

*Supply—Health and Welfare*

Ontario and Québec. I think that is one of the things we should be considering, not whether it happens to be 50 cents or 75 cents, as the case may be, but we should be considering an amount sufficient to enable these mines to put coal into the east in competition with United States imported coal.

**Mr. Harris:** I know my hon. friend is aware of the fact that there is an item of \$10 million in the estimates for the coming year to cover this subvention. I am sure he can put forward his argument at that time as to the manner in which we might improve the situation.

**Mr. Gillis:** That is what I am going to do. I do not want to get into any argument about that with the Minister of Finance; I would rather wait for the estimates of the Department of Mines and Technical Surveys.

Item agreed to.

DEPARTMENT OF NATIONAL HEALTH AND WELFARE  
Health services—

592. Laboratory of hygiene—operation and maintenance—further amount required, \$17,000.

**Mr. Trainor:** This item appears to represent an expenditure of some \$17,000 over last year's estimates. There is one particular part of the item that strikes me as a little excessive, and that is an amount of \$13,350 for materials and supplies. Can the minister explain why it was not possible for the laboratory of hygiene to estimate any closer than \$13,350 for their actual expenditure?

**Mr. Harris:** I am sure my hon. friend would be the first to agree with me that in health experimental work one never knows what he has to do until he does it. If during the whole of a 12-month period you ran according to a schedule you laid down you might be fairly competent to come to certain conclusions, but you would not likely be able to take advantage of those unusual events which occur and which send you off on another tangent to success in the thing you are seeking. I must say that I cannot say why they were not able to come closer to what their needs would be, but they assure me they needed this additional amount. Perhaps my hon. friend could ask the Minister of National Health and Welfare about that.

**Mr. Trainor:** I should like to suggest to the minister that \$13,350 is a lot of leeway.

Item agreed to.

General health grants—

593. 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—further amount required including authority, notwithstanding section 30 of the Financial Administration Act, to

make additional commitments for the current year not to exceed \$1,000,000, \$1.

**Mr. Knowles:** I am sure the minister knows that some of us welcome any extension in the health grants program. The item before us calls for an expenditure of only \$1. We will not get very much health for \$1 with medical costs as they are, but I realize that the purpose of this item is to authorize greater commitments than were authorized in the main estimates in respect of hospital construction grants.

I notice that the actual increases in the commitments authorized by this vote of \$1 add up to \$1 million for increased hospital construction grants in Prince Edward Island, Quebec, Ontario, Manitoba and Alberta. That is all to the good, but none of us has any illusion that this represents rapid progress in this field. I do hope, however, that the fact that the health grants program is being pursued even to this extent means that the government has not lost sight of the fact it has stated so often, namely that the purpose of the health grants program is to lay the foundation for nation-wide health insurance.

Despite the short exchange the Minister of Citizenship and Immigration and I had this afternoon as to whether legislating by a \$1 item is medieval or modern, I am still of the opinion that if pursued year after year it is medieval, and it is time any so-called progressive party became modern. I am not alone in this feeling, Mr. Chairman. I know that the ministers of health in a number of provinces hope the time is not far distant when this health grants program will be put on a statutory basis. Indeed, many of us hope it will be more than a health grants program, but at least, whatever it is, it should be on a statutory basis so those concerned will know what they can expect.

It was in May, 1948, that the health grants program was first announced. We accepted the fact initially that it was to be done by putting items in the estimates. This is now 1955, and it is still being done in that way. We do not know just how much is involved in the expenditure that is made possible by this \$1 item, which simply underlines my point that we should have this on a statutory basis.

Those are the two main comments I make in addition to welcoming any improvement, first that it be not forgotten that this health grants program was said at the beginning to be the basis for nation-wide health insurance, and that sooner or later this should be put on a statutory basis.

Item agreed to.