

government which has permitted VLA to become unworkable. The government says nobody wants land because people are not applying for it. That is like saying people in Bangladesh are starving to death because they are not buying food. It is impossible for veterans to buy land and build a home now under the Veterans Land Act. It is sheer chicanery for the government to say the act is not needed any more because veterans are not taking advantage of it.

I should like to say a few words on how the act could still be used, Mr. Speaker. Many veterans, and I was one, stayed in the service after World War II. Because they were posted from one part of the country to another they did not buy a home but planned to do so when they retired. They are at that age now, and I am sure some of them are among the 125,000 to 150,000 certified veterans who have not taken up the option to buy land. Upon retirement they found they had a "Catch 22" bill—if they could find a property and put a building on it they could have a low term mortgage. Of course they were much too late.

The minister, and the hon. member for Timiskaming (Mr. Peters), raised the question of veterans' hospitals and I should like to comment on something that was brought to my attention recently. I agree entirely with the hon. member for Timiskaming. The transfer of veterans' hospitals to civilians and civilian organizations has not gone well. In Victoria the coronary care unit of the veterans' hospital was closed, and now any veteran who has a heart attack in that hospital has to be taken to the nearby civilian hospital by ambulance. They are closing down the outpatient department and this leaves many patients, particularly the aging ones, in a terrible position. They consider the veterans' hospital doctor to be their family doctor; now they are turned away and told to go to a doctor of their choice.

The Department of Veterans Affairs convinced veterans' associations that the change was inevitable and they might as well relax and enjoy it. They also convinced the staff that they would be better off if the province took over the hospital. The only people they did not talk to or consider were the hospital patients. I believe this transfer to be a tremendous disservice and I want to put my objection on the record, Mr. Speaker. It is a mistake and it should be rectified.

May I call it six o'clock, Mr. Speaker.

The Acting Speaker (Mr. Penner): Order, please. It being six o'clock, I do now leave the chair until eight o'clock this evening.

At six o'clock the House took recess.

AFTER RECESS

The House resumed at 8 p.m.

Mr. McKinnon: Madam Speaker, may I take a moment of the time of the House to say what a pleasure it is to have you in the chair. Your presence reminds me of a cavalry general who had done nothing in a battle. When asked what he had done, he replied that he had lent colour

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and dash to what otherwise would have been a vulgar brawl. I feel the same way about your presence here.

At six o'clock I had been speaking on the veterans' hospital in Victoria, and I have a few more comments on that topic before I yield the floor to others who wish to participate in this debate.

The decision to turn the hospital in Victoria over to the province was announced some six months ago. As to when the decision was made, only the minister knows, but it was made some considerable time before discussions began, I believe.

I am not in favour of hospitals having empty beds. I have no complaints about any efforts made to make fuller use of scarce medical facilities. However, I object to the fact that the treatment of veterans in the Victoria and Vancouver Island area is not of the same standard it was before the changes. Elderly veterans, who for years were accorded out-patient status at the Victoria hospital, are no longer able to get medicine at the familiar dispensary. They are no longer able to see their usual doctor who knew them personally and their problems. They feel insecure in the strangeness of the new rules and regulations. If they need minor surgery they can no longer be sure of admission to the operating theatre at the "Vets", particularly on Saturdays when the operating room is allotted exclusively to abortions. It is a sad commentary on our social values that this should happen.

In closing, Madam Speaker, let me return to the Veterans' Land Act. I remind the minister that many options are open to the government. I do not know what structures the government may have placed on the minister; certainly many options are open to the government, if only it will take them. Let the government rid itself of the idea that it can absolve itself of responsibility for veterans under the Veterans' Land Act by talking of the days when the act was used to settle soldiers on land.

Let us be honest. The provisions of the act were designed to provide shelter for veterans. The government should readjust its thinking and allow veterans to acquire modern shelter in modern times. Let it consider extending the terms of the Veterans' Land Act to cover the purchase of condominiums, the purchase of house trailers and of strata titles. The mortgage restriction should be changed. Instead of the \$18,000 ceiling, the ceiling ought to be up to 85 per cent of the value of the holding. In other words, the government should cancel the existing ceiling governing the amount of money available for a mortgage. It should lessen the requirement for land. Really, you will not provide shelter for veterans if you insist on them holding 4 of an acre, or half an acre. The spirit and principle of the law are defeated by a technicality. In addition, the government should cancel immediately the 1968 and 1975 dates regarding the closing of certification to do with the purchase of land.

I submit that the minister should initiate, in consultation with veterans' organizations, a study to enable amending legislation to be drafted which will satisfy the real, present day needs of veterans.

Mr. S. Victor Railton (Welland): Madam Speaker, I am pleased to participate in this debate on the motion to review the termination date, March 31, 1975, for applica-