

Last Province Aboard: New Brunswick and National Medicare

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Article abstract

Introduced as a federal-provincial cost-sharing program in the 1960s, medicare aligned ideologically with Premier Louis J. Robichaud's Equal Opportunity program. New Brunswick was one of the first Canadian provinces to support the adoption of universal healthcare, but it was the last province to implement medicare. This article examines the federal-provincial negotiations surrounding medicare in order to shed light on the scope of Robichaud's program of Equal Opportunity, to re-evaluate the last years of the Robichaud administration, and to explore why the Progressive Conservative government of Richard Hatfield was responsible for the implementation of medicare in New Brunswick.

Last Province Aboard: New Brunswick and National Medicare

GREGORY P. MARCHILDON AND NICOLE C. O'BYRNE

Le régime d'assurance-maladie, introduit dans les années 1960 comme un programme fédéral-provincial à coûts partagés, était conforme à l'idéologie du programme « Chances égales pour tous » du premier ministre Louis J. Robichaud. Le Nouveau-Brunswick fut l'une des premières provinces canadiennes à appuyer l'adoption de l'assurance-maladie universelle, mais il fut la dernière province à la mettre en œuvre. Cet article examine les négociations fédérales-provinciales entourant le programme d'assurance-maladie en vue de jeter un nouvel éclairage sur la portée du programme « Chances égales » de Robichaud, de réévaluer les dernières années de l'administration Robichaud et d'explorer pourquoi c'est le gouvernement progressiste-conservateur de Richard Hatfield qui fut responsable de la mise en œuvre de l'assurance-maladie au Nouveau-Brunswick.

Introduced as a federal-provincial cost-sharing program in the 1960s, medicare aligned ideologically with Premier Louis J. Robichaud's Equal Opportunity program. New Brunswick was one of the first Canadian provinces to support the adoption of universal healthcare, but it was the last province to implement medicare. This article examines the federal-provincial negotiations surrounding medicare in order to shed light on the scope of Robichaud's program of Equal Opportunity, to re-evaluate the last years of the Robichaud administration, and to explore why the Progressive Conservative government of Richard Hatfield was responsible for the implementation of medicare in New Brunswick.

ON 1 JANUARY 1971 THE NEW BRUNSWICK GOVERNMENT introduced universal medical care insurance, the very last province to implement a program that would become an integral part of the welfare state and Canadian identity. Significantly, this date was two-and-a-half years after 1 July 1968, the first available implementation date set by the federal government under the terms of the 1966 Medical Care Act.¹ Given the provincial government's strong support of the principles underlying medicare,² this was a perplexing result, and one that has not been addressed in the historical literature.

1 Medical Care Act, RSC 1970, c. M-8.

2 Originally, the word "medicare" was the contracted form for medical care insurance. However, it soon become commonplace in Canada for "medicare" to refer to both universal hospital and medical care services. In this article, the uncapitalized word "medicare" is used in its original sense. On this usage, see Gregory P. Marchildon, "Canadian Medicare: Why History Matters," in

Universal medical care coverage was born in the midst of a political and ideological struggle, becoming the defining social policy issue of the decade for both federal and provincial governments during the 1960s. Medicare was built on the platform of universal hospital coverage implemented a decade earlier with far less controversy. While some provincial governments had been less than keen about the increase in provincial costs represented by hospital insurance and the idea of universal as opposed to targeted coverage, they accepted federal cost sharing for the new program with little argument. However, the political situation had changed by the 1960s. Business opposition to the continued growth of the welfare state fortified the medical profession's opposition to state funding of medical care, and provincial governments were more deeply divided on the merits of universal medicare than they had been on universal hospital coverage.³ Similar to the political landscape emerging in Western Europe and the United States, the divisions were based primarily on ideological grounds.⁴ Centre-right governments (Progressive Conservative and Social Credit) were generally opposed to universal, single-payer medicare while centre-left governments (Liberal and the social democratic CCF/NDP) were generally supportive. Simply put, centre-right governments believed that universal medicare represented a dangerous incursion by the state into the right of individuals to choose what was best for themselves and their families. Conversely, centre-left governments, including the New Brunswick government under Liberal modernizer Louis J. Robichaud, professed the view that state intervention was needed in order to ensure universal access to health care for all citizens on the basis of medical need rather than on the ability to pay.

During the intense debates surrounding the introduction of medicare, civil society organizations and individual members of the general public actively participated in the discussion. Groups such as the Canadian Medical Association and the Canadian Health Insurance Association were vehemently opposed to the introduction of single-payer universal medicare. At the other end of the spectrum, labour unions and social justice groups consistently pressured all governments to introduce medicare as soon as possible.⁵ In the case of New Brunswick, the interests that were core to

Changing Medicare: New Perspectives on the History of Medicare in Canada, ed. Gregory P. Marchildon (Toronto: University of Toronto Press, 2012), 3-18, where a lower case "medicare" is used for universal medical (i.e., physician) care coverage alone while an upper case "Medicare" described universal coverage for hospital, diagnostic, and physician services.

- 3 See Malcolm G. Taylor, *Health Insurance and Canadian Public Policy: The Seven Decisions that Created the Canadian Health Insurance System* (Montreal and Kingston: McGill-Queen's University Press, 1978), and C. David Naylor, *Private Practice, Public Payment: Canadian Medicine and the Politics of Health Insurance, 1911-1966* (Montreal and Kingston: McGill-Queen's University Press, 1986).
- 4 See Ellen M. Immergut, *Health Politics: Interests and Institutions in Western Europe* (Cambridge: Cambridge University Press, 1992); Charles Webster, "Conflict and Consensus: Explaining the British Health Service," *20th Century British History* 1, no. 2 (1990): 115-51; Antonia Maioni, *Parting at the Crossroads: The Emergence of Health Insurance in the United States and Canada* (Princeton: Princeton University Press, 1998); and Paul Starr, *Remedy and Reaction: The Peculiar American Struggle over Health Care Reform* (New Haven and London: Yale University Press, 2012).
- 5 See Gregory P. Marchildon and Klaartje Schrivjers, "Physician Resistance and the Forging of Public Healthcare: A Comparative Analysis of the Doctors' Strikes in Canada and Belgium in the

the pro-medicare coalition also supported Louis Robichaud's government and its progressive agenda – including the extensive program of Equal Opportunity, with its promise of fairness through provincial tax and social program redistribution.⁶ These same elements cheered when, during the 1964 and 1967 election campaigns, Robichaud promised that implementing medicare would be one of his government's priorities.

Robichaud's reputation as a social reformer was cemented during the decade he held office. Indeed, looking back, it is only logical to assume that Robichaud would have been one of the first premiers to implement medicare for at least four reasons: 1) his many early statements supporting national medicare as good social policy, 2) the natural affinity between medicare and his signature policy of Equal Opportunity, 3) his staunch and partisan support of federal Liberal priorities as envisioned by Prime Minister Lester B. Pearson, and 4) his belief in a type of cooperative federalism in which the federal government uses its spending power to play a large role in the development of pan-Canadian social programs with national standards.

The Robichaud government, however, continually delayed its preparation for medicare's implementation.⁷ It was not until the spring of 1970 that serious planning began and, by then, it was too late. Robichaud's previously unfulfilled election promises regarding medicare worked against both him and his government's credibility and contributed substantially to his defeat in October 1970. It was left to Progressive Conservative Richard Hatfield to implement medicare, which he did almost immediately after assuming office. This article explores the reasons for the Robichaud government's reluctance to implement this popular program of universal prepaid health insurance.

Robichaud, Equal Opportunity, and medicare

First elected in 1960, Louis J. Robichaud is now largely remembered as a progressive reformer who modernized the provincial government's administration in order to reduce the income and educational gap that existed between Acadians and non-Acadians. He is also credited with administering government programs that were designed to decrease the socio-economic divide between rural and urban New

1960s," *Medical History* 55, no. 2 (April 2011): 203-22, and Robin F. Badgley and Samuel Wolfe, *Doctors' Strike: Medical Care and Conflict in Saskatchewan* (Toronto: Macmillan of Canada, 1967).

6 The program of Equal Opportunity was based in part upon the *Report of the Royal Commission on Finance and Municipal Taxation*, chair Edward Byrne (Fredericton: Queen's Printer, 1963). The Byrne Commission recommended centralizing revenue generation and public spending in the province in order to reduce the large social, economic, and fiscal disparities among the regions and local governments. The government's response – its *White Paper on the Responsibilities of Government* (Fredericton: Queen's Printer, 1965) in March 1965 – accepted the need for the government to take more responsibility for education, health, and other social policy areas as well as the necessary tax capacity to fund these responsibilities. See Della M.M. Stanley, *Louis Robichaud: A Decade of Power* (Halifax: Nimbus Publishing Limited, 1984), 123-62.

7 New Brunswick Medical Services Payment Act, SNB c. 85 received Royal Assent on 6 December 1968. The legislation provided that a coming-into-force date would be proclaimed at a future date. On 9 December 1970, the act was proclaimed as coming into force on 1 January 1971 (Order-in-Council 70-844).

Brunswick under the program of Equal Opportunity.⁸ And one of Robichaud's first acts in office was to eliminate regressive premiums for provincial hospital insurance, ensuring that municipalities were no longer responsible for collecting the premiums. As part of the Robichaud administration's long-term objective to move towards a more equitable, progressive, and sustainable tax system, the program was funded by general provincial revenue.⁹

Soon after the 1960 election, though, the Robichaud government discovered that its policy ambitions were limited by the antiquated nature of the provincial bureaucracy and the variable quality of its personnel. In order to remedy this, the government recruited a corps of talented modernizers from within the province (most notably Fred Drummie, who became Robichaud's economic advisor). The government also hired personnel from outside the province. This contingent was dominated by a tight-knit group of highly skilled and experienced civil servants from Saskatchewan, who left the province en masse in 1964 when the social democratic CCF-NDP, in power for two decades, lost the election of that year to a more conservative and less activist Liberal government under Premier Ross Thatcher. Although there was some opposition within cabinet and the homegrown civil service to the outsiders, the majority of this "Saskatchewan mafia" were able to work effectively in the province. The first and most notable of these recruits was Donald D. Tansley, who was appointed the deputy minister of finance and the secretary to the cabinet. As the head of the civil service, Tansley led a wholesale revision of government organization and procedures.¹⁰ Robichaud's non-elected team, led by Drummie and Tansley, was responsible for the intellectual content as well as the bureaucratic implementation of Equal Opportunity.

During the 1965 fall legislative session, Robichaud identified the essence of Equal Opportunity as the government's ensuring "minimum standards of services and opportunities for all citizens, regardless of the financial resources of the locality in which they live."¹¹ In all, Equal Opportunity involved "approximately 130 pieces of legislation that transferred a huge amount of administrative responsibility from

8 In addition to Stanley, *Louis Robichaud*, see R.A. Young, "Remembering Equal Opportunity: Clearing the Undergrowth in New Brunswick," *Canadian Public Administration* 30, no. 1 (Spring 1987): 88-102.

9 In order to administer the single-payer hospital plan, the Robichaud government also disbanded the Hospital Services Commission and replaced it with the Hospital Services Division in the Department of Health and Social Services. See "J.A. Melanson (Deputy Minister of Health) to the New Brunswick Section of the Maritime Hospital Association Annual Meeting," Halifax, speech, 5-8 June 1961, RS 136, Chief Medical Officer and Deputy Minister Health, box A17M, file "Health, general 1960-64," Provincial Archives of New Brunswick (PANB). See also *Report of the Royal Commission on Finance and Municipal Taxation* (Byrne Commission), 95.

10 Tansley identified some of the individuals in the New Brunswick government who were opposed to his hiring based on the fact that he was not originally from the province. See Don Tansley, interview by Janet Toole, 29 January 1990, transcript # 1, p. 6, MC 1830 MS1B, PANB. See also Lisa Pasoli, "Bureaucratizing the Atlantic Revolution: The 'Saskatchewan Mafia' in the New Brunswick Civil Service, 1960-1970," *Acadiensis* XXXVIII, no. 1 (Winter/Spring 2009): 126-50.

11 Louis J. Robichaud, "A Program for Equal Opportunity," speech to the New Brunswick Legislative Assembly, 16 November 1965, p. 1, MC 1880, MS6A4, Edward G. Byrne records, PANB.

municipalities to the provincial government.”¹² The program’s initiatives included four key priorities: stimulating the economy, improving municipal administration, modernizing provincial government administration, and working closely with Ottawa in order to implement federal-provincial initiatives (including cost-shared initiatives such as medicare, which involved federal standards and monies).¹³ The Robichaud government’s overarching goal through these administrative reforms was to overhaul the government’s delivery of education, justice, social welfare, and health services in order to promote equal opportunity for all citizens living in New Brunswick.¹⁴

From Robichaud’s perspective, the federal government had a responsibility to oversee equal access to social welfare programs for all its citizens by setting national standards and using the federal spending power in areas of provincial jurisdiction (including health). In response to provincial governments such as Quebec and Alberta, which vehemently protested such incursions into their areas of constitutional jurisdiction, Robichaud argued forcibly that the constitution should be interpreted flexibly and purposively to address key contemporary concerns. For Robichaud, the division of powers under the British North America Act, 1867, did not provide adequate guidance for governance of health care.¹⁵ He also felt that government was not “a game like bridge, where a set of rules made years ago are all important. It is a way of providing services that individuals can’t provide for themselves.” A strong advocate for equalization, he looked to the federal government to distribute revenues raised nationally to the provinces in ways that would ensure “a national average of public services” in each province for “responsibilities that did not exist a hundred years ago.” Robichaud added that this should not mean that shared-cost programs must “work in the same way” in each province, but that it was the most effective instrument for achieving “unity with diversity” within the federation.¹⁶

Robichaud’s conceptualization of the role of government was set out in the *White Paper on the Responsibilities of Government*, the formative document that established a principled framework for Equal Opportunity. It was tabled in the provincial Legislative Assembly on 4 March 1965, and, in part, stated: “Hospital, school, highway and health programmes have all been developed through national efforts towards the establishment of minimum services for all. Through these shared cost programs, New Brunswick has benefitted to a significant extent from national transfers of wealth.”¹⁷ Moreover, without this “national recognition of the problems of disparity” New Brunswickers would “be living more than a generation behind the nation.”¹⁸

12 Pasolli, “Bureaucratizing the Atlantic Revolution,” 130.

13 Young, “Remembering Equal Opportunity,” 90-1.

14 Fred Drummie, interview by Nicole O’Byrne, 7 July 2011, St. Andrews, NB.

15 See Constitution Act, 1867 (UK), 30 & 31 Vict. c. 3.

16 These quotations are all from Robichaud’s draft statement for the Federal-Provincial Conference, Ottawa, 27 October 1966, RS416, Records of the Office of Premier Louis J. Robichaud, 102/1966, file “Federal-Provincial Conference, Oct.-Nov.,” PANB.

17 Government of New Brunswick, *White Paper on the Responsibilities of Government*, 8. The white paper was written by Drummie, Tansley, and Charles McElman in response to the Byrne report; see Drummie interview.

18 Government of New Brunswick, *White Paper on the Responsibilities of Government*, 9.

There was a powerful parallel between Robichaud's view of the federal government's role in ensuring equal access to services for all Canadian citizens and his conceptualization of the provincial government's role in New Brunswick. He would use the fiscal power of the provincial government to redistribute resources from the more urban and wealthy parts of the province to the poorer and more rural regions previously limited by the financial resources of local governments. Robichaud planned to create and administer provincial social programs such as medicare, with equity of access for all residents in order to help reduce such disparities. As stated in the white paper: "Our health problems are within our ability to eliminate but many of our people are unable to avail themselves of proper medical care."¹⁹

Given Robichaud's position as outlined in the white paper, it was not surprising that at a First Ministers' Conference held later that year he strongly supported the Pearson government's initial proposal to establish a national medicare program based on the recommendations of the Royal Commission on Health Services.²⁰ The Hall Commission report strongly favoured the adoption of a universal, single-payer model of medicare similar to the program that Saskatchewan had implemented in 1962 in the aftermath of its doctors' strike. The report was severely criticized by the insurance industry, chambers of commerce, and several provincial governments as well as organized medicine across the country (including the Canadian Medical Association and the New Brunswick Medical Society).²¹ Despite this opposition, Robichaud made his position clear in his opening address at the conference: "No one has, to my knowledge, shown the basic principles of the Hall Commission Report to be either impractical or unworkable."²²

In spite of limited provincial revenues for health care, Robichaud was eager to establish medicare as quickly as possible in New Brunswick. At the federal-provincial conference Robichaud put forward three alternatives to fast track the proposal: 1) a financial offer from Ottawa slightly in excess of the 50 per cent then existing in the universal hospital insurance cost-sharing agreement, 2) the provinces giving the federal government responsibility for health care through a constitutional amendment, and 3) a fundamental reworking of the federal-provincial tax sharing system that would take into account the differing fiscal capacities of the provinces.²³

Prime Minister Pearson planned to introduce the national medicare program on 1 July 1967 in order to coincide with Canada's centennial celebrations. Robichaud advocated a more expedited timetable. However, for some members of Pearson's cabinet the 1967 start date was premature. This group wanted to delay medicare as

19 Government of New Brunswick, *White Paper on the Responsibilities of Government*, 6.

20 *Report of the Royal Commission on Health Services* (Ottawa: Queen's Printer, 1964 and 1965).

21 Naylor, *Private Practice, Public Payment*, 232; F.L. Whitehead (Secretary, New Brunswick Medical Society) to Members of the Legislature of New Brunswick, and Members of Parliament and Senators from New Brunswick, 9 September 1965, RS416, Records of the Office of Premier Louis J. Robichaud, 103/1966, PANB.

22 "Opening statement of the Hon. Louis J. Robichaud Q.C., Premier of New Brunswick at the July 19, 1965 Federal-Provincial Conference, Ottawa," 19 July 1965, p. 5, RS416, Records of the Office of Premier Louis J. Robichaud, 93/1965, file "Federal-Provincial Conferences, July 1-22," PANB.

23 "Opening statement of the Hon. Louis J. Robichaud Q.C., Premier of New Brunswick at the Federal-Provincial Conference," 19 July 1965, p. 5, RS416, Records of the Office of Premier Louis J. Robichaud, 93/1965, file "Federal-Provincial Conferences, July 1-22," PANB.

long as possible in order to increase federal revenue capacity or to derail the initiative altogether. Led by the Finance Minister Mitchell Sharp, they won a concession from the prime minister and the progressive wing of cabinet – a delay of the start date by one year to 1 July 1968.²⁴ When the new target date was announced in September 1966, Robichaud immediately announced his disappointment with the delay.²⁵ His government had already taken a few steps to lay the groundwork for medicare. The Cabinet Committee on Medical Care, including key officials such as Tansley, had been established in March to work out the details of the program as well as to “meet at regular intervals with representatives of the medical profession . . . to reach agreement on the major aspects of the program.”²⁶ Robichaud had already announced in the legislature that his government was “prepared to meet the requirements necessary to secure federal participation” for his provincial medicare program, and that his cabinet committee would seek a design acceptable to the doctors of New Brunswick.²⁷

Promising medicare but never delivering

In December 1966, Parliament passed the Medical Care Act.²⁸ This legislation set out the terms and conditions of federal cost sharing for medicare, which stipulated that the provincial plans be universal, publicly administered, comprehensive in terms of medically necessary physician services, and that coverage be portable among provinces. The legislation did not require provinces to participate immediately; rather, they could voluntarily enter the program whenever they were ready and able to meet the conditions of the Medical Care Act after the 1 July 1968 implementation date.

The legislation specified an equal cost-sharing arrangement in which Ottawa would cover 50 per cent of the national per capita average of the cost of physician services, in the participating provinces. This was an important consideration for the four Atlantic provinces, which had more limited revenue-raising capacities than the provinces in central and western Canada. Because physician costs (along with incomes generally) were lower in the Atlantic region relative to the rest of Canada, these less populous and lower-cost provinces would get more (and in some cases, such as New Brunswick, considerably more) than 50 cents from Ottawa for every provincial dollar they spent on medicare as long as a majority of the other provinces – especially the populous, higher-cost provinces such as Ontario and Quebec – entered the scheme.²⁹

24 Taylor, *Health Insurance*, 373.

25 New Brunswick Legislative Assembly, *Hansard*, 46th Sess., Vol. 1, p. 848 (Louis J. Robichaud).

26 New Brunswick, Report of the Cabinet Committee on Medical Care, 9 March 1966, RS416, Records of the Office of Premier Louis J. Robichaud, 103/1966, file “Medicare,” PANB.

27 New Brunswick, Legislative Assembly, *Hansard*, 45th Leg, 4th Sess., Vol. 2 (3 June 1966), p. 868 (Louis J. Robichaud).

28 Medical Care Act, RSC 1970, c. M-8.

29 As early as February 1966 the federal government had estimated a national physician cost of \$35.00 per capita. This was substantially above New Brunswick’s per capita physician cost of \$22.08. This meant that a federal contribution of \$17.50 per capita would pay for almost 80 per cent of the operating costs of medicare in New Brunswick, assuming all provinces signed on and the New Brunswick Medical Society did not increase its fees. See C.W. Kelly to G.L. Dumont, Department of Health and Social Services memorandum, 9 February 1966, RS416, Records of the Office of Premier Louis J. Robichaud, 103/1966, file “Medicare,” PANB.

The one-year delay in the implementation date gave Robichaud and his advisers additional time during which they reconsidered their position. In particular, Robichaud was concerned about opposition that had been voiced by the wealthier provincial governments, such as those of Quebec, Ontario, Alberta, and British Columbia, to the federal government's conditions tied to the cost-sharing arrangement. The premiers of Quebec and Alberta had also argued against the arrangement on constitutional grounds as incursions into their spheres of jurisdiction, but it was only the threat of non-participation by the two largest provinces that concerned the government of New Brunswick. Medicare might still proceed without Ontario and Quebec, but since the federal contribution to any individual province would be based on the province's per capita share of the national average of the medicare expenditures of all participating provinces the absence of provinces with higher-cost structures for their doctors would produce a lower average and so result in a lower per capita federal contribution to New Brunswick – where doctors had always been paid less than the national average.

As part of Equal Opportunity, Robichaud had fundamentally altered the division of responsibilities between the province and local governments by moving a number of fiscal burdens from local government to the provincial government. Additionally, the abolition of county governments compelled municipalities to focus solely on property-oriented services such roads, sewer, and water. This did much to alleviate the dire financial situation faced by many local governments in New Brunswick.³⁰ However, it also required the provincial government to take full responsibility for the financing and delivery of education, health, and social welfare. Due to these new pressures on the provincial budget, Robichaud worried about the additional costs associated with implementing universal medical care coverage.³¹

In New Brunswick, Canada's centennial year saw a dramatic and bitter provincial fall election in which the Robichaud government was re-elected.³² Earlier that year, organized medicine in the province had taken a tough new stand against medicare. Bolstered by the national Canadian Medical Association, a vehement opponent of the federal Medical Care Act, the New Brunswick Medical Society (NBMS) recommended that the provincial government strike a "study committee on all aspects of Medicare" on which the doctors would be "adequately represented."³³

30 Young, "Remembering Equal Opportunity," 93.

31 "Editorial Comment from Far and Near on 'A Program for Equal Opportunity' (Part Two, March 1966)," R416A, Records of the Office of Premier Louis J. Robichaud, scrapbook & newspaper file, A2/8, PANB. In July 1965, just months before most of his government's new tax measures were introduced in the Legislative Assembly, Robichaud told his fellow first ministers and the prime minister that New Brunswick's tax rates were the third highest in Canada while the per capita yield was the second lowest in the country, and that provinces like his own needed more than 50 cents on the dollar from the federal government in order to provide medicare services of comparable quality to provinces such as Ontario. See "Opening statement of the Hon. Louis J. Robichaud, Q.C., Premier of New Brunswick, at the July 19, 1965 Federal-Provincial Conference, Ottawa," 19 July 1965, RS416, Records of the Office of Premier Louis J. Robichaud, 93/1965, file "Federal-Provincial Conferences, July 1-July 22," PANB.

32 The Liberals received 52.8 per cent of the vote and won 32 seats; the Conservatives received 47.1 per cent of the vote and won 26 seats.

33 F.L. Whitehead (Secretary of NBMS) to Robichaud, 2 February 1967, RS416, Records of the Office of Premier Louis J. Robichaud, 112/1967, file "Medicare," PANB.

Even though his government had already created a cabinet committee to review that very subject, Robichaud opted to mollify the NBMS by eventually setting up a Medical Care Study Committee with very broad terms of reference that included “the ways and means of assuring the essential relationship between doctor and patient be maintained.”³⁴ By this time, he had decided that he would call a fall election, and wanted to avoid a major confrontation with the profession.

The New Brunswick business community also mobilized against medicare, expressing grave concerns about what it viewed as the ruinous cost of universality and the principle of public administration that largely sidelined for-profit insurance companies. They also expressed concerns about the perceived deleterious effects that single-payer medicare would have on the doctor-patient relationship through state interference in choice of doctor or the availability of procedures. In a letter to the New Brunswick Medical Care Study Committee, the Saint John Board of Trade articulated its concerns in financial terms: “Universal coverage may be considered a laudable goal, [but] we believe it is not yet within the economic reach of our province or country.” These criticisms were not unique; they reflected the conventional wisdom of the business community in the rest of Canada.³⁵

In early August 1967, Fredericton was the host city for the Annual Premiers’ Conference. Most of the premiers in attendance opposed medicare and argued against the program’s introduction. Robichaud, although a staunch ally of Pearson on the principal of medicare, agreed to a consensus statement among the six attending premiers that called for the prime minister to convene a federal-provincial conference to discuss a change to the start date of the federal medicare plan. He then stated to the media that “implementation of the federal plan by July, 1968, as scheduled might be too much of a rush for the Maritimes.”³⁶

In subsequent weeks, despite its earlier participation in the Medical Care Study Committee, the NBMS launched a pre-emptive strike against medicare as speculation mounted about an impending election call. In an effort to calm the waters, Stephen Weyman, the minister of health, promised to design the plan in such a way as to allow doctors to opt out of medicare.³⁷ One week later, Robichaud dropped the writ for the provincial election, beginning a six-week long campaign. By this time, most insiders expected the government to fall. The introduction of Equal Opportunity had been extremely controversial, and opposition fortunes were bolstered by the discontent. One of the major criticisms against Equal Opportunity in the largely Anglophone cities of Saint John and Fredericton was that the standards of public services such as hospitals and schools were being sacrificed to raise the standards in Acadian regions and in other poorer areas such as the Miramichi. Editor

34 New Brunswick Reg. 1967-569; New Brunswick Order-in-Council, 22 June 1967, 67-569.

35 Saint John Board of Trade to Medical Care Study Committee, 25 August 1967, RS416, Records of the Office of Premier Louis J. Robichaud, 5/1/1968, file “Medicare,” PANB; Taylor, *Health Insurance and Canadian Public Policy*, 337-70.

36 “Six premiers to demand medicare plan revisions,” *Globe and Mail* (Toronto), 3 August 1967.

37 *Telegraph-Journal* (Saint John): “The Big Question is When?” 19 August 1967; “N.B. Election Campaign Kicked Off?” 24 August 1967; “Medical Society to Discuss Medicare,” 26 August 1967; “Medical Convention Opens” and “Doctors Tackle Problems Confronting Medicare,” 29 August 1967; “CMA President Raps Setup for Medicare: Medical Society Panel Raises Host of Questions,” 31 August 1967; and “Medical Society Maps Plans for Negotiations,” 1 September 1967.

of Fredericton's daily newspaper and Conservative partisan Michael Wardell wrote that the program would force Anglophones to subsidize Acadians in New Brunswick.³⁸ There were also many who believed that the Robichaud government had gutted local government and raised provincial taxes very high in order to pay for expensive social programs. In other words, the 1967 election was a referendum on Equal Opportunity. According to Tansley, almost everyone expected that the Robichaud government would lose the election.³⁹

Two weeks into the campaign Robichaud announced his new platform, one plank of which prominently declared: "Medicare will be instituted in co-operation with the federal government, without premiums, by July 1, 1968." If fulfilled, this promise would have made New Brunswick among the first, if not the first, province to enter national medicare.⁴⁰ It resonated with New Brunswick voters. Despite the growing hostility of doctors and the business establishment, the form of universal, single-payer medicare advanced by Ottawa remained highly popular among most Canadians – including most New Brunswickers – a popularity that could hardly be ignored by the flamboyant leader of the Progressive Conservatives J.C. Van Horne. Not wanting to give Robichaud a major electoral advantage, Van Horne also promised to implement medicare, without premiums, on 1 July 1968.⁴¹

To almost everyone's surprise, Robichaud and the Liberals won the election and Van Horne lost his own seat. Van Horne's promise to introduce medicare may have been perceived by pro-medicare voters as a cynical campaign ploy, particularly in light of the Liberals' success in portraying Van Horne as a stooge for private business interests and an "irresponsible opportunist."⁴² In contrast, Robichaud's promise seemed more believable because of his longtime, on-the-record public support for the principles of medicare. Moreover, the discussion of medicare in the election had served him well, allowing at least some relief from the polarized debate on the merits and shortcomings of Equal Opportunity. When it came to medicare, Robichaud only had to worry about the grumbling of some in the medical and business community, and this was much easier to ignore than the more vocal and emotional opposition to Equal Opportunity that many predicted would bring down the government.⁴³

The unexpected election victory must have been a welcome surprise to Robichaud. He and his cabinet ministers, however, were exhausted. His minister of health lost his seat and was replaced by Norbert Thériault, who was transferred into the portfolio from his position as minister of municipal affairs. Over the next three

38 Fred Drummie, lecture, Saint Thomas University, 24 February 2003 – cited in Julian Walker, "The Once and Future New Brunswick Free Press," *Journal of New Brunswick Studies*, vol. 1 (2010): 68.

39 Don Tansley interview, transcript #1, p. 24.

40 Robichaud, quoted in *The Daily Gleaner*, 27 September 1967. See also Calvin Woodward, "History of New Brunswick Provincial Elections," p. 553, MC2443, PANB.

41 "PC Leader Promises no Medicare Rates" and "Premier Stresses 'Responsibility'," *Telegraph-Journal*, 9 October 1967.

42 Stanley, *Louis Robichaud*, 172.

43 Richard Hatfield not only believed that Robichaud won the 1967 election on the basis of his medicare promise, but he also felt that the Liberals had won the earlier 1964 election on the same promise. He was determined not to allow that to happen in the 1970 election. See Richard Hatfield, interview by Janet Toole, 27 February 1990, transcript #6, p. 12, MC 1354, PANB.

years, Thériault turned out to be an exceptionally energetic figure in a cabinet largely characterized by directionless malaise.⁴⁴ In an interview conducted two decades after the 1967 election, Thériault felt that the “government went to pieces” after the election – in part because most of the veteran members of cabinet were played out and Robichaud himself was “physically and mentally tired.”⁴⁵ According to Tansley, the government seemed to have lost “its impetus.”⁴⁶

This loss of momentum originated in the premier’s office. By contrast with his first two terms in office, Robichaud exhibited a pronounced lack of leadership during his third term. The battle over Equal Opportunity had drained his energy, and Robichaud lost his enthusiasm for governing. Immediately following the election, he delegated the critical process of selecting his cabinet to four of his most senior and trusted officials. This was a clear abrogation of his duties as both premier and party leader.⁴⁷ The implementation of medicare became a major casualty of this lack of political will and direction. Robichaud left it to his ministers to formulate an implementation strategy; the cabinet, however, was simply too divided to agree on a plan without the premier’s leadership. The result was that no decision was made, and the fulfillment of the election promise to introduce medicare was indefinitely postponed.

In early January 1968, Robichaud announced that the government would be breaking its election promise and that the province would not be implementing medicare on 1 July 1968. He blamed the province’s “tight financial situation” for this decision. In a candid admission, he also blamed the lack of unanimity within his cabinet “as to the priority that should be given medicare.”⁴⁸ He then justified the delay by arguing that he preferred to see at least one or two higher-cost provinces enter into the scheme before New Brunswick in order to ensure that the cost of medicare to the provincial treasury would be bearable. Robichaud stated the government still intended to implement medicare; however, he refused to say exactly when it intended to do so.⁴⁹

Robichaud’s announcement surprised the various groups that had strongly advocated the early adoption of medicare, such as the New Brunswick Federation of Labour (NBFL). The NBFL sent a formal letter of protest to the premier, stating that it was “very unhappy with your Government’s decision to postpone Medicare for an indefinite period. Your promise of Medicare in the fall of 1967, if re-elected to power, was once again, it seems, one of those ‘Politician’s Promises’.”⁵⁰ Tansley announced his own departure for a position in the federal government shortly

44 Don Tansley interview, transcript #1, p. 15; Stanley, *Louis Robichaud*, 191.

45 Senator Norbert Thériault, interview by Janet Toole, 31 January 1990, transcript, p. 17, MC 1833 MS1B, PANB.

46 Don Tansley interview, transcript #2, p. 12.

47 Don Tansley interview, transcript #1, p. 9.

48 New Brunswick government press release, 3 January 1968, Records of the Office of Premier Louis J. Robichaud, 151/1968, file “Medicare 1968,” PANB; “M. Robichaud en a fait la révélation hier le N.-Brunswick n’appliquera pas en ’68 le programme d’assurance-maladie,” *L’Évangéline* (Moncton), 4 janvier 1968.

49 “N.B. to Postpone Medicare Plan – Tight Financial Situation Cited,” *Telegraph-Journal*, 4 January 1968.

50 New Brunswick Federation of Labour to Robichaud, 6 January 1968, RS416, Records of the Office of Premier Louis J. Robichaud, 151/1968, file “Medicare 1968,” PANB.

afterwards, in part because he was convinced that the government had lost its will. In a 1990 interview Tansley compared the situation in New Brunswick to the last couple of years of the CCF administration in Saskatchewan, when a government, exhausted by its titanic struggle to implement medicare, had lost its direction and its desire to govern.⁵¹ Tansley had had direct experience with this phenomenon of administrative exhaustion as he had headed the Medical Care Insurance Commission, a body established by the CCF government to implement medicare against the wishes of the vast majority of doctors in the province.

Robichaud's public announcement of the indefinite delay confounded his minister of health, who saw medicare as a natural extension of Equal Opportunity.⁵² Thériault had allocated his key personnel to planning for the program and had expended considerable effort and precious political capital during the negotiations with the NBMS. This would largely go to waste if the cabinet failed to agree on a firm date for implementation as well as a commitment of the necessary fiscal resources. During 1968 and 1969, Thériault tried repeatedly to get his cabinet colleagues to commit to a medicare implementation plan. In his own words, he failed because "the will was not there."⁵³ Thériault did manage to advance the enabling legislation for medicare. The bill to introduce the Medical Services Act was introduced in the legislature and was given first and second readings in February 1968. The bill clearly stated, though, that as an act it would not come into force until a time "to be proclaimed at some date in the future."⁵⁴

When the bill came up for third and final reading in early December 1968, Richard Hatfield, the new leader of the opposition, had a golden opportunity to excoriate Robichaud and his ministers.⁵⁵ Hatfield delivered a lengthy and devastating attack on the government. He reviewed in detail the entire history of the government's handling of the medicare file. He quoted many of Robichaud's past statements and promises, and concluded that although the government ostensibly supported medicare its actions belied its position – in Hatfield's words, its lack of promised action on medicare reflected all of the "confusion, contradiction, misrepresentation, and concealment" of the Robichaud government. Hatfield pointed out that ever since the program had first been announced by the federal government Robichaud had continually said that he was in favour of medicare and that it would be implemented. The Robichaud administration, however, had "done everything they could do to undermine a medicare program in New Brunswick." Hatfield pressed Robichaud on exactly when the premier was prepared to implement medicare. Robichaud's evasive answer – "as soon as circumstances permit" – inflamed the opposition. Diving in for the kill, Progressive Conservative MLA Dr. Everett Chalmers rhetorically asked the members of the legislature whether they

51 Don Tansley interview, transcript #2, p. 13.

52 "Thériault expose Medicare," *L'Évangéline*, 25 March 1970.

53 Norbert Thériault interview, p. 20.

54 New Brunswick Legislative Assembly, *Hansard*, 1st Sess., 46th Leg., Vol. 1 (28 February 1968), p. 22; Bill 1 – Medical Services Act, 1st Sess., 46th Leg. Vol. 1, 1968.

55 Hatfield was familiar with the medicare file. He had analyzed the legislation carefully as it was being reviewed at the Law Amendments Committee in 1968. See Report of the Law Amendments Committee, 19 July 1968, New Brunswick Legislative Library.

could “believe anything the Premier says about medicare.”⁵⁶ Only the day before, Hatfield had led the Progressive Conservative members in a motion of non-confidence in the government, a motion that only narrowly failed.⁵⁷

Thus, by 1968, Robichaud was having increasing difficulty responding effectively to the opposition’s political attacks. Earlier in the year he had taken a serious fall and broken two ribs, which put him in hospital for nearly three weeks.⁵⁸ While rumours abounded that he was drinking heavily during this period, there is no direct evidence linking his fall and serious injury with alcohol.⁵⁹ In September, he was further shaken when the Liberals lost a key by-election. At the same time, Robichaud seemed to be losing interest in the policy agenda and his leadership over cabinet and government was slipping.⁶⁰

By 1969, the lack of a decision on whether to implement medicare was causing a great deal of frustration for Thériault and the bureaucrats in the health department. Early in the year Thériault and his officials again put forward an updated budget for medicare that had been turned down by cabinet the year before, only to see it rejected again. The lack of direction also frustrated Thériault’s deputy minister, Dr. J. Graham Clarkson, who had previously served as the executive director of the Saskatchewan Medical Care Commission under the direction of Don Tansley. Clarkson finally assigned another former civil servant from Saskatchewan, Don Junk, to be ready in the event that cabinet gave the go-ahead. Soon Junk was became similarly frustrated. Awaiting political direction, Junk sent Clarkson periodic revisions on the projected costs of the program. In Junk’s own assessment, however, action on medicare was not at all “imminent” given the confusion in cabinet.⁶¹

Thériault and his senior officials had to watch from the sidelines as a number of provinces signed on with the national medicare program. Saskatchewan and British Columbia had been the first to sign up in 1968. Most galling to Thériault and his department was their having to witness the other Atlantic provinces leave New Brunswick behind as they prepared to enter medicare. They, too, faced similar financial constraints. Newfoundland was in the most difficult position of all given that, unlike New Brunswick or Nova Scotia, it faced a chronic shortage of both physicians and nurses – a shortage that would likely be exacerbated once the financial barriers to seeking medical care were removed.⁶²

56 New Brunswick Legislative Assembly, *Hansard*, 46th Leg., 1st Sess. Vol. 1 (6 December 1968), pp. 847, 849, 851.

57 New Brunswick Legislative Assembly, *Hansard*, 46th Leg., 1st Sess. Vol. 1 (5 December 1968), p. 836; “PCs Will Move Non-Confidence,” *Telegraph-Journal*, 29 November 1968; “La session est terminé à Frédéricion,” *L’Évangéline*, 7 December 1968.

58 “Atlantic Provinces Must be Treated as Unit for Economic Plans’ Success, Douglas says,” *Globe and Mail*, 4 June 1968.

59 Hatfield claimed “Louis was having problems with alcohol and that he’d lost his *raison detre* [*sic*]”; see Hatfield interview, p. 17. In her biography of Robichaud, Della Stanley states “too often, he turned to alcohol, unfairly encouraged by those anxious to ingratiate themselves with him.” See Stanley, *Louis Robichaud*, 191.

60 Thériault interview, p. 17; Tansley interview, transcript 2, p. 13.

61 D.J. Junk to J.G. Clarkson, Department of Health and Welfare memorandum, 28 March 1969, RS 665 Records of the Minister of Health, file “Department of Health and Welfare,” PANB.

62 Linda Kealey and Heather Molyneaux, “On the Road to Medicare: Newfoundland in the 1960s,” *Journal of Canadian Studies* 41, no. 3 (Fall 2007): 90-111.

On 1 April 1968, Nova Scotia and Newfoundland (along with Manitoba) joined medicare and, on the same day, there was a lengthy debate in the New Brunswick Legislative Assembly regarding the delay in implementing the program.⁶³ In July, the province of Alberta joined in spite of its long-standing ideological opposition. Alberta was followed by Ontario three months later. This was significant, as Ontario was the highest-cost province in the country and its entry raised the bar for federal cost sharing and so meant increased federal contributions to lower-income provinces. By the end of the year only New Brunswick, Quebec, and Prince Edward Island were not yet in.⁶⁴

By that time, Thériault had lost his patience and directly confronted Robichaud. Fearing that he would never achieve his political legacy of implementing medicare, Thériault threatened to resign. His felt his position was untenable. The Liberal government had been re-elected on the promise to implement medicare and he, as the minister of health, had not seen this through. At a minimum, Thériault wanted to be moved to another portfolio. The confrontation may have been enough to push Robichaud towards a decision, or it may have been the prospect of trying to fight yet another election with an unfulfilled promise. Either way, Robichaud allowed Thériault to make plans to implement medicare on 1 January 1971.⁶⁵

The public announcement that the government was finally proceeding with medicare elicited a cynical reaction. A columnist in the *Globe and Mail* wryly observed that Robichaud's promise was a sure sign that yet another provincial election was in the offing.⁶⁶ Thériault and his senior officials such as Clarkson and Junk, however, knew that whatever the premier's rationale they could finally implement the plan, and the preparations began in earnest.⁶⁷ By July, government officials were negotiating with the NBMS, focusing mainly on the content of the regulations that would be promulgated under the Medical Services Act.⁶⁸ Contact was also made with other provincial health departments in order to compare administrative designs and practices.⁶⁹

63 New Brunswick Legislative Assembly, *Hansard*, 46th Leg., 1st Sess., Vol. 1-3 (1 April 1968), pp. 34-42. In Taylor's otherwise comprehensive account, there is almost nothing on the obstacles that faced the Atlantic governments or what ultimately motivated these governments to enter medicare despite the fiscal and other obstacles. See Taylor, *Health Insurance and Canadian Public Policy*, 366. There is virtually no other secondary source on this issue except for Kealey and Molyneux's "On the Road to Medicare," which deals with Newfoundland's entry into medicare.

64 Saskatchewan and British Columbia had participated from the earliest date possible – 1 July 1968. See Gregory P. Marchildon and Nicole C. O'Byrne, "From Bennetcare to Medicare: The Morphing of Medical Care Insurance in British Columbia," *Canadian Bulletin of Medical History* 26, no. 2 (Fall 2009): 453-75. See also Taylor, *Health Insurance and Canadian Public Policy*, 375.

65 Thériault interview, pp. 19-20; "N.B. to Join Medicare Jan. 1," *Globe and Mail*, 6 March 1970.

66 Bert Burgoyne, "Signs that an Election is Coming," *Globe and Mail*, 21 March 1970.

67 J.G. Clarke to Barry Toole, 9 March 1970, RS 665, box 47610, file "Medicare General – 1970," PANB.

68 Summary of meeting with the executive of the New Brunswick Medical Society, 24 July 1970, RS 665, file "New Brunswick Medical Society," PANB.

69 G.C. Graham to R.J. Bambrick (Office of the Comptroller), memorandum on Medical Care Plan in Newfoundland, 6 August 1970, RS 665, box 47610, file "Medicare General – 1970," PANB.

The election of 1970: Hatfield promises and delivers medicare

These preparations were interrupted in early September when Robichaud called a snap election, just three years into his mandate.⁷⁰ Worried that the public would think that Robichaud would put off medicare yet again, Thériault issued a press release the day after the election call stating how pleased he was “by the enthusiastic response to Medicare registration” and reminding everyone that the program would go into effect on 1 January 1971.⁷¹ In mid-September, he gave a speech at the NBMS’s annual meeting to explain the new plan and to assure the physicians that they would have the right to opt out. At the meeting, the doctors demanded to know what the government was prepared to offer in terms of their fees under medicare.⁷²

The doctors were concerned that their fees under the medicare system would be too low. Several years earlier, the Robichaud government had agreed to pay the medical bills of residents on welfare. This tariff was set at 70 per cent of the NBMS’s fee schedule. It was the government’s regular practice to pay at a rate that took into consideration the fact that doctors no longer had the administrative work and expense involved in invoicing and collecting on outstanding invoices. Physicians in New Brunswick, though, were generally of the opinion that the 30 per cent discount was too large. In provinces where universal medicare had already been introduced, the discounted rate had generally been around 80 per cent of the physician’s existing tariff. Given the fact that their fees were already well below the national average, New Brunswick doctors wanted an offer that would make them better off financially in exchange for accepting the plan. Thériault refused to reveal the government’s position and stated that he would only make a formal offer to the NBMS at the end of October, after the election. The doctors hoped to pressure the government into making a concrete offer before the election, and so they criticized Thériault for delaying the negotiations on medicare.⁷³

In the midst of the campaign, the government took out a full-page advertisement in the province’s major newspapers: “What Medicare New Brunswick Means to You.” Desperate to win the election, the Liberals did everything they could to convince voters that despite the earlier delays they were going to implement the program.⁷⁴ Hatfield, however, was quick to take advantage of the medicare issue during the campaign by embarrassing the Liberals. He took every opportunity to remind the electorate that the Robichaud government had promised to implement medicare during the 1967 campaign but then had reneged on its promise.⁷⁵ He also pointed out that New Brunswickers’ federal tax dollars were being used to support

70 “Robichaud’s Call for an Election on October 26 Surprises Observers,” *Globe and Mail*, 4 September 1970.

71 Draft press release for minister of health, 3 September 1970, RS 665, box 47610, file “Medicare General – 1970,” PANB.

72 Statement by Norbert Thériault to NBMS Annual Meeting, 18 September 1970, RS665, box 47613, file “Medicare (New Minister),” PANB.

73 “Lag in Medicare Talks Criticized,” *Telegraph-Journal*, 19 September 1970.

74 “What Medicare New Brunswick Means to You!” *Telegraph-Journal*, 9 October 1970; “Ce que vous apportte L’Assurance-Maladie Du Nouveau-Brunswick,” *Le Progrès L’Évangéline* (Moncton), 9 octobre 1970. This use of government money to support a partisan cause in a campaign is illegal under current federal and provincial election law.

75 “Liberal Platform Scored,” *Telegraph-Journal*, 10 October 1970.

medicare for citizens in other provinces while New Brunswickers continued to have no access to the program. In an interview given during the campaign, Hatfield coolly told the press that the Liberal campaign machine was disintegrating before everyone's eyes.⁷⁶ The NBMS joined with Hatfield in criticizing the longstanding inability of the Robichaud government to meet the health needs of residents, undermining even further the latter's credibility on medicare.⁷⁷ Days before the election, the Progressive Conservatives took out their own full-page newspaper advertisement; it confidently stated that the "Hatfield team" was committed to "an agenda for action" – including the implementation of medicare – by 1 January 1971.⁷⁸

On 26 October 1970, the Robichaud government was defeated. It lost because of a myriad of issues that ranged from the loss of Acadian support in key communities such as Moncton to the raising of the sales tax.⁷⁹ Throughout the election, however, Hatfield reminded voters that the Liberals could not be trusted to fulfill a range of promises, including medicare. It was true that Robichaud was on the verge of introducing the program; however, it was too late for some voters while for others the Liberal government's record of inaction on numerous policy fronts beyond medicare meant that it lacked credibility. And although the government had acted to bring forward other elements of Equal Opportunity during its generally lacklustre third term, Hatfield had criticized it for raising taxes in order to do so.⁸⁰

Immediately following the victory celebrations, Hatfield and his new Minister of Health Paul Creaghan met with the NBMS. Clarkson, who continued in his role as the deputy minister, also attended. They promised the doctors a generous offer that would increase their remuneration.⁸¹ In contrast to the Robichaud government, the new administration took a harder line on the issue of extra billing. Hatfield was only willing to permit extra billing for obstetricians, and even then only in the most exceptional circumstances where the patient was a "nuisance" or demanded a "luxury service." He made it clear that if this "privilege" were too frequently used it would "be rescinded." Rewarding the doctors for their "cooperative and responsible" approach, Hatfield said the government would pay 87 per cent of the NBMS's fee schedule, two per cent more than the agreement reached in Nova Scotia and Prince Edward Island.⁸²

76 "Liberal Campaign Disintegrating," *Telegraph-Journal*, 14 October 1970.

77 "Doctor Shortage Most Serious in New Brunswick," *Telegraph-Journal*, 21 October 1970; "Hatfield Criticizes Treatment Shortages," *Telegraph-Journal*, 21 October 1970.

78 "The Hatfield Team is Committed to this Agenda for Action," *Telegraph-Journal*, 23 October 1970; "L'Equipe Hatfield s'engage à réaliser ce programme," *Le Progrès l'Évangéline*, 23 octobre 1970.

79 Stanley, *Louis Robichaud*, 203-14.

80 Gerry Childs, "N.B. Goes for Hatfield," *Telegraph-Journal*, 27 October 1970.

81 Government news release for meeting with NBMS, 13 November 1970, RS 665, box 47613, file "Medicare (New Minister)," PANB; speaking notes for minister of health and welfare, 13 November 1970, RS665, box 47613, file "Medicare (New Minister)," PANB; "Les médecins rencontrent les autorités au sujet du plan d'assurance-maladie," *Le Progrès l'Évangéline*, 16 November 1970.

82 Statement by Premier Hatfield to NBMS, 21 November 1970, RS665, box 47613, file "Medicare (New Minister)," PANB. Prior to entering negotiations, the members of the NBMS had voted to unanimously increase their fees; see Sunbury-Queen's Medical Society Records – York 1/2 Minutes of Meetings, 5 December 1967, p. 3, MC 468, PANB, and "Le gouvernement versera 87% des honoraires des médecins dans le plan Medicare," *Le Progrès l'Évangéline*, 23 November 1970.

In order to help ensure a smooth implementation process and to reinforce its good relations with the NBMS, Hatfield established a Medical Advisory Committee made up of five medical practitioners with a chair mutually agreeable to organized medicine and the new minister of health.⁸³ Hatfield insisted, however, that the Department of Health and Welfare administer medicare directly rather than delegating the administration to a privately owned Maritime Hospital Services Association, as advocated by the NBMS and the business community in the province.⁸⁴

By early December, the new administration had finalized its consultations on the regulations based largely on the Robichaud government's financial and administrative planning and infrastructure. As he had promised during the election, Hatfield brought universal medical care insurance to New Brunswick on 1 January 1971 – the very last province to come aboard.

Conclusion

The Robichaud government's unwillingness to implement medicare is surprising given its strong support of the policy in principle. Willingness to use the state to redistribute fiscal and social resources and so achieve more equitable outcomes was the central tenet of Equal Opportunity and was very much aligned with the policy objectives behind medicare. Moreover, the progressive coalition supporting the Robichaud government's modernization of the welfare state in New Brunswick also wanted to see medicare implemented as soon as possible.⁸⁵ And among the premiers, Robichaud was the staunchest supporter of the reformist Liberal government in Ottawa during the 1960s; he personally defended Prime Minister Pearson's policy of using the federal spending power and cost sharing to get the provinces into the medicare program under a common set of national principles. The fact that this form of cost sharing also involved some redistribution from taxpayers in wealthier regions of the country to less wealthy regions such as New Brunswick also appealed to Robichaud. Given all this, why did the Robichaud government fail to implement medicare?

Without a doubt the cost of medicare worried Robichaud, particularly in light of the fiscal resources the government required to implement components of Equal Opportunity such as the improvement and expansion of education. Yet while medicare posed similar challenges to all the Atlantic provinces, all of the other provinces in the region managed to fund and implement medicare well before New Brunswick. It would appear, therefore, that Robichaud's loss of political will and drive after the 1967 election was a critical factor in New Brunswick being the last

83 Paul S. Creaghan to Dr. J.P. McInernay, 30 November 1970, RS665, box 47611, file "New Brunswick Medical Society," PANB.

84 "Government Will Administer Plan," *Daily Gleaner*, 3 December 1970; Paul S. Creaghan to Dr. J.H. Melville Rice, 17 December 1970, RS665, box 47610, file "Medicare General – 1970," PANB. This administrative option had been urged since 1967; see "An Assessment of Alternative Administrative Vehicles, New Brunswick Medical Care Study Committee," December 1967, RS665, box 47613, file "Medicare (New Minister)," PANB.

85 "La Fédération des travailleurs du N.-B. demande au gouvernement d'adhérer au régime fédéral d'assurance médicale," *L'Évangéline*, 5 March 1970.

province aboard national medicare. Exhausted after the bitter and occasionally anti-Acadian campaign, Robichaud seemed unable or unwilling to lead his government.⁸⁶ His government lost the discipline of power and with it the ability to provide direction on key policies, the most important of which was medicare. Thus Robichaud's legacy as a progressive reformer – indeed as a major modernizer of government – was built largely on the legacy of his second term, when his government implemented Equal Opportunity. Although his third term was marked by drift and disappointment, the collective memory of Robichaud held by both historians and the general public would focus on the achievements of the second term and would skip over the lost years of the third term.

The great irony is that it fell to Richard Hatfield, Robichaud's Progressive Conservative opponent, to implement medicare. A reformer in his own right – and one of the few members in his own party who saw considerable merit in Equal Opportunity – Hatfield was able to use Robichaud's failure to turn the issue of medicare against him in the 1970 election. Because of his promise to move quickly on medicare, he may even have gained some support from Acadian voters who had previously voted for Robichaud.⁸⁷ Once elected, Hatfield seized the opportunity to demonstrate his ability to get things done by implementing medicare almost immediately. He was greatly assisted by having an able health bureaucracy already in place, the leadership of which had had the experience of implementing medicare in Saskatchewan years before.

86 "Threats Have No Place," *Telegraph-Journal*, 26 January 1966.

87 "Assurance-médicale au Nouveau-Brunswick le premier janvier 1971," *L'Évangéline*, 6 March 1970.