

Supply—Health and Welfare

encouraging married nurses to return to the stream of hospital service.

Mr. Rapp: I should like to direct some questions to the minister of health and welfare concerning matters in which many of the towns in my constituency are extremely interested. Strictly speaking they relate more to the estimates of the privy council, because these are matters pertaining to grants by the centennial commission. But many of the people I represent would be interested to know whether hospitals can be built with the assistance of centenary grants. In many cases it would be most beneficial to those concerned, if this could be done, and I wonder if the minister is in a position to tell me whether these grants can be used for the purpose they have in mind so that a lasting monument may exist after these grants have been allocated. The reason they are so interested is that usually these hospital grants are not sufficient to permit some of these towns to build hospitals which are large enough to serve the rural areas. I should like the minister to give me an explanation in reply to my question.

Mr. Francis: Mr. Chairman, I should like to make some brief comments on two points. For some nine years I had the privilege of working in the department under the two predecessors of the present minister, the hon. member for Perth, who is in the house, and the hon. member for Essex East. I know that in the development of this department, which development is evidenced every year in the estimates which come before the house, there has been a broad measure of bipartisan agreement on the general objectives and work of the department. Many words of tribute, all of them well deserved, have been paid in the course of this debate to the deputy ministers, especially Dr. Cameron, Dr. Willard, and to Miss Waters, the very conscientious and capable secretary whose services will be very greatly missed.

I feel that at this point there are two matters worthy of consideration. First is the question of social and economic research. A good deal has been said about the need for medical research and the development of research in connection with physical fitness, dentistry and other aspects of the department. The Department of National Health and Welfare has developed a very capable staff over a period of years, who have consistently interested themselves in the general problems of the cost of health services and in investigating in depth the programs

developed by the department. The dominion bureau of statistics through the health and welfare division publishes annual statistical reports which are available and distributed as part of its functions. I hope the department will not lose sight of the need for strengthening and developing of this type of staff.

At the time when the previous administration, I think quite properly, attempted to form a general assessment of the health picture and prepare material which would give some general, long term guide lines, it was decided that a royal commission would be the form of investigation and a separate staff, including those qualified in social and economic research, were engaged for this project. The results of the commission's work are very interesting. They have taken a very broad sweep of the spectrum of health services. They have also stated very clearly the aims and objectives for improving the nation's health in a most commendable fashion.

Those who have worked in this field realize the very sensitive problems in relation to the professions concerned, and no objectives in the health field can be secured without the active co-operation of the Canadian medical profession and other responsible groups. I hope the department will continue to follow the policy of retaining key members of its staff who are trained and qualified in this area, and will resort to the policy of hiring outside consultants for outside jobs only on special occasions. There is this continuous field staff available within the department for special assignments in relation to other areas of research, and this must be constantly kept in mind. I hope the proper emphasis on this type of research will also be maintained.

The second comment I want to make, Mr. Chairman, relates to the whole question of shared cost programs. This department is one which has applied the principle of shared cost programs as much as any department of government. There are others which have done so, but in terms of financial magnitude a program like hospital insurance looms very large. The correspondence tabled yesterday in this house by the Prime Minister deals with specific proposals on the subject to the provincial authorities. The Hospital Insurance and Diagnostic Services Act was put on the books in 1956 when the hon. member for Essex East was minister, although the agreements were signed and implemented by the succeeding administration. I might mention that one of the things I have retained and will always regard with affection is a