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had the proper advice at that time. That is one of the things, I would say; I am not saying that is so in all cases. When that person gets to this stage, to try to go back through the records and prove anything is almost impossible.

I am wondering if there is anything that should be incorporated in the act, particularly since we are dealing with disabled veterans; if there should not be something incorporated in the act so that as we move on in age we do recognize that a certain percentage of injury could be qualified as a certain percentage of injury in later life, rather than putting it through the medical process. The medical process is the one that does not take into account really anything but what the injury was said to have been at that time, and what has happened to it now.

**Mr. Solomon:** What it is today.

**Mr. MacFarlane:** Yes. In other words, if a person had a bad back injury, is now 62 and has encountered asthma, and also has injured his foot because he says he hurt his back and dropped the box on his foot because his back was hurting, that really does not mean a thing.

**Mr. Solomon:** Not unless he can convince us that when he dropped the box because of his back he was entitled to a pension for his foot.

**Mr. MacFarlane:** He probably would not convince many medics of that, would he?

**Mr. Solomon:** It is not the medical people he has to convince of that. It is the commission.

**Mr. MacFarlane:** I am just making the suggestion that there should be some review as to relation to age. In other words, putting a relationship of some kind of scaling on the smaller pensions as to what, in a general way, is the effect it can have on the individual some 30 years later.

**Mr. Solomon:** There is one thing that we do, one policy that is in effect, not particularly for the smaller pensions but for the amputees. A persons amputation basically does not worsen with years, although life becomes more difficult for them with years. The policy in effect there is that when an amputee whose disability is assessed at 50 per cent or more reaches the age of 55, we then will increase it by 10 per cent; two years later another 10 per cent, and 10 years later another 10 per cent. So he can get a 30-per-cent increase because of the additional difficulties relating to this fixed disability, but that again is a very narrow grouping. It is just those particular people.

**Mr. MacFarlane:** What you are referring to is the kind of thing I would like to see.

**Mr. Solomon:** The type of thing you are suggesting.

**Mr. MacFarlane:** I would like to see some thinking of that kind done into the other pensions.

I know my time is going, but one other thing I wanted to ask is on the hospitals. When you mentioned, Mr. Minister, the agreement of transfer for Camp Hill Hospital to the Province of Nova-Scotia, you mentioned the provisions of payment for operating costs during the three years; the transfer of \$3 million, \$2 million and \$1 million. After the full transfer, is it presumed that the Government of Nova Scotia now has complete responsibility for Camp Hill? And is it presumed that

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impossible de reprendre les dossiers et de démontrer quoi que ce soit.

Je me demande s'il n'y aurait pas lieu d'ajouter des dispositions à la loi, puisqu'il s'agit d'anciens combattants qui sont victimes d'une invalidité; il devrait y avoir une disposition couvrant l'aggravation de la blessure avec l'âge et qui, plus tard, accorderait automatiquement un certain pourcentage sans passer par les médecins. Les médecins ne tiennent compte que de la blessure initiale et de son évolution.

**M. Solomon:** Son évolution.

**M. MacFarlane:** Oui. Autrement dit, une personne de 62 ans, qui a eu une grave blessure au dos et qui a souffert d'asthme n'a droit à rien s'il se blesse le pied en laissant tomber une caisse parce que son dos lui fait mal.

**M. Solomon:** A moins qu'il ne puisse nous convaincre qu'à partir du moment où son dos l'a obligé à laisser tomber la caisse, il a également droit à une pension pour son pied.

**M. MacFarlane:** Il serait sans doute difficile de convaincre les médecins, n'est-ce pas?

**M. Solomon:** Ce ne sont pas les médecins qu'il doit convaincre. C'est la Commission.

**M. MacFarlane:** Je voulais simplement que l'on tienne compte de l'âge. Autrement dit, il faudrait déterminer trente ans plus tard l'effet du vieillissement sur celui qui touche une faible pension.

**M. Solomon:** Il existe une politique destinée non pas à ceux qui touchent des pensions réduites, mais aux amputés. L'état d'un amputé ne s'aggraverait pas forcément au cours des années, même si la vie lui est difficile. En vertu de cette politique, l'amputé qui reçoit 50 p. 100 verra sa pension augmenter de 10 p. 100 à 55 ans, de 10 p. 100 à 57 ans, et de 10 p. 100 dix ans plus tard. Les difficultés occasionnées par la blessure initiale lui donnent donc droit à une augmentation de 30 p. 100, mais cela ne s'applique que dans des cas très particuliers.

**M. MacFarlane:** C'est justement le genre de mesure que je propose.

**M. Solomon:** C'est ce que vous proposez.

**M. MacFarlane:** Je voudrais que le même principe s'applique à d'autres pensions.

Je sais que mon temps est presque écoulé, mais j'ai des questions à poser sur les hôpitaux. Lorsque vous avez annoncé, monsieur le ministre, l'accord qui fait passer l'hôpital de Camp Hill sous la responsabilité de la province de la Nouvelle-Écosse, vous avez signalé que les frais d'exploitation seraient assumés pendant trois ans; il s'agit d'un transfert successif de \$3 millions, \$2 millions et \$1 million. Une fois le transfert effectué, le gouvernement de la Nouvelle-Écosse est-il sensé