dental profession to get the plan under way and provide dental care for children up to 12 years of age. We hope to increase it by one year each so that eventually children up to 16 or 18 will be covered.

Then there is the Saskatchewan hearing-aid program which put an end to the chicanery and outrageous operations of some of the hearing-aid outlets. This program will now be borne by the people of Saskatchewan alone, through their government, to the tune of another $12 million. I apologize, Mr. Speaker, I am mistaken there. The pharmacare program is costing $12 million. There are so many good programs in Saskatchewan that I am getting my list out of order. All that any citizen of Saskatchewan pays for drugs is the dispensing fee of $2 under the pharmacare program. We are carrying the cost of this program without any sharing on the part of the national government.

The hearing-aid program in Saskatchewan will cost another $600,000 a year, and we estimate the cost will quickly climb to $1 million. In any event, there is upward of $20 million from those three programs that the province of Saskatchewan, historically leading the way for all Canada, is paying for itself and which the federal government should be sharing, not only with Saskatchewan but with all other provinces in this country.

Allowing for a 1.5 per cent increase in population, I say this is unfair to Saskatchewan, with its growing population. People are moving to Saskatchewan from other provinces. One of the principles behind cost-sharing between the federal and provincial governments is that no matter where a Canadian lives, his fundamental right to the best possible hospital and medical care should be available, whether he be living in a poor province, a rich province or a territory.

The Minister of National Health and Welfare says that the provinces should better the health of the people by introducing legislation covering seat-belts, industrial safety, control of alcoholism, drug addiction, and so on. While I invite the Minister of National Health and Welfare to take a look at the program in Saskatchewan, I also speak for the other provinces and programs such as Aware, the programs on alcoholism and drug addiction, and the amount of money that has been spent on these programs through the media, through lectures and meetings and whatever else that province is doing which I expect they are carrying on by themselves.

● (1700)

The minister can urge the provinces to do all these things in order to improve the health condition of the population, but in the meantime, what does he do? He goes on his merry way, defeating everything. Nothing is done about arsenic poisoning in Yellowknife, about mercury poisoning at Grassy Narrows, or about mining accidents. There is the misuse of dangerous gases and other substances that are federal rather than provincial offences. In addition, the minister does not say what the government is doing to enforce stringent measures in respect of many corporations in order to bring them to account. Instead, he tells the provinces to do more about improving the health condition of their populations. There he sits, I suppose counting his money.

Let me return to the situation in the province of Manitoba. That province is unalterably opposed to this bill. The province has not been consulted in respect of cost-sharing. In the spring of 1975 the minister made statements about a review of the cost-sharing formula and negotiations which were to take place. Then, without warning along comes the budget of the previous minister of finance with the notice of intention to withdraw from hospital care and to place limits on the governments' medicare contribution. The provinces, bless their hearts, wanted to have a meeting of ministers in order to find out how the federal government could possibly reconcile the position of the Minister of National Health and Welfare with the position of the former minister of finance.

Mr. Nystrom: It is impossible.

Mr. Benjamin: I guess it is impossible, because no such meeting was called. The deputy minister attempted to call together his provincial counterparts last fall, but the provinces have taken the position that there will be no meeting of staffs until the federal government has explained its position to the ministers. We are still waiting. In fact, Manitoba makes the point that Bill C-68 has now been superseded by the anti-inflation program and that therefore Bill C-68 should be withdrawn. In fact, Manitoba was even surprised that this bill was introduced in the House. In the past, the federal government went around encouraging the provinces to get into health programs, but now when the going gets tough the federal government wants to get out of its share of the responsibility. I repeat, the feeling of Manitoba in respect of Bill C-68 is that it is an insult because of lack of consultation. That province believes it is fatuous and that it is unnecessary because of the so-called anti-inflation program.

I should like now to talk about the province of Saskatchewan. We in that province believe this action by the government is a case of bad faith. The budget and Bill C-68 are an example of bad faith. There has been a lack of bargaining on the part of the federal government. In 1975 the plan was that the federal and provincial governments would come to an agreement concerning the control of doctor and hospital costs. This was the plan until the budget of June 23. The federal government, without consultation, changed the rules.

Because of wage and price controls—or wage controls, which is what we have in effect—the effect of the government's reneging on its contribution to medicare is not as severe in respect of the provincial budgets as it would have been. But what happens when the controls come off? Saskatchewan agrees that, given the federal government's control program, Bill C-68 really is unnecessary. This happens to coincide with the position taken by the province of Manitoba. Why is Bill C-68 being introduced? Has the federal government no faith in it? Saskatchewan doctors, for example, are willing to limit their incomes to conform to the guidelines so long as they are sure that prices will be controlled. Even the doctors are saying they will abide by the controls. In Saskatchewan they are limiting the increase in income to the $2,400 maximum allowed by the controls.

We can imagine how bad it is if even the doctors agree. Since even the doctors are saying they will conform to the