

Westminster Hospital

to ensure proper care of the staff in these hospitals. So the possibility of keeping an area for domiciliary care at Westminster hospital may be very good indeed. For all I know, it may be under negotiation.

However, I think that the figures which the hon. member gave of the possible number of recipients of domiciliary care is somewhat larger than I think will be the case, because it is quite obvious that we can no longer look after all veterans in the veterans' hospitals. I think that a high level of care continues to be a prime requisite. In the case of Sunnybrook hospital, the level of care was declining until it was taken over. Now we have a 450-bed veterans' wing of which we can be proud and which veterans regard very highly. This wing provides chronic care, geriatric care or maybe extended care.

I think the hon. member will appreciate that this is the state of affairs in our discussions with the province. It would be quite irregular for the federal government unilaterally to hand out documents concerning the negotiations to date. That is pretty obvious. Nevertheless, this is a great opportunity to reiterate our position on the transfer of DVA hospitals. This was stated in a cabinet report of December 5, 1963. The report provides the terms of reference for all the negotiations concerning the transfer of hospitals.

● (1720)

Right after the last world war there were not enough hospitals in Canada to care for the wounded who were returning from overseas. Many of them came off hospital ships. Many were on stretchers and they had to go right to hospital. We had to have special hospitals built, and at one time we had 40 institutions. These were acute care cases requiring every conceivable kind of specialized care. They stayed in hospital for varying lengths of time. Some never got out of hospital. Many were discharged but had to return for treatment periodically. As the wounded veterans returned to health, the institutions were gradually closed down, but there were First World War and Second World War veterans who still required care of one kind or another so certain hospitals were kept open all across Canada. As the number of patients being treated for war wounds decreased, we began to allow the use of the beds for veterans such as war veterans allowance recipients.

These hospitals were never intended for this kind of use, and I think veterans should realize that. The beds were there, so we used them, and eventually we ended up with most of them being occupied by patients in need of care for chronic conditions frequently of a geriatric nature. It became harder and harder to attract young professional staff, both doctors and nurses, to work in the hospitals. They told us, with some justification, that the work was too limited. The young specialists wanted to work where they could experience the widest possible range of medical practice.

What happened when one of the veteran patients in what has become essentially a geriatric hospital suddenly needed acute care? The hospital did not have the staff to treat him. He had to be transferred. We could see this situation looming on the medical horizon so we got contracts with provincial

authorities to transfer the hospitals to provincial jurisdiction. They have been integrated with local hospitals, but with certain guarantees for veterans. These guarantees included a specific number of beds reserved for veterans with pensionable disabilities. We were assured that there would be adequate care for war veterans allowance recipients, and the protection of the employment of hospital staff. I mentioned this just a while ago. The hon. member can appreciate that I am only giving a broad outline of the policy and I have not gone into the cost factors or the effect of hospital insurance on the transfer of responsibility. How many graduating doctors or nurses would choose a workplace which would limit their future? Hon. members can understand the difficulty in attracting competent staff, although this work would be good experience for every young man proceeding to specialty training.

I will ask the hon. member another question. If his father or brother suffered a heart attack, where would he take them—to a veterans hospital or to a modern local hospital? It has been proved time and again that modern local hospitals are better fitted to deal with acute illnesses and major surgery.

Our concern has been to provide the best possible care for veterans. That is why we continue to support and promote the hospital transfer policy. We are not avoiding our responsibilities to our veterans. We are doing everything in our power to give our veterans the kind of care and treatment they deserve. If the hon. member would look into this question, he would find it sometimes becomes a question of misconception. I have used the minister's notes to show how sincere we are in wanting to give veterans the very best care.

Now that this debate has been initiated by the hon. member for Humber-St. George's-St. Barbe, I think there will be better understanding in Canada, especially by veterans, of the role of the federal government and the Department of Veterans Affairs in looking after our sick veterans.

Mr. J. R. Holmes (Lambton-Kent): Mr. Speaker, at the outset I wish to indicate how pleased I am to second the motion of the hon. member for Humber-St. George's-St. Barbe (Mr. Marshall) for the laying of these important documents before the House. I was somewhat concerned about some of the observations made by the Parliamentary Secretary to the Minister of Veterans Affairs (Mr. Railton) in giving his reasons for not producing these documents. He implied that there has not been agreement between the various parties in negotiating the transfer of jurisdiction of Westminster Hospital to some other prime complex in that particular area, although he did not define that specifically.

He talked about some of the misconceptions which have arisen because of these activities. That is the very reason the hon. member for Humber-St. George's-St. Barbe asked for the production of these papers. There is a need for this information. It might allay the fears and apprehensions of the veterans in that area, and there is also a necessity to have an input from those veterans. I have some personal background with respect to that. Some of my training was done at Westminster Hospital. I have looked after patients over a number of years who