

3. That the Commission undertake to review rulings that death from A.S.H.D. was not attributable to service to determine if, consistent with the above recommendations, any action can be taken under the provisions of the Act on behalf of surviving dependants;

4. That the Commission follow a similar practice with respect to new death claims;

5. That the Commission similarly evaluate and assess the merits of such lifetime claims as may be received, the effective date of an award, if any, to be subject to the provisions of Section 31;

6. That the above recommendations and their interpretation and application be reviewed periodically in the light of such new evidence as may become available;

7. That the mortality experience of the group be reviewed not later than 1970.

Mr. ORMISTON: Doctor, in Section 2, are you saying that a veteran's age is a definite factor in assessing a disability for arteriosclerosis?

Dr. RICHARDSON: I am not referring to his age as a factor in assessing the degree of the disability present, for the purposes of paying a pension under Schedule A of the Pension Act. I am suggesting that his age is relevant to assessing the possibility or probability of his heart disease being related, in some degree, to his service in the Far East during World War II. For example, a man may have been released from service in World War II at age 26 and 40 years later have a heart attack. Forty years after the event we would feel that there was extremely little chance of there being a significant relationship to service in the Far East. This is the sense in which his age at the time his heart disease is described is significant. It is taken as a factor in assessing the probability of relationship to service.

Mr. CARTER: I would like to ask Dr. Richardson or Mr. Anderson—perhaps they cannot answer this question yet. I have been wondering what effect these recommendations will have on the adjudication and review of other veterans who are not Hong Kong veterans, but who had pension for similar symptoms, particularly this arteriosclerotic and atherosclerotic heart disease?

Dr. RICHARDSON: If there are other veterans who have been shown to be exposed to the conditions that the Hong Kong veterans suffered, a parallel situation might be established, but we have no knowledge of such a parallel situation elsewhere in the world.

Even so, our inferences about relationship of heart disease to service in the Hong Kong group are almost contentious. We felt there is enough evidence, certainly, to make favourable recommendations but, at the moment, not all authorities agree with us that there was sufficient evidence for a favourable recommendation, even in these circumstances.

Mr. CHATTERTON: Mr. Anderson, was the recommendation adopting dental treatment the only one that required legislative changes?

Mr. ANDERSON: No, even that one did not require legislative change, it simply required the Treatment Services to accept these people for dental