

Supply—Health and Welfare

state. The federal government has to take into account many factors. Among them are the particular concepts of the role of government, in this and in other matters, that exist in various provinces, and it would not further the cause of health insurance to ignore these variations. I have stated twice during this session the policy of the federal government in this matter, and it must be construed in the light of what I have said and in the light of what the Leader of the Opposition himself properly noted as considerations that have to be taken into account.

Before coming to that, may I make another observation. At the last dominion-provincial conference—and I am not now talking about the private meeting, because that was a private meeting; but nothing took place there inconsistent with what I am now going to say—there was no proposal put forward that could be regarded in any way as inconsistent with what I have said. There was a proposal put forward by the premier of Ontario that this matter should be given study at the dominion-provincial conference. I can say that since that time I have offered the personnel of our department to assist that or any other province in the formulation of its material in order to give those provinces our understanding and our assessment of all the factors, including the financial factors, involved in this program.

In the light of all this, it should be noted what the policy of the government is. It was clearly and unequivocally stated by the present Prime Minister of this country when we went to the people at the last federal election. It was stated by me in this house twice during the course of the present session, and last June in the session preceding this one. I give it to the house again as the policy of this government:

We are committed to support a policy of contributory health insurance to be administered by the provinces. But under our federal system, to get health insurance started the people and the governments of the various provinces have to take the initiative in working out plans adapted to local conditions.

We are ready to assist in a sensible and practical nation-wide scheme, but that depends on satisfactory agreements with the provincial governments.

The Prime Minister went on to state:

I am more convinced than ever that this is a field which should, as far as practicable, be left to provincial administration. Conditions differ vastly from one province to another, and services which are suitable for one region are quite unsuitable to another. We now have had a great deal of experience with health schemes of all kinds in this country, including full-fledged hospital insurance in two of our provinces.

But I do not think it would be fair to the taxpayers of Canada in all the provinces to make federal contributions to provincial schemes in only one or two provinces.

Federal contributions should be regarded as a supplement and an even-er-out, when most of the provinces are prepared to undertake satisfactory schemes.

And it is the government's policy to go on improving federal health grants which have done so much to place all the provinces in a better position to discharge their primary responsibility in this important field.

It seems to me that is a clear and unequivocal statement. Some hon. members may not agree with it all, but I think most hon. members and most people in this country will. It is based upon the fact that since 1948, with the approval of all members in this house and now with the active co-operation of every provincial department of health, regardless of political persuasion, we are building up a standard of health services and health care of which no Canadian need be ashamed.

Item agreed to.

General health grants—

265. To authorize and provide for general health grants to the provinces, the Northwest Territories and the Yukon Territory upon the terms and in the amounts detailed in the estimates and under terms and conditions approved by the governor in council including authority, notwithstanding section 30 of the Financial Administration Act, to make commitments for the current year not to exceed a total amount of \$48,296,137, \$31,750,000.

Mr. Herridge: I have in my hand a letter from the arthritis and rheumatism society in Trail, signed by ten well known and responsible citizens, including several doctors. In this letter they urge the great need for increased research into the leading causes of disability from rheumatic diseases. The hon. member for Macleod spoke about this, and I know at that time the minister gave a reply. I raise this question because of the great interest of these people.

I want to say at this time that voluntary organizations of this type, particularly in the smaller communities, are making a most necessary and helpful contribution to national health and welfare. I do urge the minister to give serious consideration to the representations of these very earnest people.

Then in addition there is another matter to which I should like to refer. We have developed in the Kootenays an excellent organization known as the Kootenay society for handicapped children, which is doing a great deal to assist handicapped children in that district. It has a lot of local support with an excellent committee in charge. They are now proposing to extend their activities by putting up a building and so on. I am not quite sure how the activities of a group like this would tie up with plans of the Department of National Health and Welfare,