

Motions for Papers

long-term benefits; and I want to take a few minutes in this debate to look briefly into the future of the continuing benefits and, to some extent at least, put the record straight.

First of all, just who are the veterans affairs clients, and how many of them are there? Canada still has approximately 900,000 veterans, most of them with wives and some with dependant children. The number of widows of fatal war casualties and of veterans is unknown; only the number of widows and orphans drawing benefits of one kind or another is known. Naturally, a large majority of the veterans are productive, self-supporting members of their communities, but are receiving benefits of one kind or another. Moreover, the last survivor of the 1885 Northwest Field Force died only about 18 months ago, and war veterans allowances are being paid to seven widows of members of that force.

"Old Soldiers Never Die—" goes the song, and a DVA welfare officer once added: "And their wives live even longer". Needless to say, allowances are still being paid to a relatively large number of veterans of the South African War and to widows of such veterans; and, of course, to those of World War I and, increasingly, of World War II. The same is true of disability and widows pensions, or compensation, to be more precise.

How long will these programs continue? It is hard to say, but a veterans affairs statistician, using standard life mortality tables, came up with a statistic a few months ago which stated that, assuming no more wars, the last disability pensioner would die about the year 2030. With modern science extending life expectancy, that prediction may look very conservative in a decade or so. The statistician did not even attempt to predict when the last dependant's pension would be paid. In other words, it looks as if there will be a group of public servants administering the Pension Act for more than half a century.

Obviously, the cost of a war does not stop when the last bullet or arrow is fired. Indeed, veterans programs only being when the servicemen and women exchange their uniforms for "civvy street" attire. That is when the expenditures for rehabilitation programs, medical treatment, home construction, pensions, allowances and so on begin. How effectively those programs are administered has an important bearing on the economic and social stability of the country; for those who have been good citizens in time of war are potentially even better citizens in time of peace, if they can be helped to make a satisfactory transition.

The rehabilitation of the World War II veterans was well done and was completed long ago. Naturally, they are the largest group of veterans we have now. Their average age is between 58 and 59. What of them in the future?

The majority of them, being still sound of mind and limb, are providing for themselves and their families. In the next ten years, however, there will be a certain percentage who will pass on and leave impoverished widows or will have to retire to economic conditions which will cause distress. Because of their service to their country, these people are entitled to the benefits of the veterans charter. Apart from these potential clients who are today healthy both physically and financially, there are about 150,000 World War II veterans and dependants receiving

[Mr. Herbert.]

disability pensions or war veterans allowances, at a total annual cost of around \$200 million.

Medical treatment, of course, is another major requirement for veterans, regardless of age. Nearly ten years ago the government of the day decided to transfer the DVA hospitals to responsible authorities who would agree to certain conditions regarding standards of treatment, employment of staff, etc. What is the current situation? At the end of last year there were more than 5,000 patients in eight hospitals and three veterans homes. More than half of all DVA patients are under what is really nursing home care. In plain language they are old folks just growing older. Obviously the problem is not decelerating.

It is difficult to engage and retain highly qualified medical staff to work in a strictly domiciliary or chronic care climate and the number of acute care cases is gradually diminishing. But the department is still committed to providing first class care for those they do have.

The hospital transfer policy was first implemented in 1966 by the transfer of Sunnybrook Hospital in Toronto to the University of Toronto, and later by the transfer in 1968 of St-Foy Hospital in Quebec City to Le Centre Hospitalier de l'Université Laval, and Lancaster Hospital in Saint John to the province of New Brunswick in 1972. These transfers have fully justified the validity of the premise which occasioned the government's decision.

There have been many other ricochet benefits to the Canadian community at large as a result of the pioneering done in the forties and fifties by DVA treatment services. For example, Lyndhurst Lodge in Toronto is probably the most up-to-date and efficient rehabilitation centre in the world for paraplegics and quadriplegics. This hospital is now operated by the Canadian Paraplegic Association but it was set up by DVA originally in 1945 for the 225 paraplegic and quadriplegic victims of World War II. By 1950, the rehabilitation of these veterans having been completed, it was turned over to the Paraplegic Association and since then more than 3,000 civilian patients have been treated and discharged from Lyndhurst and are, once again, leading reasonably normal lives and are productive members of society.

The prosthetic device division of the Department of National Health and Welfare is a direct successor to the prosthetic services set up by DVA after World War II for the Canadian veterans who had suffered the loss of limbs or eyes. Many of the supervisors and technicians in this service are former DVA employees who were transferred to health and welfare when this service was made available to the general public.

The research and development programs carried out primarily for the disabled veterans represented a major contribution to all disabled persons. Our comprehensive experience on veterans covering a period of over 60 years is available to medical science and is an invaluable source of research information, especially in the study of geriatrics.

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Land settlement and home construction is another program that has been a boon to thousands of World War II veterans and their families. It is being phased out now, the