

to dig out; but we did find out that arteriosclerotic and degenerative heart disease is the major cause of death, followed by malignant neoplasms, vascular lesions affecting the central nervous system, pneumonia (excluding hypostatic), pulmonary tuberculosis, hypertensive disease, and diseases of the arteries. We compared these with the causes of death of all patients in D.V. A. hospitals over the past two years and we found out that they were very comparable.

In conclusion sir, I can say that at the time we did this study, in January and February of 1952, of the 3,582 veterans who have been granted war veterans allowance in 1934 and 1935 almost 64 per cent have been discontinued, and 80 per cent of the discontinuations were caused by death; only approximately 15 per cent of the discontinuations resulted from excess income. The death rate of those under 60 years of age was much higher than would be expected in the male population of a similar age group. The death rate of the age group 60 or more was very similar or slightly less than we would expect to see using the Canadian Life Tables; and the causes of death show no major variations from the total experience in departmental hospitals.

The ACTING CHAIRMAN: Thank you very much, Mr. Rider.

Mr. GILLIS: This presentation has been very interesting Mr. Chairman; it has given us much useful information. Would it be Mr. Rider's opinion that that would be due to the fact that the war veterans allowance recipient was eligible for medical and surgical care and hospital supervision; would that not have some effect on it?

The WITNESS: No doubt that has some effect, but they have not been eligible for general treatment for many years. It is only the last few years that they have received such treatment. Probably the answer to it is that the group was a pretty hardy group in the first place, they were hard men, if I may put it that way, capable of taking knocks and coming through.

The ACTING CHAIRMAN: Physically hard?

The WITNESS: Yes, sir.

The ACTING CHAIRMAN: This completes the taking of evidence before this committee. There is nothing else before the committee except the report.

Mr. GREEN: There was some mention in one of the earlier meetings of the extent of treatment privileges. I am not sure whether the deputy was to get a further statement on that or no. If you will remember, the National Council raised it in a brief.

Mr. BURNS: I have not understood that we were to get a further report, but we are looking into the possibility of seeing whether we could extend treatment privileges for non-pensionable conditions to the more severely disabled, which was what I understood was brought up, possibly under some type of insurance scheme as was suggested by Colonel Baker. There was one case that was brought to our attention of a very severely disabled veteran that we looked into and we found that in point of fact he had never applied for treatment of any condition and been refused. We did look into that one case, which was brought to our attention.

The ACTING CHAIRMAN: As I said, the matter of hearing witnesses is completed. There will now be the matter of a report.

On behalf of the chairman, who could not be here today, and on your behalf, I want to thank all witnesses for the help that they gave the committee and for the assistance that they gave us. I also want, on behalf of the chairman, to thank the members of the committee for their attentiveness to the task of this committee. This has always been a very important committee and members have devoted themselves to it. I hope that we have impressed upon the administrative forces that we want them, as usual, to keep the veterans' interest before them constantly. Thank you very much, gentlemen.