

We pay premiums in Saskatchewan, Manitoba, Ontario and New Brunswick. There is no duplication. The point of this thing is, that if we did not cover the veteran recipient of war veterans allowance he would be eligible for hospital coverage as an indigent, at the expense of the community. We are anxious to avoid this label in respect of a W.V.A. recipient, and therefore we pay the premium on his behalf; but it is paid only once and paid by us.

Mr. McINTOSH: The other question I have is in respect of the cost of telegrams and telephones which always seems to be spiralling.

Dr. CRAWFORD: Yes. There has been a ten per cent increase in the Bell rates and a twelve per cent increase in one of the other systems we use. That has been reflected in the increased estimate.

Mr. HERRIDGE: Mr. Chairman, before I ask Dr. Crawford a question I wish, on behalf of the veterans in my constituency to express their appreciation of the excellent service rendered by Shaughnessy hospital. There are increasing numbers of first world war veterans who tell me how much they appreciate the comfort they receive in the hospital, and especially in the "plumbing" division.

A veteran wrote me to the effect that he, a war veterans allowance recipient, was called into Shaughnessy hospital, examined and told he required an operation. Owing to the fact that the ward in which he would be put was full he was sent back by air to the Kootenay to await recall at a later date. The veteran in question did not complain. He appreciates very much what has been done. However, I wonder if Dr. Crawford could find out whether or not that operation was delayed on account of any occupancy by someone other than a veteran of any bed in the ward in which he was supposed to be put.

Dr. CRAWFORD: I can inquire. One has to know his name and particulars.

Mr. HERRIDGE: I can give you that; it was quite recent.

Dr. CRAWFORD: I feel it is unlikely it is so. If there was not urgency in respect of this person's operation—and I assume this was also in the plumbing division—it may well be they felt it was preferable from the point of view of the veteran to postpone this until proper facilities were available. Certainly, had there been any requirement for an operation at the specific time, even if the bed had been occupied by someone other than a veteran, the non-veteran would have been moved to another ward. I think it is highly unlikely that this has happened because I have been assured many times by Shaughnessy and other hospitals that our activity in respect of non-veterans—and we can give you some figures on this if you wish—has never interfered with the treatment of an entitled veteran.

Mr. LALONDE: I hope there is a good reason, because I do not take very kindly to the thought that we had to transport him by air twice for the same operation.

Mr. HERRIDGE: He is not complaining.

Mr. LALONDE: But I would.

Dr. CRAWFORD: You will be interested in these figures. Leaving aside members of the armed forces our activities in respect of other government departments represent 0.9 per cent of our patient census. Less than 1 per cent of our patient load is created by other government departments, apart from the Department of National Defence, and 0.4 per cent is made up of cases we handle for other responsible agencies such as the Canadian paraplegic association. It is a very small fraction of our total activity as you can see.

Mr. BROOME: Before I ask Dr. Crawford a couple of questions on the details, I am wondering if he could inform the committee as to the total number of beds this year and the increase which you anticipate during the year?