party. Mr. Erb said that in his view it was a "complete lack of political integrity, and my failure to carry out his orders which were obviously dictated by extreme impatience, for reasons everyone knows, put me in his displeasure."²

Mr. T. C. Douglas had no trouble winning the leadership of the New Democratic Party on August 3, 1961. The founding convention of that party chose him as their leader with a margin of 1,391 over Hazen Argue's 380 votes.³

Only thirteen days after the leadership convention, Mr. Douglas announced that a Special Session of the Saskatchewan Legislature would open on Wednesday, October 11, to deal with the prepaid medical care plan that would be coming into effect in 1962. At this time the Government did not have the interim report and was not to get it until two weeks prior to the Special Session.

On September 27, 1961, the Saskatoon Star Phoenix noted that Dr. W. P. Thompson, Chairman of the Advisory Committee had indicated that the report was ready but was still secret and that it would be given to Health Minister Walter Erb that afternoon. However, that same afternoon, Mr. Douglas leaked the details of the new plan to Nigel Dunn of the Toronto Daily Star which headlined "SASKATCHEWAN MEDICAL CARE 'TO COVER ALL'.":

Dr. Thompson stated that he was "extremely surprised" that Premier T. C. Douglas gave details of the Report on Wednesday to the Toronto Daily Star while the contents of the Report were not made public in Saskatchewan until Thursday.

When the Special Session of the Saskatchewan Legislature was called to approve the Medical Care Insurance Act, the Liberals accused Mr. Douglas of using the medical care issue to advance the fortunes of the new party.

Can you picture Dr. Thompson galloping down the road towards the goal of an interim report with Premier Douglas chasing after him with a pitch fork labelled 'political expediency' jabbing him and saying 'Faster, doctor, faster, John (Diefenbaker) might call a fall election'?  

---

1. Ibid., September 27, 1961.
4. Regina Leader Post, October 11, 1961. Stated by Mr. Snedker in the Saskatchewan Legislature during the Special Session to create the medicare act.
Premier Douglas resigned as Premier of Saskatchewan on November 7, 1961. In the ensuing June 1962 federal election, Mr. Douglas leaned heavily on the medical care issue in Saskatchewan and, of course, the medical care issue was the outstanding issue in Saskatchewan during that federal election. The New Democratic Party failed to win a seat in Saskatchewan, and Mr. Douglas was defeated in his constituency in Regina by Conservative Ken More.

This chapter has attempted to point out why the medicare scheme was announced in 1959, made an issue in the 1960 provincial election in Saskatchewan and developed to its conclusion by 1962. Certainly the need to fire enthusiasm into the party must have been a factor. The fact that medicare had been promised by the CCF almost twenty years previously is important as well. Of outstanding consideration must be the fact that the federal government's sharing, in 1958, of the costs of the burdensome Saskatchewan Hospital Services Plan, and the healthy Saskatchewan budget by 1959, made medicare financially feasible. Another possible influencing factor for the initiation of medicare at that time was that it gave Mr. T. C. Douglas a bonanza to take to the founding and leadership convention of the new party in August of 1961, and a plum for the New Democratic Party to present to the Canadian electorate in that party's first Dominion election which was anticipated for, and occurred, in 1962.

---

The so-called popular demand which Lipset claims is necessary for a reform party to have to bolster its position in the face of strong opposition is not easy to find because the population was relatively satisfied with its level of medical expenses insurance. If we apply this to Easton's model, we might say that the "output" would exceed the "inputs" of the political machine since a strong demand for the measure was not in existence.
CHAPTER IV

A PERIOD OF STRIFE: THE DOCTORS AND THEIR SUPPORTERS

AS A POWERFUL OPPOSITION TO THE

MEDICARE PROGRAM

A reform government in a democratic system is limited in the reform which can be instituted successfully* in the face of powerful opposition by the amount of organized popular demand for change. This chapter examines the powerful opposition by exploring the manner in which the medical profession opposed the introduction of the scheme, the forces it was able to mobilize and the social dislocation which occurred. The fact that the doctors were able to gain and retain such massive support in the population is evidence of the power which the profession held. The "Keep Our Doctors Committees" (KOD), which became so massive, had a leadership which, as Mr. Ahmed M. Mohamed describes, came from the "business and professional men." ¹

*Successful is taken to mean retaining political power after the next election.

Mr. Mohamed concluded that "the Committee was, to say the least, a useful tool to the opponents of the Government."1 Therefore, an examination of the conflict is necessary to demonstrate the tremendous forces which this "powerful opposition" was able to muster and to use in its confrontation with the Government of Saskatchewan.

John C. Courtney concludes that the doctors made a mistake in fighting the CCF Government in the 1960 election over the medicare issue. He states that "it did not take long for the CCF to learn the benefits that could be reaped from a fight with the medical profession."2 On the other hand, Douglas is quoted as saying that "if anything, the intervention of the doctors in the campaign lost us some support." In fact, Mr. Douglas is reported to have said that in the 1960 election the medical profession was able to frighten many people into voting against the Government. He did conclude that "in so far as the floating, uncommitted vote is concerned, we lost quite a bit over it."3 If Mr. Douglas felt that the relatively minor medicare issue of the 1960 election had lost his party votes it is certainly reasonable to suggest that the serious conflict which occurred in 1962 could cause the loss of many more votes in the 1964 election.

1 Ibid., p. 206.

2 Courtney, "Socialized Medicine As An Issue," p. 89.

3 Ibid., p. 95.
Following the loss of the 1960 provincial election, the doctors girded themselves for a fight and began to organize in a far more effective manner. Organizational "cells" were formed, methods of action were improved upon and better methods of dealing with the public media were established. An initial tactic adopted by the medical profession was simply not to recognize the Medical Care Insurance Act once it had been enacted. Because of this, they refused to have anything to do with the changes proposed by the Government. Late in 1961, the new Health Minister, Mr. W. G. Davies, began to scout about for members to fill vacancies on the Medical Care Insurance Commission which was to administer the proposed scheme. He asked the College of Physicians and Surgeons to appoint two members to the Commission. The doctors took the attitude that they could not appoint members to a Commission to administer an Act of which they would have no part. They stated publicly in December that the Medical Care Insurance Act was unacceptable and that therefore members could not be appointed to the Commission.  

Consequently, when the members of the Commission were announced on January 6, 1962, there were no representatives from the College of Physicians and Surgeons of Saskatchewan. The doctors' organization had refused to appoint members to the Commission. The medical representatives on the Commission were made up by two doctors who were later instrumental in

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1Regina Leader Post, December 28, 1961.
organizing the Community Clinics organization in Saskatchewan. They were Dr. Samuel Wolfe of the Department of Social and Preventative Medicine in the College of Medicine at the University of Saskatchewan and Dr. O. K. Hjertaas of Prince Albert.

Early in February, when overtures were made by the Medical Care Insurance Commission to the College to discuss "fears, apprehensions, and objections," the College waited a full two weeks before replying to Mr. Donald Tansley's* request. The College's reply, when it came, stated that Mr. Douglas had repeatedly promised that the College would have full participation in drawing up any medical care insurance plan. The doctors' letter indicated the dates of Mr. Douglas' statements which had stressed the doctors' viewpoint that there were "urgent needs" for a medical care program for the mentally ill, the aged and chronically ill, and the health needs of people with low incomes. The College offered co-operation in these and other areas where medical programs existed but it refused further discussion "on a plan unilaterally conceived."1

Throughout the spring of 1962 it became common knowledge among the doctors that they would simply boycott

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*Mr. Tansley was the Chairman of the Saskatchewan Medical Care Insurance Commission.

1Mr. Tansley's letter and Dr. Dalgleish's reply were both printed in the Newsletter of the Canadian Medical Association, Saskatchewan Division, College of Physicians and Surgeons of Saskatchewan, Vol. 2, No. 4, February 24, 1962.
the plan when it was to be introduced on July 1, 1962. They had decided to refuse to send bills to the Medical Care Insurance Commission and instead, to send bills to their patients directly. "Let us continue to bill our patients as in the past and we will continue to treat our patients. The Government will likely repay the patient if the patient wishes. In this way the Government will have no direct and absolute control over our professional or financial destiny." This was the reasoning of many doctors.¹

"Some of the evils of state medicine will be avoided and the necessity of the patient paying us before being reimbursed by the Government will act as an utilization fee."²³

To counteract this approach by the physicians, the Government, now headed by Woodrow Lloyd, the new Premier of Saskatchewan, on April 14, 1962, created an amendment to the Saskatchewan Medical Care Insurance Act. It stated that:

28a With respect to any matter relating to payment for an insured service provided to a beneficiary or a dependent of a beneficiary the commission is the agent of the beneficiary for all purposes . . . ⁴

¹Interviews with members of the medical profession in the spring and summer of 1962.

²Ibid.

³Dr. W. P. Thompson. Medical Care: Programs and Issues (Toronto: Clarke Irwin, 1964). Dr. Thompson approved of utilization fees.

This amendment gave the Commission the complete responsibility of any bill which a doctor might give to a patient. This meant that if a physician sent a bill to a patient that bill was not the responsibility of the patient but the responsibility of the Medical Care Insurance Commission. The doctor now felt that he had no right to bill or collect from his patient. The practicality was that the doctor could receive payment from the Government alone and this, he felt, he could not accept. It seems possible that it was this amendment of April 14, 1962, which turned the medical care issue into the medical care crisis. It welded the medical profession into a solid, cohesive, almost fanatical group, bound to defend what it considered its existence at any cost.

The issue had now taken on a new significance for a number of reasons. The basic issue was simply that the Government wanted a comprehensive compulsory medical plan and the doctors wanted a state assisted voluntary medicare plan. As argued previously, it would seem that the introduction of the medical care plan was timed to coincide with the selection of Mr. Douglas as leader of the New Democratic Party, and the entry of that party into its first national election in June of 1962. With the NDP pledged to a program of state medicine, Mr. Douglas would not have been in a position to have sanctioned a compromise for anything less in Saskatchewan than what he had originally called for. Further to this was the fact that Mr. Lloyd had in his few
short months as Premier, bound his own political success to
the viability of the scheme. With many predicting the col-
lapse of the provincial party after Mr. Douglas' entrance
into federal politics, Mr. Lloyd's only alternative was to
effect a state medical plan at all costs, make it work at
any price, and present himself to the public in two years
time for re-election with a working plan. For his own future
survival, for the success of his colleague (Mr. Douglas)
in the immediate federal election, and for the impact of
socialism on the Canada of the future, he could not effect
a compromise.

According to Lipset's thesis, Lloyd was in danger
of ultimate failure because the popular demand for medicare
was not measuring up to the opposition which the powerfully
entrenched doctors were able to engender. At this point
Mr. Lloyd was probably unable to compromise the course of
medicare. As the crisis deepened, the volume of protest
was coming to be a very significant force. The courses
of action open to Mr. Lloyd were few and the situation was
becoming complicated. The complications were not in the
least diminished by the fact that the Government and the
physicians had built up a profound distrust of each other's
intentions. The doctors, in particular, felt that they had
been duped by the Cabinet on so many previous occasions
that it was almost impossible to trust the Government's
promises. This factor became increasingly evident as the
target date of July 1, 1962, approached.
The days following the April 14th amendment introduced a sense of drama into the issue. Developments happened quickly, one upon the other, as the doctors of the province had been welded into a solid union by the heat of the amendment. On April 15th, the Swift Current and District Medical Society accused the Government of abandoning its democratic principles to obtain monopolistic control of patient, doctor and all medical services in the province. The group announced that the "unanimous feeling of the meeting was anger and disillusionment that the government could go to such lengths to abandon democratic principles." 1 Dr. Arthur D. Kelly, general secretary of the Canadian Medical Association called the April 14th amendments "a bludgeon over the heads of the medical profession." 2 At the same time it was announced in Saskatoon that an emergency meeting of the College of Physicians and Surgeons of Saskatchewan would be held in Regina on May 3rd and 4th. 3 The purpose of the meeting was to discuss "the provision of medical services by the physicians of Saskatchewan." Meanwhile, Dr. H. D. Dalgleish, President of the Saskatchewan College of Physicians and Surgeons, indicated that the profession was "more determined than ever not to practice under the Medical Care Act." 4 He urged that the people

1Saskatoon Star Phoenix, April 16, 1962.
2Regina Leader Post, April 16, 1962.
3Saskatoon Star Phoenix, April 19, 1962.
continue carrying present medical coverage, particularly through voluntary prepaid plans. The press immediately rallied to the support of the doctors and the Star Phoenix came out with an editorial quite typical of its support for the medical profession. The fact that the press seemed to reflect the doctors' position so closely was another factor of no small importance. The Star Phoenix, for example, stated:

"Politicians in the Operating Room"

The Third Session of Saskatchewan's Legislature has ended on an extremely sour note. A doubtful legacy was left by Mr. T. C. Douglas when he moved to broader national fields of politics.

The amendments to the medical care legislation, rammed through on the final day, which have greatly angered most of the doctors of Saskatchewan to the scheme, have created a feeling of deep concern throughout the province.

The government has volubly reiterated protestations that the doctors have nothing to fear from the powers conferred on the Medical Care Commission. But there is widespread concern that members of the medical profession will be placed in the position where they will be subject to dictation from this authoritative body.

If this is a pledge, the doctors have good reason to question it. It will be recalled that Mr. Douglas when initially announcing his plan for medical care, said it would not be implemented unless it was acceptable to the contracting doctors, through the organization with which they are affiliated, the Saskatchewan College of Physicians and Surgeons. This pledge has not been honored.

This is an unfortunate experience for the province of Saskatchewan. It could have been avoided. The medical care plan could still have become a wholly acceptable and operative plan, with the blessings of the doctors.
This is a matter in which the freedoms are involved. One could ask, who's next for the guillotine? This fear is concerning other groups in Saskatchewan.1

The question of "freedoms" was injected into the situation early and became a rallying cry for the forces opposing medicare. With Saskatchewan's two largest daily newspapers reflecting their views the doctors had a powerful and influential mouthpiece. Out-of-province editorial support was voiced on behalf of the doctors. For example, the Toronto Globe and Mail felt that irreparable harm might be done by the Saskatchewan conflict.

There is no question that the Saskatchewan Government has the legislative means to push through its plan and in a showdown it may be the doctors who will be losers. But irreparable harm will be done to all-important relationships between the State and the medical profession. Some doctors will probably prefer to leave the province . . .

But by its sacrifices of statemanship for political expediency, by the haste of its approach and by the bluntness of its methods, the C.C.F. Government has blazed its trail down the wrong path, a path it has left strewn with bitterness, resentment and ill-will. It will hurt the cause of those who, anywhere in Canada, now advocate government medical care.2

On April 18th, it became known that the Government was negotiating for the purchase of the Shell Oil Building3

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1Ibid., April 18, 1962.
2As reprinted in the Yorkton Enterprise, April 19, 1962.
3Saskatoon Star Phoenix, April 18, 1962.
in Regina to be used as office space for the Medical Care Insurance Commission. The same day the Regina Leader Post did a telephone survey of doctors in southern Saskatchewan. Contacting 63 doctors, it reported that 38 or approximately 60 per cent had said they would go elsewhere to practice.¹ This was given front page headline coverage. In the interval, the large amount of Government advertising, in support of the scheme, had begun. On April 17, the Leader Post carried the following advertisement:

**Saskatchewan Medical Care Plan**

**Starts July 1, 1962.**

The Saskatchewan Medical Care Plan will extend the benefits of prepaid medical care insurance to all residents of the province. Responsibility for establishing and administering the Plan is vested in a public commission—the Saskatchewan Medical Care Insurance Commission.

Objectives of the Plan are not limited to under-writing the cost of medical care. The Commission has an overriding interest in promoting improvement in the quality of medical care. This it hopes to do, in part, and through sponsoring appropriate research projects.²

Each day carried some new excitement. The Swift Current and District Medical Society "and all its members" served notice April 19th that they would break their contract with Health Region No. 1 as of July 1, 1962. These pioneers of the Swift Current Plan for prepayment by taxation and premium dropped a bombshell on the already

¹Regina Leader Post, April 18, 1962.
²Ibid., April 17, 1962.
explosive situation no doubt reflecting medical opinion throughout the province quite accurately.¹

Whereas the government has interfered in the Swift Current Health Region No. 1 Medical Plan by imposing additional taxes without the permission of the Health Region No. 1,

Whereas the government has enacted the Saskatchewan Medical Care Insurance Act, which in effect gives them control of the medical services in Health Region No. 1 and

Whereas the government has broken negotiations with the College of Physicians and Surgeons of Saskatchewan, who were authorized by the Swift Current and District Medical Society to negotiate on their behalf,

Therefore, the Swift Current and District Medical Society serve immediate notice that the previous notices of intention to cancel our contract with Health Region No. 1 as of July 1st, 1962, or the date of implementation of the Act, and,

Furthermore the Swift Current and District Medical Society as a whole, unalterably refuse to accept any direct payment from the government unless there is a proper and definite agreement between the College of Physicians and Surgeons of Saskatchewan and the government.²

¹The early and vigorous resistance of the doctors in the Swift Current Health Region was widely used by the College of Physicians and Surgeons. The College pointed out that the Swift Current doctors had worked under a regional prepaid scheme for many years and had been most co-operative. A common argument used in relation to this fact was that the doctors were not opposed to prepaid medical schemes. They claimed that the contrary was true, and pointed to their early involvement in Medical Services Incorporated (MSI) and other schemes. The College reminded the public that subsidized MSI type programs would be quite acceptable and that these subsidized private schemes could then include old people and chronically ill people who had previously been kept out of most of the voluntary schemes. The big evil which the College described was the control of the profession through a province-wide all-inclusive scheme.

²Regina Leader Post, April 19, 1962.
The same day, several Regina women were astounded by a notice they read in the window of a well known women's and children's clinic in Whitmore Park in south Regina. It read:

Due to the imminent departure of some of the doctors we regret that this office will close April 30th. We regret the discontinuance of this service to this neighborhood. The downtown office will remain open for appointments until June 30th.

Also on that day the scene was enlivened by an announcement from Ottawa that the Liberal party, then the Opposition in Parliament, had unveiled a revised and broadened health plan for adults and children on a national basis. That day was a fertile one for news as Premier Lloyd made his feelings known.

Their [the doctors'] threats to leave may or may not materialize. However, it will be useful to know how many doctors are leaving so that the government knows what numbers it should try to attract to the province. The public in general will look with a jaundiced view at this action of the doctors.

That same day, four women began circulating a petition in Regina. This action was important because their efforts were to blossom into a province-wide effort, eventually to be known as the "Keep Our Doctors Committee" (KOD). Mrs. Dorothy Cross said the ladies had begun discussing the petition during the week when doctors signified

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1 Ibid. 2 Toronto Daily Star, April 19, 1962.
3 Regina Leader Post, April 19, 1962.
4 Ibid., April 21, 1962.
their intention of leaving the province if the new plan was
to go into effect July 1st. "We contacted our family doc­
tors to see if they would look after us if the Medical
Care plan came into effect. The doctors said they wouldn't
if we were members of the Plan."¹ "We then decided to
circulate petitions because we didn't want to sit back
and have doctors leave," she said. Mrs. Cross said the
women contacted Premier W. S. Lloyd and he suggested they
circulate a petition and then present it to one of the
Regina MLA's. The MLA's were to have numerous petitions
presented to them as the KODS became, for whatever motives,
an effective anti-government propaganda agent neutralizing,
in part, the efforts of the Saskatchewan Government to
gain widespread support for its plan.

On April 21st, a Star Phoenix survey reported a
solid stand against the Government among 24 doctors con­
tacted in northern Saskatchewan communities.² The same
day, Mr. Lloyd, speaking at Perdue, Saskatchewan, charged
that the doctors and not the Government had broken off
negotiations.³ Quoting from a memorandum submitted by
College representatives at their final meeting with the
Cabinet, he said that the medical group had been the first
to state there could be no further concessions. And so the

¹This kind of fear tactic doubtlessly played a
major part in the development of the KOD organization.
The name itself is significant. Italics are mine.

²Saskatoon Star Phoenix, April 21, 1962. ³Ibid.
battle went; charges and counter charges followed one upon the other in rapid order. By April 23, the Regina petitioners had 500 names on their lists.¹ Mrs. Dorothy Cross said representatives from the surrounding towns had come to Regina over the weekend to obtain petitions from her. She predicted that new petitions would begin that day in Chamberlain, Assiniboia, Manton, Gladmer, Ogema, Radville, Ceylon, Viceroy and Wilcox.

The voluntary insurance schemes were living their last days. On April 23, it became known that Donald Tansley, Chairman of the Medical Care Insurance Commission, had been making overtures to GMS and MSI to effect "an orderly transfer of staff from your agency to ours."² Mr. Tansley's offer was rejected with the reply from MSI: "Our executive is of the opinion that MSI will continue to exist as long as there is a need for its service by the public of Saskatchewan and by the doctors of the province. In view of this, it appears pointless to arrange a meeting to discuss hiring our staff by the government plan."³

On April 24, the Commission announced the rates of payment on a fee-for-service basis at 85 per cent of the College's 1959 fees in effect April 15, 1962.⁴ In a letter dated April 21, 1962, addressed to Dr. H. D. Dalgleish, Mr. Tansley suggested a meeting not later than

¹ Regina Leader Post, April 23, 1962. ² Ibid.
³ Ibid. ⁴ Ibid., April 24, 1962.
May 7 "because of the need for early decisions on these matters." "If a meeting is not possible by that date, the Commission has little choice but to initiate the Plan on the basis outlined, and to hope that, for the future, a suitable mechanism can be established to ensure full and continuing discussion and consultation on these questions," he said. The College continued in its refusal to deal with the Commission and with its refusal to recognize the medicare legislation.

By April 25, after six days, Mrs. Dorothy Cross reported that 5,000 people in the Regina area and southern communities had signed petitions asking the Government to delay the July 1 start of the medical care plan. On the same day Mr. Douglas spoke to 1,000 supporters who had unanimously nominated him to run for Parliament in Regina City, a seat held by Progressive Conservative Ken More since 1958. Mr. Douglas made medical care an outstanding issue in his campaign. "Another group who professes to be defending freedom is the Saskatchewan College of Physicians and Surgeons," he stated. The Medical Care Act gives both doctors and patients "more freedom of choice and, in the case of doctors, greater remuneration than any other medical plan in the world." He said the doctors could

1Tollefson. Bitter Medicine, Appendix "B" p. 178.

2Regina Leader Post, April 25, 1962.

3Ibid., April 26, 1962.
retain their right to take or refuse patients and that their right to diagnose would not be interfered with. He said there was provision for the doctors to bill the patient instead of the medical care commission if they wished.

"However, the patient has the right to appeal to a third party against excessive charges and the commission will protect the patient's interests."

As the doctors were preparing for their May 3rd meeting in Regina, the Swift Current doctors, who were most used to Government medicine (admittedly at a local level), were reacting most violently.¹ A sign appearing in the window of the Carmel Medical Clinic in Swift Current stated:

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Unless agreement is reached between the present government and the Medical Profession

This Office will close as of July 1st

Member

Swift Current and District Medical Society

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¹There seemed to be a universal feeling already in April to withdraw medical services rather than to work under the medical care scheme. Many interviews with practicing doctors at the time made this abundantly clear.
On April 27th, it was announced that Premier Lloyd had asked leave to address the doctors emergency meeting in Regina.¹ That night Premier Lloyd appeared on province-wide radio and television, urging people to give the scheme a fair trial. In a question and answer type of discussion he had presented his case well and spoke earnestly:

Doctors have a fine tradition of providing service without charge to those who are unable to pay but many people feel uncomfortable in asking for and obtaining something for which they cannot pay. The result is that many persons whose resources are limited do not seek medical advice in the early stages of illness.²

The doctors remained convinced that most of Mr. Lloyd's objectives would be achieved by the doctors' plans with government subsidy. The Premier's approach was infuriating to the physicians because he seemed to leave the impression that the doctors were against any type of insurance. To the doctors, this type of clever public information campaign made the Government look better than the doctors thought it was.

As preparations for the special meeting of May 3rd were being made, it was indicated that almost every doctor's office in the province would be closed for the two day meet. An ominous but later to be well known kind of notice appeared in the Star Phoenix on April 30, 1962.

¹Saskatoon Star Phoenix, April 27, 1962.
²Regina Leader Post, April 27, 1962.
EMERGENCY
MEDICAL CARE

Thurs. and Fri., May 3rd and 4th, 1962. Your Doctor's Office will Be Closed on the Above Dates. The Saskatoon and District Medical Society announces that arrangements have been made, with the co-operation of the local hospitals, to provide emergency care on May 3rd and 4th.

A roster of Physicians and Surgeons has been set up to provide general and specialist EMERGENCY Diagnosis and Treatment.

If need arises, you should phone the Emergency Department at one of the three hospitals for further information or report directly to the Emergency Department of one of the hospitals.

City Hospital 242-6681
St. Paul's Hospital 244-7971
University Hospital 242-7641

At the same time the readers of the Moose Jaw Times read this announcement:

WE, THE DOCTORS OF MOOSE JAW,
WISH TO ADVISE OUR PATIENTS,

1. The President and the Council of the College of Physicians and Surgeons of Saskatchewan have acted entirely under our direction in the stand taken in recent discussions with Government.

2. We have always been in favor of voluntary health insurance.

3. We regret all our proposals made to this Government have been rejected.

4. The recent legislation is State Medicine, and we will not service this Act.

1Saskatoon Star Phoenix, April 30, 1962.
5. We would advise that you retain coverage in the voluntary agency of your choice.¹

Such actions by physicians in various centres were very effective in forming public opinion. The doctors' statements usually took a positive approach. The position of prestige which many physicians occupied in their communities also added to their support and thus to their power.

Meanwhile, Government information programs were attempting to counteract the doctors' campaign. A particularly good folder which had a picture of Mr. Lloyd in one corner, was signed by him and concluded as follows:

In proceeding with the establishment of the Medical Care Plan on July 1, we are again moving forward in the tradition of the Cancer program, the Hospital Plan and the Swift Current Plan. Your Government accepts the responsibility for this decision in the firm conviction that it represents the democratic will of the people of Saskatchewan.

(signed) W. S. Lloyd,
PREMIER OF SASKATCHEWAN.

The May 3rd emergency meeting was held in the Trianon Ball Room in Regina and was attended by 550 doctors from throughout Saskatchewan. Mr. Lloyd had asked, and had been given, permission to address the meeting. As the doctors were waiting for Mr. Lloyd to arrive, it was announced that the Minister of Public Works

¹Moose Jaw Times, April 28, 1962.
and former Minister of Health, Mr. J. Walter Erb, had resigned from Mr. Lloyd's Cabinet. His statement of resignation was carried in the press. Mr. Erb stated that he had resigned because he felt that:

... the medical care program be acceptable to those providing the service as well as to those receiving it. It was evident when the Medical Care Act was passed at the special session that the doctors of this province were unalterably opposed to it.

Mr. Erb said he told Mr. Lloyd, Mr. I. C. Nollet, and Mr. A. E. Blakeney:

... that it might be necessary to abandon the act and devise a plan that would be acceptable to the physicians, because not only did I feel that political integrity was involved to do otherwise but that we could ill afford the loss of any doctors from the province.

I emphasized too that in my opinion, the doctors were not bluffing. It is apparent from the stand they now have taken that they are not, indeed, doing so.¹

Mr. Erb's resignation at this crucial time no doubt stiffened the resolve of the doctors. Rumors of an imminent Cabinet collapse and collapse of the Government were rampant. Many of the doctors and their supporters actually felt the Government might fall on the issue.

Mr. Lloyd was politely, although coldly, received. The Premier pleaded for a solid hour to give the plan "a fair trial." Three outbursts of laughter and hissing interrupted Mr. Lloyd's hour-long address to the doctors.²

¹Regina Leader Post, May 3, 1962.
In view of the nature of his audience, Mr. Lloyd held out well. He spoke in a slow steady manner but the crux of the matter remained. He said that doctors would no doubt be able to practice privately if their patients wished this, but: "if the patient goes to a doctor, wishing to take advantage of a plan, a doctor should treat him according to the procedures laid down."¹

At this juncture the doctors felt that their group was in a relatively powerful position. Public opinion was apparently on their side. Premier Lloyd did not appear to be the fighter that Mr. Douglas had been. The profession was united. The doctors' power seemed sufficiently great at this time that they likely felt the Government would have to back down before the starting day of medicare on July 1, 1962. They were in no mood to give in now.

Immediately after Mr. Lloyd's address to the meeting, Dr. Dalgleish told the Premier that he and many doctors regretted nothing new had been brought forward for discussion at the meeting.² The College president pointed out that members of the Cabinet and others had stated the view that the profession's views were represented only by a council or hierarchy. To try to prove otherwise to Mr. Lloyd, the doctors' president asked for a show of hands.

¹Saskatoon Star Phoenix, May 4, 1962.
"And so, without prior consultation of this body, I propose to give the opportunity to individual doctors to indicate personally how they feel," he said, calling for a vote. The members rose to a man in rejecting the Government scheme. One man who rose to accept, later said he had misinterpreted the question.¹ This was a good tactic for Dr. Dalgleish. It is hard to imagine how many of the doctors at the meeting could have dared to support the Government scheme.

The Emergency Meeting ended May 4 with a resolution of solidarity surely unprecedented in Saskatchewan medical history.² The decision at the close of the meeting on Friday was that only emergency medical service would be given after implementation of the Government plan July 1. The resolution reaffirmed that the doctors could not carry on normal practice if the plan as such was to be implemented, and arrangements were begun to work out an efficient emergency service for the province if no change occurred by July 1.

If there had been a crisis before in Saskatchewan, then there was now no word left to describe the feelings of the people of the province on that evening. A deep feeling of apprehension existed almost everywhere.

That same day a New Democratic Party nominating convention was held in the Bessborough Hotel in Saskatoon

¹Ibid. ²Ibid., May 5, 1962.
for the federal constituency of Saskatoon City. The Hon­
orable A. M. Nicholson, provincial Minister of Social
Welfare assured the convention that all the people of
Saskatchewan would have comprehensive medical insurance
by July 1st. He urged the doctors to "co-operate with the
law of the land."¹

Meanwhile, anxiety spread. On May 5th, it was
learned in the Regina Leader Post that the College of
Physicians and Surgeons was "alarmed" and "deeply concerned"
about information given it concerning Government plans to
control doctors.² The article stated that according to
information given the Council, the plans included pros­
cection of doctors who put signs in their offices indicat­
ing they would not serve beneficiaries under the plan. The
Council said the information, reportedly given at a meet­
ing of the Department of Public Health doctors, attended
by Health Minister Davies, Donald Tansley, Chairman of
the Medical Care Insurance Commission, and J. A. Clarkson,
Executive Director of the Commission, was brought to its
attention by persons attending the meeting. Simultaneously
Ed Whelan, CCF member of the Legislature for Regina, was
reported in the press as attacking the "impolite, irrespons­
ible and undemocratic"³ behavior of the doctors when
Premier Lloyd spoke to them. On May 7, Mr. Donald Tansley,

¹Saskatoon Star Phoenix, May 5, 1962. ²Ibid.
³Ibid.
according to the press, indicated that private practice would be possible under the Act.¹ But he added that if a patient insisted that a doctor accept both payment and the Commission's rate of payment, the doctor could not refuse.

A further factor strengthening the resolve and position of the doctors was the support they received from other Canadian newspapers. Outside editorial comment was later to become somewhat at odds with that prevailing in Saskatchewan, but at this stage editorials seemed to reflect the doctors' position prevailing in Saskatchewan.

Typical was the Vancouver Sun:

The socialists for the first time propose to conscript without option, an entire class of citizens. Obviously from the extent of the rebellion, it is without the consent of the conscripts.

This is a basic conflict in which unfortunately, the merits and possible benefits of government-financed medical services are bound to be lost and confused. It was an error in tactics for the socialists to allow this situation to arise.

It played into the hands of the more reactionary element in the medical profession. It put the doctors in the triumphant position where they merely had to sit tight to prove that while you can lead a horse to water you can't make him take out your appendix while you're doing it.

It's going to give intelligent Canadian socialists something to think about.²

As each day passed, the situation was further

¹Regina Leader Post, May 7, 1962.
²The Vancouver Sun, May 2, 1962.
enlivened and confused by the deluge of publicity associated with the now vigorous federal election campaign. The press, radio, television and ordinary conversation were dominated by the medicare issues. The New Democratic Party made the medical care issue the outstanding aspect of its federal election campaign in Saskatchewan.

As the doctors were returning from their Regina meeting, MSI was making an eleventh hour bid for viability.\(^1\) Announcing a 20 to 25 per cent increase in rates in the group contracts, MSI came out with a new range of increased benefits. These were: psychiatric treatment up to $20.00 per contract person per year; refractions for the fitting of eye glasses, one per person, per contract year; treatment of allergies; periodic health examinations, and the present two-year waiting period for chronic or congenital cases was reduced to nine months. These improvements further strengthened the hand of the doctors. They could point to the increased benefits of MSI as a further reason for the lack of need for government-operated medicare.

Even the Toronto \textit{Daily Star}, a newspaper frequently supporting the CCF-NDP, gave qualified support to the physicians. In an editorial entitled "Medical Care and Free Men," the paper stated that for:

more than half a century, The Star has been a staunch advocate of government-sponsored medical insurance for all Canadians.

But it is essential to remember that we live in a society of free men. We cannot, in any manner, restrict the right of any individual to deny his labor to any employer if the conditions of employment do not appeal to him.¹

On May 9th, Premier Lloyd again took to the radio and television on a province-wide hookup. He urged the people to "be firm and make clear"² to their own doctors that they wished the health care plan to have a fair trial.³ "I urge you not to be swayed by vague arguments that refuse to submit to detailed examination" he said, indicating that the Government would stand firm on the medical care issue. This kind of argument strikes one as being somewhat politically naive on Mr. Lloyd's part.

On May 14th, it was announced that the sale of the Medical and Dental Building in Regina was being considered.⁴ Since this building housed one of the large Regina medical clinics this kind of announcement was certain to increase apprehension in the community. It is

³In this, and many other appeals, Mr. Lloyd was asking for support from the people. This kind of grass roots support failed to materialize in significant amounts.
difficult to know whether the sale of these facilities was seriously being considered or whether this kind of announcement was a publicity ploy. Certainly many doctors were seriously considering leaving at that time. Tom Loran, writing in the *Star Phoenix* on May 16th, indicated that many doctors would solve the July 1st problem by starting their one month holiday on that date.\(^1\) By May 17th, it was announced that the decision by the College of Physicians and Surgeons not to provide any but emergency service after July 1st would mean the shut down of Saskatoon's private radiologist, x-ray, laboratory and physiotherapy services.\(^2\) About the same time, most of the practicing doctors received placards prepared by the College. In Regina some doctors said they would put up the sign immediately. Others indicated they would wait a few weeks. The sombre notice read as follows:\(^3\)

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**TO OUR PATIENTS**

This office will be closed after July 1st, 1962.

We do not intend to carry on practice under

The Saskatchewan Medical Care Insurance Act.

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\(^1\)Saskatoon *Star Phoenix*, May 16, 1962.

\(^2\)Ibid., May 17, 1962.

\(^3\)Regina *Leader Post*, May 18, 1962.
On May 18th, Ross Thatcher called for a meeting to be held after the June 18th federal election. "If Mr. Lloyd and the socialists haven't completely lost interest in the people of Saskatchewan and lost their political sense of proportion—they should consider an emergency meeting with the College of Physicians and Surgeons," Mr. Thatcher said. The consensus at this time was that for obvious political considerations Mr. Lloyd's group could not compromise until after the federal election. Many hoped that post-election talks could bring good results and they pinned their hopes on that premise.

Meanwhile, Health Minister Davies indicated that the Government could make some changes: "if amendments of this character are needed to clarify the intent and spirit of the Act and to allay legitimate professional fears about medical practice after July 1, the government would undertake that they be made at the next session of the Legislature." 2

At this point the Saskatchewan Hospital Association made its entry in what was to be an important peace-making effort. 3 It invited provincial officials and the doctors to meet with the Association in an effort to reach a settlement. Meanwhile, it was announced that initial steps

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1Saskatoon Star Phoenix, May 18, 1962.
2Regina Leader Post, May 18, 1962.
preparatory to setting up the emergency service were being taken.\textsuperscript{1} On May 21, the partners in the Prince Albert Clinic decided to dissolve their partnership as of June 30.\textsuperscript{2}

According to reports the reason for this action arose from the strong, opposing and irreconcilable views held by Dr. O. K. Hjertaas on one hand, and the remaining partners in the clinic on the other in respect to the Medical Care Act.

On May 24, thirty-seven days before the Act was to come into effect, the regulations governing it were announced.\textsuperscript{3} On the same day it was announced in Regina that over 23,500 signatures requesting delay in the Act would be given to the Government in a mass presentation.\textsuperscript{4} Meanwhile large Government notices appeared in Saskatchewan papers indicating the Act would begin July 1 and explaining in detail how this would be done.\textsuperscript{5} On May 25, Mr. Lloyd stated he would refuse to meet the mothers' delegation presenting the petitions.\textsuperscript{6} Dr. Dalgleish announced on May 27 that the College was considering provision of a hospital-based emergency service in possibly twenty centres in the province after July 1.\textsuperscript{7} All this time a deluge of medical care propaganda, conjecture, truth and myth,

\textsuperscript{1} Regina Leader Post, May 18, 1962.
\textsuperscript{2} Saskatoon Star Phoenix, May 24, 1962.
\textsuperscript{3} Regina Leader Post, May 24, 1962.
\textsuperscript{4} Ibid.  \textsuperscript{5} Ibid.  \textsuperscript{6} Ibid., May 25, 1962.
\textsuperscript{7} Ibid., May 28, 1962.
jammed the public information media.

Meanwhile, the now strong Keep Our Doctors Committee, an outgrowth of Mrs. Cross' efforts in Regina and Mrs. C. Fry's efforts in Saskatoon, had collected 40,000 signatures urging a delay in the plan. On May 30, the KOD's made their first pilgrimage to Regina as 400 automobiles from all parts of the province converged on Regina to see Mr. Lloyd, who, by this time, had agreed to meet the KODS and to receive their 40,000 signatures. As each day passed the tension increased. Charges and counter charges grew thicker as the controversy continued to rage. Doctors' offices were crowded with people seeking last minute examinations.

At this point the doctors had become most powerful. The fact that the KODS could bring 40,000 signatures to Mr. Lloyd at this early stage indicates the strength which was inherent in the doctors' position. It could be suggested that at this point Lipset's "organized popular demand" was for delaying the medical care scheme rather than for urging its adoption.

On June 5, Dr. Sam Wolfe of Saskatoon, a member of the Medical Care Commission, arrived in London, England to recruit doctors for the predicted shortage in Saskatchewan. The anxiety increased when Attorney-General Robert Walker threatened doctors with prosecution under the Criminal Code

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1Saskatoon Star Phoenix, May 29, 1962.
if they broke their contract with their patients.1 "The Criminal Code exists to protect the public from an irresponsible minority," he was reported as saying in the Star Phoenix. "If some doctors choose to put themselves in that category they cannot expect that any offences will be winked at by the enforcement authorities. The welfare of the innocent public will be protected to the full limit of the law." Some days later the Attorney-General further increased apprehensions when he was reported as declaring at Borden, Saskatchewan: "as far as the doctors are concerned, the medicare plan is really none of their business."2 He held it would not effect the relationship with their patients. At the same meeting, Mr. Walker stated: "If the government so wished, it could compel doctors to treat fish at the North Pole."3

The last three weeks of June were indescribably tense. Mr. S. Buckwold, Mayor of Saskatoon, called on the Government of Saskatchewan and the medical profession to conciliate the Medical Care Act. "The onus is on the government to provide a scheme that is acceptable to the doctors."4 On June 12, Health Minister Davies stated that the onus was on the doctors to accept the Government plan before June 30. He said that any changes or amendments to guarantee the "professional status" could be quickly

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1Ibid., June 5, 1962.  
2Ibid., June 14, 1962.  
3Ibid., June 15, 1962.  
However, he did not offer to remove what the doctors considered to be the very restrictive clauses from the Act.

As the day of the federal election (June 18) approached, events occurred rapidly. The KODS were planning another trip to Regina, but Mr. Lloyd said he would not see them. Plans were being finalized for the emergency services as no solution seemed imminent. The press was filled with advertisements by the New Democratic Party supporting the Plan and by the KODS asking for a postponement. The College stated that there would be no useful purpose in meetings with the Government unless it would be willing to repeal or rewrite substantially the medical care Act. Nonetheless, most doctors were sure that meetings would be held following the June 18 election.

All Saskatchewan political parties made the medical care dispute the overpowering issue in the campaign. On June 18, Saskatchewan voters went to the polls to cast their ballots in the 1962 federal election. Not one of the seventeen CCF-NDP candidates was elected. The former Premier of Saskatchewan, Mr. T. C. Douglas, leader of the New Democratic Party in Canada, went down to defeat in Regina City. He was beaten by a margin of 2 to 1 by Progressive Conservative Ken More.  

The doctors and their supporters interpreted the NDP defeat, including the personal defeat of Mr. Douglas, as meaning that there could be no clearer rejection of the NDP and state medicine in Saskatchewan at this time and this undoubtedly stiffened the resolve of the medical profession. The day following the federal election Dr. Dalgleish made a not unexpected announcement: "At this time we urge the government to meet with the profession on the basis that we can sit down together and bring forth a plan acceptable to all the people of the province." The next day, Dr. Samuel Wolfe of the Medical Care Insurance Commission, said that British doctors were prepared to serve in Saskatchewan temporarily if the province's doctors withdrew their services. Saskatchewan citizens were pleased when June 21 brought news that a meeting of the College and the Cabinet would take place in Regina within the next few days. However, Mr. Lloyd left no illusions about a compromise.

Dr. Dalgleish is reported as stating that the medical care insurance plan must not be implemented on July 1, 1962; that the act must be substantially re-written before it is implemented; and that the Legislature must be called to ratify any agreement which is reached.

The government does not accept these "conditions of discussion." We are still hopeful that the meeting, in conformity with our understanding, will also discuss changes in the act and regulations which will make it clear beyond any doubt that there will be no interference with doctors in making professional medical decisions; and that doctors will

1 Ibid. 2 Ibid., June 20, 1962.
have the right to provide services to persons who do not wish to be beneficiaries under the act.¹

Mr. Lloyd was unable to agree with the doctors' interpretation of the Act, that is, that it had taken all powers away from the doctors except the most technical "professional decisions" and that they could not tolerate this.

That afternoon, as Dr. Sam Landa, provincial co-ordinator of emergency services, was outlining the College's plans in Saskatoon, a new movement was announced in Prince Albert.² Dr. O. K. Hjertaas, a Medical Care Insurance Commission member, had accepted a position in the newly established Community Clinic there. The Community Clinic would employ doctors working directly under the Act and would be administered by a board of laymen on the basis of a co-operative society. This clinic was to remain open after July 1 and was to institute a publicity campaign to get members. The new movement was to initiate the most radical departure yet from the accepted pattern of practice in Saskatchewan because physicians working in the Community Clinics were at once practicing under the Act and working in a clinic administered by a lay board. Many considered the danger in this arrangement was that it might tend to bind medicine to politics in Saskatchewan.

¹Regina Leader Post, June 21, 1962.
²Saskatoon Star Phoenix, June 21, 1962.
The next day the Saskatchewan Urban Municipalities Association issued a statement overwhelmingly opposed to the medical plan in its present form. The backing of this large and powerful interest was not of insignificant importance to the position of the doctors. Here was an elected body of non-partisan nature closing ranks with the medical profession.

The position of the doctors continued to solidify as more people joined ranks supporting them. For example, Professor Otto Lang, Dean of the College of Law at the University of Saskatchewan in Saskatoon announced that:

...the commission has great economic power over all patients and doctors.

This has always been the basic defect of the medical care act and it remains such. The only sensible hope for a settlement lies in a pledge by the government to remove this discretion from the commission within six weeks by a special legislative session. With this pledge I believe the doctors would withdraw their present plan of limiting service and avert the threatened crisis. Without this pledge, all control remains.

As a private citizen, I have been rather frightened in this dispute by the sight of the government using its power and our money to lay blame upon groups of citizens. This sight of big government in action has not been reassuring.

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1 Ibid., June 22, 1962.
2 Ibid., June 29, 1962.
The first day of vital discussions between Cabinet and College ended without comment.\(^1\) Political feeling was at a maximum. All groups urged conciliation. The Rural and Urban Municipalities joined forces unanimously asking that the plan be deferred.\(^2\) Groups of doctors appeared on radio and television throughout the province. A third Anti-Care march to Regina was being planned by the Keep Our Doctors Committee.

The Cabinet and the representatives of the College of Physicians and Surgeons met for three days but were unable to reach agreement on a way to resolve the crisis. After eighteen hours of talks the negotiations were discontinued on June 25, 1962.\(^3\) Following the announcement that the crisis remained unresolved both Mr. Lloyd and Dr. Dalgleish went on radio and television to describe their positions to the population.

July 1 and the withdrawal of normal medical services gave rise to a sense of desperate quiet throughout Saskatchewan; fears were partly dispelled as the emergency service worked initially with success. The fact that the emergency service was working well was a factor which was perhaps undermining the power of the doctors as the population no doubt felt less threatened.

\(^1\)Regina \textit{Leader Post}, June 23, 1962.
The physicians were clearly in a very delicate position as a power group. A withdrawal of regular services was probably necessary to apply enough pressure to hope for a possible government capitulation. Continual threats that even the emergency service might collapse likely added to the turmoil and the power of the doctors. Yet a disintegration, complete or partial, of the emergency service, resulting in demonstrable death or suffering would undoubtedly diminish the not inconsiderable public support which the doctors were receiving. This support was without doubt in no small degree engendered by fear in the population that even essential medical services might become unavailable. Yet if this service had broken down to any significant degree the result could well have been the creation of a climate for more vigorous action by the Government and the loss of negotiating positions by the College. The game had become dangerous and the balance a tricky one indeed.

The Government supporters were adamant in their contempt for the "Doctors' Strike." The Keep Our Doctors Committee kept counteracting Government advertising, never ceasing in its call for a postponement of the plan. The

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2 See advertisements in the Regina Leader Post, June 30, 1962, and in Saskatoon Star Phoenix on the following dates: July 4, 5, 6, 7, 9, 10, 1962, for only a small sample of the advertising campaigns.
Association of Rural and Urban Municipalities kept trying for a meeting between the two sides. The Saskatchewan Hospital Association was doing everything in its power to effect an agreement after postponement of the plan. The newspapers were filled with comment of every conceivable kind.

Out-of-province newsmen filled Regina and Saskatoon. Their ignorance as to the true issues involved and their desire for headline publicity was soon reflected in newspapers across the continent. It was only in late July, as the correspondents became conversant with the Saskatchewan scene, that news coverage became less partial and more accurate.

Legal action to block the plan was initiated on July 3rd by Dr. William Cranley of Prince Albert and Dr. Malcolm Hugh MacDonald of Saskatoon. The suit asked for an interlocutory order restraining the defendants (the Saskatchewan Cabinet and T. C. Douglas) from implementing the

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1Saskatoon Star Phoenix, July 3, 1962.

2Labour - Washington, D.C.,-- July 14, 1962, "In addition to a baby who died previously for lack of medical attention, other sick persons passed away after relatives vainly searched for doctors or hospitals willing to treat them." This kind of situation simply did not exist. Wolfe and Badgley, in their book Doctors' Strike make an emotional point out of the death of a certain child. That particular case was later investigated and was found not to be the result of lack of medical facilities. No sick persons passed away while relatives looked for doctors or hospitals. This kind of newspaper commentary demonstrates how difficult it was for newspaper correspondents to understand the complexities of the issues involved.
medical care Act or from exercising any of the powers conferred under the Act. They also asked for alleged personal damages because of vicious statements made against doctors. The legal approach was largely a publicity ploy and the case never came before the courts.

By July 5th the doctor force had dropped from an initial 239 to 204 volunteers. At a press conference that morning, Dr. Sam Landa, provincial co-ordinator for emergency services said: "The situation is reaching a critical stage although we are still providing services for 35 strategically located hospitals. We are having to spread our available personnel pretty thin."\(^1\) This was an effective use of power on the part of Dr. Landa. It is difficult to know if this kind of veiled threat would lose the doctors support or cause even more anxiety and demands on the part of the public to "delay the plan." It certainly shows how desperate the situation was.

It was rumoured that 100 doctors had taken up permanent positions outside Saskatchewan. In clamoring for a settlement people tended to direct resentment against either the doctors or the Government. However as the days passed, it became increasingly apparent that the doctors continued to enjoy a good deal of support from the people of the province.\(^2\) On July 7th the imminent collapse of the

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\(^1\) Ibid., July 5, 1962.

\(^2\) Ibid., see issues dated July 4, 5, 6, 7, 9, 10, 1962, and the Regina Leader Post, July 11, 1962.
University of Saskatchewan's College of Medicine was reported and Dean R. W. Begg noted that the "students must consider very seriously their position in the coming academic year."¹ The great concern was that a large number of doctors who acted as clinical teachers in the medical school might not be available at the beginning of the fall university term.

For some days there had been a great bustle of activity in the Keep Our Doctors' headquarters as plans for a giant rally in Regina on July 11th were formed. By July 10th all plans were in readiness as the province-wide organization had planned to the last detail the arrangement of buses, cars and banners for the occasion. It was hoped that 5,000 people would congregate at the legislative grounds the next afternoon. The morning of July 11th was filled with expectation. Cars in Saskatoon lined up before leaving for Regina to receive their banners, some of which read:

"We stand with our Family Doctors"
"We're for Freedom, We Support our Family Doctor"
"Delay the Plan"

Actually many placards and slogans had been seen in Saskatoon for sometime and were seen on ever-increasing numbers of cars, store windows and private homes as support for the medical profession was becoming widespread. Many Saskatoon businesses closed down and/or allowed their

¹Saskatoon Star Phoenix, July 11, 1962.
employees to go to Regina.

That same day, doctors began arriving from Britain. Seventy in all were to come over the twenty-three day period of the dispute. Their presence provided the Government with a powerful political lever which was no doubt of some use in effecting the final settlement.

By 1.30 p.m. on July 11, the legislative grounds were jammed. In Saskatchewan, where demonstrations, banners, and public displays were uncommon, it was a substantial surge of feeling that had brought so many people great distances from their homes to protest against the plan in its present form. The signs and banners were of every conceivable size, shape, nature, and construction:

"Plan Must Satisfy All"
"Keep Our Doctors—Keep Our Freedom"
"Government Responsible for Chaos"
"Alternate Plans Ignored"
"Suspend Medicare Now"
"Moosomin Protests"

Someone carried a three foot high gallows from which one foot tall dummies of Mr. Douglas and Mr. Lloyd dangled.

While the grounds were becoming filled with travellers, an equally important development was taking place in the Opposition's Office inside the Building. In what was described as an "unprecedented move,"² a special

²Saskatoon Star Phoenix, July 11, 1962.
caucus of Liberals had announced that they would occupy their seats in the Legislature at 2:30 p.m., while the rally was going on outside, to meet Government members to discuss the "desperately critical" medical situation in the province. The message calling for a special session was delivered to Premier Lloyd's office before noon, but there was no immediate comment from the Premier.

Opposition Leader Ross Thatcher was adamant that the scheme be postponed:

Saskatchewan is facing the gravest emergency in its history. There is imminent collapse of physicians' services and the government responsible for this deteriorating situation has continued to ignore the mounting pressure of public opinion and pursue a course that can only lead to disaster.

The Lloyd government cannot ignore this unprecedented storm of protest and bitter resentment which is sweeping Saskatchewan. The government can demonstrate that it is sincerely interested in finding a way out of this impasse by joining us in the legislature this afternoon.¹

When the seventeen Liberals arrived at the Legislature the doors were locked and a clerk allegedly told Mr. Thatcher that the doors were locked on the orders of the Premier.² "We feel these were tactics one would expect to find in Russia or Cuba," Mr. Thatcher told reporters. "The Opposition had never before been locked out of the chambers in the history of Canada"³ and he proceeded to kick the doors but to no avail.⁴

¹Ibid., July 12, 1962. ²Ibid. ³Ibid. ⁴A photo of Mr. Thatcher kicking the doors of the
Mr. Herb Padwick of Regina, chairman of the KOD rally, told those assembled on the lawn of the legislative grounds that two main factors had to be considered and were being drawn to the attention of the public by the KODS. These were the decline in medical care quality if doctors left the province and the threat to everyone's freedom. Speakers from all parts of the province said the existing Medical Care Insurance Act was an infringement of freedom and said a protest must be registered to safeguard the freedom of the doctors and the citizens.¹ A Biggar, Saskatchewan, spokesman warned that the "fate faced by the doctors was also faced by every citizen as well. The handwriting is on the wall in big bold print." He also charged that temporary British doctors were in Saskatchewan "feathering their own nest" at the expense of the Saskatchewan people. One spokesman said the attitude of the government appeared to be: "We'll give you medical care even if it kills you." A Prince Albert lawyer, Clyne Harradence said: "They called it a strike--they should be ashamed of themselves. Never has a group been so maligned as the 900 Saskatchewan doctors."² He warned that the legislative chambers was widely distributed by persons backing the CCF-NDP in the 1964 provincial election. It is difficult to know whether this kind of election tactic helped or hindered Mr. Thatcher in that election.

¹Regina Leader Post, July 12, 1962.
²Saskatoon Star Phoenix, July 12, 1962.
medical care scheme was the beginning of a pattern where all people and professions could be controlled by the government.

Most revealing was the position taken by the factions supporting the doctors. The KODS wanted to "keep our doctors," to "delay the plan," and to "preserve freedom" for other members of the community. The physicians wanted certain changes in the medicare Act. For the purposes of this thesis it is worth noting that the KODS and the people whom they led and influenced made the doctors a much stronger and more "powerful opposition."

Mr. Lloyd and members of his Cabinet received a committee of the KOD group but, according to the group, they were not politely treated. They reported that Mr. Lloyd discredited Father Athol Murray who had defended the doctors vociferously, and that Mr. R. A. Walker, the Attorney-General, had asked the committee if it was "subversive." 2

No one had counted the masses at the rally and estimates were widely varied in the press reports. 3

Premier Lloyd: 2,500 to 3,000
Hans Taal: Chairman of the Saskatoon KOD Committee: 15,000
Deputy Premier J. H. Brockelbank: 2,500
Canadian Press: 4,000
Canadian Broadcasting Corporation: 5,000


2 Saskatoon Star Phoenix, July 12, 1962.

3 Ibid.
A Regina Leader-Post news editor: Under 5,000
A Star-Phoenix reporter: in excess of 5,000
Regina Police Chief Arthur G. Cookson: 12,000 to 15,000 "milling about" but 6,500 to 7,000 in front of the Legislature.
A KOD official: 30,000

Those who had hoped for some change in the situation as a result of the rally were disappointed. Mr. Lloyd held a press conference after his brief meeting with the KODS. "I really don't believe government could or should base a decision on a demonstration," he said. He estimated the crowd at about 2,500 and stated he had about as many people at a political rally earlier in the year. He intimated the gathering was politically inspired. ¹

Typical of the many and varied announcements made during the twenty-three day crisis were those publicized on July 11: it was announced that thirty British doctors were expected during the week and that the first nine had arrived; that Mayor Buckwold of Saskatoon felt a settlement was not far away; that the annual CCF-NDP Convention was to be held in Saskatoon the following week; and that half the downtown Saskatoon retail shops—fifty-two of them—had closed for the day to allow employees to go to the rally despite a boycott threat by the Saskatchewan Federation of Labor. ²

Also announced at the same time by Mr. Lloyd was that he had invited Lord Taylor, a former British Labour

¹Ibid. ²Ibid.
parliamentarian and proponent of the British health scheme, to come to Saskatchewan in an endeavor to settle the crisis. ¹

Lord Taylor, a one-time neuro-psychiatric specialist, had fathered the British National Health Service under Aneurin Bevan when the Labour Party was in power following World War Two. The College was not opposed to a mediator and repeated again that it was vital for the crisis to be solved immediately and "the most logical means to settle the dispute was to suspend operations of the act, have the doctors return to normal practice and then . . . negotiate an acceptable plan."²

Meanwhile, the Saskatoon City Council issued a strong statement:³

The council of the City of Saskatoon views with regret the disregard shown by the Government of Saskatchewan to the resolution of the joint executives of the Saskatchewan Urban Municipalities Association and the Saskatchewan Association of Rural Municipalities, a resolution endorsed unanimously by this council, requesting deferment of the implementation of the medical care act until such time as the people of this province could be assured of the previous standard of medical care.

At this stage in the dispute it is vitally important that the Government of Saskatchewan and the Saskatchewan College of Physicians and Surgeons resume negotiations. The two parties must be brought together for further discussion.

¹ Regina Leader Post, July 12, 1962.
² Saskatoon Star Phoenix, July 6, 1962.
³ Saskatoon Star Phoenix, July 10, 1962.
We therefore urge the government of Saskatchewan to temporarily suspend the provisions of the medical care act upon which we urge the doctors to resume normal practice for a cooling off period for both parties.

By mid-July, forces favorable to the Government's viewpoint became organized. This is an important fact to note with regard to the contention that there was an absence of popular support for the medicare plan. Groups supporting the doctors had been active since early May, yet support for the Government began to materialize, and then only slowly, after normal medical services in the province had been discontinued for two weeks. Initially only pro-doctor groups had been active. Now the opposite side became vocal. A good example is the announcement of the president of the Saskatchewan Federation of Labor (F. W. McLelland) which further emphasized the rift which had come to exist in Saskatchewan. He indicated his disapproval that some fifty-two private businesses in Saskatoon alone had closed for the Regina march on July 11. Most of the closed shops had displayed signs explaining they were closed in support of the protest march against the Medical Care Insurance Act. Mr. McLelland stated that lists of the shops which closed would be prepared and made known to the 28,000 members of Saskatchewan's trade unions. Plans were to urge these members and their families to refrain from patronizing the businesses listed.¹

¹Ibid.
Half a month had passed; by this time, many Government supporters indicated that the issue was not medical care at all. Insisting that the resistance of the doctors was an illegal political manoeuvre designed to topple the Government, they stated that the issue had taken on a wider significance. "It is a question of whether the democratic process operating through established parliamentary procedures shall be trusted and allowed to function," said Mr. Lloyd. The argument about the doctors' "illegal actions" was perhaps the strongest and most frequently heard from those supporting the Government's side. By this time two "sides" had, in fact, been formed and great pressures were being felt by both the Government and the doctors.

The most important advantage which the Government enjoyed was the power of its legislative potential. About this time, word came that the Government was considering removing from the College of Physicians and Surgeons the right to act as a licensing body for the province and investing it instead in a government or university agency.* Similar threats were made by the Government to the hospitals.


*The College certainly was aware of this possibility. An indication of how real a threat the College felt to its licensing privileges is the rapidity with which those doctors brought from Britain to Saskatchewan were licensed. Saskatchewan, along with some other Canadian provinces had traditionally allowed doctors from Britain to practice medicine without any qualifying examinations. The doctors who were brought by the Government to Saskatchewan during the twenty-three days of services withdrawal received their licenses promptly.
Deputy Premier Mr. J. H. Brockelbank issued a warning to hospital boards that they had better not obstruct doctors working under the medical care Act. "The provincial legislature has established the laws under which hospitals have been allowed to operate. The legislature might have to look at these laws if they are being abused," he said. (Less than two years later, a new bill would give the Government control of hospital staff appointments through a government "Appeal Board" whose decisions would be binding. This bill was withdrawn by an Act of the Saskatchewan Legislature after the Liberals gained office in 1964).

Another factor strengthening the position of the Government was the introduction of the new doctor recruits from Britain. As the first two weeks of July came to an end it became apparent that the Government was successful in attracting doctors from Britain in sufficient numbers to effectively threaten the Saskatchewan doctors' position. This was an effective move by the Government. Many Saskatchewan doctors felt that an effective deluge of doctors from Britain might conceivably replace them in the community and take over their practices, their roles in the community, and their hospital duties. The establishment of the Community Clinics organization also bolstered the Government's position. By the third week of July the plan to develop these co-operatively sponsored medical clinics was announced. It was the intention to establish branches throughout the

\[1\text{Ibid.}, \text{July 16, 1962.}\]
province using the imported doctors and practising under
the medical care plan. Some doctors feared that these
new clinics would replace their own now closed offices.
In addition, the doctors dreaded the possibility of shar­
ing hospital facilities in the future with these imported
doctors. The Community Clinics had become identified with
the CCF-NDP, the provincial Government and those forces
opposing the College. Another major factor which the Gov­
ernment had on its side was its ability to wait. The doc­
tors, on the other hand, had been without income since
July 1, since no charges were made for the emergency
services. During the twenty-three days (strike) patients
who were treated at the hospital emergency bases were
treated without charge.

The College of Physicians and Surgeons had
advantages as well. The doctors' most important assets came
from those people of Saskatchewan who supplied a flood of
material in support of the doctors. This was seen in tele­
grams, letters, editorials, statements and urgings through
the Association of Rural and Urban Municipalities, the Sask­
atchewan Hospital Association, the Chambers of Commerce,
the town and city councils, and almost every conceivable
group or organization. However, the pressure on the Gov­
ernment was less direct and certainly less immediate. The
Cabinet had a good deal of immunity and protection and
could afford to wait.

1 Ibid., July 18, 1962.
By the middle of July there were signs that the doctors were becoming anxious for a settlement. On July 14 yet another letter was sent by the College of Physicians and Surgeons to Premier Lloyd. Again the College gave a little ground in offering three specific proposals. These were:

1. Doctors return to work and simultaneously, the government suspend operation of the act;

2. That a one-month negotiating period should be sufficient to reach an agreement;

3. If agreement was reached, amendments be made at a special session of the legislature.

The proposal was rejected by Premier Lloyd because he refused to suspend operation of the Act.

An evaluation of the situation after two weeks of deadlock is important because the third week in July was about to bring the beginnings of a breakthrough. The emergency services were functioning well, although increasing numbers of dropouts were causing moderate concern as more doctors found positions elsewhere. The strength of the profession lay in its unity, its massive public support, and the continuation of a reasonably efficient emergency service. Any weakness in the doctor's side would be due to the fact that many felt the financial pinch of no income, that the many doctors who could not relocate without great financial and personal sacrifice saw no break in the

\[1\text{Ibid.}, \text{July 18, 1962.} \quad 2\text{Ibid.}\]
situation after two weeks, that increasing numbers of British imports were becoming a worry and that publicity was being given to the development of the Community Clinics organization. On these, and other grounds, many predicted an imminent settlement of the dispute.

A group called "Saskatchewan Citizens for Medical Care" was formed at this time. It was never large or influential, nor did it attract widespread support. If the volume of newspaper, radio and television advertising are any measure, this pro-medicare group must have been many times less important than its more senior counterpart—the KODS.¹

A most vital juncture of the crisis arrived with the Annual Convention of the CCF, Saskatchewan section of the New Democratic Party, which was held in Saskatoon during the third week of July. The timing of the CCF-NDP convention was fortuitous. At this time, when public opinion in Saskatchewan was so strongly in favor of "postponing the plan," it was essential that Mr. Lloyd have some form of public backing and this was certainly to be forthcoming from the convention.

On the morning of July 17, the people of Saskatchewan heaved a sigh of relief as an announcement came that Dr. Dalgleish had asked, and was given permission, to address the CCF-NDP convention on the following day. In

¹See A. M. Mohamed, "Keep Our Doctors Committees."
his address, Dr. Dalgleish stated that there had been no change in the stand of the College which called for suspension of the Act, doctors going back to work, and then negotiations. At the same time Dr. Dalgleish intimated that this contact might be valuable. It seemed apparent that the College was getting ready to relax some of its demands.

Mr. Lloyd's speech to the convention reviewed the offers that had been repeated earlier—but gave no more. He deplored that his offers had not been accepted. "The response has been negative. The resulting action has been one of boycott rather than test and protest in the way generally accepted in parliamentary democracy." ¹

When Dr. Dalgleish spoke to the CCF-NDP convention it was almost the exact antithesis of the Regina Emergency Meeting of two and one half months previous when Mr. Lloyd had stood before the defiant doctors. Few sounds were heard save the steady voice of Dr. Dalgleish. There was a brief applause at the conclusion of his speech. According to the Saskatoon Star Phoenix, "he was interrupted five times by laughter or loud murmers as he read from his 2,000 word text." ² Dr. Dalgleish had given in on an important point. He had called for a resumption of negotiations between the Cabinet and the College. Previously, he had held that the Act must be suspended to allow negotiations. This was an important concession. His basic proposals were that doctors be allowed to practice outside the Act; that a

¹Saskatoon Star Phoenix, July 18, 1962.
beneficiary would be allowed to assign to any health agency his right to payment from the Medical Care Commission; that medical services outside the Act would not be insured under the Act; that the Commission would not differentiate between services for which a refund was requested, and services for which refund would be made to the doctor; and that private agencies be recognized as collectors of the amount of premiums levied by the Commission. "We suggest that these immediate amendments embody principles already recognized by the government and, in addition, provide a useful and continuing function for the well established agencies of medical service insurance." 1

As a power group the doctors were beginning to lose a little support and they knew it. At this time they had to give some ground and their anxieties were not diminished by a resolution at the CCF-NDP convention which called for withdrawal of the licensing power from the College of Physicians and Surgeons. This, of course, was the ultimate weapon of the Government and a good one. The doctors ultimate defence would, of course, be only in the electoral process; the election to come, in all likelihood, in 1964.

Following Dr. Dalgleish's address to the convention, the Council of the College went into a session to determine what its maximum concessions might be. While the College was reassessing its stand, T. C. Douglas was addressing the CCF-NDP convention. He delivered a stinging attack upon the

1 Ibid., July 19, 1962.
doctors and also on Saskatchewan’s two daily newspapers who carried his words to their readers.

The fact is, this is not a matter of medical care or of a plebiscite, it’s simply that the Liberal Party refused to accept the fact that it was defeated in the 1960 election.

Instead of giving the plan a fair trial, we have seen an attempt to intimidate and blackmail the government and the people into rescinding a law the people have voted for.

This is serious. We talk about Communism, but it's so foreign to our outlook it will have little appeal to our people. I'm not so sure we are equally safe from fascism.

It's a dangerous precedent to start intimidation and blackmail and to call mobs into the street.

It is incomprehensible that we should have a furore that interferes with only one freedom, the freedom of a doctor to overcharge his patient.

You can only have fascism if you have a subservient press and subservient news media. The Sifton press in the past few months has reached an all time low in a record that was never very high. They have consistently editorialized throughout their articles and have consistently kept from the people the views expressed by papers in other parts of Canada and the world.

In many cases they have come close to inciting people to civil insurrection.

In Regina, you have the same person who owns the paper owning the radio and television, you have a monopoly by the very people who talk most about freedom of the press.1

Mr. Douglas rejected the idea of a plebiscite on medical care as he had in the past. He said the country is governed by the parliamentary system, not by plebiscites.2

*Less than two years later, in pre-election Saskat-

1Ibid. 2Ibid.
attack on the doctors or on the press, prolonged applause followed. And a standing ovation greeted the conclusion of his speech," reported the Star Phoenix.

An inspection of the College headquarters at the Parktown Motor Hotel, steps away from the College office, showed no activity. The headquarters had, only hours before, been a hum of excited activity. A teletype machine had been obtained and had been hammering constantly as messages passed from Saskatoon to Regina, and from Saskatoon to Toronto, as statements were prepared and delivered to public media across the country. Now all was quiet. Not a doctor was in sight. The teletype was silent.

What was known was little, but significant. It was a fact that Lord Taylor, the Government's undaunted advisor from London, England, had met with both sides on July 20.¹ The Labour peer had first talked with high ranking government officials. Then he spent one and one-half hours with the governing council of the College of Physicians and Surgeons. After the meeting with the College he retraced his steps to the Bessborough. There he met with Premier W. S. Lloyd and Donald Tansley, Chairman of the Medical Care Insurance Commission. Much later that night he refused to comment on the state of the negotiations, but said: "I'm keeping my fingers crossed and working hard." A press chewan, the Government was to grant a plebiscite on a proposed hog marketing board—and in the plebiscite, the farmers would reject the compulsory board.

¹Ibid., July 21, 1962.
conference for Premier Lloyd had been called for Friday evening on a matter of "some interest." It was suddenly cancelled. That same night the Government members held a caucus. Some left late Friday night for the capital. The Cabinet members did not return to Regina but remained behind in Saskatoon.¹

By mid-morning of Saturday, July 21, it was learned that the Cabinet was meeting in the Bessborough Hotel; three blocks down the street, lodged in the penthouse of the Medical Arts Building, the Council of the College sat in grim session. Lord Taylor was seen making frequent trips between the two locations. No news was given. The province awaited the outcome. A College spokesman said he thought an announcement would be made at 5 o'clock. He was confident of a settlement.

Suddenly there was urgency. What had remained unhurried for twenty-one days seemed to take on a new frantic haste. It was as if the mountain of public sentiment, having reached a climax after three years of dispute and twenty-one days of war, had somehow enveloped the Cabinet and the Council. Suddenly there was a great urgency for settlement in a force that seemed irresistible. Saturday night saw a first grim meeting of the College of Physicians and Surgeons of Saskatchewan with the Cabinet of the Province of Saskatchewan. Hour upon hour ticked away as proposal after proposal was discussed.

¹Ibid.
The doctors' demand that the private, non-profit plans administer the funds was met with refusal. The demand that the Medical Care Insurance Commission be changed to limit its power met a stone wall. The demand that the composition of the Commission be changed to allow a greater College representation was first rejected and then given consideration.

The following day, Sunday, July 22, formal meetings were held once again followed by separate sessions of the Cabinet and the Council. Later that day a second joint meeting was held. The settlement of the Saskatchewan medical care dispute was announced by Lord Taylor at 12.45 p.m. the following day, July 23, 1962. The "Saskatoon Agreement" (as it was termed) had just been signed.

This chapter has intended to demonstrate that the medical profession in Saskatchewan became a powerful and effective opposition to the Government of the province. Recalling Lipset's thesis that a reform government in a democratic system is limited in the amount of reform it can successfully install in the face of powerful opposition in the absence of a substantial, organized demand for that reform, several observations are in order. The doctors became an extremely powerful opposition. They were able to attract large numbers of people and organizations to their cause. One organization, the KODS, was formed specifically because of the issue. A state of extreme social agitation existed in a manner quite unprecedented in recent Saskatchewan history. No great "popular demand" groups arose to
fight the Government's battle. Saskatchewan had been without normal medical services for twenty-three days and the Government had been unable to restore these services without making substantial concessions to the doctors.

The remaining link to examine now is how "successful" the fight had been in view of the Government's fate in its next test at the polls.
CHAPTER V

THE ELECTION OF 1964

Preparations for the 1964 provincial election in Saskatchewan began at least as early as 1962. During and after the medicare crisis a number of groups opposed to the Saskatchewan CCF Government and to medicare began to coalesce in a determined effort to defeat the socialist government of the province. Although the CCF party had held office since June 15, 1944 (see Table 6, page 37), there had been only two elections when the party had gathered more than 50 per cent of the vote. These occasions were in its initial victory in 1944 when it received 53 per cent of the vote and in 1952 when a record 54 per cent of the total vote was tallied. In the 1964 election, the CCF's popular vote would drop by only 0.5 per cent from what it had been in 1960, but an alliance of its opponents, in significant measure as a result of the medicare struggle, would result in the electoral defeat of the party.

Following the Saskatoon Agreement of July 23, 1962, and the subsequent Special Session of the Saskatchewan Legislature which, on August 2, 1962, gave
unanimous consent to the agreed changes in the medicare Act,¹ a large proportion of Saskatchewan doctors felt they "had won" the medicare struggle. The Saskatoon Agreement and following legislative changes had removed the "restrictive clauses" from the Act which the doctors and some of their supporters had considered "dictatorial" and physicians were given an undoubted right to practice outside of the medicare legislative structure. This meant that a doctor could send his patient a bill for services with the expectation of receiving the total amount of that bill from the patient regardless of what percentage of the bill the Government, through its agent, the Medical Care Insurance Commission, would reimburse to the patient. This gain which the doctors felt they had achieved as a result of their struggle was a most important one to them. It meant the retention of some power in setting their own fee schedules, both in the practical sense, and as a lever to use in negotiating future fee schedules with the Government or government agencies.

Under the terms of the Agreement a physician could also be paid by sending his bill directly to the Medical Care Insurance Commission or by submitting it to one of the voluntary paying agencies (Medical Services Incorporated or Group Medical Services in Regina). MSI and GMS were allowed, under the terms of the Agreement, to handle

¹Saskatoon Star Phoenix, August 3, 1962.
accounts between physicians and patients who did not want to deal with a government agency. The latter device was used largely as a face-saving device for the many doctors who had stated for some time that they would "never deal with the government." An important aspect of the Agreement was that the supposed all inclusive powers given the Medical Care Insurance Commission in Section 49 (which the doctors felt had given the Government broad professional control of the physicians), was repealed. In addition, the Medical Care Insurance Commission was enlarged so as to give the College of Physicians and Surgeons more members on it.

Despite the fact that the Agreement was acceptable to a large proportion of the doctors, a profound distrust of the CCF Government remained. Doctors and their supporters felt most deeply that the advantages gained in the Saskatoon Agreement under the duress of the medical care conflict would perhaps be eliminated if the CCF was to be successful in the next provincial election which was anticipated for 1964. Although Hans Taal, Chairman of the Saskatchewan Keep Our Doctors Committee was quoted as being "very, very pleased" that the dispute had ended and had stated that the "mission KOD set out on has been accomplished," a series of meetings were held by the Keep Our Doctors Committee in Saskatoon to plot future courses of

\(^1\)Ibid., July 24, 1962.
action. On July 28, 1962, the KOD secretary in a letter to the College of Physicians and Surgeons noted:

We realize that while you gained more than you had hoped for under the terms of the recent Agreement, at best it is still only a compromise. The legislation remains compulsory and as such it is not acceptable to the medical profession nor to a great many Saskatchewan residents. Therefore our doctors will be content to work this way only as a temporary measure until the present Govt. is defeated and the Act thrown out.

As far as we are concerned the fight has really only just begun. If the spread of Socialism is to be prevented in our Province, there is a great deal of work to be done within the next two or three years before the next Provincial election. It is our intention to do all we can in this regard, though not at such a feverish rate as was necessary in the recent 'campaign.'

Continuing committees of the Keep Our Doctors Organization were set up at this point to "fight the socialists."*

*The Keep Our Doctors organization remained active for some considerable time following settlement of the medical care crisis. For example, a social evening was sponsored by the Keep Our Doctors (Saskatoon) Committee in the Knights of Columbis hall in Saskatoon on February 4, 1963. This function was attended by well in excess of 100 people and the keynote address was given by Dr. Dalgleish. At this time the consensus of the meeting was to "provide the public with answers they can understand and follow [sic] controversy between the Government and the profession on a much clearer basis so that they will know what to do when the time comes for them to mark their X on their ballots in 1964 or 1965." (Source: Records of the Keep Our Doctors (Saskatoon) Committee). At this time there was some consideration to changing the name to the "Keep Our Democracy" Committee.
In addition, their involvement in public affairs during the medicare crisis influenced many of the people who had been members of the Keep Our Doctors organization to become active in provincial politics for the first time following the medicare controversy. Their goal was the defeat of the provincial government.¹

Prominent civic and political officials in the province gave the medicare conflict its due importance by indicating their great relief with the settlement. Many town and city councils immediately sent Premier Lloyd and Dr. Dalgleish messages expressing satisfaction that a settlement had been reached.² Liberal Leader Ross Thatcher expressed pleasure that the impasse had been settled and hoped that "the plan which has been worked out will provide medical services to all, yet, at the same time be in a form which is satisfactory to our doctors."³ Martin Federson, Saskatchewan leader of the Progressive Conservative party warned that the settlement "paid more attention to the wishes of these two groups (the doctors and the government) than to the wishes of the people of the province."⁴ Officials of the voluntary insurance schemes

¹An interview with Lillian Carpenter of Saskatoon, secretary of the Keep Our Doctors Organization during the medicare controversy. The interview was held in January 1968.

²Saskatoon Star Phoenix, July 24, 1962.

³Ibid. ⁴Ibid.
seemed pleased that their organizations would be allowed to exist and to play some part in the plan. Mayor Roy Dean of North Battleford, president of the Saskatchewan Urban Municipalities Association (SUMA), said that the settlement was "a great relief." He had led representatives of SUMA, the Saskatchewan Rural Municipalities Association and the Saskatchewan Hospital Association in attempts to settle the controversy before July 1 and had been most active in working for a postponement of the plan in July.

Almost immediately following the settlement a dispute arose between the College of Physicians and Surgeons and the Government of Saskatchewan. The nature of the dispute regarding the payment of a segment of the medical population was relatively complicated and technical but it had the effect of keeping the atmosphere of dispute in the media and in the minds of the population at large.

The crux of the dispute seemed to be that radiologists who practiced privately would not be allowed to receive money from the Medical Care Insurance Commission. The radiologists were afraid that they would be forced out of private practice. These specialists could still take their x-rays and still bill the patient directly but the patient could not be reimbursed by the Commission. Because of this, other doctors ordering radiological work would be under considerable pressure from their patients

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1 Ibid.
to be sent to hospital x-ray departments where there would not be a direct cost, rather than being sent to a private radiologist who would present the patient with a bill. This was especially pronounced by the fact that the private plans, now destroyed, had previously prepaid a certain percentage of radiologists' bills as well as other doctors' bills.

The ensuing negotiations were bitter and were important for a number of reasons. Firstly, the radiologists' and pathologists' dispute with the Government emphasized in some people's minds that the hot war had merely turned into a cold war on July 23. Secondly, this dispute emphasized that the Saskatoon Agreement was not a contract in the legal sense, and that it could only be effective, as Mr. Justice Mervyn Woods later said, "if the spirit of its provisions are observed by all concerned." 1 Thirdly, the dispute brought back to the surface many hostilities which had been smouldering after the Saskatoon Agreement and which were re-ignited as the dispute was given extensive coverage in the press. Fourthly, the dispute gave many people reason to reaffirm their conviction that the Government was continuing on a predetermined path to gain more significant control of the medical profession. When the dispute regarding the radiologists and pathologists was finally resolved in the spring of 1963, the settlement was

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most favorable to the physicians. Radiologists were given the right to have their services included as insured services under the Act. From the point of view of this thesis, the importance of the dispute was in the fact that a feeling of hostility continued, acting still further to polarize the population into pro- and anti-Government factions.

As the radiologists' dispute was being settled in the spring of 1963, a new dispute arose regarding hospital privileges for the doctors practicing in the newly formed Community Clinics which had begun operating in several Saskatchewan centres in the summer of 1962. It was perhaps ironic that the presence of the Community Clinics should be a force assisting the Government in the crisis of 1962, but that their continued existence should keep the medicare conflict in the news throughout the pre-election year of 1963. It is conceivable that the Saskatchewan Government wished to keep these issues alive until the coming 1964 election, for it may be argued that it was generally the CCF party and not the Liberal party or, for that matter, the medical profession, which attempted to make the medicare issue an issue in the April 1964 provincial election.

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1The co-operatively sponsored Medical Clinics developed in a number of Saskatchewan centres in July and August 1962, including Regina, Saskatoon, Prince Albert, Biggar, Nipawin and Estevan. For one side of the story, see Robin F. Badgley and Samuel Wolfe, Doctors' Strike (Toronto: Macmillan of Canada, 1967).

2This will be demonstrated in the ensuing pages.
Early in 1963 there were accusations that certain Community Clinic doctors in Estevan, Saskatoon and Regina were having difficulties obtaining hospital staff appointments in those cities. In addition, there were charges that two doctors in Prince Albert, both associated with the Community Clinic organization there, and who had been given hospital staff appointments, were being restricted in the intra-hospital professional privileges which had been granted to them.

A great deal of attention was given by the press to this dispute. The complaints of the two Prince Albert doctors were never investigated. The failure of Dr. Reynold Gold of the Saskatoon Community Clinic to gain privileges at Saskatoon City Hospital was interesting because other Community Clinic doctors had been admitted to staff there. In Regina, Dr. David A. Road and Dr. Peter Beaglehole, both of the Community Clinic organization, failed to obtain a sponsorship for the appointment as was required. The complaints of Dr. Patrick J. Murphy and Dr. Norman Samuels regarding privileges at St. Joseph's Hospital in Estevan, Saskatchewan, were also investigated. The Community Clinics organization helped to keep the issue alive with public statements. The College of Physicians and Surgeons was not directly involved since hospital staff appointments were the responsibility of the individual hospital boards, frequently composed of both laymen and medical men.
For each of the four hospitals concerned, there had never been known incidents regarding hospital staff appointments in the past. "In each of the four hospitals, in the past, the record of admissions to medical staff privileges was singularly free from dispute. Privileges were readily granted to qualified physicians. The rules and procedures for processing applications worked smoothly and well. This cannot be said of any of the applications of the five complainants" said Mr. Justice Mervyn Woods in his Report on Hospital Staff Appointments. In April 1963, Mr. Justice Woods had been appointed a Commissioner to investigate the problems of hospital staff appointments. Early in May 1963, public hearings were opened and were followed with regular comment in the press.

Mr. Justice Mervyn Woods' Report was presented to the Minister of Public Health on December 11, 1963. It recommended that "a board of appeal or review should be established to deal with complaints arising from refusal, deferral or delay in granting hospital privileges. Such a body should be permanent and ready to act promptly." The College of Physicians and Surgeons vigorously opposed the recommendation for the Hospital Appeal Board, as did

2Ibid., p. 103.
3Saskatoon Star Phoenix, January 9, 1964.
the Saskatchewan Hospital Association.¹ Both groups opposed the Appeal Board on the grounds that it would hamper hospitals in maintaining high standards of treatment and care by taking away their right to grant or refuse hospital privileges. It was plain that the old battle lines could be easily redrawn on specific issues.

As 1963 ended there was still a vigorous campaign to deprecate the intentions of the Saskatchewan CCF Government by complaints that it was not keeping its part in the Saskatoon Agreement and that its designs for "control" were continuing. This view was stressed by Dr. H. A. L. Portnuff of Yorkton as he retired as the President of the College of Physicians and Surgeons at the end of 1963. He noted that "we as a profession believe that the state of affairs is unlikely to improve unless the attitude and practices of the Medical Care Insurance Commission are altered from being a controlling agency to becoming an insurance payment agency."²

The 1964 election year arrived in Saskatchewan with a marked feeling that the medical care issues were far from settled.³ Many observers had predicted a white

¹Ibid., January 23, 1964.
²Saskatchewan Division, Canadian Medical Association; College of Physicians and Surgeons of Saskatchewan, Newsletter, December 1963.
³See articles in the Saskatoon Star Phoenix dated January 9, 13, 14, 15, 20, 23, 24; and February 8 and 10, 1964.
flag as 1964 brought the provincial election year. This was not to be the case, for as February passed into March an atmosphere of mistrust and hostility prevailed. Observers who had been predicting that the Government would do anything to have the medical system working well in these pre-election months were surprised that such a controversial medical issue as the hospital privileges question would be kept alive at this time.

The College of Physicians and Surgeons remained exceedingly silent and restrained throughout the hospital privileges issue. The College had not entered the fray publicly since early in 1964 and seemed determined to remain completely out of any election issues. The experience of 1960 had perhaps been a lesson. In that year the medical profession had been active in the provincial election and had been unsuccessful in its attempt to defeat the Government.¹

The spring Session of the Saskatchewan Legislature proceeded quickly as speculation as to an early election increased. On March 2, 1964, the Hospital Privileges Bill was introduced into the Provincial Legislature and was subsequently passed without the expected opposition from the Liberal side of the house. The Liberal party and the doctors remained silent. The CCF Government was giving the Liberal Opposition every conceivable opportunity to make

an emotional medical issue an outstanding feature of
the coming election campaign. The Liberals did not accept.

In early March, Mr. Lloyd made the announcement
that a general provincial election would be held on April
22, 1964. Opening his campaign in Moosomin, Premier Lloyd
stated that while medicare was not an issue in the campaign,
the attitude of the Liberal party towards medicare was
definitely an issue. Lloyd told his audience that those
who "tried to destroy the plan at first are not the people
who can be trusted to bring its full growth and full capac­
ity for service."¹ At the same time, A. H. McDonald, the
Liberal MLA for Moosomin, claimed that the "Liberal Party
unanimously supports the Act in its present state."²

Campaigning on the issue of encouragement of
industrial expansion the Liberal Leader, Mr. Ross Thatcher,
stated that "we will certainly keep medicare, but will
expand it to take care of catastrophic drug bills that may
burden individuals."³ Speaking in Yorkton on March 24,
Premier Lloyd repeated the statement that "while medicare
isn't an issue in the April 22nd provincial election the
Liberal attitude to medicare is." He was quoted as stating

¹Speech at Moosomin, Saskatchewan on March 19,
1964, in support of Bill Goodwin, the CCF-NDP candidate
for Moosomin constituency, as reported in the Saskatoon

²From a speech by Mr. McDonald in Outlook, Saskat­
chewan on March 20, 1964, as reported in the Saskatoon

that the "plan is working well and the people of Saskatche­
wan will remember the actions of the Liberal party."1
Speaking in Regina, Thatcher again repeated that the Lib­
erals had supported the Medical Care scheme as amended and, 
if elected, would "immediately add catastrophic drug bills 
to it."2

Despite the fact that medicare was not to be an 
issue in the campaign it came up in virtually every major 
speech that was reported in the press. Mr. Harry Link, one 
of the CCF-NDP candidates in Saskatoon, told seventy persons 
at a banquet sponsored by the Political Education Committee 
of the Saskatoon Labor Council that in the field of health, 
Saskatchewan citizens had achieved a freedom from fear of 
crippling hospital and doctor bills and "the freedom to stay 
healthy."3 The Western Producer also brought medicare into 
the election. In late March the paper stated that the med­
cical care plan costs were less than estimated.4 The West­
ern Producer carried a letter to the editor which reminded 
its readers that one is "likely to forget that the Saskat­
chewan government was the first in the field to take this 
burden [of health costs] off our shoulders and make it a 
provincial responsibility."5 At a meeting in Kelvington,

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1Ibid., March 24, 1964.
2Saskatoon Star Phoenix, March 24, 1964.
3Regina Leader Post, March 24, 1964.
4The Western Producer, March 26, 1964.
5Ibid.
Premier Lloyd declared that the medicare scheme had prevailed "despite the Liberals." 1 And at the same time, Provincial Attorney-General R. A. Walker, speaking to a Farmers' Union meeting at Allan, Saskatchewan, said that medical specialists were "harassing medicare." 2 Talking in Regina, Ed. Whelan, Regina North CCF candidate, told a meeting of supporters that the Saskatchewan Medical Care Insurance Plan was "the best one on the continent" 3 and that people should campaign on that issue. On April 1, the Regina Leader Post in an article recalled in detail the historical development and the past fights of the medical care dispute. 4

By coincidence, a doctors' strike in Belgium occurred in early April, filling the media with comment and reminders of the Saskatchewan situation. 5 In addition, newspaper editorials attempted to make medical care an issue in the campaign. On April 1, the Saskatoon Star Phoenix reminded its readers that "the doctors did not oppose medicare. But they bitterly fought the structure and operational methods of the government-appointed Commission insofar as it affected them in patient relationships and payments of accounts." The editorial set the tone for other similar

1 Regina Leader Post, March 26, 1964.
2 Saskatoon Star Phoenix, March 30, 1964.
3 Regina Leader Post, March 31, 1964.
4 Ibid., April 1, 1964.
5 Saskatoon Star Phoenix, April 2, 1964.
ones as it continued:

The then Premier of Saskatchewan, Mr. T. C. Douglas, who departed from a seriously split province to become national leader of the New Democratic Party, had publicly promised that the medicare legislation would never be implemented before agreement had been reached that the doctors were satisfied with its terms.

That promise was never kept. The resultant controversy precipitated a provincial crisis, involving all Saskatchewan residents. It threatened to erupt in violence...

On April 2, a representative of the Regina General Hospital criticized the recently enacted Hospital Privileges Bill. Speaking in Tugaske, Saskatchewan, Public Works Minister Mr. W. G. Davies praised the medicare program and felt that the present Liberal party pledges on medical care could not be treated seriously in the absence of Liberal action on medicare elsewhere in Canada. Ross Thatcher repeated again, in Strasbourg, that a Liberal government would prevent catastrophic drug costs, and Walter Erb, the previous CCF Health Minister, running in 1964 as a Liberal, stated in Regina that "the medicare plan of 1962 is far different from the program in effect at present. The Liberal party is not opposed to medicare as it is administered now, but is opposed to the plan as

1Ibid., April 1, 1964.
2Regina Leader Post, April 2, 1964.
3Ibid., April 3, 1964.
it was first introduced." Addressing a Saskatoon Liberal meeting, Liberal candidate Dr. Keith Crocker blamed the Government for driving valuable specialists out of the province. Even the general practitioners "are not here because of the government but in spite of it," he said.

Despite the fact that the Liberals and Progressive Conservatives both denied any pooling of resources to defeat the CCF-NDP, a distinct polarization of political forces was occurring. A well-attended meeting in Melfort, on April 3, was sponsored by the "Melfort and District Citizens Committee" which was made up of a group of people from the Liberal, Progressive Conservative, Social Credit and "ex-CCF supporters disenchanted with the NDP." Guest speaker Dr. G. K. Higgins told the group that "the issue is simply this. Will the thousands of citizens who spontaneously rose in protest against the actions of the Saskatchewan Government two years ago, now re-elect this government and endorse what it attempted to do?" At the same meeting Mr. Ken Neighbor, who had previously run as a Social Credit candidate, told the group that "in this election I am supporting Bill Hurd, our Liberal candidate." The distinct feeling at the Melfort meeting was that the medical

1 Ibid., April 3, 1964.
3 Ibid., April 4, 1964.  
4 Ibid.  
5 Ibid.
care issue had been the major factor responsible for gathering voters from various parties together in an united drive to defeat the CCF. This kind of moral support for the Liberals was common in many constituencies in Saskatchewan from people who had supported the Social Credit or Progressive Conservative parties in previous elections.

As the election date drew closer, the medical care issue continued to be important despite the fact that both parties said that it was not important. Speaking in Estevan, the Minister of Co-operatives, Frank Meakes, told a CCF meeting that the "only way to protect and expand medicare was to vote CCF," ¹ and in Regina, Labor Minister Williams said that any Liberal party changes in medical care insurance "will probably be exactly what the Saskatchewan College of Physicians and Surgeons wants."² On April 8, the Saskatoon Star Phoenix stated editorially that the "hospital privileges and community clinics are matters still generating repercussions"³ and that the way the medical care issue had been handled by the CCF Government was an issue in the campaign.

Meanwhile it was becoming apparent that widespread opposition to the CCF was hardening. On April 8, the Regina Leader Post noted in an editorial, that there were

¹Ibid., April 6, 1964.

²Regina Leader Post, April 8, 1964.

³Saskatoon Star Phoenix, April 8, 1964.
only 163 candidates for the 59 seats at stake in the April 22 election in comparison with 225 candidates who had sought election in the 1960 provincial election for a total of 55 seats. It was observed that in the 49 constituencies outside of the three major cities there was not one four-way fight. In 11 constituencies there were two-way battles between the CCF and the Liberal party. This contrasted quite sharply with 1960 which saw four-sided fights in all these ridings.\(^1\) The editorial noted that:

\[\ldots\] Consequently, without any compromising saw-off deals, the Liberals have the opportunity to slug it out in these 11* seats with the Lloyd forces without direct interference from the Conservatives or Social Credit.

The outcome of the voting in these seats will provide at least a partial test of the theory that the CCF-NDP government has been kept in office because of the division of the anti-government vote. In seven of the 11 ridings, the CCF won minority victories in 1960. In the remaining four, the Liberals scored minority triumphs—including the victory of Ross Thatcher, Saskatchewan Liberal leader in Morse.

If the Liberals hold the 21 seats they had at dissolution and win at least nine additional seats they could defeat the government. If a substantial portion of those who cast ballots for Social Credit and Conservative candidates in 1960 support the Liberal candidates in these seven ridings in registering anti-government ballots this might almost tip the scales to bring about a change of government.\(^2\)

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\(^1\) Regina Leader Post, April 8, 1964.  \(^2\) Ibid.

*There were in actuality 12 such two-way fights. See John C. Courtney, ed., Voting in Canada (Scarborough, Ontario: Prentice-Hall of Canada Limited, 1967), p. 189.
As the election date approached it became apparent that significant polarization of the opposition to the CCF-NDP was occurring. Speaking in Swift Current, Mr. Thatcher told supporters that the majority of voters wanted a change of government in the province. "For this election only, I ask all the people opposed to the government to give their support to the one party that can form a government," he said. "No other way will this province be given the chance it deserves to make a fresh start." 1

The medicare issue continued to remain prominent in the campaign. Speaking in Glenavon, Attorney-General Robert A. Walker said that a Liberal win would mean "the end of medicare." 2 Health Minister A. E. Blakeney talking in Wadena noted that if "the Liberals are elected, the medical care plan as we know it would be doomed" 3 and T. C. Douglas, New Democratic Party leader, stated in the Hotel Saskatchewan in Regina that the "people of Saskatchewan would not be wise to entrust the medical care plan to people who tried to destroy it when it was struggling to be born." 4 He repeated these charges in Moose Jaw the following day 5 and spoke on the same theme in Saskatoon during the following week. 6

1Saskatoon Star Phoenix, April 10, 1964.
2Ibid.
3Ibid.
4Regina Leader Post, April 10, 1964.
5Ibid., April 11, 1964.
6Saskatoon Star Phoenix, April 14, 1964.
Meanwhile, a "Non-Partisan Organization" had been established in Saskatoon to support the Liberal party in order to oust the CCF "regardless of political convictions." Premier Lloyd termed the Non-Partisans a "phoney Liberal invention." On April 10, 105 businessmen attended a "non-partisan anti-socialist luncheon" at which they heard Earl Bowman, a well known Saskatoon Progressive Conservative, tell the group that he was "concerned with the affairs in Saskatchewan, and I am going to put my Conservative background behind me, at least for the time being, and support the Liberal party. It is the only chance we have of ridding the province of socialism." Mr. Bowman had been an active member in the KOD organization in Saskatoon and had acted on a committee for that organization the purpose of which was to correlate activities with the KOD organization in Regina. On November 23, 1962, Mr. Bowman had received a letter from the Keep Our Doctors committee which stated "how grateful we are to you for the additional donation you have made towards our drive for funds."

On April 11, the Saskatoon Star Phoenix continued its campaign for polarization by noting, once again, that

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1 Ibid.  
2 Ibid., April 11, 1964.  
3 Records of the Keep Our Doctors organization written by Mrs. L. Carpenter, from 317 Avenue "D" North, Saskatoon, on November 23, 1962. A list of officers and committee members of the KOD organization included a large number of prominent Saskatoon business men.
there would be eleven two-way fights* between the Liberals and the CCF. The editorial remarked that in the 1960 election Social Credit had entered 55 candidates, capturing 12.3% of the vote, that in the present election there were only two Social Credit candidates, and that it was "intriguing to make the conjecture that if a good proportion of the Social Credit votes goes Liberal, the results could make for an upset." ¹ Meanwhile, Stuart Makaroff in a letter to the editor noted that he "appreciates medicare" and that he had supported the CCF-NDP for at least fifteen years but because of their "disregard of democracy, I can no longer support socialism." ² Speaking in Regina on April 15, Mr. Thatcher who had "been luring Conservative support throughout the campaign," repeated his call for a "unified anti-socialist vote to toss out the CCF-NDP Government." ³ Writing in the Canadian Weekly on April 11, 1964, Walter Stewart stated that in Saskatchewan the Tory vote was the key to victory and indicated that there were indications that the election would go to the Liberals. ⁴ Indicative of the mounting "anti-CCF" drive was that the Moose Jaw "Time For a Change Committee", which numbered approximately 730 persons at one point, went on record as supporting

*See footnote p. 141.

¹ Ibid. ² The Western Producer, April 16, 1964.
³ Regina Leader Post, April 16, 1964.
⁴ The Canadian Weekly, April 11-17, 1964.
Liberal candidate Ted Astell and Progressive Conservative candidate Don Patterson in the two-member constituency of Moose Jaw. Because of this, the Liberals decided to run only one candidate in Moose Jaw. However, the Progressive Conservative party rejected the Liberal bid for co-operation and decided to run two members.¹

As the campaign came to an end, Ed Whelan, the CCF candidate in Regina North, told his supporters that the CCF party had not sought political saw-offs, or "made political deals with any party," and he was making this statement "in reference to an attempt by the Saskatchewan Liberal party to arrange a saw-off with the Progressive Conservative party in the April 22nd provincial election."² On April 18 an editorial entitled "The Election Issues" in the Saskatoon Star Phoenix, in obvious reference to the medicare issue, stated that the "major issue in the Saskatchewan general election is the increase in compulsion and the erosion of freedom." The editorial concluded that "the Liberals, under the leadership of Mr. Ross Thatcher, are the only group ready to take over the government. As the spokesmen for a genuinely free society, they deserve the opportunity to launch this province on a new dynamic era of growth in Canada."³

¹Regina Leader Post, April 18, 1964.
²Saskatoon Star Phoenix, April 20, 1964.
³Ibid., April 18, 1964.
As the April 22 election neared, there continued to be a feeling of uniting against the CCF "for the election." Speaking to a "Non-Partisan Club" luncheon attended by 192 people in Saskatoon, three prominent Progressive Conservatives and a former Social Credit candidate advised the people to vote Liberal. Mr. Syd Jeffrey, a former president of the Progressive Conservative Association at Nipawin, told the meeting that a vote for the Liberal party was the only way to defeat the CCF. Describing himself as a "dyed-in-the-wool Tory," he said that "I have not turned Liberal, I'm still a Tory, but am voting Liberal this election and speaking on behalf of the Liberal candidates."¹

Earl Bowman, who acted as chairman for the meeting, criticized Premier Lloyd for accusing the Non-Partisan Club of being a Liberal organization. "He is not giving us Tories and Social Crediters any credit," he said, and continued that "the only way to defeat the CCF in this election" was to vote Liberal. On April 21, the Star Phoenix editorialized that the "individual voter can serve his own interests best on Wednesday by voting the NDP spendthrift government out of office."² The question was asked by the paper: "What is the main issue in this election? We repeat that it is compulsion versus freedom." The language was the same as that which people had used so commonly in the medical care crisis. The Humboldt Journal noted that "as Tommy Douglas

¹Saskatoon Star Phoenix, April 20, 1964.

²Ibid., April 21, 1964.
said, WE MUST CHOOSE BETWEEN SOCIALISM AND FREE ENTERPRISE." In referring to "the attempt to throttle the medical profession by the government," the paper advised its readers that "WE MUST CHOOSE BETWEEN COMPULSION AND FREEDOM."\(^1\) In the same vein, Mrs. Mary Batten, campaigning in Cudworth advised her audience: "Remember Premier Lloyd said 'we will have medicare with doctors or without doctors.' This alone is reason enough for him to be thrown out of office."\(^2\)

By the time the polls opened on April 22, 1964, two things were certain. There seemed to be definite feeling that, for this election, people would coalesce to defeat the Government. Secondly, medicare had been a significant issue.

In the April 22, 1964 election, the Liberals won thirty-three seats, the CCF-NDP twenty-five, and the Progressive Conservatives one seat. The Government had been defeated at the polls in a very close election (see Table 12). The total percentage vote for the CCF dropped only 0.5 per cent with the election of 25 members. The total percentage of Liberal vote was almost identical to that of the CCF at 40.4 per cent but the Liberals were more efficient in translating this percentage into 33 seats while an almost identical percentage of the vote brought the CCF only 25 seats. Nonetheless, the election was won by the

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\(^1\)From the Humboldt Journal as carried in the Saskatoon Star Phoenix, April 21, 1964.

\(^2\)Saskatoon Star Phoenix, April 21, 1964.
Liberals by a very narrow margin indeed. This was pointed out by the Star Phoenix:

Six winners had margins of under 100 votes—Liberal George Leith over Mr. Turnbull in Elrose; Herb Pinder, president of the Saskatchewan Liberal Association, over Mr. Walker in Hanley; Liberal Don MacLennan over Mr. Brown in Last Mountain; CCF members Leonard Larson in Pelly, Provincial Treasurer Brockelbank in Kelsey and Robert Wooff in Turtleford. 1

<table>
<thead>
<tr>
<th>Party</th>
<th>1960</th>
<th>1964</th>
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<td></td>
<td>Seats</td>
<td>% of Vote</td>
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<tr>
<td>CCF</td>
<td>38</td>
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<td>Liberal</td>
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<td>32.7</td>
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<tr>
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<td>0</td>
<td>14.0</td>
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<tr>
<td>Other</td>
<td>0</td>
<td>12.5</td>
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Source: Vote Summary, Saskatchewan Provincial Election, April 22, 1964, and Saskatchewan Provincial Election, June 8, 1960. From the Chief Electoral Officer, Regina, Saskatchewan.

This thesis argues that the defeat of the CCF Government on April 22, 1964, was due in significant part to the fact that that government undertook an important social change in the absence of widespread popular demand for that change. 1

1Saskatoon Star Phoenix, April 23, 1964.
change and in the face of powerful opposition. The Government's defeat was due in good measure to a temporary coalition of its enemies, a coalition occurring, in part, at least, because of the crisis which the change brought about.

While it is argued that the medical care issue was a major factor in the defeat of the CCF Government in 1964, it is also recognized that this is a most difficult point to prove. It is not easy to determine the rationale which influences the voter under any circumstances and there certainly were other issues in the election. Nonetheless, in the very narrow election of 1964, with the CCF receiving only 0.1% fewer votes than the victorious Liberals, and with six seats being won with less than a margin of 100 votes, each factor was of significant importance.

This dissertation agrees with the Star Phoenix which stated that the "Socialist Government" had been defeated because it had "increased the imposition of compulsory legislation on the electorate." In an editorial entitled "Victory For Freedom" on the day following the election, the Star Phoenix concluded that the CCF had been defeated because "the Lloyd government forced medicare on Saskatchewan residents and on the medical profession. Although the majority of Saskatchewan people like medicare, they do not like it to be forced down their throats."¹

While there is no incontrovertible proof for the

¹Saskatoon Star Phoenix, April 23, 1964.
thesis that the medical care issue resulted in the defeat of the CCF Government, it may be suggested that the issue was indeed a vital factor in contributing to the defeat of the CCF. A large number of commentators have given their opinion that this was the case. Not all those who consider that the medicare issue was a major factor in the defeat do so for the same reasons. However, the purpose here is to gather enough evidence and informed opinion to argue that the medicare issue was of significant importance in the defeat of the CCF.

In summing up the 1964 election, Professor Norman Ward noted that Mr. Thatcher was able to move to the left in order to undermine the CCF position. The Liberal leader had promised to maintain medicare and to extend it to drug costs, increase free school text books, increase aid to highways and municipalities, and reduce taxes. Ward notes that the rural seats were responsible for the Liberal victory because of the CCF's association with labor in the new NDP party, since farmers were becoming much more prosperous, and because the 1962 medicare crisis "saw the C.C.F. fail to identify medicare with the rural citizen; the result was that the almost universal popularity of medicare left the C.C.F. still vulnerable to reasoned criticisms of the way in which it was handled, while the months that have elapsed since the crisis gave its opponents plenty of time to choose their weapons.* The C.C.F. made much of medicare; the Liberals agreed, and referred

*Italics mine.
critically only to the government's heavy-handedness in introducing it.\(^1\) In addition, Professor Ward finds that "the tarnished image of Mr. Douglas, so recently the white-haired boy but now the mildly discredited refugee from the original medicare scheme and the leader of an unfamiliar party, hurt the C.C.F., partly because no doughty fighter had replaced Mr. Douglas. . . ."\(^2\)

John C. Courtney, in trying to discover reasons for the CCF defeat, notes that legislation which the CCF Government had passed shortly before the election giving financial aid to Roman Catholic secondary schools may have lost the CCF party support among certain protestant groups (in particular the Lutherans who account for some 20 percent of the electorate in some ridings).\(^3\) He finds that a second important reason for the Liberal victory was the number of candidates nominated in various constituencies. He notes that the Progressive Conservatives managed to field only forty-three candidates although the "federal party (i.e. Diefenbaker and Hamilton) would have preferred a full slate of fifty-nine so as to assist, presumably, in the re-election of the Lloyd government in preference to Ross Thatcher's party."\(^4\) Courtney also

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\(^1\)Norman Ward, "Saskatchewan in 1964," Comment Number One in John C. Courtney, ed., Voting in Canada, p. 188.

\(^2\)Ibid.

\(^3\)John C. Courtney, "Saskatchewan in 1964," Comment Number Two in ibid., p. 189.

\(^4\)Ibid.
points out that the Social Credit party, which had just eight years earlier captured 22 per cent of the popular vote, fielded only two candidates. Instead of four-way fights in every riding as had been the rule in 1960 there were only two and three-way contests in 1964. There were twelve Liberal-CCF two-way contests in which the Liberals gained three seats from incumbent CCF members and the Liberals took thirteen seats from CCF members in three-way fights.

E. A. Tollefson also attempts to explain the 1964 defeat:

On April 22, 1964, the C.C.F. Government was defeated, after holding office for almost twenty years. The share of the popular vote won by the C.C.F. declined only .5% but the distribution among the other parties shifted strongly in favour of the Liberals, whose share of the popular vote went up 7.7%.

It is difficult to assess what direct effect the medicare dispute had on the voters. Undoubtedly there were some who felt sufficiently bitter about the dispute that they voted against the C.C.F. as a matter of principle.* On the other hand, the medicare plan had been more successful than even its most sanguine supporter could have hoped in 1962. All three major parties clearly favoured not only its retention but its extension. Indirectly, however, the prolonged controversy had a telling effect upon the C.C.F. Such an inordinate amount of the Cabinet's time had been spent in fighting the medicare battle that other programs had suffered.* The C.C.F. went into the 1964 campaign a tired government, without anything new and exciting to offer. The Liberals, by contrast, relying on the advice of a Toronto advertising agency, conducted a swinging campaign, with lively mass meetings, generally younger candidates, and promises of

*Italics mine.
tremendous economic development which were designed to convince young and old alike, whatever their political persuasion, that it was time for a change.¹

Comparing 1964 to 1960 one is struck by the consistency of the CCF vote in Saskatchewan in those two elections (40.8% in 1960 and 40.3% in 1964). It may be argued that the defeat resulted from the regrouping or coalition of the opponents of the CCF.

Dr. Frank Coburn, Provincial President of the CCF-NDP in Saskatchewan from 1964 to date, states that the medicare issue was the outstanding feature contributing to the defeat of the CCF in 1964. He states that the CCF was very confident of victory before the 1964 election and was completely surprised by the defeat which it attributed to a polarization of its enemies. "People liked medicare, but they remembered the medicare crisis and conflict and they didn't like what they remembered so they united to vote against us in 1964."² Noting that the total CCF vote


²Interview with Dr. Frank Coburn, Provincial President of the Saskatchewan CCF-NDP, 1964 to date. This interview was held on December 14, 1968.

Almost all CCF-NDP supporters interviewed agreed that the party was defeated because of medicare, not because people didn't like medicare, but because of the way in which it was instituted. They tend to point this out proudly, indicative that the CCF-NDP is prepared to institute real reform, regardless of political consequences. They feel that being defeated by the medicare issue shows
changed very little from 1960 to 1964, Dr. Coburn attributed the defeat to the grouping "of our enemies" and felt that the reason for this grouping was undoubtedly the medicare issue.

Canadian Labour, in its May 1964 issue following the election was disappointed at the CCF defeat in Saskatchewan and remarked that public "opinion in Canada showed little joy in the results." Nonetheless, the magazine interprets the vote as bearing "out the contention that the anti-government vote tended to polarize around the Liberal party in a way that it never had before." The article continues:

The government retained virtually the same percentage of the total vote as in 1960—40.5%. But the combined PC and Socred vote dropped from 26.5% in 1960 to 19.4% this year, and it went almost entirely to the Liberals.

(see Table 12, page 148)

Lewis Brand, the Progressive Conservative Member of Parliament for Saskatoon from 1965 to 1968, and the Provincial President of the Saskatchewan Progressive Conservative Association during the 1964 provincial election, as well as an unsuccessful candidate in the 1964 provincial election in Saskatoon, also feels that the medicare issue "was an important factor contributing to the

how they are less "politically opportunistic" than other parties.

1Canadian Labour, Vol. 9, No. 5, May, 1964, p. 69.
2Ibid.
defeat of the CCF in 1964. Brand states that "had Mr. Douglas remained in Saskatchewan, the CCF would have likely won the election even with medicare. Similarly, Lloyd would have won without the medicare issue. But Mr. Douglas' absence and the medicare issue together contributed to the defeat of the CCF in Saskatchewan."¹

John Brockelbank, a successful CCF candidate from Saskatoon in the 1964 election, states that "the medicare issue was the outstanding factor contributing to our defeat. The number of our supporters remained almost constant. The medicare issue polarized our enemies and defeated us."²

Dr. E. Baergen, Executive Secretary of the Saskatchewan Medical Association feels that medicare "was a very major factor in the defeat of the CCF and without it, the CCF would undoubtedly have won the election. People liked medicare, but they didn't like the way it was put in. Don't forget that the medicare Act, which was modified following the Saskatoon Agreement [on July 23, 1962], was not the original medicare Act. The changes in the Act which were brought about by the doctors' resistance took out the restrictive clauses and changed the nature of the Act. Working under medicare is not perfect, as you know.

¹Interview with L. M. Brand, December 18, 1968, in Saskatoon, Saskatchewan.

²Interview with John Brockelbank, CCF-NDP MLA for Saskatoon Mayfair Provincial Constituency. This interview was held December 21, 1968.
The changes made after July 23, 1962, made the Act possible to live with. However, the fracas created by the way medicare was instituted contributed significantly to the defeat of the CCF in 1964."¹

Robin F. Badgley and Samuel Wolfe, although both were early supporters of the CCF's stand on medicare, conclude in their book Doctors' Strike that, although "the 1960 provincial election had been fought on the issue of medical care, at the time of the strike the government did not know the extent to which its position was supported by the population, nor did it attempt to measure its popularity."² In tacitly admitting that the Government was not well supported by the population during the crisis, these authors note that it was this lack of support which "undoubtedly contributed to its [the Government of Saskatchewan] willingness to agree to settlement terms that created great confusion in the minds of the public."³ Badgley and Wolfe also state that "in losing the 1964 election, the C.C.F. retained its percentage share of the popular vote. Further, the controversy [the medicare controversy] led to a polarization of views that intensified the position of the extremes."⁴ Although the authors

¹Interview with Dr. E. Baergen, Executive Secretary of the Saskatchewan Medical Association, December 23, 1968.
²Badgley and Wolfe, Doctors' Strike, p. 170.
³Ibid., p. 171. ⁴Ibid. *Italics mine.
criticize the actions of the anti-medicare forces as being "an abuse of the democratic process for pressure groups," they speak of the "coalition such as the one that arose in Saskatchewan during the conflict, consisting of the medical profession, the Chamber of Commerce, and other professionals representing wealth and power groupings in our society," indicating that although they disagree with the results of that coalition, it nonetheless had come to exist and to be powerful.

Three observers writing in Lipset's updated *Agrarian Socialism* agree that the medicare issue did have an effect on the 1964 election. One of these is John Richards who notes that "one of the ironies of the CCF defeat in 1964 is that the membership figure [of the CCF] for that year, thirty-seven thousand, surpassed the former record set in 1945" and that by "this index, the CCF was never stronger than when it lost power." The "medicare crisis in 1962 was the CCF's last great battle against 'them'" and that "they won, but it was a Pyrrhic victory," he says. Similarly, Cynthia Krueger in *Agrarian Socialism* concludes that "the fight over medicare did contribute to the defeat of the CCF by providing an issue around which many normally


politically inactive opponents of the party could organize."¹ She quotes Badgley and Wolfe as saying that the "doctors lost, but the strike mobilized majority interest groups antagonistic to the government which previously had been unrelated or only loosely aligned. This temporary coalition of interests may have subsequently contributed to the narrow defeat of the Cooperative Commonwealth Federation (CCF) government."² Krueger states that "ironically then, the CCF's greatest victory over an entrenched center of power, the medical profession, may have been the event that brought it down."³ Concluding his study of CCF sources of support in Saskatchewan, Sanford Silverstein notes that, although the CCF-NDP had lost power in Saskatchewan, it clearly remains as a potent force as the official opposition and had in fact "not lost popular support as compared to its vote in the 1960 elections."⁴ He states that the "main cause of its defeat in 1964 was not increased opposition to the government, but rather a regrouping of anti-CCF votes behind the Liberal Party. This increased unification

³Ibid., p. 431.
of opposition voting may have been an outcome of the medicare fight, which brought together Liberals, Conservatives, and Social Crediters in a common cause."¹

The contention of this thesis is that the medicare issue was a significant one in the 1964 provincial election and that the medicare crisis resulted in a temporary coalition of groups opposed to the CCF, which had not been previously allied, but which were potent enough to defeat the CCF Government of Saskatchewan.

¹Ibid.
CHAPTER VI

CONCLUSIONS

An attempt has been made in the foregoing chapters to examine the medical care issue in Saskatchewan as it relates to an idea formulated by Seymour Martin Lipset and the systems analysis of David Easton.

"The degree to which a democratically elected government can successfully install far-reaching changes in the face of powerful opposition would seem to depend on the organized popular demand for its program,"¹ Lipset has stated. Lipset's statement has been used to provide a model for the discussion and analysis of the medical care issue in Saskatchewan. The thesis relates to the quoted statement as follows:

1. The CCF Government in Saskatchewan was a democratically elected government.

2. This government initiated a major social change, after almost twenty years in office, without the necessary organized popular demand for such change.

3. The major change itself met a powerful opposition in the form of the organized medical profession and the groups and individuals who supported that group.

4. The defeat of the CCF Government at the time of the first provincial election following the introduction of the medical care program was examined in the light of the medicare crisis of 1962.

The medical care conflict was also examined in terms of David Easton's flow model of a political system (see figure 1, page 9). In Easton's model, environment can be equated with the political and social situation in Saskatchewan specifically as it related to medical insurance programs and their applicability to the people of Saskatchewan. The inputs can be described as demand for medicare and the support which the CCF Government received for its program from individuals or groups in Saskatchewan—specifically as these support bases were organized. The political system was, of course, the political system of the province of Saskatchewan, with its constituents of (a) the reform government (the CCF Government), and of (b) a democratic society in the British parliamentary tradition. The output was the Government's legislation: the medicare scheme. The feedback from outputs to inputs was the effect which medical care legislation of various kinds had on the demands for further medicare programs.
and the support which the government might receive because of them.

In Saskatchewan in 1962, the demands and support going into the political system did not equal the massive-ness of the outputs in the form of the medical care pro-gram and the social dislocation it generated. The output had to be massive to accomplish a major social change and the support base had to be strong to overcome the opposition to that change. Because of the social dislocation and strife which the conflict engendered, feedback favorable to the government into the environment from output to input was reduced still further. Easton's model was useful in determining how this kind of situation may lead to "demands for changing of this regime or dissolution of the political community."1 In the parliamentary system of Saskatchewan, the malfunctioning of the system was reflected by the change in the regime at the subsequent election.

The medical care conflict in Saskatchewan was re-lated to the foregoing two theories in several ways. First, the historical development of health services in Saskatchewan was reviewed to demonstrate that at the time the CCF Government decided to introduce the Medical Care Insurance Act a good situation regarding insurance for

health care costs was existent in the province. Because of this, no widespread, organized popular demand for a fundamental change in medical care insurance existed. Second, building on the premise that popular demand for the medical care insurance scheme was not a vital factor in its implementation, chapter three indicated possible motivating factors in the institution of medical care in Saskatchewan in the late 1950's and in the early 1960's. Third, an examination was made of the critical period of strife leading up to and including the twenty-three day withdrawal of normal medical services by the doctors in Saskatchewan in 1962. The doctors were seen as a powerful opposition to the government with much support from well-organized groups in the community. Fourth, the election of 1964, and the factors leading to it were examined and it was argued that the medical care issue of 1962 contributed significantly to the defeat of the CCF in the 1964 election.

Initially, pioneer doctors came to Saskatchewan with the Hudson's Bay Company and the North-West Mounted Police, later to be joined by civilian colleagues. In 1911, the Anti-Tuberculosis League was formed in Saskatchewan. By 1919 the so-called Municipal Doctor Plans were begun and by 1959, 136 rural municipalities had these municipal Plans for medical care insurance for approximately 115,000 people. In 1929, the Saskatchewan medical profession and the Saskatchewan Government co-operated in the establishment of an organization to diagnose and
treat cancer without cost to the patient. A group of sixteen Regina doctors laid the foundations for a private non-profit company to handle the payment of physicians' fees on an insured basis in 1937. Called Group Medical Services (GMS), it had 87,000 people enrolled in its plan by the end of 1960. Another step was taken in 1944 when the medical profession and the Saskatchewan Government reached an agreement to provide insured doctors services for old aged pensioners and other indigent groups. In 1946 the Swift Current Plan was inaugurated to provide payment of physicians' services to residents in that area and by 1961, 53,169 residents were serviced by it. In 1947, the Saskatchewan Government implemented a province-wide, state aided hospitalization plan to provide in-hospital care for patients without charge on payment of a premium. Also in 1946, Medical Services Incorporated (MSI) was instituted in Saskatoon and by 1959 had 203,811 subscribers. An attempt by this organization to change provincial legislation to allow for local government subsidy to extend coverages by it was not successful. By the time the announcement came in the late 1950's that Saskatchewan was to have an all-inclusive Medical Care Insurance Act, all residents of the province were entitled to hospital care; in addition, 610,477 residents out of the total population of 913,000 had some type of insurance to pay for their physicians' fees. Perhaps these figures themselves indicate why there was an absence of widespread, organized,
popular demand for a government-operated scheme. In any event, chapter two was concluded with the suggestion that the relatively progressive state of insurance for medical care costs in Saskatchewan had satisfied the Saskatchewan population to the point where the kind of abuses which tend to give rise to popular demand for reforms had ceased to exist in Saskatchewan.

Chapter three suggested reasons for the introduction of the medical care insurance program in Saskatchewan in the late 1950's. Seymour Martin Lipset was quoted as saying that the CCF felt the need to find an issue around which party supporters could be rallied, but this was not considered to be an important reason. The most important reason advanced was the entrance of the federal government into the field of provincial hospital financing by legislation in 1957-58. In addition, the increasing budgetary surpluses of the Saskatchewan Government in this period were noted. An additional reason suggested for the implementation of medicare in Saskatchewan at that point in time was that the CCF recognized that a working medicare program in Saskatchewan would be advantageous for T. C. Douglas in his assumption of the leadership of the New Democratic Party following its anticipated formation in 1961 and its entrance into its first federal election campaign, expected in 1962.

In chapter four the period of acute social strife of 1962 was examined. Doctors and their supporters, as a
powerful opposition to the medical care program and the Saskatchewan Government, were evaluated by referring to the background and the realization of the physicians' withdrawal of services. The development of the Keep Our Doctors Committees was noted, as was the support which the doctors received from numerous community organizations.

The election of 1964, resulting in the defeat of the CCF Government, was examined in chapter five. It was suggested that preparations for the provincial election in 1964 began during the medicare issue of 1962. Some of the individuals and groups who had been identified with the anti-medicare forces continued to be active in politics with no less an object than that of defeating the CCF Government. A series of minor medical care crises, occurring in 1962 and 1963, continued to keep the emotion-packed medical care issue in the news. Although a substantial proportion of Saskatchewan's doctors were relatively satisfied with the Saskatoon Agreement which ended the withdrawal of medical services, they retained a profound distrust of the intentions of the CCF Government. In addition, continuing committees of the Keep Our Doctors organization were set up to fight the CCF Government.

In preparation for the April 22 election, Premier Lloyd opened his campaign by stating that the medical care issue was not an important aspect of his party's campaign; yet he continued to use the medical care program as an argument for his government's re-election. The Liberals
agreed that medicare was a good thing and offered to include catastrophic drug bills as well. They then went on to campaign on other issues. An unusual feature of that election was the formation of non-partisan committees in Saskatchewan communities whose purpose it was to unite individuals from all political parties to vote Liberal in order to defeat the CCF Government. In the event, the CCF Government was defeated. The Liberals received 33 seats, the CCF-NDP (as it was now called) were victorious in 25 seats, and the Progressive Conservatives obtained 1 seat in the Saskatchewan Legislature.

An attempt was made to determine whether or not the medical care issue was an important factor in the defeat of the CCF Government in Saskatchewan. In the very close election in 1964 (in which the CCF received a total vote not significantly different from its vote in the 1960 provincial election) each issue was of vital importance. Persons interviewed after the election and commentators on that election mentioned the medical care issue as contributing in some way to the defeat of the CCF Government, although there is no unanimity on the importance of the issue. While realizing that conclusive proof for this kind of suggestion is difficult to obtain, this study supported the argument that the medical care issue was a substantial factor in the defeat of the CCF in Saskatchewan in 1964.
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