

Including London we have more than 500 of these elderly and incapacitated veterans comfortably provided for.

The other new type of institution is known as a Health and Occupational Centre. As is known to the members of this committee the first such centre has just been opened on the outskirts of Ottawa.

The purpose of the Health and Occupational Centre is to expedite convalescence. We regard the atmosphere of work and industry in these Centres to be as important as purely medical services. Our medical advisers foresee increasing us for these centres as the years go by when we come to deal with the veteran who has lost some of his self-confidence through recurrent breakdowns.

The location and selection of suitable sites for Health and Occupational Centres was a major problem which has now happily been solved and construction will proceed with the utmost expedition. The procedure developed by the Department of Munitions and Supply for expediting construction during the war years is now fortunately available for the purposes of the Department of Veterans Affairs, which should be of material assistance in this connection.

I made reference some time ago to the broadening of policy with regard to providing medical services to veterans for conditions not related to pensionable disabilities.

At the present moment the Department of Veterans Affairs has to be equipped for the following purposes:

1. to provide treatment for all pensioned disabilities;
2. to provide treatment to all discharged members of the forces for any conditions within twelve months of the date of discharge;
3. to provide treatment to all ex-servicemen who have served in a theatre of war for non-pensionable conditions when the veteran is considered unable to provide such treatment at his own expense.

We estimate the number of disabled pensioners who may require treatment for their pensioned disabilities out of both wars at 100,000. We have records to establish that the proportion of disability pensioners in hospital at any one time is 6.6 per cent. For this purpose we require 6,600 beds.

The number of veterans who have had service in a theatre of war in the two wars will, when demobilization is completed, be approximately 800,000. If we take away the 100,000 disability pensioners we have 700,000.

Our regulations with regard to free treatment assume that any man whose income is less than \$100 a month is unable to provide hospital and medical services at his own expense. The Bureau of Statistics reports that approximately 70 per cent of male workers in Canada earn less than \$1,250 a year. Seventy per cent of the 800,000 veterans who have served in a theatre of war is 560,000. If we have to provide hospitalization for 1 per cent of that number at one time we shall require another 5,600 beds or a total, adding the 6,600 beds required for pensioners, of 12,200 beds.

Our present construction program is calculated to increase our capacity in the next couple of years to approximately 16,000 beds but among that 16,000 beds will be around 5,000 which are in obsolescent structures. I need only mention Ste. Anne de Bellevue, Camp Hill and Christie Street to indicate what is meant.

I do not believe either Parliament or the public have yet appreciated the extent to which the medical services of the Department of Veterans Affairs have been expanded by these new treatment regulations. We are in effect giving a modified health insurance service to more than 650,000, or approximately one-third of Canada's male working population.

I referred a few minutes ago the fact that we have now 4,368 enrolled out-patients. Our out-patient clinics are giving approximately 40,000 treatments a month and a very large proportion of these are for ordinary ailments not specifically related to war service.