

Adjournment Debate

Mr. Lalonde: The official opposition has been well known over the years for its opposition to any move with regard to family allowances. They are certainly free to talk on this bill as long as they wish; that is their right. But we were regaled by a speech on the Wheat Board a few minutes ago and now we have heard a speech on wage and price controls and on many other subjects. I hope that if we are to continue for another day or two—

Mr. Bell: Ten o'clock. Filibuster.

Mr. Lalonde:—on this particular subject, hon. members will at least obey your instructions, Sir, to speak on the bill.

Some hon. Members: Order.

Mr. Bell: I rise on a point of order. The minister talked out his own legislation.

Some hon. Members: Question.

PROCEEDINGS ON ADJOURNMENT MOTION

[*English*]

A motion to adjourn the House under Standing Order 40 deemed to have been moved.

VETERANS AFFAIRS—VICTORIA, B.C.—POSSIBLE TRANSFER OF HOSPITAL FROM FEDERAL AUTHORITY— REQUEST FOR CONSIDERATION OF VIEWS OF VETERANS

Mr. Allan B. McKinnon (Victoria): Mr. Speaker, yesterday I asked a question of the Minister of Veterans Affairs (Mr. MacDonald) concerning the transfer of a veterans hospital from the federal authority to the municipal and provincial authorities in Victoria and I requested the consideration of the views of veterans. At that time, Sir, you were kind enough to suggest that this might be better debated at the time of adjournment, and I certainly agree with you.

My first question is: For whose benefit is the transfer of this hospital? When I was home during the month of August I received 51 phone calls from veterans about this matter, and 51 were opposed to the transfer of the veterans hospital to other than the directorate of veterans affairs. This was an unusual thing and I spoke to several people about it. I spoke to the staff at the hospital, to two of the doctors at the hospital and to many of the patients. Their feelings were all the same—they wanted the situation to remain as it is at the present time.

● (2200)

Victoria is not a usual kind of city. It is a great gathering place for elderly people who come there to enjoy their old age in secure surroundings. People who do not live in British Columbia may not be aware of this, but the cost of domiciliary hospital care for elderly people is staggering for a city of generally low income. While British Columbia

medical plans and hospitalization plans in theory provide for the care of elderly citizens, in fact they do not. A person entitled to this care can never find a bed in a domiciliary hospital and must go into a private hospital where the cost is from \$300 to \$600 a month.

The possibility of this veterans hospital being transferred to civilian control is causing a great deal of insecurity among aging veterans in Victoria. When one sees as many elderly people as there are in Victoria, one soon learns that their greatest concern is the fear of insecurity as they grow old.

Some of the leaders of the veterans' organizations agree that the information sent out by the Department of Veterans Affairs is only to convince them that this transfer is inevitable and that they might as well relax and enjoy it. It is presented to them that they should try to get the best terms they can. I am not inclined to accept that because it has gone beyond that "in between" stage where something could be done by the people most concerned. A senior administration official went out to visit the minister of health in the provincial government, but I was denied admittance even to take cognizance of the arrangements being made. He then went to speak to the heads of the Legion, and again I was denied admittance. This is manipulation of the representatives of the people. I suggest to you, Sir, that a bureaucratic government of this country at times is manipulated by its senior administration, and this is an example of it.

A year or so ago this was but a rumour, and a few years ago we were promised certain conditions would be met. In a speech in 1964, Mr. Teillet, the then minister of veterans affairs, said there would be three conditions. The first was accommodation for the treatment of service-connected disabilities and the second—the one in which I am particularly interested—was that community institutions of acceptable standards must be available to look after workloads created by other classes of veterans, which means that such veterans will be able to get treatment in their own communities, near their own friends and families.

This is just what they cannot get, Mr. Speaker. If control of the veterans hospital in Victoria is to be transferred to the civilian hospitals, several veterans who are now domiciled in the veterans hospital have no chance whatsoever of being admitted to a general hospital. This is simply because they have been operating for many years under different regulations and different attitudes. The attitude in the general hospital—and it has to be that way while hospital beds are in short supply and cost \$100 a day—is to get the person in, do the surgery or whatever is necessary, and get him out.

These are not the kinds of terms that we expected for the veterans hospital. These people did not grow old of their own volition. Nevertheless, they grew old. They cannot help it if they are ailing. They are aged, ailing, and apparently need to suffer from some kind of curable disease which is of interest to the medical profession so that members of that profession will take an interest in them. Most doctors are not too fussy about looking after a group of elderly patients. However, the people of Canada did not build the veterans hospital system for the benefit of the medical profession; nor did they build it for the benefit of