education in Norway is free, thereby producing opportunity for everyone with ability. The figures just given are not because there are more doctors per capita. In 1953 Norway had one physician for every 900 population, whereas the U.S. had one for every 760 population.

Other parties in Canada have made rather futile attempts to establish provincial health plans. The only one that has been established successfully and which is operating successfully at the moment is in Saskatchewan, where they have a partial medical health plan; they have provided doctors' care. Everyone knows there was a rather bitter battle over this scheme at the time of its inception, but even those doctors who were so stubborn and obstinate at that time are today of different mind. There was an article in last night's Ottawa *Journal* headed: "Battle lines on medicare blurring in Saskatchewan". I should like to read a small part of this article:

> The battle lines drawn by Saskatchewan doctors and the C.C.F. government over the compulsory medical care insurance plan put into operation 16 months ago are blurring.
>
> The tempered attitude of doctors, who once said they were unalterably opposed to compulsory medical care insurance in any form, is reflected in comments of Dr. E. W. Barootes of Regina, vice president of the Saskatchewan college of physicians and surgeons, who last year was an outspoken critic of the socialist government's plan.
>
> "The profession hopes that these differences of view that exist can be ironed out and modifications made so that the plan will be acceptable," he said in an interview. "There are some pretty deep philosophical differences but we don't want to pick a quarrel".

I think that is a pretty good statement, coming from a doctor who opposed the plan so adamantly only a year and a half ago. The editorial continues:

> Provincial health minister A. E. Blakeney says the possibility of changes in the plan is not excluded by the government.
>
> "It is the government's view that the plan is operating successfully and will continue to operate successfully. It is obtaining a wide measure of public support and is beginning to gain acceptance among the medical profession," Mr. Blakeney said.

They also mention this, although it happened about two months ago:

> In September, the government announced a 50 per cent reduction in one of the four levies that finance the $20,000,000 a year plan. Personal premiums were reduced from $24 a year to $12 for families and from $12 to $6 for individuals.

So as I say, despite objections at the time of its conception this plan is proving to be one of the most successful yet advanced. It makes me proud to be a member of the political party which was capable of putting forward the first successful plan on the North American continent.

Mr. Weichel: Mr. Chairman, it is a pleasure for me to participate in the estimates of the Department of National Health and Welfare. I well recognize that this department could be one of the most important departments of government. Throughout the years I have been very interested in the welfare and health of our senior citizens and youth, and for that reason my remarks will be confined to this subject.

First may I dwell on the welfare and health of our senior citizens, as we well realize that these people, along with the pioneers of our nation, have established and upheld many fine traditions in this great country of ours. When listening to the minister's speech on July 18, 1963 respecting the Canada pension plan, my first disappointment was that the government's promise during the last election of $75 a month to our senior citizens who meet the residence requirements of the old age security act would not come into effect at once. I can assure you that when talking to these senior citizens, such a delay was a real disappointment. With the higher cost of living they would have to be content to do without most of the necessities of life. As a director of Waterloo county's apartments for elderly persons, which are sponsored by the Royal Canadian Legion, branch No. 50, Kitchener, I well realize the necessity of such an increase. Our constant interest in and consideration of their welfare makes them feel that they are wanted citizens and not just a burden on mankind. Many of these people are first war veterans who, owing to their disabilities, have not been able to prepare for the future and are therefore unable to compete with other citizens who have the normal advantages. Such an increase, which should have been forthcoming some time ago, will give them greater security and an independent feeling in life.

Another situation we might well consider at this time is where a couple may be in receipt of old age pension, and death strikes leaving a burden on the survivor for debts incurred. Perhaps such pension of the deceased might be extended for a certain period to help the survivor to defray such expenses.

When speaking to our senior citizens I found much discontent over the price of drugs and medical prescriptions which generally appear too high for pensioners, especially those of low income. Surely some system could be devised where these necessities could be made available free to those below income tax level. In bringing forward this raise we also have an obligation to those citizens who are receiving old age assistance, blind and disabled allowances. Their future lives are in our hands. Humanitarian service extended to these people should be sincere and of most importance.