absolutely essential. Yet the hospitals which do the training are finding their position so difficult that they may have to almost cease their efforts. They are doing the best they can, but unless they receive encouragement and support their situation is hopeless.

I would strongly urge the minister to consider this important question, because I can assure him it is one of the main difficulties in the health field today.

Mr. Martin: Mr. Chairman, the Leader of the Opposition, the hon. member for Rosetown-Biggar and the leader of the Social Credit party have spoken on the general subject matter covered by this item. The leader of the C.C.F. party spoke in the general debate, as well as the leader of the Social Credit party. And just before six o'clock the Leader of the Opposition made a statement about which I feel it is my duty to make some comment.

The problem, simply stated—that is to say, the problem envisaged by this particular subject matter—is to find some equitable method by which some proper means can be found to purchase medical and hospital care in a way such as to avoid the hazards which most reasonable people foresee. As the government views the problem, it does not involve a question of professional regimentation. It is not a matter of providing the state with a monopoly of power. But any adequate solution to this complex social and economic problem must take realistic account of financial and constitutional factors. It must take into account the need for maintaining professional freedom and respecting the essential traditions of medicine, as well as the assurance of adequate supporting health facilities and services and, above all, of course, the needs of the people to be served.

What we seek, and what I believe is sought by most people in Canada, regardless of political affiliation, is not socialized medicine but perhaps something that could be described as socially sound medicine. That is, it involves satisfactory medical and hospital care for the members of our society.

That is the framework of the problem which, as the Leader of the Opposition said, under our constitution is primarily the responsibility of the provincial governments. The leader of the C.C.F. party, the hon. member for Rosetown-Biggar, by way of appreciation referred to the contribution made by the national health grants program, as indeed did the premier of Saskatchewan six or seven weeks ago when my parliamentary assistant spoke from the same platform with him on the occasion of the opening of the University hospital at Saskatoon. And recently at the dominion-provincial conference the various provincial premiers indicated how important these grants have been to each of them in supplementing and rounding out their already existing excellent health services.

But what should not be forgotten is that this whole program, costing now over $165 million since the date of inauguration, was referred to in May of 1948 by the prime minister of Canada, the Right Hon. William Lyon Mackenzie King, as a prerequisite to a system of national contributory health insurance, administered by the provinces and jointly financed under satisfactory terms based upon agreement with the ten provincial governments.

Today I thought the Leader of the Opposition stated the constitutional position correctly. He said it would be a mistake to overlook the position of the provinces and their primacy under the law in this matter. And I can say now, after nine years of experience in this portfolio involving constant relations with the provincial governments, that it would be absolutely impossible ever to arrive at a responsible system of national health insurance unless we have regard for and bear in mind what was noted in this particular by the Leader of the Opposition, namely the necessity for a measure of co-operation with the provinces. I believe today we have that co-operation to a degree such as we have never had before. The Salk vaccine program is a good example of the kind of teamwork I am talking about.

The Leader of the Opposition today did not make it easy, for me at any rate, to understand clearly and in precise terms what particular scheme he had in mind.

An hon. Member: There were others, too.

Mr. Martin: Yet I can understand that he was speaking in a general way. I do feel, however, that I must say this, that other members who spoke generally were not precise in their exposition. And I can appreciate that too.

The fact is that the Leader of the Opposition said it was desirable not to interfere with the character and existence of the present voluntary schemes. I do not believe it is possible to have a national contributory health insurance scheme unless there is some integration between that scheme and the various voluntary plans. Otherwise we would be imposing on the taxpayer a double obligation; or, if not that, we would be imposing on the taxpayer the obligation of paying a premium greater than is necessary in the circumstances.