

Medicare

the press, in connection with certain guide lines which had been laid down by the government opposite and to which some Liberals take exception. Nevertheless we have the plain fact that members of the government opposite were called in to approve a wage contract which gave 85 cents an hour increase to the longshoremen in Montreal and to the seaway workers.

Yet the same government is not prepared to increase by 85 cents a day the old age pension. If you work it out, Mr. Speaker, 85 cents a day comes to \$25 a month approximately, which when added to the existing pension would give our pensioners \$100 a month. If there ever was a need to pay the old age pensioners \$100 a month, in view of certain actions which have taken place in Montreal in connection with the wage contracts of the longshoremen and the seaway workers, it is now, in a time of spiralling cost of living.

I agree with the hon. member for Burnaby-Coquitlam (Mr. Douglas) that the cost of living is not due solely to an increase in wages or to any one contingency; it is a combination of factors. But when you boost a wage structure by over one third in a two-year contract, there are bound to be spiralling costs. Yet the government is not prepared to give 85 cents a day to the old age pensioners, even though they have given 85 cents an hour to the longshoremen. They should make this concession to the old age pensioners because they need this money now to pay their doctor and hospital accounts.

Therefore I suggest that the government regard this action I have suggested as a pilot project, so that by the time July 1 comes along we will have learned something. If the plan is implemented on July 1, 1968 any of the kinks which exist in the plan will have been ironed out. I suggest that this is a logical approach and I am a little surprised that the Minister of National Health and Welfare does not subscribe to it.

Another factor in connection with this plan is this. The government will not take a piece, but want the whole shot. In other circumstances this might be acceptable, but it is not in this case, especially when they think the matter over and give it the proverbial six months hoist. In fact, they have given it a 21 months hoist. As far as I can see, this program does not give any consideration to the provinces for their cost of administration.

● (9:10 p.m.)

We have heard much of Mr. Justice Hall's report in two volumes. He spoke of a comprehensive program, and we have used the term "comprehensive" pretty loosely in this chamber in the last few days. This plan will not give us the comprehensive program that the Hall Commission recommended. It is going to pay for physician services. It is not going to pay for dentists' care and psychiatric care and the many other cares and needs recommended by the Hall Commission. In fact, this plan does not follow the Hall Commission. The Hall Commission says: Lay the groundwork first and then come in with the plan. This plan does not do that, and it is not comprehensive. That brings us back to the Trojan horse which the minister has dragged before the Canadian people. This plan calls for treatment by a doctor when there is a doctor to treat anyone. The bill proposes paying for medical services to those who are lucky enough to have a doctor in their area.

I suggest that we should have a pilot project to iron out the kinks which we are bound to get. Let us have a plan which will pay for the cost of the administration. The Minister of National Health and Welfare will explain no doubt, in his closing statement, what has been done with respect to the escalation of costs. In every federally administered scheme costs escalate. We have seen what happened to the costs of social security in the United States, and how those have escalated. We see what has happened in England. Frankly, I think government schemes go up more quickly than private schemes. This is where I disagree with my friends to the left.

Let us have some provision so that the provinces may have a chance for a dialogue to probe those areas, and to provide some protection where costs might escalate. Let there be a dialogue so that you will not have a situation as described by the hon. member for Kings (Mr. McQuaid) and deplored by the hon. member for Simcoe East (Mr. Rynard) where you have one doctor for 2,400 people. What difference will a medical scheme make to those people? Their doctor is overwhelmed now. But in the areas where there are doctors, and where costs will increase, protection to the provinces ought to be given with respect to escalation of those costs.

I have spoken frankly in an area where all members should speak frankly. In his closing statement I hope the Minister of National