

## CORPORATION REASSESSMENTS

Question No. 2,767—**Mr. Herbert:**

1. With reference to the answer to question No. 2,419, of the amount received by the Department of National Revenue for 1980, what portion was received after the initiation of court proceedings?
2. What is the estimated cost of collection of the reassessed amount?
3. What percentage of companies filing tax reports were audited?
4. What percentage of companies audited were reassessed increased taxes?

**Hon. William Rompkey (Minister of National Revenue):** 1. This information is not available. Our records do not break down amounts received in corporation reassessing increases between receipts after the initiation of court proceedings and receipts prior to any court proceedings.

2. No estimate is available for the costs of reassessing corporations alone. The total cost of all enforcement for all classes of taxpayers is estimated to be \$1 for every \$4.7 in additional taxes assessed.

3. Year ending March 31, 1980: 4.7 per cent.

4. 41.2 per cent.

## DEPO-PROVERA

Question No. 3,021—**Mr. Cossitt:**

1. Is the government funding an abortion drug known as "Depo-Provera" through the Canadian International Development Agency in certain countries and, if so, which countries?

2. Was the drug thoroughly researched by the Department of National Health and Welfare and, if so, what were the findings and what is a complete description of the manner in which the drug works?

3. (a) To the knowledge of the government, was the drug banned by the United States Food and Drug Administration for use in that country and, if so, for what reason (b) does the government consider the administration to be a leading authority on drug administration and distribution and, if so, for what reason is the government promoting a drug that was banned by that authority?

**Mr. David Smith (Parliamentary Secretary to President of the Privy Council):** I am informed by the Canadian International Development Agency and Health and Welfare Canada as follows:

1. At present, CIDA is not involved in the funding of Depo-Provera (which is a contraceptive and not an abortifacient) to any countries. Several years ago, CIDA, in a joint program with the World Bank, contributed financially to the purchase of two million doses of Depo-Provera at the express request of the government of Thailand as one of several components in a family health project in that country.

2. The Department of National Health and Welfare does not carry out premarket developmental research on drugs: a notice of compliance is issued provided the manufacturer has supplied data meeting the requirements of the Food and Drugs Act and regulations. Depo-Provera is a long-acting progestogen which has been marketed in Canada since 1961 for endometriosis in non-pregnant women and for palliative treatment of advanced endometrial carcinoma.

3. (a) Depo-Provera is marketed in the United States for the palliative treatment of inoperative, recurrent and metastatic endometrial and renal carcinoma.

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(b) The drug is not banned in the United States.

## HOME SUPPORT SERVICES FOR VETERANS

Question No. 3,056—**Mr. McKenzie:**

1. With reference to section 10.43 of the 1980 Report of the Auditor General, what is the projected budget requirements to carry out home support services for the 50 per cent veteran population which will be over 65 by 1985?

2. Has the department of Veterans Affairs developed any other long-term projects to service the aging veteran population other than the visiting homemakers and meals on wheels and, if so, what are they?

3. Has the Department made any plans regarding a veterans health card plan and (a) if so, what are they and how would the system work (b) if not, for what reason?

**Hon. W. Bennett Campbell (Minister of Veterans Affairs):**

1. For fiscal year 1984-85, it is estimated that \$3,100,000 will be required for home support services for disability pensioners of all ages, to whom the Aging Veterans Program applies.

2. Veterans Affairs instituted the Aging Veterans Program in response to the needs of the aging veteran population. Services include domiciliary care, ambulatory health care, home modifications for the handicapped, and home care services. Included in home care services are professional health care and assistance such as personal care, preparation of meals, housekeeping, groundskeeping and other necessary tasks required in the upkeep of a home. Currently the program is available to disability pensioners where the need arises from a pensioned condition.

3. No. DVA did study the feasibility of a health card plan and found it to be impractical.

(a) Not applicable.

(b) A standard health card system is not practical. For disability pensioners, it is not always possible to list all pensionable conditions on a wallet-size card, and the listing of certain conditions would not be in the best interest of the veteran. As eligibility of non-pensioners for treatment is dependent on the level of their income, it is not possible to issue a health card which would certify that treatment costs are payable by DVA.

## DVA—EVALUATION PROCEDURE

Question No. 3,060—**Mr. McKenzie:**

With reference to section 10.49 of the 1980 Report of the Auditor General, was a formal evaluation procedure instituted within the Department of Veterans Affairs to serve as a basis of modifying future health care initiatives and, if so (a) who carries out the evaluation and to whom is it presented (b) is the evaluation made public (c) how are the recommendations acted upon and is there an established action procedure?

**Hon. W. Bennett Campbell (Minister of Veterans Affairs):**

Section 10.49 of the Auditor General's report refers to the project work preceding the introduction of the Aging Veterans Program which commenced April 1, 1981. The scope of this project is limited to a relatively few disability pensioners. Formal evaluation of projects of this nature are only meaningful when the programs have been in full operation for 3 to 5 years.