

How the CCF/NDP created Canada's Medicare for All

By Evan Lloyd

Many Canadians would argue that universal and publicly funded medicare—the system providing essential medical services to everyone based on need rather than ability to pay—is a defining feature of our national identity, perhaps the greatest.

No doubt, this was a key consideration in 2004 when Tommy Douglas, leader of the Co-operative Commonwealth Federation (CCF) in Saskatchewan, premier of the first socialist government in North America, and widely regarded as the father of universal health care in Canada, was voted “The Greatest Canadian of All Time” in a CBC TV competition.

While Canadians today are rightly proud that medicare's principle of universal coverage is enshrined in our national health care system, reflecting the belief that healthcare is a fundamental right rather than a privilege, its origins were anything but easy.



Lessons

There are important lessons in understanding how and why medicare emerged in Saskatchewan and how the CCF—and the NDP that succeeded it in 1961—overcame savage opposition to establish the first universal, single-payer, public health care system in our country. And how in the face of that fierce opposition by the Liberal and Conservative parties, their backers in corporate Canada, the medical professional, and business elites, as well as a hostile media, they propelled it to the national stage and eventually every province and territory in Canada.

Saskatchewan context

Saskatchewan was hit hard by the dirty thirties—the Great Depression and the dustbowl environmental disaster that swept the Great Plains. The decade-long economic downturn and the collapse of the wheat economy—the heart and soul of the province—pushed Saskatchewan and its people to the brink.

Citizens and public services alike were impoverished. During the 1930s, Saskatchewan faced considerable challenges in the provision of health care due to its rural and economically strained population. The province had fewer doctors and hospital beds per capita than any other part of Canada. When people were able to access health care and hospital services, the costs in many cases were unbearable, with 30 to 60 percent of medical and hospital bills going unpaid.



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Coming out of the Depression in the late 1930s, Saskatchewan faced a health care triple threat: too few hospitals and health care facilities — with an imbalance favouring urban centres; too few doctors— particularly doctors who could sustain a practice in rural areas servicing an impoverished population; and finally, a near-bankrupt provincial government with limited resources to support necessary health care infrastructure.

These deficiencies in infrastructure and workforce distribution contributed to

disparities in health care access and outcomes. Consequently, per capita health care indicators, such as rates of preventable diseases and life expectancies, reflected these challenges, with Saskatchewan lagging behind more developed regions.

Overall, the 1930s underscored the urgent need for improvements in health care accessibility and provision, laying the groundwork for reform.

Saskatchewan, of course, was not alone in facing these challenges. While the coarse grind of the Great Depression and the dustbowl deepened the crisis in heavily rural Saskatchewan, other governments in Canada and beyond were compelled to consider how ordinary people might better endure a world dominated by the laissez-faire sale of medical services, where the ability to pay, not medical need, determined both access and quality of care.

As early as 1911, the United Kingdom introduced the National Insurance Act, a landmark piece of social legislation providing the working class with sickness, unemployment, and old age benefits—funded by contributions from employees, employers, and the government—and helping set the stage for the modern welfare state.

In Canada, from 1919 onward, the federal Liberal party began a long and dishonourable tradition of promising universal health insurance before an election only to fail, repeatedly, to deliver upon election. In the first half of the 20th century—despite decades of Liberal political power—the closest Canada came to a national medicare plan was at the height of post-war reconstruction in 1945 when the MacKenzie King Liberals floated a national plan—only to sink the scheme in the face of concerted opposition by Liberal and Conservative provincial governments.

In British Columbia, the 1936 Liberal Party government toyed with the idea of a partial government health insurance plan only to abandon the scheme altogether in the face of determined opposition by B.C. doctors.

Throughout Canada, various regional hospital insurance programs and municipal doctor schemes emerged to provide a degree of public insurance for some healthcare costs—but this patchwork of insurance schemes remained as local and partial plans, never extended to an entire population.

Why Saskatchewan

What distinguished Saskatchewan in the 1940s was a socialist party—the CCF—deeply engaged, well-organized, on the cusp of political power, and for whom the provision of universal medical care was a key commitment. Importantly, medicare was seen as just part of an ambitious program of social and economic reforms to sustain individuals and build the collective health and wealth of the province.

The CCF, a national party strongest in Saskatchewan and British Columbia, was dedicated to the vision that Canada’s resources and economy must be planned and managed to serve and sustain both public welfare and society as a whole; in short, people before profits. Fueled by the solidarity and success of mobilization for the Second World War, the CCF sought to marshal Canada’s natural resources and human capital to achieve big goals—nothing less than sustainable economic security and social development for the entire population. In short, a cooperative commonwealth, or a New Jerusalem as its social gospel adherents might proclaim.



The 1933 Regina Manifesto, the policy statement adopted by the CCF at its first national convention outlined the party's socialist platform and goals. It called for major reforms, including public ownership of key industries, universal health care, old-age pensions, and unemployment insurance. The manifesto aimed to address the economic hardships faced by Canadians during the Great Depression and advocated a more equitable society based on socialist principles. The manifesto played a significant role in shaping the CCF's identity and policies, laying the foundation for the development of social democratic principles in Canadian politics.

Although the manifesto also famously included an oath that “no CCF government will rest content until it has eradicated capitalism and put into operation the full program of socialized planning, which will lead to the establishment in Canada of the Co-operative Commonwealth,” the policy goals articulated by the CCF were pragmatic and tangible, rather than utopian. Indeed, by the 1980s almost all the key planks of the manifesto—state health insurance, unemployment insurance, public pension plans, even an entrenched charter of rights—had been adopted Canada-wide.

The 1944 CCF Program for Saskatchewan was much broader than a mere one-off election platform. True to the breadth of its vision, the program set out ambitious goals to transform the province.

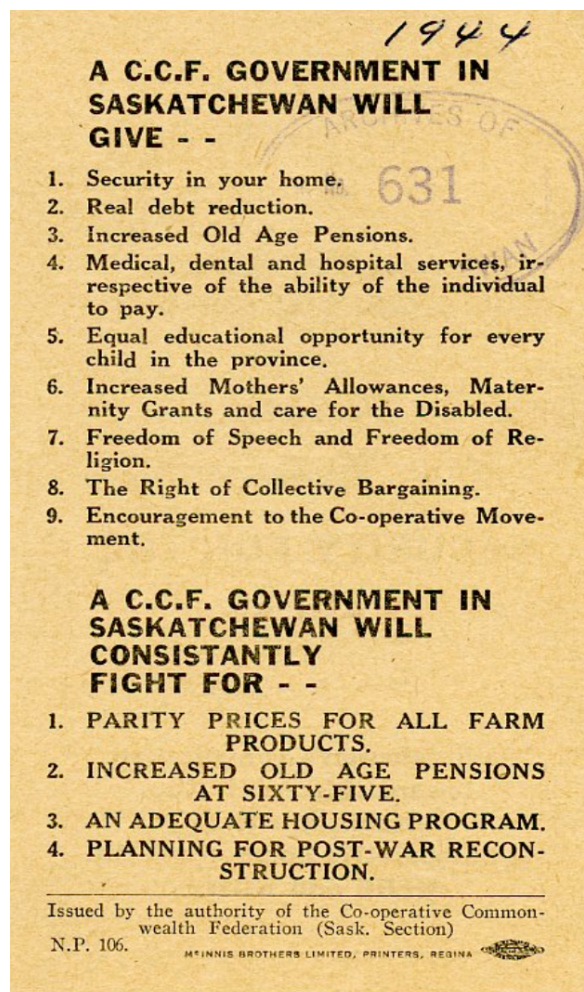
First, to fund its new and enhanced social programs, and to raise general prosperity, the party prioritized economic growth through industrial and resource development.

Next, the CCF's suite of social programs encompassed radical changes and support for education, social welfare, and health care with a promise to set up medical, dental, and hospital services "available to all without counting the ability of the individual to pay," in the words of CCF leader Tommy Douglas.

And finally, the CCF promised reform of government and the professionalization of the civil service in order to deliver its sweeping economic and social programs.

From the outset, corporate Canada and the Liberal and Conservative old-line parties, as the CCF would characterize them, were dismissive and alarmed by the prospect of this progressive upstart. The 1944 Saskatchewan provincial general election, as previous contests, was marked by near-hysterical opposition by the old-line parties and their supporters in the mainstream media. In Saskatchewan, they raised the spectre of Bolshevik confiscation of farms and private property, dictatorship, and crushing taxation should the CCF be elected.

Money from outside the province flowed to support the governing Liberal Party. The Simpsons corporation, the Ontario-based retail giant, offered its catalog network (with near ubiquitous coverage in that era) to distribute Liberal Party campaign literature. This vociferous and organized opposition by corporate interests and elites across Canada, and beyond, would repeat itself throughout the progressive reforms of the CCF government—never less evident than the bitter dispute that marked the battle over medicare in Saskatchewan.



The Saskatchewan CCF in power: a fast start on a long road

Saskatchewan voters looked beyond the fear tactics in 1944 and elected a majority CCF government. Saskatchewan voters would go on to return majority-after-majority CCF governments for five consecutive terms over 20 consecutive years, from 1944 to 1964.

A key reason for its electoral success was the CCF's relentless focus on practical measures with tangible benefits for ordinary people—combined with pragmatic delivery of government reforms and programs.

The early years of the Douglas government were characterized by a flurry of reforms and legislation to confront the economic and social challenges Saskatchewan faced as it emerged from the downturn and government paralysis of the previous decade.

Within eighteen months, the CCF passed some 200 far-reaching legislative initiatives, tackling everything from rural electrification, establishment of new Crown Corporations including a provincial power company, protection from farm foreclosures, crop insurance, holiday pay for workers, increased “mother’s allowances,” a number of new publicly funded health services, and the beginnings of public automobile and fire insurance programs.

From the outset, the CCF government organized its programs around two key themes: First, that for individuals and communities to fully and freely develop, society must provide a foundational level of social and economic security. Second, that wealth generation was essential, for both the economy and the government, for society to prosper and for the government to provide necessary services.

This hallmark approach characterized the next 20 years of progressive government in Saskatchewan. Nowhere was this more evident than in the long road to universal medicare.

So central was health care reform to the Saskatchewan CCF that premier Douglas, for the first five years of his administration, also served as minister of health. During this period he oversaw not only the expansion and innovation of existing public health services but also the planning for the ultimate stage of publicly funded and government-managed universal medical care.



financial barriers.

The Health Services Act of 1944 set out the framework for a new Saskatchewan health care system. Regional boards were established and, in keeping with the economic repair that preoccupied the first years of the CCF government, there was new support for the construction of necessary hospitals and clinics.

A first giant step, taken in 1947, was to provide universal coverage for hospital services. A North American first, the Saskatchewan plan guaranteed free access to hospital services for all citizens, without

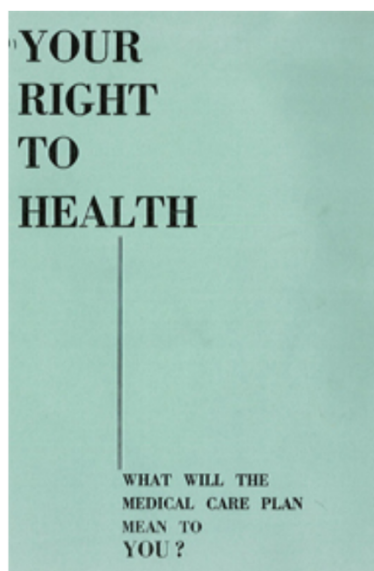
Saskatchewan was still a relatively poor province, and the cost of this important public service ballooned to 20 percent of the provincial budget in the first eight years of implementation. Not only were patients’ hospital bills being paid but new health capital investments over this same period meant the construction of 33 new hospitals as the province surged to having the most hospital beds per capita in Canada. The program was so successful and popular that other provinces began to emulate the plan and to agitate for a national program. By 1957, the federal Progressive Conservative government of John Diefenbaker was compelled to begin funding half the cost of any provincial hospitalization insurance scheme.

The next giant step after creating hospital insurance—the creation of a universal medicare system—would wait another 14 years until the CCF marshaled both the finances and the political capital to bring medicare-for-all to Saskatchewan—another North American first.

From the 1930s onward, the CCF vision of a publicly funded universal medical care program was the Holy Grail of political promises. Having succeeded with the introduction of socialized hospital care within their first two terms, it was not until the late 1950s that the CCF felt it could proceed to finally deliver on this promise in Saskatchewan.

Paramount in this consideration was the ability to fund the program—a precondition that Douglas had often cited in explaining the long gestation of the promise. Two factors underlay the confidence that Saskatchewan could now manage the costs of medicare and go it alone. First, higher government returns from the exploitation of oil and natural resources, and second the recent commitment on the part of the federal government to cost-share hospitalization insurance, hitherto borne entirely by the province.

Hence, the 1960 election campaign brought the fullest expression of socialized health care as a mandate issue. Douglas put it in stark terms saying the results of the election would determine whether or not Saskatchewan would proceed with medicare. As he put it “the people of this province will decide whether or not we want a Medical Care Program.”



“Your Right to Health: What Will the Medical Care Plan Mean to You?,” CCF Sask. Section, 1960
PAS Photo G.1.1960.11

Realizing that the CCF was prepared to stand or fall on the issue, both the opposition parties as well as Saskatchewan doctors loath to abandon their control over health insurance schemes and direct billing of patients, sprung to action. Once again, there was concerted opposition.

The medical profession, supported by member donations and out-of-province funding from both the Canadian and American Medical Associations, amassed a war chest of \$95,000 (equivalent to \$1 million today) in anti-medicare propaganda. This amount surpassed the campaign budgets of any political party, reflecting an all-out effort to halt the CCF's progress and secure the election of the opposition Liberals. And, as the opposition and editorial rhetoric verged on the hysterical, the spectre was raised of doctors fleeing the province to avoid medicare, leaving their patients vulnerable to foreign doctors—“the garbage of Europe”—should the CCF be re-elected. The electorate, however, was of another mind and in June 1960, the CCF was re-elected with an increased majority.

The CCF had an electoral mandate to move forward with universal medicare, but in short order the Saskatchewan political world would change dramatically—raising concerns whether full implementation would succeed.

Douglas—perhaps naively—felt that with a popular mandate and a promise to consult over details and secure the prior acceptance of the professional medical community, that there was a clear path for medicare.

Since 1960, Douglas had been a member of a national committee seeking to revive the fortunes of the CCF at the federal level by forming a new political party. At its founding convention in August 1961, the New Democratic Party—an alliance of the CCF and organized labour—selected the Saskatchewan premier as its first leader.

The conflicting responsibilities of the newly re-elected premier, and newly elected national party leader, brought uncertainty and urgency to delivering on the promise of medicare in Saskatchewan.

Before resigning as premier to assume his new federal leadership post Douglas presided over the tabling of the landmark Medical Care Insurance Act in October 1961. But in his haste to introduce the Act prior to leaving the province, he broke his promise to the College of Physicians and Surgeons that doctors would be given the opportunity to review the legislation prior to its introduction.



Accordingly, it fell to Woodrow Lloyd, the new CCF leader and premier, to be medicare's founding father.

The 1961 Medical Care Act was based on the recommendation of a committee that had been refining for years the broad elements of a plan that fulfilled the CCF's medicare vision. The legislation proposed a fee-for-service plan, supported by taxation and government revenues to be administered by a collaborative public commission. Missing was the prescription on how doctors would be paid for their services—a critical point to be determined in planned discussion with the medical community.

It was clear from the outset, however, that doctors remained resolutely opposed to the plan in general and any change to their ability to charge patients directly in particular. They refused all invitations to participate in discussions on implementation, or to appoint any members of the commission that would administer the plan. In short, a complete rejection of what they referred to as state-controlled medicine. It became clear that their strategy was to sabotage the medicare plan as proposed—delay engagement with the government for as long as possible—and then refuse to practice under the act.

A dramatic conflict.

As the doctors' strategy and intransigence became apparent, the Lloyd government tabled back-up legislation to ensure that doctors could not effectively practice outside the plan. Patients would be free to pay hold-out doctors directly for services but neither they nor physicians could access or recover insurance payments from the new medicare commission. Rather than encouraging negotiations, this further antagonized the profession.

As the commencement date for medicare loomed, the doctors ratcheted up their opposition. They and their political allies organized in every community of the province to oppose the CCF's medicare project. Their ultimate tactic was to threaten to withdraw all medical services if the plan went ahead, and to lay life and death consequences on the CCF.

On the first day of medicare in Saskatchewan, July 1, 1962, physicians initiated the first doctors' strike in North America. The majority of doctors closed their offices and refused to provide services. They warned of surgery cancellations and a general exodus from the province. In communities across the province, Keep Our Doctors committees sprung up, funded by corporate interests and the Canadian and American Medical Associations, and drawing upon organizational support from Liberal party allies. Rallies, cavalcades, and petitions pressured the government to back down. Communities were divided, but support for the government and medicare in particular remained strong.



A firebrand local minister took to the pulpit and political meetings alike to warn of violent retribution should the government prevail. Provincial and local media—with the exception of the CBC—were solidly in the opposition camp and kept up a steady drip of apocalyptic editorial comment. Lloyd and key ministers were afforded police protection as the threats and hysteria mounted.

The Lloyd government was prepared, however, and within days was dispatching new doctors that had been quietly and quickly recruited from the United Kingdom and elsewhere in Canada to communities across the province—and with many to serve in hastily arranged community clinics established by medicare supporters. In less than two weeks, this airlift had provided some 100 physicians to maintain essential medical services in the province.

Getting nowhere in direct talks with doctors, Lloyd had another surprise from the U.K. Via progressive allies and international connections, he had secured the services of Lord Stephen Taylor, a Labour Party peer and one of the architects of the British National Health Service, to advise the Saskatchewan government on the crisis it faced.

After the government stood firm and showed its absolute resolve to implement its democratic mandate, the College of Physicians dropped its demand that the legislation be abandoned and agreed to talks on the issue of fee schedules and the role of private insurance. The government, in response, agreed to a special session of the legislature to consider any necessary amendments to the Medicare Act. By the time Lord Taylor arrived in Saskatchewan, his role had changed to one of mediation, and within three weeks an agreement had been reached with doctors and the strike was over.

Conclusion

The origins of socialized medicine in Saskatchewan are a testament to the power of political leadership, grassroots mobilization, and unwavering commitment to social justice. The CCF governments from 1944 to 1964, led by visionary leaders Tommy Douglas and Woodrow Lloyd, defied entrenched interests and spearheaded transformative reforms that would shape the future of health care in Canada. The legacy of medicare in Saskatchewan endures as a beacon

of progress and a reminder of the profound impact that collective action can have in advancing the common good.

The achievement of the Lloyd government in establishing medicare in 1962 was historic. Despite formidable opposition, the government succeeded in establishing North America's first comprehensive, publicly funded health care system. This achievement marked a watershed moment and led directly to the Canada-wide adoption of medicare by the federal Liberal government in 1968. Without the leadership of the CCF and the NDP, health care in Canada today would likely mirror the private insurance dominated system we see in the U.S.--with greater costs and lower health outcomes. Then as now it was New Democrats who championed the cause, and pressured for real change to benefit the life and health of Canadians.

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