

Westminster Hospital

It is very strange that although this beautiful land will be transferred to a provincial government or a municipality at no cost, the federal government will have to provide the services from its capital fund which is needed so much to care for other veterans and their needs. The federation states:

1. That we the Federation of British Canadian Veterans of Canada, request the federal government retain that part of Westminster Hospital, south of Commissioners Road and east of Wellington Road and it be so dedicated as a memorial to all those Canadians who have given their lives in the defence of our country.

2. A new building be erected on the site, or the present psychiatric building be renovated to house the chronic, psychiatric and domiciliary care patients.

3. A liaison be arranged with the local authorities so that patients needing active treatment may be transferred to the main hospital.

4. The Department of Veterans Affairs retain supervision and control of all phases of treatment and care.

I indicated earlier in my remarks that I do not think past ministers or those who decided back in 1963 to transfer hospitals projected what would be needed at this time as conditions change. I did a little research. First may I refer to a letter I received from the minister dated September 17, 1976. This letter is vague. I asked the number of domiciliary care beds available in departmental institutions as of 1963. The letter indicates that between 1969 and 1976 there was not even an increase of 100 beds. As I said, with the number of Second World War veterans now at age 60 whose needs will increase over the next 10 or 20 years, this amazes me a bit. The minister says:

● (1710)

The number of section 29 VTR beds is not expected to vary appreciably in 1977 or 1978, except in the event that some hospitals are transferred.

I presume this letter was prepared for the minister by officials from the treatment services. The minister goes on to say in his letter:

It is expected that a sufficient number of beds will be reserved for domiciliary care patients as part of the agreement and will likely favour the veteran.

Do the minister and his staff not know how many beds will be needed? After extolling the virtues of doing all the things he says he will do, why does he say that the veterans will likely be favoured? We can show the minister lists of veterans across the country waiting for domiciliary and extended care. Commitments have been made to veterans, yet the minister only says that the veterans will likely be favoured. I have here some figures showing what the needs will be in the next 10 or 20 years. I have here the number of veterans receiving disability pensions. They now number 82,516. Over 12,000 of them are World War I veterans between the age of 75 and 80. There are 91,392 war veterans allowance recipients, and a great majority of the 173,908 veterans will be needing domiciliary care. I broke those figures down to the numbers receiving disability pensions of between 50 per cent and 100 per cent to point out that veterans in that category will likely need care. There are still 4,513 single World War I veterans between the ages of 75 and 80, most of them probably alone. The married World War I veterans number 7,869. It is obvious when the minister said that the department's projection for 1976 was for only 2,927 beds that somebody in his department must look again at those

[Mr. Marshall.]

projected figures, because we should be able to plan for the care of veterans.

The main object of this motion for the production of papers is to point out that I am being denied my right to provide help and assistance to veterans which I have done since I have been associated with veterans affairs in my party. We must never deny to the veteran the care which he deserves and to which prime ministers in the past 60 or 70 years have committed themselves.

I should like to quote from an article written by my colleague, the hon. member for Peace River (Mr. Baldwin) which appeared in *Reader's Digest*. The caption reads: "It's all too easy for Ottawa to withhold the facts and data on which government decisions are made. But in a democracy, the public has as much right to know as the policymakers". It is obvious that the Westminster hospital is likely to be transferred very soon. The parliamentary secretary knows that all I want to do is to ensure, with the continued co-operation of the Standing Committee on Veterans Affairs, that these veterans are looked after in accordance with the commitments made. The hon. member for Peace River referred in his article to another motion of mine when I sought documents about a meeting of senior officials to set a new deadline for loan applications under the Veterans Land Act. At that time the request was denied because the papers were confidential.

I put my case forward with all the sincerity and kindness which I feel toward veterans, and I know I will receive the co-operation of all hon. members regardless of party affiliation. I know that some of my colleagues will want to participate in the debate, and I apologize for taking up so much time.

Mr. Victor S. Raiton (Parliamentary Secretary to Minister of Veterans Affairs): Mr. Speaker, I regret that the minister was unable to attend at this time. I am sure he would have been very pleased to speak on the motion put forward by the hon. member for Humber-St. George's-St. Barbe (Mr. Marshall). The minister cannot accede to the request of the hon. member for the tabling of all correspondence, minutes of meetings, telegrams, contracts and agreements between the government and the province of Ontario having to do with the transfer of Westminster hospital. The reason is that our officials have had meetings with the provincial authorities and have been unable to reach agreement to date. The situation at present is that the position is being re-examined, as the hon. member stated. The agreement is still under negotiation, and I hope we will be meeting soon with provincial officials.

The government feels strongly that it would be in the best interests of both veterans and the community to integrate Westminster into a planned complex of facilities at the present site. There may be some misconceptions even in the minds of people who are anxious to do their very best for veterans. I do not think we should have two classes of hospitals. Hospitals should provide the very best care for veterans whether it is geriatric care or acute hospital care. The hon. member must remember that the government's record with regard to the care of veterans in hospitals is very good indeed. Also, the government has been very anxious in all the negotiations also