

While the administration of the Program continues to be based primarily on the individual grants, the Regulations since 1951-52 have permitted the transfer of funds unexpended by a province under one grant to supplement another which has been fully expended. This provision, designed to give the Program increased flexibility on a year-to-year basis, relates to all of the ten initial grants except the health survey, hospital construction and public health research grants.

Financial Terms and Extent of the Ten Original Grants.—In relation to the financial terms of the grants, it may be stated that the entry of Newfoundland into Confederation resulted in increases being made to all grants in the year ended Mar. 31, 1950, and that further increases were made to most of the grants beginning in the year ended Mar. 31, 1953, through the extension of their provisions to the Yukon and Northwest Territories. Other financial terms of the ten original grants, in summary form, are as follows:—

Health Survey—

A non-recurring grant of \$645,180, divided on the basis of \$5,000 to each province and the balance allocated according to population, with no province receiving less than \$15,000.

Hospital Construction—*

Initially \$13,000,000 available annually. In the year ended Mar. 31, 1953, \$30,673,733 was available, made up of the annual amount of \$13,366,819 together with \$17,306,914 brought forward from earlier years. The grant is allocated to the provinces, solely on the basis of population, for hospital construction at \$1,000 per active treatment bed or bed equivalent (three bassinets each contained in a separate cubicle, 300 sq. feet in a community health centre or 300 sq. feet in a combined laboratory), \$1,500 per chronic bed, and \$500 for a nurses' living quarters bed. The province must match or exceed the federal contribution which in no case exceeds one-third of the total cost.

General Public Health—

This grant, allocated solely on a basis of population, began at 35 cents per capita in the year ended Mar. 31, 1949, and increased at the rate of 5 cents per capita annually to a maximum of 50 cents per capita reached in the fiscal year 1951-52. Maximum available in 1952-53, \$7,085,501.

Mental Health—

The initial basis was \$4,000,000 available in the year ended Mar. 31, 1949, increased biennially by equal amounts to reach \$7,000,000 at the beginning of the seventh year; maximum available in the fiscal year 1952-53 was \$6,203,652, divided on the basis of \$25,000 to each province, with the balance allocated according to population.

Tuberculosis Control—

\$3,000,000 available in the year ended Mar. 31, 1949, increased to \$4,000,000 at the commencement of the third year of the Program. Maximum available in the fiscal year 1952-53, \$4,239,531—\$25,000 to each province with balance allocated 50 p.c. on the basis of population and 50 p.c. on the basis of average number of deaths from tuberculosis in each province in the previous five years.

Cancer Control—

\$3,500,000 allocated solely on the basis of population, the Federal Government matching the provincial government expenditure. Maximum available in the year ended Mar. 31, 1953, \$3,598,795.

Venereal Disease Control—

\$500,000 allocated on the basis of \$4,000 to each province and the balance according to population, the Federal Government matching the provincial government expenditure. Maximum available in the year ended Mar. 31, 1953, \$518,099.

Crippled Children—

\$500,000 allocated on the basis of \$4,000 to each province and the balance according to population. Maximum available in the year ended Mar. 31, 1953, \$519,898.

* The new financial provisions of the Hospital Construction Grant, beginning in the fiscal year 1953-54, are given at p. 220.