

"Besides encouraging an equalization of health resources throughout the country, this technical assistance has other important advantages. In the first instance, it adds to efficiency of operation. As you know, the health field today has become highly complex and specialized. Thanks to our consultants, the provinces do not all have to hire personnel who are expert in all the various fields. They can use our people, which is a particular asset to those provinces with relatively small populations. Secondly, our consultants add greatly to the effectiveness of provincial programmes in the sense that they can bring a national or even an international outlook to bear on a particular problem. Being familiar with what is being done in other parts of Canada and in other countries, they can contribute this knowledge towards the solution of difficulties in individual cases. In other words, they can act as a kind of channel for the interchange of information and experience.

ADVISORY COMMITTEES

"But consultant services are by no means the only method of technical assistance. Also of significance are a whole series of what are called 'Advisory Committees to the Minister of National Health and Welfare'. Meeting periodically in Ottawa, these committees are made up of federal and provincial officials as well as representatives of the health professions and of voluntary health agencies. One of them--the Dominion Council of Health--actually dates back more than forty years, long before our present Department was in existence. In addition to this important organization, which is really the cornerstone of all federal-provincial co-operation in public health, we now have Advisory Committees on Mental Health, on Maternal and Child Health, on Public Health Engineering, on Public Health Laboratory Services, and on Hospital Insurance and Diagnostic Services....

"At the moment, plans are under way for the establishment of a further Advisory Committee. This will have to do with Emergency Health Services, which are an integral part of Canada's national survival programme.

"Averaging between 16 and 20 full-time members each, these Committees are assisted by a number of sub-committees that deal with such specialized subjects as standards of care, research, health education, personnel and physical resources, and statistics. Broadly speaking, an Advisory Committee serves three basic functions: first, as its title implies, it provides advice and counsel to the Minister and the Department on the meeting of problems and the development of programmes; second, it provides a forum for the exchange of information and views among all the major groups involved in any particular field; third, it enables us to enlist the support and co-operation of outstanding leaders in various health disciplines that would not be possible on a continuing basis in any other way.

"I think this latter function deserves special emphasis, because it represents an area of voluntary service which is little appreciated by Canadians at large. Thanks to the willingness of such leading experts to make their services available without charge, our public-health efforts are bolstered by a degree of professional and voluntary support that has proved absolutely invaluable. In fact, no matter what health field may be chosen, one will find that the top experts from all across the country are associated in some way with our plans and programmes. This is a tremendous asset, and I should like to take this opportunity to pay tribute to the contribution these people make to the nation's health progress.

SPECIALTY GROUPING

"Returning to the consultant arm of technical assistance, I might point out that our experts are grouped in a series of divisions within the Department according to the specialty involved. As a matter of fact, there are no fewer than 22 such divisions, covering such diverse subjects as civil aviation medicine, epidemiology, hospital design, nutrition, occupational health and radiation protection.

"Some of these divisions, such as the Dominion Council of Health, have a history considerably predating the formation of our present Department. Indeed, federal authorities took an interest in tuberculosis and typhoid even before 1919 when the first divisions dealing with child welfare and venereal-disease control were set up. The Laboratory of Hygiene traces its origins back to 1921, while public-health engineering and hospital-design advisory services were available as early as 1923. So this is a development of long-standing, although it did not reach its full flowering until after the present Department of National Health and Welfare came into being in 1944.

HOSPITAL INSURANCE CONSULTANT SERVICE

"One of the more recently-established consultant services has to do with hospital insurance; I should like to say something of its role in the development of our nation-wide programme in this regard. Here was an effort that without doubt represented the most ambitious joint project ever undertaken by federal and provincial governments in the health field. Even once the basic outlines had been laid down, the scope and variety of details to be worked out was simply staggering. That they have been worked out, and worked out successfully, is, I believe, owing more than anything else to the pattern of technical assistance and co-operation that had grown up over the years and which could be brought to bear on this enormous problem.

"At the core of the insurance programme are, of course, the agreements signed by the Dominion Government with each of the participating provinces. These agreements are not