Order Paper Questions

The sampling locations, the maximum levels observed and the dates of collection are as follows:

Calgary	1.68 pCi/m ³	September 25
Edmonton	0.91 pCi/m^3	September 25
Fort Churchill	0.73 pCi/m^3	October 2
Fredericton		
	0.58 pCi/m ³	September 29
Inuvik	0.56 pCi/m ³	September 28
Montreal	0.48 pCi/m ³	October 12
Moosonee	0.59 pCi/m ³	September 27
Regina	1.43 pCi/m ³	September 29
St. John's	0.58 pCi/m ³	October 5
Saskatoon	$0.83 pCi/m^3$	September 29
Sault Ste. Marie	0.57 pCi/m ³	October 1
Thunder Bay	0.78 pCi/m^3	September 28
Toronto	0.79 pCi/m ³	September 30
Vancouver	$0.53 pCi/m^3$	September 24
Whitehorse	1.54 pCi/m ³	September 22
Windsor	1.45 pCi/m ³	September 25
Winnipeg	0.97 pCi/m^3	October 3
Yellowknife	0.64 pCi/m ³	September 30

Although these increases were readily detected above the pre-test national average of 0.05 picocuries per cubic meter (pCi/m^3) , the absolute values are very small. The health effects arising from breathing radioactivity in air at these levels for the short period are negligible. In addition, radioactivity in pasteurized milk was measured. Increases of the radioactive element, iodine-131, were observed at 10 out of 16

sampling locations. The cities, the maximum levels measured and the dates of collection are as follows:

Calgary	19 pCi/l	October 1-7
Edmonton	14 pCi/l	October 8-14
Halifax	27 pCi/l	October 1-7
Moncton	20 pCi/l	October 1-7
Ottawa	29 pCi/l	October 8-14
Ouebec	13 pCi/l	October 8-14
St. John's	13 pCi/l	October 8-14
Sault Ste. Marie	18 pCi/l	October 1-7
Vancouver	18 pCi/l	September 24-30
Windsor	55 pCi/l	October 8-14

These levels are not of concern to public health because they are a small fraction of the maximum permissible concentration of 2000 pCi/l. Moreover, the increases were observed for only a short period.

EXPENDITURES BY DEPARTMENT OF NATIONAL HEALTH AND WELFARE IN CONSTITUENCY OF NICKEL BELT

Question No. 1,113—Mr. Rodriguez:

For each fiscal year since 1970, what amount was spent in the Constituency of Nickel Belt by the Department of National Health and Welfare and those agencies that report to it?

Hon. Monique Bégin (Minister of National Health and Welfare):

Year	Support to Individual Athletes	Support to Projects Dealing with the Non-Medical Use of Drugs	Contributions under the New Horizons Program	Operating Costs of Regional Office (Sudbury)	Total
1970-71	Nil	Nil	Nil	Not available	Not available
1971-72	Nil	Nil	Nil	Not available	Not available
1972-73	Nil	Nil	8,900	Not available	Not available
1973-74	Nil	Nil	43,376	107,900	151,276
1974-75	Nil	Nil	7,607	128,800	136,407
1975-76	Nil	36,250	32,346	125,300	193,896
1976-77	1,800	Nil	37,757	151,500	191,057

In addition to the above, the Department of National Health and Welfare has incurred numerous other expenditures in the province of Ontario, but it is not possible to isolate these expenditures on a constituency basis.

XYLITOL

Question No. 1,148-Mr. Yewchuk:

1. Were tests conducted on xylitol to determine its potential as an anti-carie agent and, if so (a) what were they (b) what were the results?

2. Were steps taken to determine the usefulness of xylitol as a substitute for sugar since the imposition of the saccharin ban and, if so (a) what were they (b) what were the results?

3. Did the Department of National Health and Welfare study the problem linked with the future use of xylitol by diabetics and, if so, what were the results?

Hon. Monique Bégin (Minister of National Health and Welfare): 1. Yes. (a) and (b) Several studies have suggested that xylitol reduces dental caries. In one study, laboratory animals were fed a diet which contained sugar and produced dental caries. When xylitol was substituted for sugar in the [Mr. Bégin.]

diet, the dental caries were practically eliminated. In another study, a group of human volunteers consuming a normal diet including sugar was compared to a group consuming a normal diet which included xylitol in place of sugar. It was found that after one year dental caries were reduced in the xylitol group by approximately 90 percent. In a third study, two groups of human volunteers, both consuming a normal diet, consumed several sticks of either a xylitol-sweetened chewing gum or a sucrose-sweetened chewing gum each day for one year. By the end of the year, the xylitol group had significantly fewer dental caries than the sugar group.

2. (a) and (b) The usefulness of xylitol as a substitute for sugar has been considered. Xylitol is not a suitable substitute in situations where reduction of calorie intake is indicated