

E-3 in the other place, where it had its first reading on May 27, 1941. It did a little better over there than here, because it got through its second reading, but was then defeated. I then submitted it again, on November 6, 1941, and it disappeared with the closing of the session. On February 2, 1942, I reintroduced it and it had its first reading. It will be clear from all this that I favour some such legislation as is proposed at the present time.

It has been mentioned here that this bill requires an amendment of the British North America Act. I wish to refer for a moment to something which has interested me for a number of years. We have in Canada ten departments of health, all doing or trying to do the same job. My belief is that there should be only one department of health and that that should be the department of health of the national government; and in each of the provinces we could very well have branches of the federal department of health which would carry out the decisions of the national body. This in my opinion would save a great deal of duplication of services which are costly, and in a small country such as ours we should always consider the question of cost. Great Britain gets on very well with one department of health, and that country has a population four times as great as ours. You may say that Canada is larger geographically than Great Britain. That is true, but the problems of health are exactly the same. Communicable diseases do not confine themselves to provincial boundaries. Take, for example, influenza; if it starts in British Columbia it will soon be heard of in Ontario and spread speedily to the Atlantic coast. So that what measures of health are necessary in one province are necessary in other provinces. Some local conditions may vary in the different provinces, but these can be dealt with and adjusted effectively, in my judgment, by a federal department of health operating through a branch in the province. So that if it becomes necessary to have an amendment of the British North America Act, I suggest to the government that it take into consideration obtaining authority to develop a national department of health for the whole of Canada instead of the system which prevails at the present moment.

I mentioned a moment ago that this is a question of social security which is long overdue, and I am glad to be able to tell the house that I believe a majority of the medical profession throughout Canada will support a measure of health insurance.

I should like to make a distinction, for the assistance of the members, between health

insurance and what is spoken of as state medicine. The fact that the profession approves the principle of health insurance does not mean that it approves state medicine. By "state medicine" is meant a system of medicine which is entirely under the state: the state would bear the full cost, and all doctors, nurses and others giving their care would be on salary provided by the state. The hospitals would become state owned. This is entirely different from what we mean by state health insurance, which means a cooperative plan of contributory insurance operating with state assistance and under state supervision, which provides for its members certain benefits in case of illness. We believe that such a plan should provide the highest standard of health service for all the people.

I do not think that at this time it is desirable or necessary to discuss any phases of the bill which may emerge, because we shall have plenty of opportunity of doing that in the committee. I therefore look forward to the meetings of this committee in the anticipation that the work which has been carried on over a period of months will bear fruit and that ultimately there will be put in the statute books a health insurance bill acceptable and advantageous to all our people.

I want to make just a reference to the question of venereal disease. I believe it is a fact that venereal disease is about twice as prevalent amongst our Canadian forces as amongst the white forces in the United States. If this be true it is desirable that something very radical be undertaken at an early day to improve a deplorable situation.

Mr. MANLEY J. EDWARDS (Calgary West): I have listened with the utmost attention to the remarks of the hon. member who has just taken his seat (Mr. Bruce). What he said appealed to me most strongly, because I know that he is a man of outstanding ability and attainment in his profession. He has approached the subject from the point of view of the medical practitioner. Being a member of the legal profession I naturally look at the resolution from the point of view of its legal aspects and connotations. Quite frankly, sir, I have many doubts and misgivings as to the tangible results in the immediate future, of the proceedings and deliberations of this committee, because of the constitutional difficulties involved in implementing any charter or resolution such as is contemplated by this resolution.

Let me say at the outset that I am wholly in accord with the spirit, the thought and the ideal which bring this resolution before us at this time. Knowing the humanitarian ideals