

Supply—Veterans Affairs

Mr. Knight: To finish the quotation I shall now turn to the words of our Lord in Matthew 5, verses 38 and 39, because, after all, what I have read you surely can be admitted to be a barbaric and out-dated document. The scripture of the New Testament is this, where the Saviour said:

38. Ye have heard that it hath been said, An eye for an eye, and a tooth for a tooth:

39. But I say unto you, That ye resist not evil: But whosoever shall smite thee on thy right cheek, turn to him the other also.

I would like at this time to elaborate it in accordance with my own views, but time is up and I shall resist it.

Mr. Lapointe: He who kills by the sword shall perish by the sword. Is that there also?

Mr. Speaker: The hour reserved for public and private bills having expired, the house will revert to the business which was interrupted at six o'clock.

SUPPLY

The house in committee of supply, Mr. Beaudoin in the chair.

DEPARTMENT OF VETERANS AFFAIRS

Canadian pension commission—

534. Veterans bureau, \$436,791.

Mr. Gregg: I should like to try to fulfil a few of the promises that I made before dinner. I said that during the period that we had emphasized employment for older veterans during the last three or four years some 160,000 had been placed. A question was asked as to how many older veterans had been placed in the last fiscal year. During the last fiscal year through the co-operation of the national employment service and our own welfare officers upwards of 40,000 older veterans were placed in employment. Despite this fact during the same period there has been an increase of 3,000 in unplaced older veterans. Since February 1 of this year an active campaign has been carried on by the Legion branches in co-operation with other agencies to obtain jobs for these men. In the final analysis, of course, the placing of these men is a community responsibility and with the full co-operation of the community the problem will be solved. This work is being headed up by the veterans welfare service branch with Colonel Percy Philpott, himself a dual service veteran, directing the effort.

Then the question was asked as to what rate was charged the veterans under the 12-D repayment class. At the present time this rate is \$8.65 for hospitalization which

includes everything but the doctor's fee, which is arranged between the patient and the doctor.

Another question was with respect to medical education and research grants. Research projects that have to do with the better treatment of veterans are paid out of this grant. One example is the study of the disabilities of Hong Kong prisoners of war which may lead to new methods of treatment. Another example is the use of new drugs, such as cortisone, for various conditions to be found among veterans. Medical education refers to the special training of medical officers and technical staff to undertake special problems in the treatment of veterans. Since this is a new item we will be glad to report fully at the end of the year the results of the first year's experience.

Another question was asked with regard to optometrists. Many optometrists are employed on a schedule fee basis part time; no optometrists are employed full time. No ophthalmologists, or doctor specialists, are employed full time with the department. The non-employment of full-time ophthalmologists is in keeping with the general policy of treatment service for non-employment of full-time specialists, part-time specialists being employed in their stead.

Mr. Fulton: With respect to medical education and medical research, could the minister state whether anything will be recovered from the Department of National Health and Welfare and whether this work is being undertaken jointly with that department?

Mr. Gregg: There will be no refund. The effort is being carried out under the closest collaboration with the Department of National Health and Welfare.

Mr. White (Hastings-Peterborough): The minister stated that the rate charged the veteran was \$8.65 per day. Is that the actual cost to the department or is there a profit on that charge?

Mr. Gregg: It is based upon our estimate of the actual average cost of operation of our hospitals across Canada, that is the active treatment hospitals.

Mr. White (Hastings-Peterborough): How does that figure compare with what is allowed by the department when a patient is placed in a private hospital?

Mr. Gregg: I am told it compares quite favourably with the charges made by hospitals of the same standard.

Mr. Cruickshank: Is any provision made for the hard of hearing? There is the original cost of the necessary equipment as well as the monthly upkeep, and I should like to know if that is paid.