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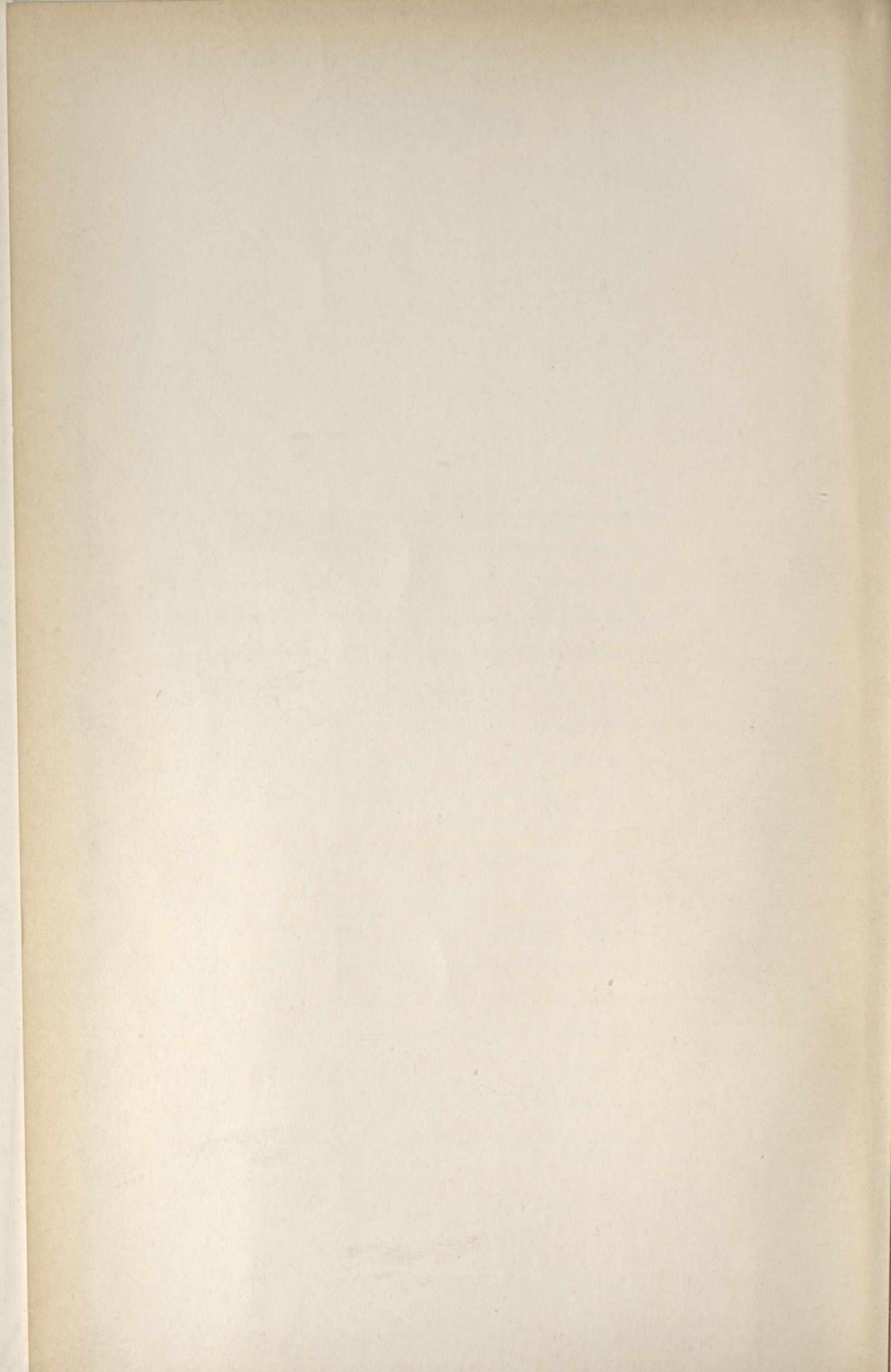
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HOUSE OF COMMONS

Third Session—Twenty-fourth Parliament

1960

STANDING COMMITTEE

ON

ESTIMATES

Chairman: ARTHUR R. SMITH, Esq.

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 1

TUESDAY, MARCH 8, 1960

Estimates of the Department of National Health
and Welfare 1960-1961

WITNESS

The Honourable J. Waldo Monteith, Minister of
National Health and Welfare

STANDING COMMITTEE ON ESTIMATES

Chairman: Arthur R. Smith, Esq.,

Vice-Chairman: Ernest J. Broome, Esq.,

and Messrs.

Argue,	Fleming (<i>Okanagan-Revelstoke</i>),	McGregor,
Anderson,	Fortin,	McIlraith,
Baldwin,	Gillet,	McMillan,
Benidickson,	Grafftey,	McQuillan,
Best,	Hales,	More,
Bissonnette,	Halpenny,	Parizeau,
Bourbonnais,	† Hardie,	Payne,
Bourdages,	Hellyer,	Pickersgill,
Bourget,	* Horner (<i>Acadia</i>),	Pigeon,
Brassard (<i>Lapointe</i>),	Howe,	Pugh,
Bruchési,	Jorgenson,	Ricard,
Cardin,	Korchinski,	Richard (<i>Kamouraska</i>),
Caron,	MacLellan,	Rouleau,
Carter,	McCleave,	Skoreyko,
Cathers,	McDonald (<i>Hamilton South</i>),	Stewart,
Clancy,	McFarlane,	Stinson,
Coates,	McGee,	Thompson,
Crouse,	McGrath,	Vivian,
Dumas,		Winch,
Fairfield,		Winkler.

J. E. O'Connor,

Clerk of the Committee.

† Replaced on February 24, 1960 by Mr. Martin (*Essex East*)

* Replaced on March 2, 1960 by Mr. Horner (*Jasper-Edson*)

ORDERS OF REFERENCE

TUESDAY, February 16, 1960.

Resolved,—That the following Members do compose the Standing Committee on estimates:

Messrs.

Argue,	Fleming (<i>Okanagan-Revelstoke</i>),	McIlraith,
Anderson,	Fortin,	McMillan,
Baldwin,	Gillet,	McQuillan,
Benidickson,	Grafftey,	More,
Best,	Hales,	Parizeau,
Bissonnette,	Halpenny,	Payne,
Bourbonnais,	Hardie,	Pickersgill,
Bourdages,	Hellyer,	Pigeon,
Bourget,	Horner (<i>Acadia</i>),	Pugh,
Brassard (<i>Lapointe</i>),	Howe,	Ricard,
Broome,	Jorgenson,	Richard (<i>Kamouraska</i>),
Bruchési,	Korchinski,	Rouleau,
Cardin,	MacLellan,	Skoreyko,
Caron,	McCleave,	Smith (<i>Calgary South</i>),
Carter,	McDonald (<i>Hamilton South</i>),	Stewart,
Cathers,	McFarlane,	Stinson,
Clancy,	McGee,	Thompson,
Coates,	McGrath,	Vivian,
Crouse,	McGregor,	Winch,
Dumas,		Winkler—60.
Fairfield,		

Ordered,—That the said Committee be empowered to examine and inquire into all such matters and things as may be referred to it by the House; and to report from time to time its observations and opinions thereon, with power to send for persons, papers and records.

TUESDAY, February 23, 1960.

Ordered,—That the Standing Committee on Estimates be empowered to print, from day to day, such papers and evidence as may be ordered by it, and that Standing Order 66 be suspended in relation thereto; and that the quorum of the said Committee be reduced from 20 to 15 Members, and that Standing Order 65(1) (m) be suspended in relation thereto.

WEDNESDAY, February 24, 1960.

Ordered,—That the name of Mr. Martin (*Essex East*) be substituted for that of Mr. Hardie on the Standing Committee on Estimates.

STANDING COMMITTEE

TUESDAY, March 1, 1960.

Ordered,—That items numbered 242 to 255 inclusive, as listed in the Main Estimates 1960-61, relating to the Department of National Health and Welfare, be withdrawn from the Committee of Supply and referred to the Standing Committee on Estimates, saving always the powers of the Committee of Supply in relation to the voting of public moneys.

WEDNESDAY, March 2, 1960.

Ordered,—That the name of Mr. Horner (*Jasper-Edson*) be substituted for that of Mr. Horner (*Acadia*) on the Standing Committee on Estimates.

Attest

LEON J. RAYMOND,
Clerk of the House.

REPORT TO THE HOUSE

The Standing Committee on Estimates has the honour to present the following as its

FIRST REPORT

Your Committee recommends:

1. That it be empowered to print, from day to day, such papers and evidence as may be ordered by the Committee and that Standing Order 66 be suspended in relation thereto.
2. That its quorum be reduced from 20 to 15 members and that Standing Order 65(1) (m) be suspended in relation thereto.

Respectfully submitted,
ARTHUR R. SMITH,
Chairman.

MINUTES OF PROCEEDINGS

TUESDAY, February 23, 1960.

(1)

The Standing Committee on Estimates met at 11.40 a.m. this day for the purpose of organization.

Members present: Messrs. Baldwin, Best, Bissonnette, Bourget, Broome, Cardin, Caron, Carter, Cathers, Crouse, Dumas, Fairfield, Fleming (*Okanagan-Revelstoke*), Grafftey, Hales, Halpenny, Hellyer, Howe, Jorgenson, Korchinski, MacLellan, McCleave, McDonald (*Hamilton South*), McGee, McGregor, McQuillan, Parizeau, Payne, Rouleau, Smith (*Calgary South*), Stewart, Winch, and Winkler. (33)

On the motion of Mr. Caron, seconded by Mr. Korchinski, Mr. Smith (*Calgary South*) was elected Chairman.

Mr. Smith took the Chair and thanked Members for the honour extended to him.

On the motion of Mr. Best, seconded by Mr. MacLellan, Mr. Broome was elected Vice-Chairman.

The Committee's Orders of Reference were read.

On the motion of Mr. McCleave, seconded by Mr. McDonald (*Hamilton South*),

Resolved,—That a recommendation be made to the House to reduce the quorum from 20 members to 15 members.

On the motion of Mr. McDonald (*Hamilton South*), seconded by Mr. Stewart,

Resolved,—That permission be sought to print, from day to day, such papers and evidence as may be ordered by the Committee.

Moved by Mr. Crouse, seconded by Mr. MacLellan,

That the Committee request permission to sit while the House is sitting and following debate Mr. Caron moved, seconded by Mr. Cardin, in amendment thereto, that the Committee not consider such sittings at this time. The motion as amended was adopted on the following division: YEAS, 16; NAYS, 15.

On the motion of Mr. Caron, seconded by Mr. MacLellan,

Resolved,—That a subcommittee on Agenda and Procedure, comprising the Chairman and 6 members to be named by him, be appointed.

The Chairman outlined briefly the future activities of the Committee and undertook to discuss with members of the subcommittee on Agenda and Procedure the question of the selection of Departmental Estimates to be considered.

At 12.00 a.m. the Committee adjourned to meet at the call of the Chair.

TUESDAY, March 8, 1960.

(2)

The Standing Committee on Estimates met at 11.02 a.m. this day. The Chairman, Mr. Arthur Smith, presided.

Members present: Messrs. Argue, Anderson, Bourdages, Broome, Cardin, Caron, Carter, Cathers, Crouse, Dumas, Fairfield, Fleming (*Okanagan-Revelstoke*), Grafftey, Hales, Halpenny, Horner (*Jasper-Edson*), Howe, Martin (*Essex East*), McCleave, McFarlane, McGee, McGrath, McGregor, McIlraith, McQuillan, Parizeau, Payne, Skoreyko, Smith (*Calgary South*), Stinson, Winch and Winkler.

—32.

In attendance: The Honourable J. Waldo Monteith, Minister of National Health and Welfare, assisted by Dr. G. D. W. Cameron, Deputy Minister (*Health*); Dr. K. C. Charron, Director, Health Services Directorate, Mr. C. Keedwell, Executive Assistant to the Minister; Miss O. J. Waters, Departmental Secretary; and Dr. J. W. Willard, Director, Research and Statistics Division.

The Chairman observed the presence of quorum and welcomed new Members to the Committee.

Orders of Reference dated February 24, March 1 and March 2, 1960, were read.

On the motion of Mr. Winch, seconded by Mr. Parizeau,

Resolved,—That, pursuant to its Order of Reference of February 23, 1960, the Committee print 750 copies in English and 200 copies in French of its Minutes of Proceedings and Evidence relating to the Estimates of the Department of National Health and Welfare.

The Chairman announced that the following Members would comprise the Subcommittee on Agenda and Procedure: Messrs. Benidickson, Bourget, Hales, McCleave, Parizeau, Winch and Broome.

The Chairman read a copy of a letter addressed to the Honourable George Nowlan, Minister of National Revenue, inquiring into the effectiveness of the Committee's recommendations of last session.

Agreed,—That letters from the Honourable George Pearkes, Minister of National Defence, and the Honourable S. H. S. Hughes, Chairman of the Civil Service Commission, be printed as appendices to the record of this day's Proceedings. (*See Appendices "A" and "B"*)

Item 241—Departmental Administration, was called, and Mr. Monteith, Minister of National Health and Welfare, introduced officers of his department.

The Minister made an extensive statement, copies of which were distributed to Members of the Committee, outlining activities of the Department and the progress of various programs administered by the Department.

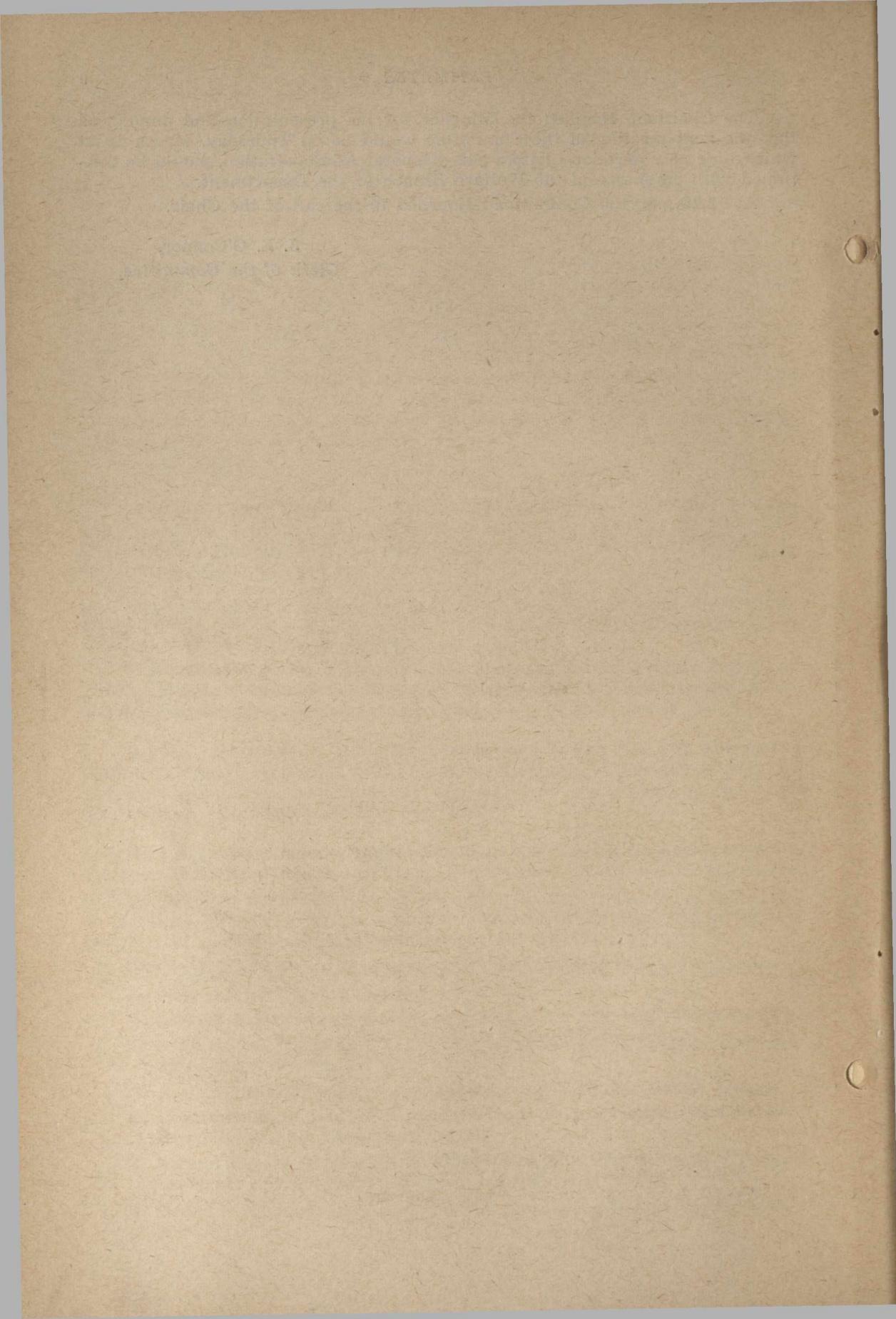
Copies of the following documents were tabled and distributed to Members:

- A. Organization Chart of the Department;
- B. Annual Report—Department of National Health and Welfare—1959;
- C. A Statistical Summary—Federal advances under the Hospital Insurance and Diagnostic Services Act;
- D. A Statistical Summary—Allocations under National Health Grants;
- E. Quarterly Report of Levels of Strontium-90 in Canadian Milk Powder Samples, October-December, 1959;
- F. Annual Report—Operation of Agreements with the Provinces—Hospital Insurance and Diagnostic Services Act—March 31, 1959;
- G. Order in Council—P.C. 1960-18/257—governing Health Grants Rules, 1960.

The Chairman thanked the Minister for his presentation and announced that the next meeting of the Committee would be on Thursday, March 10 at which time consideration of Item 242—General Administration, would be continued with emphasis on the Welfare Branch of the Department.

At 12.28 p.m. the Committee adjourned to the call of the Chair.

J. E. O'Connor,
Clerk of the Committee.



EVIDENCE

TUESDAY, March 8, 1960.

THE CHAIRMAN: Good morning, gentlemen. We have a quorum, so we can proceed.

Mr. WINCH: Mr. Chairman, will you take note that we had a quorum two minutes after eleven.

The CHAIRMAN: Gentlemen, I congratulate those of you who were able to arrive on time. I hope that you will encourage your colleagues to do so in the future also, so that we can always get started reasonably on time.

The first remarks I have to make are to welcome one or two new members to the committee. We are, of course, delighted to see them. I am going to ask our secretary if he will read the additional orders of reference. Mr. O'Connor, if you would, please.

THE CLERK OF THE COMMITTEE: Wednesday, February 24, 1960: Ordered—that the name of Mr. Martin (*Essex East*) be substituted for that of Mr. Hardie on the standing committee on estimates.

Tuesday, March 1, 1960: Ordered—that items numbered 242 to 255 inclusive, as listed in the main estimates 1960-61, relating to the Department of National Health and Welfare, be withdrawn from the committee of supply and referred to the standing committee on estimates, saving always the powers of the committee of supply in relation to the voting of public moneys.

Wednesday, March 2, Ordered—that the name of Mr. Horner (*Jasper-Edson*) be substituted for that of Mr. Horner (*Acadia*) on the standing committee on estimates. Attest, Leon-J. Raymond, clerk of the house.

The CHAIRMAN: Thank you, Mr. O'Connor. Gentlemen, we require a motion for the printing of copies of the minutes. Past procedure has been to print 750 copies in English and 200 in French.

Mr. WINCH: I so move.

The CHAIRMAN: Moved by Mr. Winch; seconded by Mr. Parizeau.

Motion agreed to.

The CHAIRMAN: I was asked at the organizational meeting, gentlemen, as you recall, to consult with the whips of the two other political parties for the establishment of a steering committee. Having done that, I have asked Messrs. Benidickson, Bourget, Hales, McCleave, Parizeau and Winch to act as the steering committee, with Mr. Broome to sit in the capacity of non-voting vice chairman.

At the organizational meeting it was suggested to me, as you will recall, I believe by Mr. Winch and Mr. Broome, that we might ask the departments that we have previously examined to give us some indication as to which of the recommendations contained in our report following the examination of the department concerned had been implemented. I have done this, gentlemen, and I am going to ask, with your approval, that rather than read them at this point, and so that we may process the business ahead of us, to have the two replies I have received thus far printed as part of the evidence of this meeting. Under this situation you can then examine them and determine what course we should take at a later date.

I should point out, gentlemen, that we have no authority at this point to call any of these departmental heads. We have, of course, the Department of

Health and Welfare before us now. You can review this department and at a later time determine what course of action you wish to take. May I have your permission to have these replies attached and printed as part of the evidence?

Mr. MCGEE: Could you, Mr. Chairman, in a formal way perhaps contact those other groups that have appeared before us and suggest they follow the pattern—

The CHAIRMAN: I have done this; I have written them all. Perhaps it would be in order just to read this letter.

Mr. WINCH: At the same time, Mr. Chairman, in case it ties in, could I also ask whether you have asked the departments concerned for information as to why some recommendations may not have been carried out.

The CHAIRMAN: Perhaps I might read this letter. This is to the Hon. George C. Nowlan, Minister of National Revenue:

You will no doubt recall that in the second session of the present parliament, your department appeared before the standing committee on estimates.

As chairman of the committee, I have been instructed to inquire if you have implemented or acted upon any of the recommendations contained in the report resulting from our examination of your department.

At our organization meeting, members of the committee also suggested that when your estimates come before the house, it would be helpful if you would discuss our report, indicating those areas where you do not concur with our conclusions and setting forth your reasons in this respect.

Gentlemen, with your permission we will attach the two replies I have had thus far.

Agreed.

The CHAIRMAN: Gentlemen, I am sure that the committee are well aware of the fact that the house has referred to us the Department of Health and Welfare. We have with us—and it is a pleasure to have him here the minister, the hon. J. Waldo Monteith. In calling the item, I would ask, sir, if you would first introduce any members of your staff who are present with you, Dr. Cameron in particular.

Then, gentlemen, the minister is going to open with a fairly comprehensive statement, as has been our practice in the past, keeping in mind that this department has not been before a committee for sometime. Also, because of its peculiar nature, in that it is one of the larger departments, certainly in size and expenditures, I suggested to the minister that the statement should be fairly comprehensive. You will have copies provided and they will be delivered here shortly; they will be ready in a very short time and prior to the adjourning of this meeting you will have them.

Mr. CARTER: Mr. Chairman, I see that some of the members have material here, and I just wondered if I could get a copy of that.

The CHAIRMAN: It will be delivered by the committee secretary.

Mr. CARON: Would you mind, Mr. Chairman, asking members to talk a little louder, because sometimes we cannot hear.

The CHAIRMAN: Very well. Therefore, I am going to call item 242. You will find that item on page 50 of your estimates, and the details appear on page 331.

Item No. 242. Departmental Administration, \$1,641,729.

The CHAIRMAN: Mr. Monteith, sir, would you be kind enough to introduce your staff and proceed with your report.

Hon. J. W. MONTEITH (*Minister of National Health and Welfare*): Yes, Mr. Chairman. First of all, my deputy minister of health, Dr. Cameron. The deputy minister of welfare is unavoidably out of the city today, but he will be present at future meetings. I have with me Dr. Charron, who is director of health services directorate; Dr. Willard, who is director, research and statistics division; Miss Waters, the departmental secretary; Mr. Keedwell, executive assistant; and Mr. David Dunsmuir, my private secretary.

I do have rather a lengthy statement, and I think I have a fairly loud voice, so that my voice will carry. I am just wondering if I might be permitted to sit through my delivery of the statement.

The CHAIRMAN: Please do.

Mr. CATHERS: From the point of view of health, you may.

Mr. MONTEITH: At the outset, Mr. Chairman, I want to say that I welcome this committee's examination of the estimates of the Department of National Health and Welfare for the fiscal year 1960-61.

Four years have elapsed since the department's expenditures and operations were reviewed by this important arm of the House of Commons. This period has witnessed many changes and new developments which have had a substantial bearing on the responsibilities assigned to the department by the parliament of Canada. It is, therefore, timely and fitting that our activities should once again receive the kind of close and searching scrutiny which this committee is uniquely designed to provide. I am confident that your deliberations will be of great benefit not only to the interests of good government and the general welfare but also to the officers of my department and myself.

In order to assist these discussions, I have prepared a somewhat lengthy statement in which I intend to cover the highlights of the department's policies and programs since I became minister in August, 1957. By way of introduction, I should perhaps touch on the main items in our spending program for the coming fiscal year as presented in the blue book.

Estimates

As hon. members will note, our total budget for 1960-61 is estimated at \$1,439,240,729. This represents an increase of \$38,619,384 or 2.7 per cent over the previous year and reflects a decrease of \$8.1 million in voted items and an increase in statutory items of \$46.7 million.

As is customary, statutory items account for the bulk of our proposed expenditures. In fact, they amount to \$1,355,000,000 or roughly 94.1 per cent of total projected outlays. They include:

- \$590.0 million for payments required under the provisions of the Old Age Security Act
- \$508.0 million for payments required under the Family Allowances Act
- \$167.0 million for the federal share of costs under the Hospital Insurance and Diagnostic Services Act
- \$38.7 million for payments to the provinces under the Unemployment Assistance Act
- \$30.9 million for payments to the provinces under the Old Age Assistance Act
- \$16.5 million for payments to the provinces under the Disabled Persons Allowances Act
- and \$4.2 million for payments to the provinces under the Blind Persons Allowances Act.

The remaining \$84.0 million or 5.9 percent of the total estimates represents items to be voted by parliament:

- \$42.0 million for payments to the provinces under the national health grants
- \$23.1 million for Indian and northern health services
- \$4.6 million for emergency health, welfare and training services
- \$3.4 million for quarantine, immigration medical and sick mariners services
- \$3.2 million for administration of all other welfare activities of the department
- \$2.0 million for administration of the Food and Drugs Act
- \$1.9 million for Laboratory and advisory services
- and \$1.6 million for the over-all administrative services of the department.

As I have indicated, there is an overall increase in our estimates for 1960-61 of \$38.6 million. This stems from normal increases in various statutory programs. For example, an additional amount of \$17.7 million is required for unemployment assistance payments because of the entry of the province of Quebec into the program and also because of population growth. Hospital insurance expenditures are up \$7.0 million and this is related mainly to the participation of two additional provinces.

Offsetting these increases to some extent are relatively small declines in other statutory items—old age assistance, blind persons allowances and disability allowances—based on current expenditure patterns. Somewhat larger decreases are, however, to be noted in the department's voted items. In this connection, I might say that a very real effort has been made to pare these expenditures to the amounts we estimate will be actually required in the fiscal year 1960-61. The various reductions do not—and I would stress this point—represent cutbacks in the programs involved nor will they curtail in any way their effectiveness. The intention has simply been to arrive at as precise an estimate of expected cash outlays as possible.

The decrease in items to be voted amounts to \$8.1 million or 10 per cent of such expenditures and is related mainly to the following reductions:

- \$4.0 million in the national health grants which, except for a rearrangement within the several grants to adjust for the impact of the hospital insurance plan, does not materially alter the nature of the program nor the availability of funds to the provinces
- \$2.6 million in the civil defence vote which is totally related to the transfer of other than health, welfare and training functions from the department
- \$800,000 in medical advisory, diagnostic and treatment services due mainly to the closing of the immigration medical hospital at Quebec City and its later transfer to the province
- \$700,000 in Indian and northern health services resulting from a reduction in the construction program where substantial provision in the previous estimates for completion of the new Inuvik hospital is not repeated.

This in brief is the broad picture of the department's projected spending program for 1960-61. I want to turn now to a number of specific areas of our activities which I am sure are of particular interest to this committee and on which I have some rather detailed comments. I will begin with the hospital insurance and diagnostic services program.

Hospital Insurance

Since developments to date under this program are described in the annual report tabled in the house last week, I need not go into them here. Incidentally, everybody has that report? I would simply point out that hospital insurance and diagnostic services plans are now in operation in nine provinces. The province of Quebec has not yet made known its intentions in this regard. Interest in hospital insurance has, however, been increasing in recent months in that province as indicated by various statements by Premier Barrette coupled with the introduction of legislation for study of the whole subject. I, for one, believe that the government of Quebec has taken a most encouraging step with respect to this matter. As I understand it, the government wants to have a clear idea of the conditions and problems facing the province before arriving at a definite decision. This is surely a wise approach and I can only say that the dominion government and my department stand ready at all times to provide whatever advice and technical assistance the province may require.

Two other areas of the country remain to be mentioned. These are the vast territories stretching across the northern reaches of Canada. About a year and a half ago, an interdepartmental committee was set up at the request of the commissioner for the Northwest Territories to study the feasibility of a hospital insurance program in that region. Serving on this committee were representatives of the Department of Northern Affairs and National Resources, the Department of Finance and several sections of my own department. As a result of their deliberations, a report was prepared recommending the launching of such a program and last July, the Northwest Territories council passed an ordinance empowering the commissioner to establish a territorial hospital insurance board. Plans are underway to complete the necessary preliminary work leading to an agreement so that a hospital insurance and diagnostic services program may commence operations on April 1, 1960.

The picture in the Yukon is somewhat similar. However, the necessary legislation has not yet been enacted and although plans are going ahead with all speed, it is not likely that the Yukon program will get underway until later in the year.

I am sure it has been a matter of great satisfaction to all Canadians to note the ease with which this remarkable and far-reaching health measure has been brought into operation throughout the larger part of the nation. The whole process has been exceedingly smooth and surprisingly free of the kind of problems many predicted would arise. Major credit for this success must, I believe, be given to the close cooperation developed between federal and provincial governments prior to the program's inception and maintained in the subsequent period.

During the early stages, federal-provincial technical conferences were held in Ottawa. These meetings were attended by representatives of all provincial governments including those not yet participating in the joint program. Between December 1957 and April 1959, four technical conferences were held, and a number of working parties appointed by the conferences carried out a considerable amount of preparatory work with regard to such matters as financial forms and statistical returns.

More recently, with the concurrence of my colleagues and of provincial ministers, I established a permanent advisory committee on hospital insurance and diagnostic services which convened for the first time in November, 1959. The provinces were invited to name not more than two representatives each to this committee which is under the chairmanship of my department's director of health services, Dr. Charron. To provide technical advice to this body, a

number of sub-committees were set up, again consisting of federal and provincial representatives and covering such fields as quality of care, research and statistics; residence and uniformity of benefits; and finance and accounting.

This brings me to the financial aspects of the insurance program. As hon. members are aware, the amount of federal contributions to the provinces is calculated on the basis of a formula laid down in the act. Since these calculations are made on an annual basis, provision was made in the legislation for monthly advances so that the provinces would not be required to wait a full year for reimbursement of amounts which they must pay to hospitals from month to month. In calculating these advances, there is a small hold-back of federal funds to which the provinces are entitled under the formula for the final contribution. The purpose of this hold-back is to ensure, as far as possible, a minimum of financial readjustments after the end of the year.

I have had a table prepared summarizing the record of federal advance payments to last December 31 and I would ask permission to have it inserted in the record.

TABLE I

FEDERAL ADVANCES UNDER THE HOSPITAL INSURANCE AND DIAGNOSTIC SERVICES ACT

Province	Fiscal Year 1958-59 July, 1958 to March, 1959	Fiscal Year 1959-60 to end of Dec. 1959	Cumulative Total since July 1st, 1958
	\$	\$	\$
British Columbia.....	12,784,038.88	14,433,145.68	27,217,184.56
Alberta.....	8,774,575.68	11,404,508.71	20,179,084.39
Saskatchewan.....	8,430,441.93	9,946,094.49	18,376,536.42
Manitoba.....	7,148,534.97	8,486,099.15	15,634,634.12
Ontario.....	13,140,213.12	53,136,497.16	66,276,710.28
New Brunswick.....	—	2,979,727.52	2,979,727.52
Nova Scotia.....	1,572,782.64	5,899,404.12	7,472,186.76
Prince Edward Island.....	—	206,787.11	206,787.11
Newfoundland.....	2,857,886.84	3,350,890.03	6,208,776.87
TOTAL.....	54,708,474.06	109,843,153.97	164,551,628.03

At this time we will have these distributed. Incidentally, this will be included in the copy of the statement which will be here shortly, I trust.

Mr. WINCH: I thought I was a very fast speaker, but you are even better. Might I suggest that you go a little bit slower for the sake of the *Hansard* reporters?

Mr. MONTEITH: I am sorry, yes indeed.

The CHAIRMAN: You will have a copy of the report, gentlemen.

Mr. MONTEITH: It indicates a total outlay of \$164,551,628, of which \$55 million was for the fiscal year 1958-59 and \$110 million for the first nine months of 1959-60.

This raises the question of projected federal contributions for 1960-61. Estimating this amount involves certain difficulties since it must be done before provincial authorities have themselves received individual hospital budgets and before the operating experience of hospitals is available. The only

guideline is, therefore, data relating to actual provincial payments and federal advances. Using this yardstick, we have calculated total federal contributions for the next fiscal year at \$167,000,000. This figure takes into account the anticipated participation of the Northwest Territories and the Yukon. It does not, for reasons I have already mentioned, include provision for the province of Quebec.

To round off this factual summary of hospital insurance developments, I might add that the program is now estimated to cover close to 12,000,000 Canadians.

A provision of the Hospital Insurance and Diagnostic Services Act which has been the subject of some discussion is that relating to the exclusion from shareable costs of capital debt and interest and depreciation charges on buildings. This exclusion has been supported in some circles and criticized in others. As a chartered accountant, I am aware, of course, that depreciation on such items as physical plant is normally regarded as part of operating costs. However, the more I have studied this problem in connection with the insurance program, the more I have become aware of its complexities.

An argument that has impressed me particularly has to do with the possible danger to the position of hospitals should all their costs be assumed by the senior levels of government. There would seem to be much validity in the point that so long as new construction remains in large part a community responsibility—permitting considerable scope for voluntary effort and local contribution—so long will Canadian hospitals retain their traditional autonomy and independence. This admittedly is only one side of the picture but it raises issues which merit careful consideration.

Then too, it should be remembered that the federal Act does authorize sharing of depreciation on, or outright purchase of hospital equipment including furnishings. Finally, there is the added fact that the Government has more than doubled the amount of federal assistance under the hospital construction grant. This grant, incidentally, permits the provinces to maintain control over building with regard not only not to costs but also to a balanced and planned expansion of facilities in the light of provincial needs. In 1958-59, federal approvals reached an all-time high of \$23.4 million and covered the construction of 8,610 hospital beds or bed equivalents. Renovation projects were also brought within the scope of federal assistance in 1958 and to date 83 projects involving nearly \$5,000,000 in federal funds have been approved.

Having said all this, I would stress that the government is not taking a rigid or final position regarding capital costs. As I have stated on many occasion, it is simply our view that the present legislation should be given a fair and reasonable trial. Here I would mention that most provinces have taken steps to make added financial assistance available to hospitals in this regard. For example, a number have set up grants or funds out of which payments are made with respect to interest on debt and retirement of principal. Such methods are applied in New Brunswick, Prince Edward Island and Nova Scotia. Alberta has assumed responsibility for the repayment of existing debt and for new capital items. Ontario has made 'ad hoc' grants to hospitals for interest and principal retirement on debt. Saskatchewan and Manitoba include in their payments to hospitals amounts for depreciation on buildings and Manitoba also includes interest on approved capital debt.

The provinces vary in their approach to the question of extra revenues derived from semi-private or private accommodation which could be used for capital purposes. Newfoundland, Nova Scotia, Ontario and Saskatchewan leave 50 percent of these earnings with the hospitals. Prince Edward Island, New Brunswick, Alberta and Manitoba do not permit hospitals to retain any of the differential earnings but in Manitoba, hospitals may retain any excess

of these earnings over the amounts paid to them as depreciation and interest. Hospitals in British Columbia retain 40 percent of differential earnings.

I wish now to touch on several other topics having to do with hospital insurance which were discussed as recently as last week in the house. There is, for example, the matter of the exclusion of tuberculosis sanatoria and mental hospitals from shareable costs under the federal-provincial program. I am not going to delve into past history except to say that shortly after the present government took office, an offer was made to the provinces by the Prime Minister in this regard. It was not taken up and in view of this and other considerations, we have decided to make no change in the legislation for the time being.

I might review briefly some of these other considerations.

1. The government has been faced with implementing a very complex and far-reaching project, a task that would have been made more difficult by any substantial change in its existing terms.

2. The inclusion of tuberculosis and mental hospitals in the insurance program would have little financial effect on patients themselves. In 1957, only 9.4 percent of operating costs of mental hospitals and 2.4 percent of operating costs of tuberculosis sanatoria came from self-paying patients. The bulk was met out of provincial revenues.

3. Almost one-half of the funds available under the tuberculosis control and mental health grants are being used currently for the support of services in sanatoria and mental institutions.

4. More than \$36,000,000 has been approved under the hospital construction grant for some 25,600 new beds in these institutions.

5. Both tuberculosis and mental hospitals are in a state of transition. The TB death rate has declined dramatically, and, as a result of new methods of treatment, a portion of sanatoria beds are being left empty. Psychiatric units in general hospitals are becoming more and more prominent and to illustrate this trend, in one recent year, 1958, almost one-third of all mental patient first admissions and readmissions were to these units.

6. Tuberculosis and mental patients are already covered under the insurance program when treated in general hospitals.

These are the basic factors that have influenced our decision. There is, however, one argument in favour of inclusion of mental hospitals that undoubtedly has merit. I refer to the fact that such inclusion would lead to an improvement in the standard of care provided in these institutions. I would not quarrel with this or minimize it in any way. I do feel though, that it is at best a short term factor which must be considered against the background of the changing pattern of mental care. Surely it would be the part of wisdom to leave things as they are pending a clearer definition of current trends and the gaining of experience with the insurance program in its present form. This is the government's position at the moment, but I would reiterate that as in the case of capital costs, we have not in any way closed the door on this important matter. We are maintaining a careful watch on the situation as it develops.

The other subject in this general area I might mention briefly is medical care insurance. I think we should look at this matter in proper perspective. We have, after all, just embarked on the most ambitious health program in our history and it is still not in force in every part of Canada. Moreover, it is far from complete in that the provinces have not so far taken full advantage of federal proposals. I have in mind the field of outpatient services which has not been fully developed. There is also the problem of home care arrangements to which some of the provinces now seem to be turning their attention.

There is a further consideration. The hospital insurance program is bound to have a far-reaching effect on all of Canada's health efforts. It is impossible at this early stage to gauge what its full implications may be in the long run. Should this process not be allowed to take its course before consideration is given to embarking on a whole new field of endeavour—a field, moreover, that poses questions of a far more basic nature in our society than does hospital insurance? I believe it should.

Mr. WINCH: Would you repeat that please?

Mr. MONTEITH: . . . a field, moreover, that poses questions of a far more basic nature in our society than does hospital insurance? I believe it should.

The next topic I want to discuss is the national health grants which is also a most important measure in the health field. The grants program has been in operation since 1948 and has undoubtedly made an outstanding contribution to strengthening and improving the extent and quality of Canada's health services. As hon. members are aware, it consists of a series of annual grants-in-aid to the provinces based on population and other factors.

Since 1948, there have been a number of changes in the grants structure. In 1953, the hospital construction grant was reduced by roughly 50 per cent and three new grants introduced—namely, laboratory and radiological services, child and maternal health, and medical rehabilitation. In 1958—

Mr. MARTIN: What year was that?

Mr. MONTEITH: 1958—the hospital construction grant was more than doubled and also extended to include interne's residences and renovation of existing hospital facilities. We are now embarking upon a further reorganization of the program as a whole.

There would appear to be ample justification for this action. With the gradual development and shifting emphasis of the various provincial programs being supported by the grants, with the increased amounts of money being devoted to certain of these programs, with the increasing experience gained over the years, and particularly with the introduction of the hospital insurance and diagnostic services plan, a rather far-reaching rearrangement has become desirable. This does not entail any change of overall policy or general purpose with respect to the grants. It is more correct to describe it as a rearrangement of the grants to conform with the present pattern of needs in the provinces. It might, indeed, be considered as a reflection of eleven years of experience with the program. Specifically, the arrangement extends, wherever possible, the fixed per capita amounts to ensure assistance to all provinces at constant levels in accordance with their increasing populations.

I have had a table drawn up which sets out the main lines of this arrangement and would like the committee's permission to have it put in the record.

The first point I would stress is this. The new provisions are not the result of unilateral action on the part of the dominion government. They have emerged as a result of lengthy consultations with the provinces and also with various professional organizations. Secondly, the arrangement does not involve any reduction in total annual allocations under the health grants program. These remain the same. The nominal increase in total allocations for 1960-61 as illustrated in the table is due largely to a build-up of funds to be revoted under the hospital construction grant.

STANDING COMMITTEE

TABLE II
ALLOCATIONS UNDER NATIONAL HEALTH GRANTS

Grant	1959-60	1960-61
	\$	\$
Hospital Construction (annual only).....	17,367,320	17,367,320
Hospital Construction (with revote).....	25,780,784	26,009,550
General Public Health.....	8,524,000	13,953,600
Mental Health Grant.....	7,234,868	8,765,391
Medical Rehabilitation.....	1,000,000	2,625,000
Child and Maternal Health.....	2,000,000	1,750,000
Cancer Control.....	3,598,795	3,500,000
Tuberculosis Control.....	4,239,531	3,500,000
Professional Training.....	516,300	1,744,200
Public Health Research.....	512,900	1,744,200
Laboratory and Radiological Services.....	8,524,000	{combined with the General Public H.G.
Venereal Disease Control.....	518,099	
Crippled Children.....	519,898	combined with M.R.G.
TOTAL.....	62,969,175	63,591,941

To clear up any confusion on the part of the members of the committee, I should perhaps refer back to a point I made at the outset of my statement. In analyzing the department's budget for 1960-61, I drew attention to a reduction of \$4 million in grants expenditures for the coming fiscal year. This, of course, does not affect allocations for the program. It simply represents our best estimate of actual expenditures likely to be made in fiscal 1960-61, having in mind past and present usage of the grants. The total volume of projects submitted by the provinces and approved will, of course, exceed this amount, but as past experience shows, the amount actually spent in any year will always be less than the total value of the approved projects.

I might now touch on the various changes which have been initiated. As the hospital construction grant was wholly revised in 1958, it remains in its present form. No doubt the most outstanding alteration is in the general public health grant. This is an all-purpose grant which has been used increasingly by the provinces for the support of general public health services and for meeting additional requirements in specific health areas. In view of the increasing prominence given to these activities, it was felt desirable to strengthen substantially federal assistance in this field. The resulting increase in the general public health grant is therefore nearly \$5,500,000.

Concurrent with this increase, it was decided to absorb into the enlarged public health grant residual projects previously supported through the laboratory and radiological services grant and the venereal disease control grant. A further word of explanation on this point might be appropriate. Since the introduction of the hospital insurance and diagnostic services program, projects formerly dealt with under the laboratory and radiological services grant have increasingly been included within the insurance scheme. As a result, expenditures under the grant have been reduced considerably and it was felt that

any residual or continuing projects unrelated to hospital insurance could be dealt with adequately through an enlarged general public health grant.

With respect to the venereal disease control grant, provincial programs have been declining somewhat in recent years and the feeling has grown that a more effective coordination with other local health programs could be achieved by its inclusion in the general public health grant.

Similarly, the crippled children grant has been absorbed into that for medical rehabilitation. The latter grant has furthermore been substantially increased. Indeed, the total allocation is now more than \$1,000,000 higher than the previous sum of the two separate grants. The thinking behind this change was simply that it would allow greater flexibility in developing programs in this important health area and at the same time avoid any artificial separation between the kind and quality of care provided for adults and for children.

An even larger increase has been initiated in the mental health grant which is raised by \$1,500,000. As I have already mentioned, a large portion of this grant has been going to support services in mental hospitals. I might add that the increase is in answer to widespread demand, including a unanimous resolution of the advisory committee on mental health.

Substantial increases in federal assistance are also projected for professional training and public health research. They amount in total to nearly \$2,500,000. The need in these areas is so obvious as not to require further comment.

On the other side of the ledger, decreases in allotments have been initiated with respect to three grants. I have referred to the situation regarding tuberculosis and the cut-back in federal funds simply reflects current trends. I might add that the tuberculosis control grant will be subject to periodic review in the light of the continuing decline in the incidence and length of treatment of the disease.

The reduction in the cancer control grant stems from the fact that in some provinces, the hospital insurance program absorbs a good deal of the work previously supported by the Grant. The cut-back in the child and maternal health grant reflects the growing tendency to include projects common to both fields under the general public health grant which, as I have pointed out, has been substantially strengthened.

I trust this brief review will have clarified the "new look" which is now to be given to the national health grants. I use the term "new look" advisedly since it illustrates our determination to keep the grants forward-looking, to have them reflect changing circumstances so that they may play their full part in promoting the development and expansion of Canada's health services.

Polio

One of the most important projects supported by the health grants is the Salk polio vaccine program. This is now in its sixth year of operation and has provided some 25 million protective shots to Canadian children and adults from coast to coast. Costs for the vaccine have been shared equally by federal and provincial governments with the amount of federal contributions to date totalling well over \$5,000,000.

The value of this program and of the Salk vaccine itself has never been demonstrated more forcefully than during 1959 when Canada experienced the second largest epidemic of polio in its history. Preliminary returns indicate that there were 1,812 cases reported throughout the country. With the exception of Manitoba, all provinces reported the most widespread outbreak since 1955 when the immunization program began. Over 60 per cent of the cases occurred in the province of Quebec while the highest rate per 100,000 population was registered in Newfoundland. There were 163 reported deaths due to polio, over half of which were in Quebec.

These sober facts are offset somewhat by the knowledge that the toll would have been much greater had it not been for the Salk vaccine. Preliminary returns indicate that roughly 75 per cent of all cases had not received any inoculations and only 5 per cent had had three or more doses of the vaccine. These proportions are closely in line with the degree of effectiveness originally claimed for the vaccine and demonstrate clearly its value as a protective agent.

While this inactivated-type vaccine has therefore met with great success in Canada as elsewhere, it has been recognized that there are certain limitations on its use. For example, the cost of production and method of administration have made its use difficult in many parts of the world where health facilities are less highly developed. This type of vaccine also protects only persons who are vaccinated and does not prevent the spread of virulent strains of polio in the community. Both of these disadvantages would likely be overcome by a safe live vaccine which could be taken orally. In addition, such a vaccine might well hold out promise for even greater and more lasting effectiveness than an inactivated vaccine of the Salk variety.

Canadian health authorities have therefore watched closely the development and testing of live poliovirus vaccines. Large-scale trials of certain of these vaccines have been carried out in the past two years in South America, Africa, Europe, Asia and to a lesser extent on this continent. In all, it is estimated that over 17 million people have been immunized without ill effects. This being the case, supplies of live vaccine are now in production at the Connaught medical research laboratories and preparations are underway for similar manufacture at the institute of microbiology and hygiene at the University of Montreal. A national technical advisory committee on live poliomyelitis vaccines was established last fall and is currently considering studies directed towards meeting the requirements for licensing in Canada.

Meanwhile, in view of our highly satisfactory experience with the Salk vaccine and the favoured position in which we find ourselves regarding its preparation and administration, the present nation-wide immunization program is being continued. In fact, if a satisfactory live vaccine is put into use in this country, it will probably constitute a supplement to our current efforts.

Radiation

Another health matter of great importance has to do with the problem of radioactivity. Studies were initiated by the department in this field as far back as 1949 when plans were made for developing a method of measuring occupational radiation exposures on a country-wide basis. Later, the department assumed responsibility for supervising the medical use of radio-isotopes, for advising on the health aspects of siting, construction and operation of nuclear reactors, and also undertook a fairly extensive program concerned with X-rays. With the increased size and frequency of nuclear weapons testing in 1954, our radiation protection division embarked on studies of fallout levels.

In this connection, top priority was given to the measurement of strontium-90 levels in milk. A nationwide network of 15 stations was set up to collect monthly samples of milk powder for analysis in our laboratories here in Ottawa. More recently, a second network of 24 stations has come into operation for the collection and subsequent testing of air, rainfall and soil. A start has also been made on a bone sampling program, the first results of which should be available shortly. Finally, equipment has been ordered for a total body monitoring unit which will enable study of Cesium-137 levels in living subjects.

Canada has also taken an active role in world studies of radioactivity. For a number of years, Canadians have served on the international commission on radiological protection and this country is a charter member of the United Nations scientific committee on the effects of atomic radiation. Furthermore, last fall, we took an important initiative at the United Nations general assembly

in suggesting that additional machinery be considered for the world-wide collection of samples for the measurement of radioactivity from fallout.

To reinforce this step, Canada offered concrete assistance towards its implementation, and plans have been made to provide additional space, staff and facilities for the analysis of air, rainfall, soil and food samples from some 20-25 stations outside the country. This program will be integrated as much as possible into our domestic studies.

An outstanding feature of my department's approach to the problem of fallout has been to keep the people of Canada fully and continually informed of developments. In fact, at the beginning of 1959, we decided to step-up publication of results of our strontium-90 measurements program by bringing these out on a quarterly rather than an annual basis. Care was taken, however, to emphasize that long-term findings are more meaningful than fluctuating monthly or quarterly levels.

In this context, my department has within the past few days completed its regular quarterly report on levels of strontium-90 in Canadian milk powder samples for the final period of 1959. The committee may recall that monthly averages during the first nine months of last year reached a high in June of 21.3 micro-microcuries per gram calcium and subsequently fell to almost half that amount in September. The figures contained in the latest report indicate that this downward trend was reversed in the last three months of the year registering in December a level of 15.5. Despite this relatively modest increase, however, the quarterly average was slightly below that for the third quarter July-September. The average levels for the four quarters of 1959 were 10.8, 18.0, 14.6 and 14.2 respectively.

How should these latest results be interpreted? It is probable, first of all, that the increases observed in October, November and December are associated with the return of cattle to barns where they were fed on produce grown during the early part of the summer when strontium-90 levels were relatively high. In other words, this may well be largely a seasonal fluctuation. For a more meaningful assessment, sufficient time will have to elapse to allow the findings to be placed in proper perspective. In this connection, we may have a better idea of their significance when the annual report of our strontium-90 program is completed in due course.

As hon. members are aware, the subject of fallout and its implications for health and the welfare of future generations has stirred up a fair amount of controversy among certain scientists and observers in Canada. This has been reflected in clashing headlines—some playing down the possible dangers and others pointing to the calamitous results of present fallout levels. For its part, my department has attempted to maintain a balanced and responsible view of the situation stressing the need for sticking to the facts and interpreting them in as accurate a manner as is possible having in mind the many unknowns which still exist in this field.

I will not take the committee's time at this stage to discuss two other major aspects of the department's activities. They are embraced by the directorate of Indian and northern health services and the food and drug directorate. There are enterprises of long standing and are probably familiar to most hon. members. However, in connection with the latter field, possibly I should mention a matter of current concern, namely the price of drugs.

Drug Prices

In recent months there has been considerable discussion regarding the price of various drug products. This appears to have stemmed largely from investigations carried out by a committee of the United States Senate. Naturally, my department has followed this matter with great interest. The

fact is, however, that drug pricing does not come within our responsibilities which are limited to ensuring the safety and purity of such preparations.

Nevertheless, insofar as it is necessary to ensure that free competition is not hindered by some form of price-fixing, the combines investigation branch of the Department of Justice is authorized to look into situations where such a practice is thought to exist. More than that, it is authorized to make an investigation even where actual price fixing is not involved but where there may be restrictive practices contrary to the public interest. In view of the recent developments in the United States, it is perhaps pertinent to note that in the combines branch's 1957-58 report, it stated that it was studying the "selling and pricing policies of certain pharmaceutical houses in respect of new types of drugs." I believe that the people of Canada can rest assured that this matter is receiving close attention.

Emergency Health and Welfare Services

I think, Mr. Chairman, that this covers pretty well what I want to say on our health activities, except for the work of the Emergency Health Services Division. This division, together with the emergency welfare services division on the welfare side of the department, has been organized to look after those continuing responsibilities in the emergency health and welfare planning field which have been left with the department following the re-allocation of most civil defence functions to other departments or agencies in 1959.

As hon. members will recall, the government undertook in 1958 and 1959 an exhaustive review of civil defence and emergency planning functions with a view to achieving closer integration between these two services. The rearrangement of functions and responsibilities decided upon was announced in the house by the Prime Minister on March 23rd last year and subsequently authorized by Order-in-Council P.C. 1959-656, passed on May 28, 1959, with effect from September 1, 1959.

By virtue of Section 4 of the civil defence order, my department was reassigned those federal responsibilities concerned with the development of all emergency health and welfare services, as well as with the continuing responsibility of administering and managing the operation of the federal civil defence college at Arnprior.

The emergency health services division now has the task of providing professional, technical and financial assistance to the provinces and municipalities so that a rapid reinforcement and expansion of necessary emergency medical, hospital and public health services can be assured if ever the need should arise. The basic responsibility for organizing these services and for administering them in the event of an emergency rests, of course, as it always has, on the provincial and local authorities. They possess the organization, the personnel and the experience for the administration of these services in peace-time. It would be an unjustifiable duplication to build up a separate and unrelated federal organization to discharge these same functions in a civil defence or other emergency.

As a result of the re-organization and the assignment to national defence of the responsibility for re-entry operations into damaged areas, certain of these emergency health responsibilities are now shared jointly with the Canadian forces medical services. This applies particularly to the planning of first aid and primary treatment services, disaster area health controls, health aspects of special weapons and health supplies. There remain, however, other areas, such as hospitals, public health, blood transfusion and nursing services, where the basic responsibility for planning at the federal level rests with emergency health services of this department, in conjunction, of course, with the provincial and local health authorities.

I might say just a word about the medical supplies problem. Since a serious emergency such as an attack on any of our major centres of population

would result inevitably in an unprecedented number of casualties and in serious dislocations of population, we have recognized the need to build up a reserve medical supplies stockpile, including substantial quantities of necessary medical supplies and a number of improvised hospitals.

It should be remembered in this connection that certain items of medical supplies and equipment have to be imported from sources outside Canada.

The copies of this statement are here now and I wonder if we might just break at this point and have them distributed.

The CHAIRMAN: Yes.

Mr. CARON: We have both French and English translations?

Mr. MONTEITH: The French translation will be coming.

Mr. CARON: Soon?

Mr. MONTEITH: As soon as possible. It is under way now.

Mr. WINCH: You can read English pretty well, anyway.

The CHAIRMAN: Gentlemen, I wonder if I might interject a point here. You are going to have the statement. May I remind you, though that we still require 15 members as a quorum and I hope I do not need to make the remark at the first meeting that after the distribution of the statement we hope you will endeavour to stay with us.

Will you proceed, Mr. Monteith.

Mr. MONTEITH: Starting at the top of page 27. It should be remembered in this connection that certain items of medical supplies and equipment have to be imported from sources outside Canada.

In an emergency, we could not count on an uninterrupted supply of these items, and therefore we must try to obtain what we need ahead of time. This was realized by the previous administration in initiating the medical stockpiling program which has been continued and expanded during the past two years.

At the present time, authority exists to purchase items for the stockpile totalling in all \$11,625,000. Orders have now been placed for \$10,000,000 worth of supplies and deliveries up to the end of February have totalled \$6,000,000. The quantities currently on order, but not yet delivered, amount to \$4,000,000, most of which we hope to receive in 1960-61, but some may not be received until fiscal 1961-62. I might point out here that the "lead-time" on some of the supplies and equipment required may be up to two years or even longer.

Packaging of the medical supplies and equipment already received is now being undertaken by emergency health services staff here in Ottawa. And, in conformity with the policy of holding these stores in decentralized regional depots, packaged supplies are being sent to temporary storage depots in Ontario and Quebec pending the completion of a number of permanent regional depots which are being constructed for this purpose across Canada.

With respect to emergency welfare services, one of our principal aims must be to promote organization and operating capability at the local levels. It is at these levels that, by tradition and the constitution, peace-time welfare services are rendered to the individual in need. It is, therefore, entirely logical, as well as being in accord with the new concept of the division of responsibilities for civilian defence, that emergency services should be built into these regular provincial departments of welfare, and other public and private agencies.

A brief review of activities during the past year reveals progress in all the specialized services within the welfare field,—emergency feeding, emergency lodging, emergency clothing, registration and inquiry, and personal services. New pamphlets, guides and manuals for training, organization and operation of all five welfare services have been produced and distributed. I

might also mention that in the field of emergency feeding, we have been working on the development of emergency transportable feeding units capable of moving from place to place as needed and feeding, on a survival basis, 200 persons per hour. The prototype of such a unit has been produced, and it is proposed to build during the coming year an additional ten units to serve as models for the provinces to test and reproduce.

We have also assisted in carrying out surveys of emergency lodging facilities in selected communities in three provinces—Nova Scotia, New Brunswick and Ontario—for the purpose of assessing the types of accommodation that can be provided on an emergency basis in reception areas, and the numbers of refugees or evacuees from a danger area that might be taken care of. Surveys of the same type will be carried out in other provinces as soon as the provinces and local areas indicate that they are ready for them. While courses in all these fields will continue to be given at the Civil Defence college, it is also planned to provide practical training on the spot at the local level.

Unemployment Assistance

Turning now to a consideration of the main programs falling within the welfare branch of the department, I might mention the unemployment assistance program which last year was rounded out to include all remaining provinces and territories of the country, thereby making it truly nationwide in scope. As the committee will recall, the original federal legislation was passed by parliament in the summer of 1956. It provided for federal assumption of 50 per cent of specified provincial and municipal unemployment assistance expenditures over and above a so-called threshold of .45 per cent of the provincial population.

In November 1957, the administration introduced and received parliament's approval to an amendment which had the effect of removing the threshold on federal contributions. This revision came into force on January 1, 1958 and was followed by the entry of the remaining provinces and territories—Ontario, Nova Scotia, Alberta, the two territories and, on July 1st, 1959, the province of Quebec.

The entry of Quebec and the Yukon, together with population growth in the other provinces, accounts for the substantial increase in our estimates for the program during 1960-61. As I mentioned earlier, the increase amounts to \$17.7 million bringing total projected expenditures to \$38,660,000. A large part of this rather abnormal increase is to cover payments to the province of Quebec which under the agreement will be entitled to submit claims back as far as July 1958. Most of the claims for back months are expected to be submitted during 1960-61.

Family Allowances

I do not think I have any particular comment to make with respect to our family allowances program, except perhaps to point out that the increase from \$495 million to \$508 million in 1960-61 is accounted for entirely by population growth. This is one of the most healthy and encouraging signs of expansion in our national life—the growth of our child population.

Old Age Assistance, Blindness and Disability Allowances

The items respecting old age assistance, blindness and disability allowances likewise require little special comment at this stage. We have agreed with the provinces on certain changes in the regulations affecting the three programs and as soon as these have been drafted in final form by Justice and approved by the governor-in-council, they will go into effect, I expect, in all

provinces. The reductions shown in the three programs for 1960-61 are significant only in that they reflect the fact that the statutory amounts for the current fiscal year were somewhat overestimated. The amounts now estimated for 1960-61 represent in all three cases moderate increases over the amounts which we actually expect to be spent in the current year.

Old Age Security

Our largest single item of expenditure in the estimates now under review is, of course, for the payment of Old Age Security pensions. In January 1960 these were benefiting nearly 873,000 senior citizens, and, as is indicated in the blue book, we look for departmental expenditures of some \$590,000,000 in the coming fiscal year.

As outlined in the speech from the throne, we intend to recommend at the present session of parliament an amendment to the Old Age Security Act which will prescribe the conditions under which pensioners may continue to draw their benefits while residing outside of Canada. Since the bill has not as yet been presented to parliament, I am not in a position to give the committee any further information at the present time. I can only say that I believe the amendment will be of substantial value in rounding out our present old age pension arrangements.

Clark Report

Speaking of these arrangements, I perhaps do not need to remind hon. members that it was almost exactly a year ago that the Clark report on "Economic Security for the Aged in the United States and Canada", was tabled in parliament. Since that time, the government has had Dr. Clark's findings under close and intensive study. What I propose to do today is to mention some of the more important issues raised in the report which the government has been considering, and to comment on them briefly.

At the outset, it might be well to remind ourselves of the terms of reference provided Dr. Clark in undertaking this study. According to order-in-council P.C. 1958-8/307, February 25, 1958, his task was and I quote:

"to conduct an enquiry into facts relating to old age security systems in effect in Canada and the United States, with particular reference to those features of the old age and survivors insurance program in the United States which make it possible for higher benefits to be paid covering a wider range of contingencies at an earlier age than is provided under present (Canadian) legislation."

It is significant, I think, that after a most exhaustive analysis of the American and Canadian programs, Dr. Clark comes to the conclusion, as stated in paragraph 905 of his Report, that the 1950 recommendations of the joint parliamentary committee which led to the passage of the present Old Age Security Act were fundamentally sound. The problem therefore, is one of deciding how best to build on what we now have. Nothing that Dr. Clark says would indicate that our present program is not a reasonably good foundation for considering what improvements should be made in the future.

The Prime Minister expressed this same point of view in announcing initiation of the study, and I quote:

With facts such as these before us, Mr. Speaker, we have decided that further detailed investigation and enquiry should be made . . . to produce the information which will enable us to determine whether a similar system (i.e. the American O.A.S.I.) or some modification of it could be fitted or adapted to Canadian requirements—in addition, of course, and I should like to emphasize this point, to our present system.

I should like to make it clear that we have no thought of weakening in any way our present provisions.

A particularly valuable aspect of the report is the light it throws on the Canadian program as compared with that in operation in the United States. Dr. Clark indicates quite clearly that in certain respects, the American system is superior to the Canadian. He analyses the two schemes at great length showing why the U.S. system is able to provide more generous benefits and singling out the specific areas in which it is more advantageous. He also pin-points areas in which the balance between the two is more open to argument.

Most important of all, in paragraph 1352 and 2041 of his report, he draws attention to a finding by the Royal Commission on Canada's Economic Prospects to the effect that "The Canadian level of per capita income is some 30 per cent below that of the United States." And Dr. Clark draws from this important statement a very clear conclusion with regard to comparative pension levels in the two countries.

The American old age, disability and survivors insurance program, as Dr. Clark points out, is currently based on 3 per cent contributions from both employers and employees amounting to a total of 6 per cent of payroll. And this is intended to rise by 1969 to 9 per cent of payroll. If we accept the fact that the average per capita income of Canadians—including those in their active working years—is 30 per cent below that in the United States, the question that presents itself is this. How can we expect, other than by establishing contribution rates that are proportionately higher, to achieve a level of pension benefits equal to the American level?

It would seem, on the face of it, that if our per capita income is 30 per cent lower than that of the United States, then the same contribution rate levied in Canada would inevitably produce a level of benefits that is correspondingly lower than in the United States. If this is so, then one of the questions we should ask ourselves in Canada is whether or not we are prepared to pay contribution rates which are proportionately higher than those levied in the United States on incomes which are 30 per cent lower in order to achieve parity with the American system.

Another point the Clark report brings out is that the American system is based on graduated benefit levels while the Canadian employs a flat-rate benefit. Although in the upper income levels, the United States system provides—particularly for single persons—benefits more generous than the Canadian, this is offset to a considerable extent by the fact that at lower levels benefits are smaller than in Canada. The average single U.S. benefit is slightly more than \$72 compared to the Canadian flat rate of \$55. Dr. Clark points out that if we take the average American benefit and compare it to their national income per capita, and do the same for Canada using our flat-rate benefit, the Canadian benefit is actually higher than the American when stated as a percentage of personal income per capita.

Here we are faced with a fundamental question. What is our preference? Do we prefer a graduated to a flat system of benefits and if so for what reasons? Basically, a flat-rate of benefit is weighted in favour of lower income groups at the expense of higher income groups. It is, in other words, more in the nature of a floor payment. It stems from the principle of subsistence benefits which Lord Beveridge described as implying that everyone should have bread before anyone has cake.

A graduated system of benefits, on the other hand, is based not so much on subsistence as on the idea that income after retirement should bear some relation to income during active working years. Therefore, those people who have earned higher salaries during their working years and have become accustomed to a higher standard of living should have this reflected in their

retirement benefits. Those who favour a graduated scheme are saying, in effect, that a pension system should make some attempt to support people in their retirement years in a style which bears some relationship to that to which they have previously become accustomed.

It is in this context that we have to decide whether or not we wish to make a change in our present flat-rate system. If we want a graduated system, we would not, of course, be forced to tear down our present structure but we might be faced with superimposing some type of graduated system on top of the flat-rate benefit, as a kind of "second deck". The United States authorities have given a good deal of thought to the possibility of putting a flat-rate benefit under their present system. Our problem would appear to be the reverse.

The committee will be interested, I am sure, to note that in the United Kingdom, they have been giving consideration to exactly the same problem which we have to face. Ever since their old age pension system was established in the first decades of this century, the British have adhered to the idea of a flat-rate pension system based on flat-rate contributions. Only last year, they amended their National Insurance Act to superimpose upon the flat-rate system a supplementary graduated system covering employees with earnings of £9 or more weekly. Extra contributions on wages from £9 to £15 weekly will now be levied on employers and employees to provide for these additional graduated benefits. And these rates will be increased progressively in 1965, 1970, 1975 and 1980.

Employers with private pension schemes providing equivalent benefits will be allowed under prescribed conditions to "contract out" of the government plan. This latter feature introduces an experiment which will be watched with the greatest interest because most of the expert opinion in the United States has maintained that "contracting out" will not be administratively feasible. Because of the difficult administrative problems involved, the British legislation, though approved in July 1959, will not be brought into operation until April 1961. We shall, of course, follow further developments relating to the new British plan with the greatest interest.

A third key point raised by the Clark report also helps to explain why the American scheme pays higher benefits in certain categories than ours. Here in Canada, we have blanketed into our universal old age security program all those people who were formerly on a means test system and who would have had to remain outside any strictly contributory system—either because they were already past retirement age when the scheme came into effect, or because their unemployment and earning records made it difficult for them to build up a sufficient backlog of contributions. The Canadian program covers all these people without reference to the requirement of a stated number of prior contributions.

In contrast, the American scheme excludes a substantial number of persons, the result being that benefits apply not to the entire population over the eligible age but only to a percentage of the population. Those outside the old age and survivors insurance system either have to make their own provision for retirement or if in need, fall back on the United States old age assistance program. This, incidentally differs from its Canadian counterpart in that it must provide not merely for people between 65 and 70 but also for large numbers over 70 who cannot qualify under old age and survivors insurance.

In addition to providing higher benefits in certain categories, the American program furnishes benefits beginning at age 65 for men and at 62 for women under certain circumstances. The Canadian program provides benefits only at age 70. In view of the steady increase in life expectancy and of the fact that more and more people are anxious to continue working beyond 65 we are faced

with another vital question; looking to the future, do we wish to encourage retirement at a fairly early age or encourage people to keep on working for as long as their health permits?

A further important point brought out by Dr. Clark and one often overlooked is that the American system provides not only for old age and retirement but also for survivors of insured persons who die before retirement age. From many angles, this is the most notable advantage of the United States program over the Canadian and is one area where, in Dr. Clark's assessment of the situation, there is a substantial gap in this country's social welfare provisions. Dr. Clark went into this matter to the extent of examining the constitutional position and seeking an opinion from the Department of Justice. This opinion casts a good deal of doubt on whether the amendment to the British North America Act obtained in 1951 to permit direct federal entry into the field of old age pensions is broad enough to allow inclusion of survivors benefits even if it should be considered desirable to add these to our present structure.

The financial implications of a U.S.-type system for Canada are also dealt with in some detail in the report. The basis of financing our present old age security program is, of course, an addition to certain existing taxes. On the other hand, the American system is based on payroll taxes and there is no contribution as such from government. Furthermore, the taxes on both employers and employees are based on gross payrolls with certain upper limits. They are, therefore, substantially different taxes in their incidence from corporation and personal income taxes in Canada.

Take, for example, the employee. Where payroll taxes are concerned, there is no exemption of the first \$1,000 or so of income. Taxes are levied on wages from the very first dollar earned. This means that where a married worker in the United States is earning \$2,500-\$3,000 a year, he is paying 3 percent tax on that entire amount. In Canada, he would be paying only on that part of his net income which was in a taxable bracket and this would amount—with present exemption levels over \$2,000—to only a few hundred dollars.

The implications for corporations are also significant. Under the Canadian scheme, only those corporations which have any net taxable income are affected by our old age security provisions. In the United States, the payroll tax means that all employers have to pay a 3 per cent levy based on payrolls whether or not they are making a profit, or operating on a marginal basis or even operating in a deficit position.

I think we must recognize, therefore, that the imposition of a payroll tax for financing a contributory pension system would constitute a direct addition to production costs and might well have important consequences particularly for marginal industries. It would also impose a relatively greater burden on those industries where labour constitutes a large proportion of production costs as contrasted with other types of industry where automation or the nature of the operation itself requires a relatively small labour component.

For example, retail stores and construction companies where labour costs are high would be affected much more by payroll taxes than pulp and paper companies or distilleries where labour costs constitute a much smaller item in the production budget.

Finally, Dr. Clark goes into the very important question of private industrial pension plans which have become an increasingly important element in the picture. Perhaps it is fair to state that when the Canadian scheme was adopted in 1950, it was hoped that industrial employers would build, on top of the flat benefit, supplemental pension provisions for their employees, or that individuals would make their own provisions through government annuities and so on. Thus, by building this additional arrangement on the floor

provided by the government scheme, it would be possible to build a "second deck" which would give individuals a retirement income bearing a relationship to their previous earnings.

To some extent, this development has taken place. Dr. Clark point out that there has been an impressive growth in private pension plans covering increasingly large numbers of wage and salary workers in Canada. A pertinent question is what would happen to these existing provisions if government should move into the picture with some supplementary program? Do we end up with a "triple deck" system for those urban and industrial workers, particularly in highly organized sections of the labour force, who have already been able to work out with their employers pensions supplemental to the basic government benefit? Do we allow "contracting out" which will be permitted under the new British scheme, though not under O.A.S.I. in the United States? Or do we scrap these private plans and replace them by a public supplemental scheme? If we do the latter, are we really any further ahead? If we do not, how do we relate a graduated system under a new government scheme to the graduated system which private plans have already provided to some extent?

One of the outstanding weaknesses of present industrial pension plans is, of course, that they do not provide transferability of pension rights from one employer to another. This raises the whole question of portable pensions—a subject in which I am happy to note the Government of Ontario has recently taken a very active interest. Indeed, I understand that a special committee has been appointed to look into the matter and this seems to me a most worthwhile undertaking.

These, then are some of the important issues raised by the Clark report which various federal departments and agencies have been examining in the past twelve months. All have to be thought through and resolved before any final decisions can be made. It is surely obvious that we must not make decisions on any hasty, ill-considered basis because the cost implications are very great. In all frankness, I am not in a position to say at the present time that we have reached solutions to all of these questions. But the people of Canada can rest assured that this extremely vital problem is being given the urgent and thorough consideration and study which it so clearly merits.

The CHAIRMAN: Thank you, Mr. Monteith.

Gentlemen I know that first of all on your behalf you would like me to thank the minister for a very comprehensive and exhaustive statement. Thank you Mr. Minister.

Further I am going to suggest, as it is now 12:30 and in view of the exhaustive study you have had that we have an opportunity to study the statement and at our next meeting carry on with the examination. Does that generally meet with the accord of the committee?

Agreed to.

I might mention to you that we are going to ask the deputy minister of welfare, with Mr. Monteith, to deal with the aspect of welfare and that will then be followed by health so that your consideration will be in relation to this particular aspect of it.

Our next meeting will be on Thursday. I am going to ask the discretion of the committee to arrange a time suitable so that we do not conflict with any other committee.

Is there any further business prior to adjournment?

An Hon. MEMBER: I move we adjourn.

APPENDIX "A"

OTTAWA, February 29, 1960.

Mr. A. R. Smith, M.P.,
House of Commons,
Ottawa, Ontario.

Dear Mr. Smith:

I would refer to your letter dated February 26, 1960, concerning the recommendations made by the Standing Committee on Estimates in 1958 in relation to the Department of National Defence.

These recommendations were, of course, given serious consideration both by myself and by my officials. On July 3, 1959, in reply to a question in the House, I listed some of the steps that had been taken following the Committee hearings and my remarks which are reported on page 5424 of *Hansard* for that date were as follows:

"...The first (recommendation) related to the policy concerning the CF-105 program, and in the final sentence of their recommendation the committee expressed its concern at the government entering into any such weapon program of this magnitude without first negotiating for some cost-sharing agreement by the NATO member countries and the United States of America under the NORAD agreement.

We have not entered into any more contracts of this nature unless one considers—and it is not of the same magnitude—the re-equipping of the air division; and as has already been stated, the Minister of Defence Production will be able to explain the steps which are being taken in connection with the sharing of production in this respect with our NATO partners. Also, in the development of the air defence of Canada we have entered into a cost sharing and production sharing agreement with the United States.

As to the necessity of maintaining separate provost and padre services and separate medical services, definite progress has been made toward the unification of the medical services and the padre services. As to the provost corps, further steps have been taken to integrate the general services particularly with respect to detention barracks, but it is not considered advisable—and I think I said this last year—that personnel of one service should be apprehended or interfered with on the streets by personnel of a different force.

The next question concerned civil defence. That has been covered. The committee wished to impress upon the government the urgency of a review of the civil defence program, and asked that this should proceed without delay. That has been done and the results have been forthcoming. As to the co-ordination of the service colleges and university training, a director of the R.O.T.P. program has been appointed, and there is a high degree of co-ordination there.

With regard to service personnel generally, establishment committees are carrying out a thorough examination of all personnel who are employed in these various branches and every effort is being made to eliminate any unnecessary overhead.

As far as the recommendation regarding the main estimates is concerned, that is being carried through. As I announced yesterday, the estimates are presented in the blue book. They are developed under different headings, and as soon as we have finished this general

debate and passed this first item we will be able to go on to a detailed examination of the various forces, such as the army, the navy, the air force, the defence research board and so forth, following the listing of the parliamentary votes as given in the blue book."

I will certainly give consideration to the suggestion of the Committee contained in the final paragraph of your letter.

Yours sincerely,

George R. Pearkes.

APPENDIX "B"

CIVIL SERVICE COMMISSION OF CANADA
OTTAWA

September 24, 1959.

Arthur Smith, Esq., M.P.,
Chairman, Standing Committee on Estimates,
House of Commons,
Ottawa.

Dear Mr. Smith:

In the very helpful report of the Standing Committee on Estimates the point was made that "greater emphasis should be placed on the qualities of experience and stability to be found in the more mature candidates" in the appointment of personnel to the public service.

When my colleagues appeared before the Committee they were not in possession of appointment statistics on the older worker. Since then, however, a survey has been completed and I thought you might be interested in the results.

This survey was undertaken on a careful sample basis for the 20,000 new appointments made by the Civil Service Commission in the calendar year 1958. Short-term summer appointments for university students were excluded from the sample.

The principal finding was that over 4,000 new appointments (about twenty per cent) went to persons over 40 in 1958. Of these about 1,100 were over fifty.

The following table shows the percentage of persons over forty who received appointments in various fields of employment.

Manual, Custodial and Maintenance Classes	40 per cent
Administrative and Executive Classes	27 per cent
Technical and Professional Classes	17 per cent
Clerical and Related Classes	16 per cent

The fact that a smaller percentage of older workers obtained employment in the technical and professional classes and clerical and related classes was not unexpected. These two groups provide the main avenues of entrance for youngsters out of the high schools and universities with the result that more of them are appointed, many of them young typists and stenographers. Another consideration is that starting salaries tend to be lower for these classes and, consequently, not too attractive to the older worker.

We feel, and we hope you will agree, that the above figures are encouraging, particularly when it is remembered that most women over forty are married and not seeking employment and most men over forty are satisfactorily situated elsewhere and not seeking a change.

In any event this is the view of the Department of Labour which is now commencing an older worker campaign and would like to communicate to industry the fact that twenty per cent of all new appointees to the public service are over forty. Industry, it seems, is willing to support the campaign but wishes to be assured that the government is practising what it preaches. The Labour Department feels that these figures are proof of that although we shall, of course, try to encourage even more older workers to apply in future.

We are contemplating preparing a press release on this subject to be used by the Department of Labour in its campaign, and since the matter was first

raised by your Committee so far as the public is concerned in any event, we would appreciate your views on the desirability of doing so and what reference, if any, you wish made to the Committee's recommendations.

You may be interested to know that some of the recommendations contained in the Committee's report have already been implemented by this Commission. We have already directed that appellant employees appearing before a Commission Appeal Board may be represented by counsel or other agent. We are in the process of amending the Civil Service application form to invite the submission by an applicant of written character recommendations on his own behalf, and to alter the requirement for information as to being charged with a criminal offence to one describing convictions only.

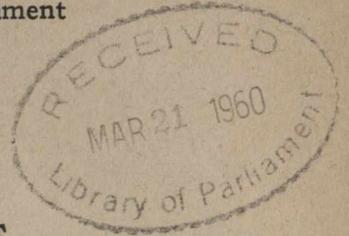
Yours sincerely,

S. H. S. Hughes,
Chairman.

HOUSE OF COMMONS

Third Session—Twenty-fourth Parliament

1960



STANDING COMMITTEE

ON

ESTIMATES

Chairman: ARTHUR R. SMITH, Esq.

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 2

THURSDAY, MARCH 10, 1960

Estimates of the Department of National Health
and Welfare 1960-1961

WITNESSES:

The Honourable J. Waldo Monteith, Minister of National Health and
Welfare and Dr. G. F. Davidson, Deputy Minister (Welfare)

STANDING COMMITTEE ON ESTIMATES

Chairman: Arthur R. Smith, Esq.,

Vice-Chairman: Ernest J. Broome, Esq.,
and Messrs.

Argue,	Fleming (<i>Okanagan-Revelstoke</i>),	McGregor,
Anderson,	Fortin,	McIlraith,
Baldwin,	Gillet,	McMillan,
Benidickson,	Grafftey,	McQuillan,
Best,	Hales,	More,
Bissonnette,	Halpenny,	Parizeau,
Bourbonnais,	Hellyer,	Payne,
Bourdages,	Horner (<i>Jasper-Edson</i>),	Pickersgill,
Bourget,	Howe,	Pigeon,
Brassard (<i>Lapointe</i>),	Jorgenson,	Pugh,
Bruchési,	Korchinski,	Ricard,
Cardin,	MacLellan,	Richard (<i>Kamouraska</i>),
Caron,	Martin (<i>Essex East</i>),	Rouleau,
Carter,	McCleave,	Skoreyko,
Cathers,	McDonald (<i>Hamilton South</i>),	Stewart,
Clancy,	McFarlane,	Stinson,
Coates,	McGee,	Thompson,
Crouse,	McGrath,	Vivian,
Dumas,		Winch,
Fairfield,		Winkler.

J. E. O'Connor,
Clerk of the Committee.

MINUTES OF PROCEEDINGS

THURSDAY, March 10, 1960.

(3)

The Standing Committee on Estimates met at 11.00 a.m. this day. The Chairman, Mr. Arthur Smith, presided.

Members present: Messrs. Argue, Anderson, Baldwin, Best, Bissonnette, Bourget, Bruchési, Carter, Crouse, Dumas, Fairfield, Fleming (*Okanagan-Revelstoke*), Hales, Halpenny, Hellyer, Horner (*Jasper-Edson*), Howe, Jorgenson, Korchinski, MacLellan, Martin (*Essex East*), McCleave, McDonald (*Hamilton South*), McFarlane, McGee, McGrath, McGregor, More, Parizeau, Payne, Pigeon, Ricard, Skoreyko, Smith (*Calgary South*), Stinson, Vivian, Winch and Winkler. (38)

In attendance: The Honourable J. Waldo Monteith, Minister of National Health and Welfare, assisted by Dr. G. D. W. Cameron, Deputy Minister (Health); Dr. G. F. Davidson, Deputy Minister (Welfare); Miss O. J. Waters, Departmental Secretary; Dr. J. W. Willard, Director, Research and Statistics Division; Mr. E. J. Palmer, Departmental Accountant; Mr. C. Keedwell, Executive Assistant to the Minister; Dr. E. H. Lossing, P.M.O., Health Insurance; Dr. G. E. Wride, P.M.O., National Health Grants; Dr. J. H. Horowicz, Principal Executive Officer, Health Services Directorate; Miss S. Gelber, Health Services Directorate; Mr. J. A. Blais, National Director, Family Allowances and Old Age Security Division; Dr. E. J. Young, Deputy Director, Emergency Health Services; Mr. J. W. MacFarlane, Director, Social Aid Division; and Mr. C. D. Allen, Research and Statistics Division.

The Chairman observed the presence of quorum and obtained agreement from the Committee to follow similar procedure to that followed by the Committee at previous sessions.

Item 242—Departmental Administration—was called and the Minister, assisted by Dr. Davidson, was questioned.

At 12.35 p.m. the Committee adjourned to meet again on Tuesday, March 15, 1960.

J. E. O'Connor,
Clerk of the Committee.

EVIDENCE

THURSDAY, March 10, 1960

The CHAIRMAN: Good morning, gentlemen. We have a quorum, so we can proceed. Before going on with the examination of the minister's statement, it might be well to make a comment on the customs of procedure that we have followed in committee recognizing, of course, the committee is master of its own decisions and customs. I would like to have some general agreement on the practices that we have followed in the past which I think have made for a better examination of the estimates of the department, and I am just going to cite these rules of procedure which, as I say, are purely custom, and which you have followed in the past, and ask for your concurrence in them again.

The purpose at this stage of our examination, of course, is to procure information from the officials, rather than impart it to them. To put it otherwise, the Chair would like to discourage as much as possible any lengthy statements by individual members, assuming, this is the feeling of the committee.

Secondly, with regard to the sequence of examination, in order to provide some continuity the Chair will continue to permit a member to carry out his examination—if the committee so desires—until it is exhausted, thus preserving continuity. Then we will turn to another committee member who has questions to ask.

Thirdly, the practice which has been accepted in the past is that of reserving for the minister all questions related to policy, and in any instance where we have a department official and questions of policy are directed to him, the Chair will reserve the right to defer those questions until such time as the minister is with us to reply. Without asking for a vote, I am going to ask if it generally meets with the approval of the committee, that we should follow these procedures. If there is no objection, I can assume that you so agree. Thank you, gentlemen.

Finally, I would like to say that I am going to ask for your support and cooperation, which in four departments, and in the course of two years you have extended to the chair, and thus we can maintain the same order and decorum that we have had in the past.

We have, again, the minister, Dr. Cameron and Dr. Davidson, who are now prepared to deal with any questions arising out of the minister's report.

Mr. WINCH: Mr. Chairman, perhaps I should have got it clear, but I did not. I would like to ask the minister if he would give us more detail regarding table II, which covers the allocations under national health grants. The general public health grant is up by approximately \$5½ million. Under laboratory and radiological services and venereal disease control—which the table says is combined with the general public health grant—there is a total of \$9 million.

Would the minister mind explaining the differentiation and just what has happened to the other \$4 million, in view of the minister's statement—which I have read—that there is no relaxation in the work involved.

Mr. MARTIN (*Essex East*): Mr. Winch, would you mind if I just asked a question for clarification? Mr. Chairman, I am sure that we all want to cooperate with the chair in an orderly examination of the minister's statement. Mr. Winch has asked an important question dealing with a phase of the brief that is not at the beginning. Is it your wish, Mr. Chairman, that we start page by page, or that each member reserves the right to ask questions based upon the statement, as he wishes?

The CHAIRMAN: I think I can answer that, Mr. Martin, this way. Our past practice has been to deal, in broad generalities, with the statement of the minister. Then, when we come to any detail, the Chair is of the opinion that this should be discussed under the general headings in the estimates. Admittedly, this statement is somewhat longer than any we have had in the past, and perhaps the committee would prefer that it be dealt with in some sequence and rotation.

Frankly, I would like to think that we could deal with the report as a whole and then, after the generality has been dealt with, we could come to the detail under the headings. Does that meet with the approval of the committee?

Agreed.

The CHAIRMAN: Proceed, Mr. Winch.

Mr. WINCH: I have asked my question, Mr. Chairman.

Hon. J. W. MONTEITH (*Minister of National Health and Welfare*): I do not quite understand the \$9 million item to which you referred. Would you repeat your question, please.

Mr. WINCH: According to table II, which you were kind enough to submit, you have, "Laboratory and radiological services; venereal disease control", which has a total of approximately \$9 million, which, in the new estimates is combined with general public health.

On general public health the increase is \$5½ million and the drop is \$4 million on the combination. I am asking just what there is that covers that additional money.

Mr. MONTEITH (*Perth*): I understand your question.

Mr. WINCH: I am sorry if I missed it on your presentation, but I have not got it clear in my mind.

Mr. MONTEITH (*Perth*): Dr. Cameron points out that in round figures the mental health grant is up \$1,500,000, from \$7,234,868 to \$8,765,391; and the medical rehabilitation is up \$1,625,000. Then, further down the page, professional training and public health research are both up by roughly \$1,200,000 each.

Mr. WINCH: Does that mean that where you say, "Combined with the general public health grant", you also mean that in addition it is covered on those that you are mentioning?

Mr. MONTEITH (*Perth*): Yes.

Mr. WINCH: Because here it just says that it is under the general public health grant.

Mr. MONTEITH (*Perth*): I see what you mean, but actually it also goes into those other four: the rest of it goes into those other four. The bulk of it, the \$5.5 million goes to the general public health, whereas there is an additional \$1.5 million under mental health, \$1,625 under medical rehabilitation; and professional training and public health research are each increased by roughly \$1.2 million.

Mr. WINCH: So that means that laboratory and radiological services are included in five items, and not just in one?

Mr. MONTEITH (*Perth*): That is right.

Mr. MARTIN (*Essex East*): Mr. Chairman, I think you misunderstood my question. I was going to examine the minister's statement from the beginning. Mr. Winch asked a question which came later on. I was prepared to deal with the statement in so far as I have had an opportunity and time to examine it, up to about half way through, and I was going to ask the minister some questions beginning on page 2.

The CHAIRMAN: You will be able to proceed, Mr. Martin, in just a moment, if we have exhausted this particular field. Mr. McGrath, was your question on the same area?

Mr. McGRATH: No. Mr. Chairman.

The CHAIRMAN: Mr. Horner.

Mr. HORNER (*Jasper-Edson*): Is it not also true that the laboratory and radiological services have been deleted in 1960-61 because this is part of the national hospitalization program that comes in there.

Mr. MONTEITH (*Perth*): Partly, yes.

The CHAIRMAN: Mr. Martin.

Mr. MARTIN (*Essex East*): Thank you, Mr. Chairman. On page 2, in the second paragraph, the second sentence, the minister makes this observation:

This period has witnessed many changes and new developments— Apart from ministerial changes, would the minister indicate what these many changes and new developments are.

Mr. WINCH: Is that on page 2 of this statement?

Mr. MARTIN (*Essex East*): Yes; it is the second sentence in the second paragraph.

Mr. MONTEITH (*Perth*): I would say there have been many new developments, such as the actual implementation of the hospital insurance scheme. This has had a very great over-all bearing on the health picture in Canada. The radiation examinations have been expanded, due to increased interest by the citizens of Canada, by the general public. Then there were changes in the Old Age Security Act in the fall of 1957; the old age assistance; the blindness allowances and disability allowances; and changes in the unemployment assistance. It seems to me that these all certainly justify such a statement, that there have been many changes and new developments.

Mr. MARTIN (*Essex East*): So that you list four facts in support of this statement:

This period has witnessed many changes and new developments—

Mr. MONTEITH (*Perth*): No, I think I listed more than four, did I not?

Mr. MARTIN (*Essex East*): You said, the actual implementation of a hospital insurance program—based upon an act that had been previously introduced; the expansion of the government's detection of radio activity; the changes in social security legislation—based upon previous legislation; and then unemployment assistance. That is four.

Mr. MONTEITH (*Perth*): Actually, I would think they might well be listed as seven.

Mr. MARTIN (*Essex East*): But you will appreciate, Mr. Minister, that that list—which hardly deserves the characterization of “many”—does not include any new developments whatsoever.

The CHAIRMAN: Your question, Mr. Martin?

Mr. MONTEITH (*Perth*): What is the question?

Mr. MARTIN (*Essex East*): Will you not agree that what you have listed does not really justify the use of the phrase “new developments”?

Mr. MONTEITH (*Perth*): No, I certainly would not agree.

Mr. MARTIN (*Essex East*): I did not expect that we would agree on that subject, but the fact that I put the question indicates how I feel about it.

Then you say on page 3, Dr. Vivian points out—at the top of the page there appears a figure, and at the bottom of the page there appears another figure. I am looking now at the bottom of page 3, and at the top it says it is page 2. I suppose I should refer to the top number.

Mr. MONTEITH (*Perth*): Yes.

The CHAIRMAN: If you would, Mr. Martin, it might help.

Mr. MARTIN (*Essex East*): On page 2, in the middle of the page, you refer to the fact that 5.9 per cent of the total estimates represents items to be voted by parliament. Those are the controllable items.

Then you point out that \$42 million are for payments to the provinces under the national health grants. Mr. Chairman, may I ask the minister if the administration has given any attention or consideration to putting these grants in legislative form, as was recommended by his colleagues when they occupied a different position in the House of Commons?

Mr. MONTEITH (*Perth*): Yes, consideration has been given to it.

Mr. MARTIN (*Essex East*): What is the result of that consideration?

Mr. MONTEITH (*Perth*): Further consideration.

Mr. MARTIN (*Essex East*): In other words, you are going to consider something that you formerly had a strong view on, namely, these grants?

Mr. MONTEITH (*Perth*): We are still considering it.

Mr. MARTIN (*Essex East*): Does the minister consider these grants should be put in legislative form?

Mr. MONTEITH (*Perth*): I am giving consideration to it.

Mr. MARTIN (*Essex East*): What is the result of that consideration?

Mr. MONTEITH (*Perth*): It is a question of opinion, and I am simply saying that I have studied the situation and I am still studying it and giving consideration to it.

Mr. MARTIN (*Essex East*): Would the minister not agree that the desirable modifications that he has made in the health grants as announced in this statement confirm the wisdom of not putting this type of thing in a legislative form?

Mr. MONTEITH (*Perth*): No, I will not agree entirely. I will say that this has made it possible to adjust the grants at the moment, yes. But I still feel there is a good case to be made out for their being in legislative form, once they become stabilized as we say they should be.

Mr. MARTIN (*Essex East*): With regard to the increase of \$1.6 million for the over-all administrative services of the department referred to at the bottom of page 2, would the minister comment.

Mr. MONTEITH (*Perth*): That is the total amount; that is not an increase of \$1.6 million.

Mr. MARTIN (*Essex East*): It is what?

Mr. MONTEITH (*Perth*): That is the total amount.

Mr. MARTIN (*Essex East*): Is there not an increase in the administrative item?

Mr. MONTEITH (*Perth*): The increase is actually \$40,000; the \$1.6 million is the over-all expense.

Mr. MARTIN (*Essex East*): And the increase is explained by what?

Mr. MONTEITH (*Perth*): I would assume, mostly salaries. I have it here. It is required chiefly for salaries for new positions. I might point out, that while there is a net decrease of four positions, the cost of new senior positions offsets the cost of a number of deleted junior positions. There are also statutory increases and reclassifications, and in professional and special services for the corps of commissionaires service at the Copeland building.

Mr. MARTIN (*Essex East*): Does that item of administrative services cost include civil defence?

Mr. MONTEITH (*Perth*): No.

Mr. MARTIN (*Essex East*): Just health and welfare?

Mr. MONTEITH (*Perth*): Yes.

Mr. HALPENNY: May we have the increases on all those items, Mr. Minister?

Mr. MONTEITH (*Perth*): Yes.

Mr. HALPENNY: I mean, last year what was the \$42 million that you estimate—

Mr. MONTEITH (*Perth*): It was \$46 million.

Mr. HALPENNY: It was \$46 million last year?

Mr. MONTEITH (*Perth*): Yes.

Mr. HALPENNY: And then on Indian and northern health services last year?

The CHAIRMAN: I think you can find these in the estimates book, Mr. Halpenny.

Mr. HALPENNY: Thank you very much, Mr. Chairman. It would be handy, Mr. Chairman, if we could have them here, just to consider them.

Mr. MARTIN (*Essex East*): I would like to support Mr. Halpenny. I do not know how we can have an adequate discussion of this without—

Mr. MONTEITH (*Perth*): If you would open your estimates book at page 50, the laboratory and advisory services are down \$36,000. That is the \$1.9 million figure down at the bottom.

Mr. HALPENNY: That figure is up?

Mr. MONTEITH (*Perth*): Down \$36,475.

The CHAIRMAN: With all due deference, Mr. Martin, I think the committee members should be expected to refer to their estimate books to make the same comparisons.

Mr. MARTIN (*Essex East*): Yes.

Mr. HALPENNY: I just thought it would be handy, that is all.

Mr. MONTEITH (*Perth*): For argument's sake, item 250, administration of the Food and Drugs Act, is up \$83,000. That is the third item from the bottom of the page. That is just another reference.

Mr. HALPENNY: Well, we can find it.

Mr. WINCH: Mr. Chairman, in view of the importance of this department, which has an expenditure of 94.1 per cent of statutory items of \$1,355 million and 5.9 per cent of \$84 million, might I ask whether the minister has given consideration or thought it advisable to have a special department of the civil service or an outside business administration firm look into the administrative operation of the department to consider the problems and the costs of administration of such a large and important department?

Mr. MONTEITH (*Perth*): Yes. I would point out that the organization and methods division of the Civil Service Commission has made several studies of the department. Actually, we are at the moment getting some information from our personnel division on this particular point and we have a report from them; but we feel we need more clarification to really give the committee the proper information with regard to it.

Mr. WINCH: Could I ask, as a supplementary question: is the minister in a position to inform this committee whether the proposed study of government which has been announced by the Prime Minister is intended to include the administration and the organization of his department?

Mr. MONTEITH (*Perth*): I would not have any knowledge as yet, Mr. Winch.

Mr. MCGEE: The minister will recall that I gave him notice—

Mr. MONTEITH (*Perth*): I would think, probably all departments, more or less. That is just as a supplementary answer to Mr. Winch's question. I would think all departments would come under the study sooner or later. It will probably not all be undertaken at one moment.

Mr. MCGEE: Mr. Chairman, the minister will recall that at the conclusion of the last meeting I gave him notice of my intention to ask a question concerning the organization and methods division of the Civil Service Commission.

A list which was submitted to this committee by the Civil Service Commission last year, in its final meetings, listed the departments in 1958 which had requested surveys, and also the estimated annual measurable savings which resulted from those investigations.

I would ask the minister, in the preparation of the answer to this question, if an attempt could be made to have the organization and methods division prepare a similar figure concerning the number of surveys, the date they were sent to the department, and the estimated annual measurable savings.

Mr. MONTEITH (*Perth*): Actually, there was none in 1958, Mr. McGee. But as a consequence of your giving me notice of this question, we are having prepared a study of the situation in the last ten years and I will be glad to bring that information to the committee.

The CHAIRMAN: Anything further on this same point?

Mr. MARTIN (*Essex East*): When you say "on this same point", what do you mean by that?

The CHAIRMAN: Questions dealing with the methods division, your examination of that department.

Mr. MARTIN (*Essex East*): I was examining on page 2.

The CHAIRMAN: I was under the impression you had concluded, Mr. Martin. Are you not through?

Mr. MARTIN (*Essex East*): No. I thought we might complete this. If any member wants to ask questions on page 2, I do not want to monopolize the questioning, but I have a lot of questions to ask.

The CHAIRMAN: Proceed, Mr. Martin.

Mr. MARTIN (*Essex East*): Back on page 2, Mr. Monteith, concerning the \$23.1 million for Indian and northern health services, what is the construction program now before the department?

Mr. MONTEITH (*Perth*): I will be glad to give you that information, Mr. Martin. There is \$702,800 for new construction.

Mr. MARTIN (*Essex East*): Is that an increase?

Mr. MONTEITH (*Perth*): I think, actually, there is an overall decrease.

Mr. MARTIN (*Essex East*): That is what I thought.

Mr. MONTEITH (*Perth*): That is in our construction program for 1960-61, as I have mentioned in the report.

Mr. MARTIN (*Essex East*): Yes.

Mr. MONTEITH (*Perth*): In my previous statement.

Mr. HALPENNY: What number of vote would that increase or decrease be?

Mr. MONTEITH (*Perth*): 248. There is actually an increase of \$633,050 in operation and maintenance, and in the construction, the next item, there is a decrease of \$1,313,900 in construction or the maintenance of buildings, etc.

The details of that are these: the over-all picture is that the Inuvik hospital is practically complete, and while last year there was \$1¼ million in for that, there is nothing this year.

Mr. MARTIN (*Essex East*): As a result of the reduction in the construction program is there any worth while health service now accorded to the Indians which is involved, or will they suffer as a result of the decreases?

Mr. MONTEITH (*Perth*): No.

Mr. MARTIN (*Essex East*): Or is this decrease to meet the exigencies of budgetary balance?

Mr. MONTEITH (*Perth*): No, it was the completion of the major project at Inuvik.

Mr. McGRATH: I wonder if you would ask the member to speak up, Mr. Chairman.

The CHAIRMAN: We have had problems with acoustics before. Perhaps the members of the committee would please speak up, and we will ask the minister and the department heads if they would do the same.

Proceed, Mr. Martin.

Mr. MONTEITH (*Perth*): Incidentally, I could give you more information on that reduction.

Mr. MARTIN (*Essex East*): All right.

Mr. MONTEITH (*Perth*): There is new construction at Fort Qu'Appelle, to construct ward aides' and maids' residence at a total cost of \$250,000, and to provide supervised living accommodation for Indian girls serving as ward aides and housemaids, \$125,000 in this vote.

Mr. MARTIN (*Essex East*): Where is that?

Mr. MONTEITH (*Perth*): At Fort Qu'Appelle. The overall cost is \$250,000. There is \$125,000 in this year's vote.

Then to provide partially for architectural and engineering fees, at a total cost of \$510,000, on the new Charles Camsell hospital, \$85,000 this year.

Mr. MARTIN (*Essex East*): What do you have in mind at Charles Camsell?

Mr. MONTEITH (*Perth*): The replacement of the hospital.

Mr. MARTIN (*Essex East*): Replacement completely?

Mr. MONTEITH (*Perth*): Yes. Except that, as you probably are very well aware the heating plant is certainly in excellent condition; it is a new installation.

Mr. MARTIN (*Essex East*): Will there be a completely new building?

The CHAIRMAN: I wonder if I might interrupt you, Mr. Martin. The purpose of the examination of the statement is a general examination of it, and if we proceed to go into detail under these items then we will lose the continuity of carrying out the examination, the closing of each estimate as we come to it.

Gentlemen, at some point we are going to have one of our two witnesses away, always subject to recall of course; and I am going to ask if you would keep your questions on the general basis of the statement, and leave the detail till we get on to the items in the estimates as such.

Mr. HALPENNY: Just to help us tie up whether these are increases or decreases for the year—that is concerning the \$84 million—could we at least have the vote numbers for all of these items; that is, what vote number each is?

Am I right in inferring that we have discussed \$870,850 under votes 247 and 248?

The CHAIRMAN: Vote 246, the first item, the \$42 million.

Mr. HALPENNY: And then items 247 and 248, the next item?

Mr. MONTEITH (*Perth*): That is right; and 255 is the next item.

Mr. WINCH: Mr. Chairman, on the question of policy—

The CHAIRMAN: I would like to get these figures for the committee, Mr. Winch.

Mr. MONTEITH (*Perth*): Item 249—

Mr. HALPENNY: For quarantine and immigration—

Mr. MONTEITH (*Perth*): 252 and 3, on the next one.

Mr. HALPENNY: Which is the next one, Mr. Minister?

Mr. MONTEITH (*Perth*): The administration of all other welfare activities of the department.

Mr. HALPENNY: That is 252?

Mr. MONTEITH (*Perth*): Yes, and 253.

Mr. HALPENNY: Going back a bit, what is the vote number of your quarantine, immigration medical and sick mariners services?

Mr. MONTEITH (*Perth*): 249.

Mr. HALPENNY: Food and drugs?

Mr. MONTEITH (*Perth*): 250.

Mr. HALPENNY: Laboratory and advisory services?

Mr. MONTEITH (*Perth*): 245.

Mr. HALPENNY: And then the \$1.6 million?

Mr. MONTEITH (*Perth*): 242.

Mr. HALPENNY: Thank you very much.

The CHAIRMAN: All right, Mr. Halpenny?

Mr. HALPENNY: Yes.

The CHAIRMAN: Yes, Dr. Vivian?

Mr. VIVIAN: Mr. Chairman, perhaps this question cannot be answered readily now, but on a quick perusal of the minister's statement I do not find any elaboration of this item on Indian and Northern Health Services. I wonder if we could have a little further explanation? Two types of question arise from that. One is the incidence of tuberculosis amongst the Indians in the James bay area, and it brings in the experience of the Moose Factory hospital. I am also interested in details of the health service for the Eskimo population, particularly in relation to the incidence of diabetes.

Mr. MONTEITH (*Perth*): When we come to these particular items we do have a rounded out picture to present—also in the Branch food and drugs—which I did not cover in any detail in my statement.

Mr. MARTIN (*Essex East*): When we come to the particular item in the estimate?

Mr. MONTEITH (*Perth*): Yes.

Mr. MARTIN (*Essex East*): I think that is wise.

Mr. McGRATH: My question has to do with table 2.

Mr. WINCH: Could I ask one question?

The CHAIRMAN: Yes, Mr. Winch.

Mr. WINCH: Could I ask whether I am correct that it is the view of your department that the construction needs under the item of Indian and northern health services have now been practically satisfied?

Mr. MONTEITH (*Perth*): No, but there is a reduction this year, because we have completed Inuvik. There was \$1¼ million in last year for this one specific item. No, I would not intimate for a moment that the needs will ever be completed as far as that is concerned. We have a continuing need.

Mr. WINCH: That then comes to the policy basis. If you feel there is a continuing need of construction for the Indian and northern health services, why the drop this year—if there is that need?

Mr. MONTEITH (*Perth*): Only because this one project is completed.

Mr. WINCH: How about all the new ones you think are required? Why are you, on a policy basis, not going ahead with them?

Mr. MONTEITH (*Perth*): We are planning a big project at Camsell, at a cost of \$8½ million. It is in the planning stage, and we have \$85,000 in this year to get it started. This will be a very big project, and we do not feel we can do all the big projects at once—let me put it that way.

The CHAIRMAN: Mr. McGrath?

Mr. McGRATH: I have a correction to make that deals with table 1 and not with table 2.

Mr. MONTEITH (*Perth*): Page 8.

Mr. McGRATH: May I proceed, Mr. Chairman?

The CHAIRMAN: Proceed.

Mr. McGRATH: Could we have an explanation for the figures under the fiscal year 1959-60, as to the difference of the amounts advanced to the provinces in relation to population? Could we have a word of explanation? For example, the province of Newfoundland had \$3,350,890, whereas the province of New Brunswick, with a larger population, had \$2,979,727?

Mr. MONTEITH (*Perth*): Prince Edward Island—Did you refer to New Brunswick? They started at different dates.

Mr. McGRATH: I beg your pardon?

Mr. MONTEITH (*Perth*): They started at different dates.

Mr. McGRATH: I think, if you go down through those figures, you will find a marked difference in the figures in relation to per capita population. I was wondering if this had to do with different types of service in different provinces. How does this affect the federal grant?

Mr. MONTEITH (*Perth*): The per capita cost, I am told, does vary from province to province. The formula is this, that we pay on a basis of 25 per cent of the per capita cost in the dominion as a whole, and 25 per cent of the per capita cost in the participating province, so that our total overall contribution is said to be approximately 50 per cent. This is not so in each individual province. In certain provinces, it is larger. In Newfoundland I think the percentage we pay is 62 per cent.

Have you those figures, Dr. Willard? I think they are very interesting.

Mr. McGRATH: Perhaps we could have the figures and put them on the table.

Mr. MONTEITH (*Perth*): Yes.

Mr. WINCH: This is on the same item, Mr. Chairman.

The CHAIRMAN: Yes, Mr. Winch?

Mr. WINCH: Perhaps I could ask at the same time, on a policy decision basis, as to how the federal government makes its payments to the provinces under this plan? Has any thought been given to any change in the plan so as to assume a greater responsibility in the provinces which give a greater service under their hospital and diagnostic plans than perhaps other provinces?

Mr. MONTEITH (*Perth*): Do you mean such things as the fact that some include out-patient services?

Mr. WINCH: Yes, or perhaps on their special drugs, and that sort of thing.

Mr. MONTEITH (*Perth*): We contribute, on an out-patient basis—or, at least, we offer to. Some provinces have seen fit to avail themselves of out-patient services, and others have not. Some of these costs are included in certain provinces; but in others they are not.

Mr. WINCH: When you say "25 per cent" of the per capita cost in a province—that is your contribution if they give an additional service and other provinces do not?

Mr. MONTEITH (*Perth*): We pay 25 per cent, and that is based on the provincial per capita cost. I will just check that.

In Ontario, for instance, which does not have out-patient services, except of a certain kind—on a 24-hour basis for accidents, and so on—the per capita cost is figured on an in-patient service basis; whereas in Newfoundland, which has practically all the services, it is figured on the cost of all these services.

Mr. WINCH: Perhaps I have not made myself quite clear on that.

Has consideration been given from a policy point of view, on a federal basis, of paying 50 percent of the hospital and diagnostic costs in a province, if they are in and a plan has been agreed?

Mr. MONTEITH (*Perth*): No, this was a formula arrived at in drawing up the legislation when it first came before the house, which, I think, was in April 1957. At any rate, no consideration has been given to changing this overall formula.

The CHAIRMAN: I am going to ask if you would turn to page 331.

We are going to have a problem here, quite obviously, in that we are going to be darting about from one page to another; and we might as well turn to the estimates book in order to preserve the continuity I spoke of, and proceed on that basis.

Mr. HALPENNY: Page 331 of the minister's statement?

The CHAIRMAN: No, of the estimates.

Mr. MCGRATH: The minister was going to give us percentage figures for table 1. Could we dispense with that now?

Mr. MONTEITH (*Perth*): I would be glad to do that.

We contribute, in Newfoundland, 62.2 percent. These are the estimated federal contributions for 1959. Prince Edward Island, 62 percent.

Mr. WINCH: British Columbia would be what?

Mr. MONTEITH (*Perth*): Incidentally, Prince Edward Island has only been participating for three months. The figure for Nova Scotia is 55.3; and for New Brunswick, 55.5—and it has participated for only six months in 1959. The figure for Ontario is 48.4; Manitoba, 46.5; Saskatchewan, 42.8; Alberta, 48.3; and British Columbia, 47.6.

Mr. BOURGET: If Quebec were participating, what would be the percentage for Quebec?

Mr. WINCH: That is on a per capita basis?

Mr. MONTEITH (*Perth*): Assuming Quebec had been participating in 1959 it would have been 56.3.

The CHAIRMAN: I wonder if we could please take it in order. You are going to be coming back to these items under the departmental head, and I suggest we take them in that rotation.

Mr. MARTIN (*Essex East*): I had thought that your original suggestion was a wise one, and I had offended by going into too much detail; but I thought we were going to deal with the statement in general terms, and then, when we had done that, we would go into details. The proposal you now make modifies that.

The CHAIRMAN: I am concerned that we are going into detail, and this committee is going to be darting about from one item to another, so that we will have no sequence in our examination at all. We have become lost in detail already, in the first hour. If we took the items under head 242 we would cover everything in the report in the same way; and the responsibility of this committee is to close each item as it has been considered.

Mr. MARTIN (*Essex East*): But I ask for clarification, and I am still at page 3.

The CHAIRMAN: I realize that.

Mr. MARTIN (*Essex East*): Could I ask questions on that basis, because I have not had a chance to complete the whole statement of the minister? I have examined it very carefully, as other members of the committee have.

The CHAIRMAN: Mr. Martin, I would like to oblige you, sir, but if we do that then we confine ourselves to an examination of only those questions which you have had an opportunity to read. This presents a problem, because the committee members will then be excluded from other areas. I would like to proceed on the estimate book, page 331.

Mr. HALPENNY: Agreed.

The CHAIRMAN: Is there any disagreement on this? This is under the general heading of item 242. Are there any questions? This has to do with departmental administration.

Mr. HALPENNY: What page is that?

The CHAIRMAN: Page 331 in your estimates book.

Mr. MARTIN (*Essex East*): May I deal with that?

The CHAIRMAN: Yes, Mr. Martin, proceed.

Mr. MARTIN (*Essex East*): In the second paragraph of page 3—in which you say there are certain decreases in some of the statutory items—you say, of course, these decreases do not involve any change of policy and that if subsequent need demonstrates it those items will be increased.

Was the practice of precise estimating followed last year in that particular?

Mr. MONTEITH (*Perth*): Yes.

Mr. MARTIN (*Essex East*): And what was the consequence in terms of over or underestimating?

Mr. MONTEITH (*Perth*): The items last year were somewhat over-estimated, generally speaking.

Mr. MARTIN (*Essex East*): Over-estimated?

Mr. MONTEITH (*Perth*): Yes, the statutory items.

Mr. MARTIN (*Essex East*): In other words, the precision you plan this year was not, for budgetary purposes, followed last year?

Mr. MONTEITH (*Perth*): No, I would not say that. I would say that possibly the results of last year's estimating have influenced our outlook for this year.

Mr. MARTIN (*Essex East*): Yes. Now, do I understand that the total—

Mr. MONTEITH (*Perth*): I might point out that our two major inaccuracies in estimating items were in disability allowances and in unemployment assistance. One was over, the other was under.

Mr. MARTIN (*Essex East*): It is very difficult, I know that. Do you anticipate that you will have to come back to parliament this year for further sums with regard to these declines?

Mr. MONTEITH (*Perth*): No.

Mr. MARTIN (*Essex East*): You do not think so?

Mr. MONTEITH (*Perth*): No. I anticipate it in other items, but not in the statutory items—I hope not.

Mr. MARTIN (*Essex East*): With regard to the national health grants—

The CHAIRMAN: May I suggest, Mr. Martin, we are not on national health grants, but on page 331, item 242.

331 carries, gentlemen?

Some Hon. MEMBERS: Carried.

Mr. MARTIN (*Essex East*): We all want to accommodate you, Mr. Chairman, and I know what the difficulty is; it is a very difficult thing. I want to help you because I know you want to do the right thing.

The CHAIRMAN: Make your point, Mr. Martin.

Mr. MARTIN (*Essex East*): The only point is this, that I had planned a certain course on the basis of what I understood was going to be our procedure, which has now been changed.

Mr. HALPENNY: In accordance with your procedure.

Could I have the duties of the information officer on page 331?

The CHAIRMAN: I wonder if I might reply to Mr. Martin first, Mr. Halpenny?

The practice of the committee, which has been established over a two-year period, is to follow the estimates book, page by page, section by section.

Mr. MARTIN (*Essex East*): I am not being critical.

Mr. HALPENNY: On page 331, under vote 242, departmental administration, could I have the duties of the eight information officers?

Mr. MONTEITH (*Perth*): There is an increase here due chiefly to the provision for four additional positions—two information officers 4, and two stenographers, transferred from Civil Defence following the reallocations of responsibility. The function of the division is to act as the main production agency and clearing house for Department of Health and Welfare publications and other informational materials.

Mr. HALPENNY: Could this committee, if the Chair agreed, have a copy of all these pamphlets which have been printed in the last twelve months, or the last fiscal year, with the number that have been printed, their circulation; whether they have got any cash returns; and the total cost of each book?

Mr. MONTEITH (*Perth*): I will be glad to get that information. Does it involve reprints also?

Mr. HALPENNY: Everything.

Mr. MONTEITH (*Perth*): Anything that has gone out during this past year.

Mr. VIVIAN: I would like to ask a question about the qualifications of those employed as economists.

Mr. MONTEITH (*Perth*): Yes?

Mr. VIVIAN: And the number involved and their duties.

Mr. MONTEITH (*Perth*): Their principal responsibility is the analysis and evaluation of basic information on health, welfare and social security matters with special emphasis on questions of methodology and the underlying principles of costs, methods of administration and financing and social effectiveness.

The division provides research services to all divisions of the department and co-operates with other divisions in carrying out studies and investigations, and conducts independent research as required.

The impact on this division of the hospital insurance program has been particularly heavy. Does that answer your question?

Mr. VIVIAN: Yes, but I wanted to know what the qualifications were for an economist, if he must be a graduate of a university with particular training in economics?

Mr. MONTEITH (*Perth*): Yes, I am told we have to abide by the civil service commission classification.

Mr. VIVIAN: Are there not some 22 economists here, if I add them up correctly? Or 21 economists?

Mr. MONTEITH (*Perth*): Yes.

Mr. VIVIAN: It seems to me that 21 economists is a lot of economists when you consider the number of economists employed in much larger areas of industry. Could there be some further explanation?

Mr. MONTEITH (*Perth*): I would be glad to give you further detailed information concerning it.

Mr. WINCH: Can you do so today?

Mr. MONTEITH (*Perth*): No, not today, but we will get the details for the next meeting.

Mr. WINCH: I hope I am not confusing this, but under page 331, which is departmental administration, that is the only place where we can ask questions about overall policy. So I would like to ask the minister: in view of the fact that the department has to administer a number of security acts such as the Old Age Pension Act, the Family Allowances Act, the hospital, and unemployment and all the other acts, if any policy has been considered in the line of administration and efficiency for a consolidation as far as possible, of getting an overall security act so as to prevent any duplication, and perhaps to enable the utilization of the same officers in the varying fields?

Mr. MONTEITH (*Perth*): Well, I think I would like Dr. Davidson actually to answer that question, but not as to the policy end of it. Yes, consideration has always been given as to how these departments can be handled most efficiently.

For instance, the old age assistance, the disability allowances, and the blind allowances, we must remember, are all administered by the provinces, and that all we do is to send them money.

The old age security and family allowance divisions are administered in the same offices in each provincial capital.

Mr. WINCH: I am also speaking of the consolidation of acts as a national security act?

Mr. MONTEITH (*Perth*): One might say, I suppose, in the study of the Clark report that consideration of the overall picture would no doubt come into one's thinking. But the three I mentioned, old age security assistance, blind allowances and disability allowances are actually administered in their entirety by the provinces. We do however share in the program, because the province pays a part and we pay a part; but we have the one unit in our office administering all three.

The old age security and family allowances are administered under the welfare branch of my department, and from the same office; but the mechanics of the thing and the issuing of cheques and applications and that sort of thing—that is actually done in the provincial offices that we have in the provincial capitals.

Mr. PIGEON: Do you have in your department a physician who is an economist?

Mr. HALPENNY: It is a tough combination.

Mr. MONTEITH (*Perth*): I do not think there are any physicians classified as economists. Economist is actually a classification under the Civil Service Act.

Mr. HALPENNY: Is Dr. Willard an economist?

Mr. MONTEITH (*Perth*): Yes.

Mr. HALPENNY: He is a doctor of philosophy, not a medical doctor?

Mr. MONTEITH (*Perth*): Yes.

Mr. MARTIN (*Essex East*): Dr. Willard is a very excellent research man, as Mr. Halpenny knows.

The CHAIRMAN: Item 242 will be left open for you. Are there any more questions dealing with personnel? This item will be left open so that you may examine on policy at the end of our committee hearing.

Mr. MARTIN (*Essex East*): You do not want us to examine policy now?

The CHAIRMAN: You may proceed, if it is on the general item.

Mr. MARTIN (*Essex East*): May I ask the minister, pursuant to the question Mr. Winch just raised, the question of consolidation—what are the minister's views regarding representations made by the Canadian welfare council to the government as a whole on the desirability of coordination and consolidation of all of our social welfare measures, and the proposal made by that council that consideration should be given by the government to establishing an outside body to go into the whole matter and to make recommendations?

Mr. MONTEITH (*Perth*): I would like to commend the Canadian welfare council for their brief and for the views they have presented. They are certainly well worth very close study. This study has been given, and it is being given, to the briefs they present.

Mr. MARTIN (*Essex East*): Yes, but what is the minister's view? Does the minister think there should be consolidation of all these various social welfare measures?

Mr. MONTEITH (*Perth*): I am not in a position to say that it should be or should not be done at all at the moment, but I am giving it study as a result of the brief.

Mr. MARTIN (*Essex East*): The proposal was made about a year and a half ago, and it was renewed again this year.

Mr. MONTEITH (*Perth*): Of course a lot of this social welfare legislation you must remember, as you are very well aware, must of course be agreed upon with the provinces.

Mr. MARTIN (*Essex East*): I know, but what I am dealing with is a rather important matter of policy. Either the government thinks that the basic recommendations of the Canadian welfare council are sound in part, or entirely, or not in entirety, or they do not.

The CHAIRMAN: What is your question?

Mr. MARTIN (*Essex East*): I want to know what the minister thinks about the various recommendations?

Mr. MONTEITH (*Perth*): I have not formed any concrete conclusion.

Mr. MARTIN (*Essex East*): I see. Does the minister think that the proposal to set up a royal commission to go into this whole matter has merit?

Mr. MONTEITH (*Perth*): Let me say that it is worthy of consideration.

Mr. MARTIN (*Essex East*): Has the minister given consideration to it?

Mr. MONTEITH (*Perth*): He has been considering it continually since the brief was presented.

Mr. MARTIN (*Essex East*): That was a year and a half ago. Has any decision as yet been arrived at?

Mr. MONTEITH (*Perth*): I think the royal commission suggestion was only presented in January of this year.

Mr. MARTIN (*Essex East*): No, they presented one a year ago, and one again this year, but amended. However, if the minister does not want to go any further—

Mr. MONTEITH (*Perth*): No.

The CHAIRMAN: Page 331.

Mr. HOWE: Would the minister tell us what the technicians do that are listed on this page? Are some of them laboratory technicians?

Mr. MONTEITH (*Perth*): This again is a classification of the civil service commission. It is a designation of a certain position. For instance, Miss Waters, the departmental secretary, has one technician in her department.

Mr. HALPENNY: Is it a laboratory technician, Miss Waters?

Miss OLIVE WATERS (*Departmental Secretary, Department of National Health and Welfare*): No.

Mr. MONTEITH (*Perth*): I understand that there are a couple of technicians in the purchasing and supply branch, which is the branch of the department which does all the purchasing.

Mr. HALPENNY: Is it anybody with a technical knowledge of this particular phase of your department? Could it be that?

Mr. MONTEITH (*Perth*): It is a civil service commission classification.

The CHAIRMAN: Are there any further questions on page 331?

Mr. HALES: Since certain civil defence estimates administered in 1959-60 in this department have now been transferred to the Department of National Defence, where and how does this description show up in this administration we are now studying?

Mr. MONTEITH (*Perth*): In vote number 255. In this year's estimates are the remaining portion of civil defence health and welfare services.

Mr. HALES: As to the personnel that left your department, or that were with you last year, where are they this year?

Mr. MONTEITH (*Perth*): Some have gone to the emergency measures organization, others have been transferred. I understand that in the coming year's estimates we have a reduction of about 40, and that the majority of them have been transferred to the emergency measures organization.

Mr. HALPENNY: With a decrease in cost of \$2,620,000.

Mr. MARTIN (*Essex East*): This reveals a difficulty in our procedure. Do you want us to deal now with overall civil defence policy?

The CHAIRMAN: No, with item 242.

Mr. MONTEITH (*Perth*): Would Mr. Howe like to have further information?

Mr. HOWE: I would appreciate more detail on these technical officers or technicians.

Mr. MARTIN (*Essex East*): I do not understand how we are proceeding. There have been some general principles stated.

Mr. MONTEITH (*Perth*): I must take the responsibility for answering Mr. Hales' question when probably I should not have done so. Actually there is no civil defence administration under this vote. It is all in number 255.

The CHAIRMAN: You are on page 331, item 242. Are there any further questions on it?

Mr. WINCH: I think that this matter of national health and welfare is of such importance that it goes beyond our country, and I would like to ask whether the Canadian delegates to international and other conferences are on such limited expenditures, that only \$14,500 is required?

Mr. MONTEITH (*Perth*): This \$14,500 is the portion for attendance at the world health organization meetings of which we bear our travelling costs. Now, the majority of or quite a bit of this cost actually is involved in External Affairs, I am told.

Mr. WINCH: I mean that we are spending and we are going to spend, I anticipate, a lot more on the problem of health; and whether it be for sanitation, arthritis, or some other disease, I imagine that Canada will be

happy to attend these conferences along with other countries that are working on similar problems; but I wonder how \$14,500 looks after it. It is the last item under departmental administration on page 333.

Mr. MONTEITH (*Perth*): If one of my officials has to attend a conference in some other country, as frequently happens, it is as an individual in the department, and it is charged to that particular vote for travelling expenses.

Mr. WINCH: It is not just under this expenditure?

Mr. MONTEITH (*Perth*): No. This is chiefly for the world health organization.

Mr. MARTIN (*Essex East*): Do you know whether I can discuss policy on this item?

The CHAIRMAN: Any policy of a general nature which does not specifically come under a section.

Mr. MARTIN (*Essex East*): All policy comes under a section, and general policy does come under some section.

The CHAIRMAN: We are dealing with item 242. Are there any further questions on item 242?

Mr. MARTIN (*Essex East*): I shall try one on general policy.

The CHAIRMAN: All right.

Mr. MARTIN (*Essex East*): I would like to examine the minister's statement yesterday on medical care insurance. I would like to examine the minister on social welfare policy generally, particularly with regard to the Clark report. I would like to examine the changes in the national health grant and that sort of thing. These are all involved policy matters, and as it is the custom in the house on the administration item, policy is generally discussed in the widest way, and then we go into detail.

The CHAIRMAN: That is right.

Mr. MARTIN (*Essex East*): But I shall accommodate myself to your wishes.

The CHAIRMAN: Specifically in answer to the question of general policy, certainly so far as national health grants are concerned, there is an item covering this, and I suggest that you leave it at that point, and proceed with your general questions.

Mr. MARTIN (*Essex East*): Yesterday the minister spoke of the Clark report. I have read the minister's statement carefully, and am I to conclude that the policy of the government with regard to the study made by the Clark report is that the government does not intend to proceed toward the adoption of a scheme similar to that in the United States?

Mr. MONTEITH (*Perth*): No, you are not to conclude that.

Mr. MARTIN (*Essex East*): Am I to conclude that the government does intend to proceed?

Mr. MONTEITH (*Perth*): Not necessarily.

Mr. HALPENNY: May I suggest that these questions are out of order. Are we not to go along with your recommendation, Mr. Chairman?

The CHAIRMAN: I think that is a question of a general nature which can come under departmental administration. The other matters which Mr. Martin referred to are those which will come under departmental headings.

Mr. MONTEITH (*Perth*): Did I understand Mr. Martin to say earlier that he only had an opportunity to read the first half of my statement carefully?

Mr. MARTIN (*Essex East*): I read that portion dealing with the Clark report, and I read it very carefully.

Mr. MONTEITH (*Perth*): But that is the last part.

Mr. MARTIN (*Essex East*): Yes, and I also read the *Globe and Mail* this morning.

Mr. MONTEITH (*Perth*): I trust you read it yesterday too.

Mr. MARTIN (*Essex East*): I read it every day, I would like you to know.

Mr. MONTEITH (*Perth*): I think then that you will understand, having read the latter part so carefully, the problems with which we have been involved, the considerations which arise in considering the Clark report, and the problems that are presented, and as a consequence I am quite sure you will agree that it is not an easy matter to reach a decision in a hurry on this matter.

Mr. MARTIN (*Essex East*): Yes, I appreciate that, but I am simply asking the minister if there is a possibility that between now and 1962 the government will bring forward a scheme comparable to that in the United States?

Mr. MONTEITH (*Perth*): We are studying the matter all the time and we hope at an early point to come to a decision.

Mr. MARTIN (*Essex East*): To come to a decision; well, does the minister not recognize that he puts himself in a very difficult position when he makes that statement in the face of the assertion given to parliament by the Prime Minister on this very question prior to the last general election?

Mr. MONTEITH (*Perth*): I do not think I put myself in any difficult position at all, because I reiterated the same thought at that time, and certainly I am giving this matter every consideration. And if you examine the statement in detail you will see that already we have considered many, many angles of it.

Mr. MARTIN (*Essex East*): I want the minister to know this: I put it by way of a question so that I will not catch the discerning eye of the Chairman. Does the minister not recognize of course that I appreciate fully that he studies these matters—but I want him to know that it is not an answer for him to keep reiterating that the matter is under consideration, because I realize that the minister is continually considering all questions that I might possibly have in my mind. So the minister should not be insistent. But is the minister not aware that the Prime Minister said that study would be given to this matter, and that it must be proceeded with in four months, because there could be no delay in bringing into effect in Canada the best going system of old age security and survivors assistance, similar to that in vogue in the United States?

Mr. MONTEITH (*Perth*): You want an answer?

Mr. MARTIN (*Essex East*): That is why I put the question.

Mr. MONTEITH (*Perth*): Well, I simply reiterate what I said before, that ever since this very voluminous document of 861 pages by Dr. Clark was presented, various branches of the department have been studying it most carefully.

Mr. MARTIN (*Essex East*): The minister keeps repeating that, but he does not answer my question. Is the minister not aware that the Prime Minister said that the study should not take more than four months?

Mr. MONTEITH (*Perth*): Our studies, while very detailed and exhaustive, have not as yet come up with the answers.

Mr. MARTIN (*Essex East*): Would the minister possibly try to answer my question? I said: is the minister aware that the Prime Minister said that this study which he had authorized and announced in January of 1958 would not and could not take more than four months?

Mr. MONTEITH (*Perth*): I am well aware of all the proceedings that have transpired in parliament, and I am also aware of the simple fact that this study could not be completed in four months. We now have the Clark report, and we are giving it very detailed study.

Mr. MARTIN (*Essex East*): The minister keeps telling me that—

Mr. MONTEITH (*Perth*): I wanted to impress the honourable member with that fact.

Mr. MARTIN (*Essex East*): May I ask the honourable minister—

Mr. BEST: Mr. Chairman, I have a supplementary question.

Mr. MARTIN (*Essex East*): I want to examine the minister on this very important question.

The CHAIRMAN: State your question.

Mr. MARTIN (*Essex East*): I am. I ask the minister is he aware that the professor before Professor Clark—

Mr. MONTEITH (*Perth*): Mr. Huson.

Mr. MARTIN (*Essex East*): —relinquished his assignment because he was not able to complete the report in less than a year and his resignation was accepted by the government prior to the election of 1958.

Mr. MONTEITH (*Perth*): I am aware that Mr. Huson resigned from the appointment.

Mr. MARTIN (*Essex East*): Yes. That being the case, will the minister explain why the government did not ask Professor Clark to conclude his study much earlier than he did in view of the condition laid down by the Prime Minister.

Mr. MONTEITH (*Perth*): I am quite free to say I approached Professor Clark many times.

Mr. HALPENNY: May I suggest that this is purely political.

Mr. MARTIN (*Essex East*): I am trying to arrive at the policy of the government on this question. My friend is quite right; it is political. There is nothing wrong with a political question. What I am trying to do is establish through the minister that prior to the last election the government of which he is a distinguished minister gave assurance—

The CHAIRMAN: Mr. Martin, earlier we laid down certain ground rules as to how this committee would function. One of the principles is that we would carry on our examination to obtain information and not to impart it at this point. If you have a question the chair will recognize you; otherwise I would ask Mr. Best to go ahead.

Mr. MARTIN (*Essex East*): I have a whole series of questions on this particular matter which I indicated a moment ago. I contend we in this committee are entitled, in order to elicit what government policy is, to conduct interrogations along the lines I have.

The CHAIRMAN: You are given every opportunity. Would you proceed, Mr. Martin.

Mr. MARTIN (*Essex East*): I would suggest that up until now there is some question as to whether or not I am given the opportunity in this particular matter. I suggest to you, Mr. Minister, in the light of the assurance given by the Prime Minister—

Mr. MONTEITH (*Perth*): Are you going to follow up and finish it with a question?

Mr. MARTIN (*Essex East*): Absolutely. All my observations to you today are by way of interrogation.

The CHAIRMAN: May we have your question please.

Mr. MARTIN (*Essex East*): Mr. Chairman, here is an observation which has been made and surely I am entitled to deal with that.

The CHAIRMAN: Mr. Best.

Mr. MARTIN (*Essex East*): Just a minute, Mr. Chairman, I am not finished with my questions.

The CHAIRMAN: Mr. Martin, may I remind you that I have given you a great deal of time and in so doing extended considerable courtesy to you. Will you continue your question now; otherwise I will recognize Mr. Best.

Mr. MARTIN (*Essex East*): Will the minister explain why there was a change of attitude on the part of the administration with regard to the old age security system in the United States from the position taken before and after the election.

Mr. MONTEITH (*Perth*): I will say there never has been any change of attitude. We are still as anxious as ever to come to a conclusion in this matter.

Mr. MARTIN (*Essex East*): If that is the case, do I understand that the government will bring forward at an early date a system of old age security similar to that in vogue in the United States.

Mr. MONTEITH (*Perth*): The government will announce its intention when it has made its final conclusions.

Mr. MARTIN (*Essex East*): Did the Prime Minister not indicate that the study had to be made in four months so that there could be no delay.

Mr. MONTEITH (*Perth*): It has developed that probably we got as complete a report as we possibly could under the circumstances and a very worthwhile—if one might call it that—bible on this subject.

Mr. MARTIN (*Essex East*): I will put a final question. Do you not agree that the statement of the Prime Minister before the election was satisfactory to the government in the light of its obligations at that time.

Mr. MONTEITH (*Perth*): All the statements still hold good.

Mr. MARTIN (*Essex East*): And that it is now convenient to take a course of indecision and delay in this matter.

Mr. MONTEITH (*Perth*): No. Again this is insinuation. There is no change in the government's approach to this whole question; but if you think any body of people could examine an 861 page report in the detail required and come up with a solution at this stage, I cannot agree it could be done.

Mr. MARTIN (*Essex East*): I agree; but you and the Prime Minister disagree.

Mr. MONTEITH (*Perth*): Oh no. Let me deny that immediately.

The CHAIRMAN: Mr. Best.

Mr. BEST: Let me ask if perhaps some confusion exists in Mr. Martin's mind?

Mr. MARTIN (*Essex East*): A little confusion.

Mr. BEST: I would like to ask the minister if Mr. Martin is not confusing the time taken in the preparation of the report and the probably much longer time necessary for the department to consider and evaluate the results of this report.

Mr. MONTEITH (*Perth*): I agree completely. I mentioned there is a 861 page report and in the latter part of my statement to the committee I said there are so many problems with which we are faced in studying this report that it cannot help but require time.

Mr. ARGUE: Could the minister say in studying this valuable report and endeavouring to come to a policy decision that the minister or the government have some sort of deadline in view as to what time a decision may be reached? I think that is a fair question. I realize the minister's concern with the subject. I ask whether he hopes to have a decision within a year, two years or what?

Mr. MONTEITH (*Perth*): I could not give a date at this stage.

Mr. ARGUE: Could you give any indication.

Mr. MONTEITH (*Perth*): I would not like to give an indication at this time as to when we might come up with a solution.

Mr. ARGUE: Well, Mr. Chairman, in view of the fact that, as time goes on and has gone on, while this study is under way, the cost of living has continued to go up and therefore the condition of old age pensioners in this country has continued to deteriorate. Could the minister say, in addition to this policy consideration, whether any consideration is being given to the subject of old age pensioners in this country at this time? In other words is any consideration being given to the operation of the Old Age Security Act and whether or not if this policy consideration takes a long time there should not be quick action taken to increase the present \$55 a month which I think the minister will agree is most inadequate.

Mr. CROUSE: May I make one comment. The cost of living has not been going up. It has been dropping in the last few months.

Mr. ARGUE: Since the date of the increase to \$55 a month the cost of living has been going up.

Mr. MONTEITH (*Perth*): I can only say these various questions are before the government at all times and are uppermost in its thinking.

Mr. ARGUE: What kind of a study is the government giving to the position of old age pensioners in this country now on the old age security pension who have no other means of support?

Mr. MONTEITH (*Perth*): Every consideration is being given to them.

Mr. ARGUE: Has the government decided, when considering such an important question, whether the blind—

Mr. MONTEITH (*Perth*): I wonder, Mr. Argue, in order to facilitate this question if we might prepare a table of some kind illustrating the cost of living and how the pension has either kept pace or otherwise with the increase in the cost of living.

Mr. HALPENNY: That would be very interesting.

Mr. ARGUE: I would appreciate that very much. I have another question. The minister has said that consideration is being given to an increase to the \$55 a month pension.

Mr. MONTEITH (*Perth*): No. I said we are always considering the position of all pensioners.

Mr. ARGUE: Oh! Well, if that is any different, I withdraw my interpretation. I thought the minister's statement was more hopeful than that originally. However, since some consideration is being given to their position is there a possibility of a study being made of the Clark report.

Mr. MONTEITH (*Perth*): I would suggest they go hand in hand.

Mr. ARGUE: Has the government decided whether or not any policy announcement which will take place will be a policy announcement covering both questions, or whether it is possible for an earlier increase to be made in the basic pension of \$55. a month and the other question dealt with at some later date?

Mr. MONTEITH (*Perth*): It seems to me at this stage that any policy announcement, if as and when made, would involve both questions.

Mr. BALDWIN: In the implementation of the Clark report, or any aspect of it, is not a condition precedent to arriving at a decision that there must be a careful consideration of the views of the ten provincial governments having in mind the constitutional distribution of powers of responsibility.

Mr. MONTEITH (*Perth*): I stated in the text of my statement that Dr. Clark mentions that this has to do with the survivors' part of the United States system:

Dr. Clark went into this matter to the extent of examining the constitutional position and seeking an opinion from the Department of Justice. This opinion cast a good deal of doubt on whether the amendment to the British North America Act obtained in 1951 to permit direct federal entry into the field of old age pensions is broad enough to allow inclusion of survivors benefits even if it should be considered desirable to add these to our present structure.

Mr. BALDWIN: That of course means that before any firm and proper legal system could be arrived at you might have to have a meeting with the ten provincial governments.

Mr. MONTEITH (*Perth*): If it included survivors insurance.

Mr. MARTIN (*Essex East*): In that event, may I ask, since you are still studying this happy document, would it not be a saving of time if you were to convene a conference with the provinces in order to obtain their consent to bring about the necessary amendment, so if you decided some time in the distant future to do this there would be a minimum amount of delay.

Mr. MONTEITH (*Perth*): I think maybe this would be putting the cart before the horse.

Mr. MARTIN (*Essex East*): Do you agree with Dr. Clark's statement that there is a substantial gap in this country's social welfare provisions.

Mr. MONTEITH (*Perth*): I have not agreed with any part of the statement. I said I will make my opinion clear on the whole matter when any announcement is made.

Mr. MARTIN (*Essex East*): Surely it ought to be possible for us in the committee to get more precise answers than we are receiving. I draw your attention to what you say about Dr. Clark's report at page 37, the last paragraph. You say:

A further important point brought out by Dr. Clark and one often overlooked is that the American system provides not only for old age and retirement but also for survivors of insured persons who die before retirement age. From many angles, this is the most notable advantage of the United States program over the Canadian and is one area where, in Dr. Clark's assessment of the situation there is a substantial gap in this country's social welfare provisions.

I am asking you, as minister of National Health and Welfare, do you agree with that statement?

Mr. MONTEITH (*Perth*): I agree with the fact that there is a gap, that there is an advantage of the United States system over our own in that respect.

Mr. MARTIN (*Essex East*): May I ask, do you have any proposals in mind to remove that gap?

Mr. MONTEITH (*Perth*): We are giving study to all angles of the report.

Mr. MARTIN (*Essex East*): You do not have any proposals in mind?

Mr. MONTEITH (*Perth*): We are giving considerable consideration to these proposals all the time.

Mr. HALPENNY: When the honourable Paul Martin was in the hot seat did he give any policy at that time?

The CHAIRMAN: I suggest we keep the questions relative to the estimates before us.

Mr. WINCH: We have heard about all this consideration being given to the Clark report. Could we find out how consideration was given? Do you have a special committee of your departmental heads or is there some division?

Mr. MONTEITH (*Perth*): Dr. Davidson reports directly to me on this matter. I might ask him to explain it.

Dr. G. F. DAVIDSON (*Deputy Minister of Welfare*): I might explain the phases in so far as official study in the department is concerned. We have a group of officials who have made a digest for our own purposes of the contents of the Clark report in an endeavour to extract the main issues involved in the consideration of the problem. Then, of course, there are other aspects which relate, not so much to the provincial governments with regard to survivors' insurance, but more to other departments of the federal government. There are financial issues involved and issues affecting departments such as the Department of Labour. In addition to the internal study being made within the department, studies are also being made on an interdepartmental basis. The research division of our department is very central to the consideration of this problem, just as it was in connection with the research which led up to the development of hospital insurance.

Mr. WINCH: What I am anxious to get at is this. I can appreciate Dr. Davidson's difficulties because I know of his activities in British Columbia of a similar nature. The actual study of the Clark report in all its aspects and what it means is being done by the departmental officials.

Mr. MONTEITH (*Perth*): By the ministers also. I thought your earlier question was a request for information as to how it was being studied within the department.

Mr. WINCH: No; as to how it is being studied both within the department and the government. Are you yet at a point where the departmental officials have submitted their analysis of the Clark report to the government, or is the government still waiting for the departmental officials to conclude an analysis; and do they get any direction from, let us say your committee of cabinet as to the degree to which they are to go in making their recommendation?

Mr. MONTEITH (*Perth*): I come back again to the point that discussions go on all the time between the officials of the department and myself. It is being studied at the ministerial level and at the official level, and exhaustive examinations are made of the report so as eventually we hope to come to some solution of the matter.

Mr. WINCH: On the official level—that is a term you used—have you as yet received the analysis, the breakdown and the recommendations at your departmental level?

Mr. MONTEITH (*Perth*): No. I have not received any firm recommendations from the officials.

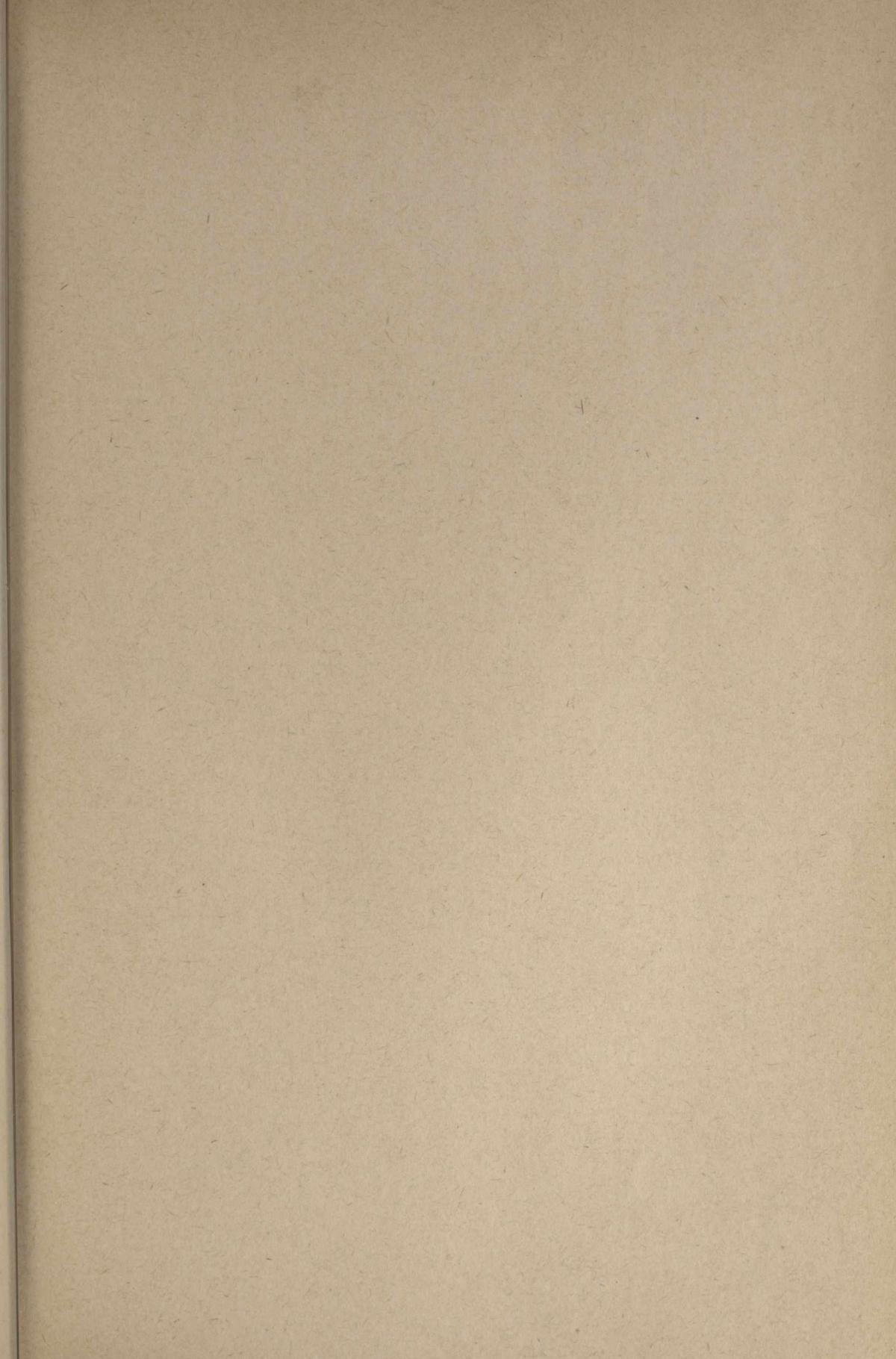
Mr. CROUSE: In the studies carried out by Dr. Davidson has there been reference made to the effect the extension of welfare plans has had in countries like Sweden and England?

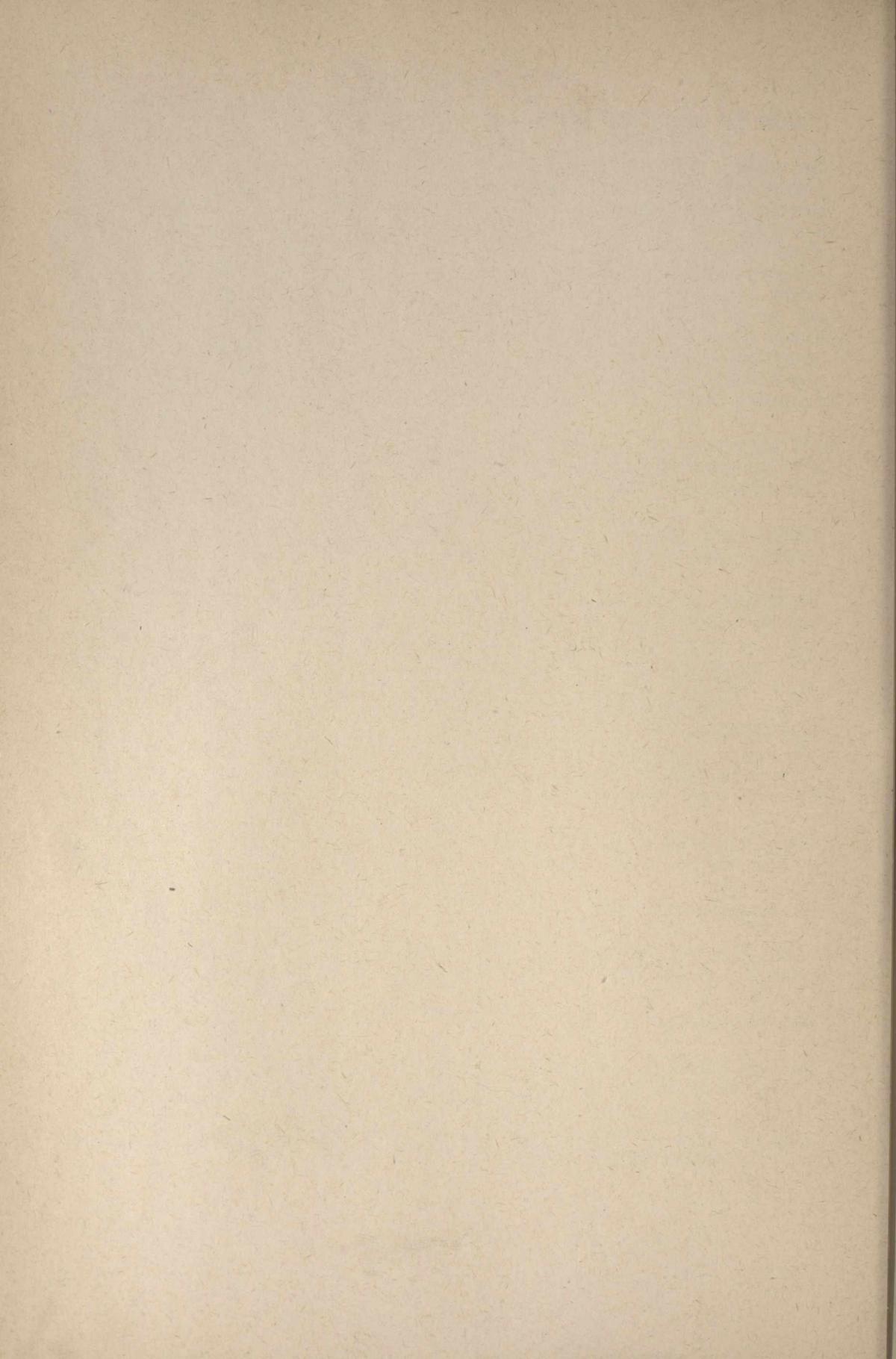
Mr. MONTEITH (*Perth*): I have studied some of those on the recommendation of Dr. Davidson.

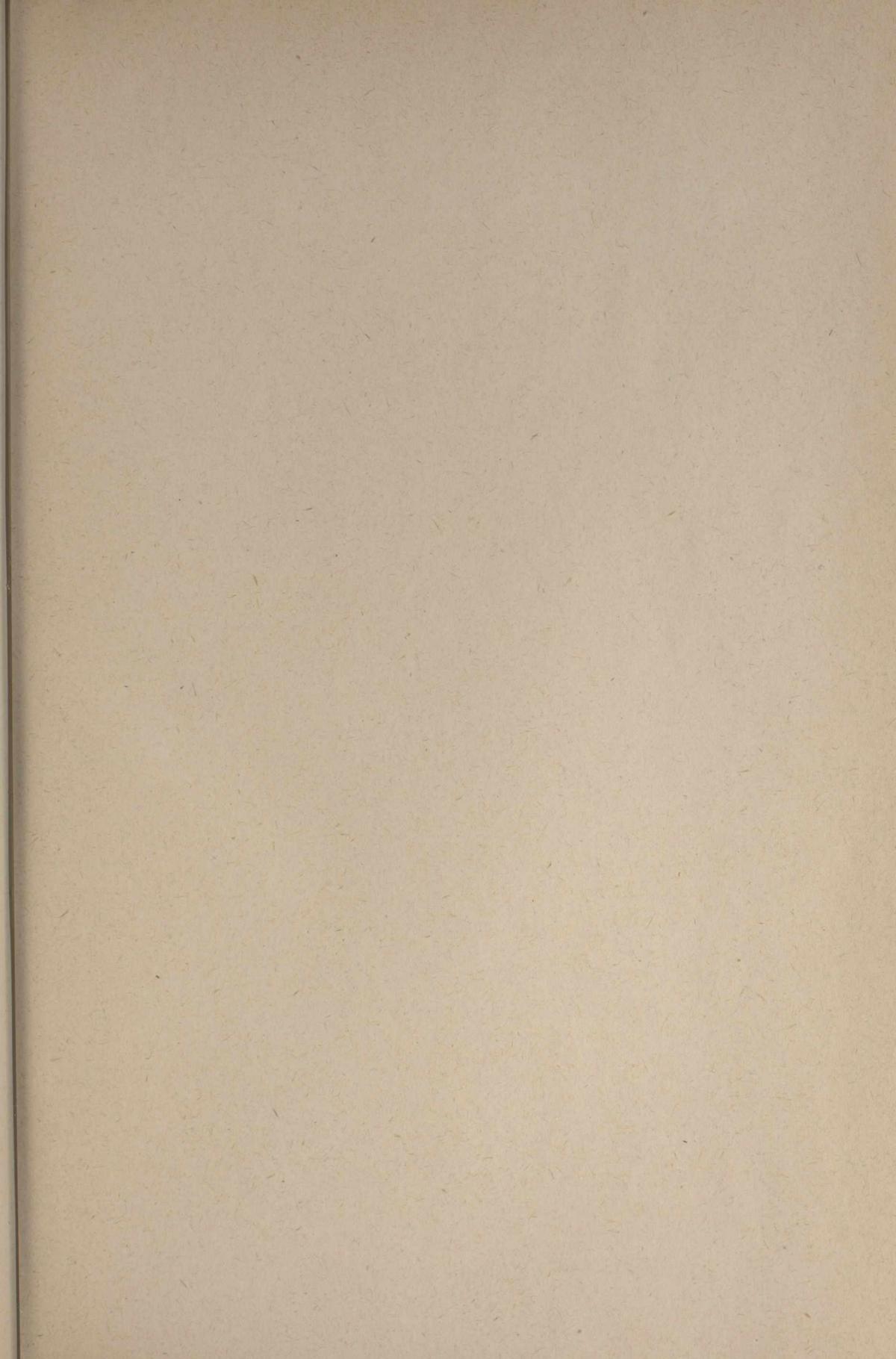
Mr. WINCH: Where did the initiation start? Did it start at the departmental level, or official level? I am speaking of the study of the Clark report.

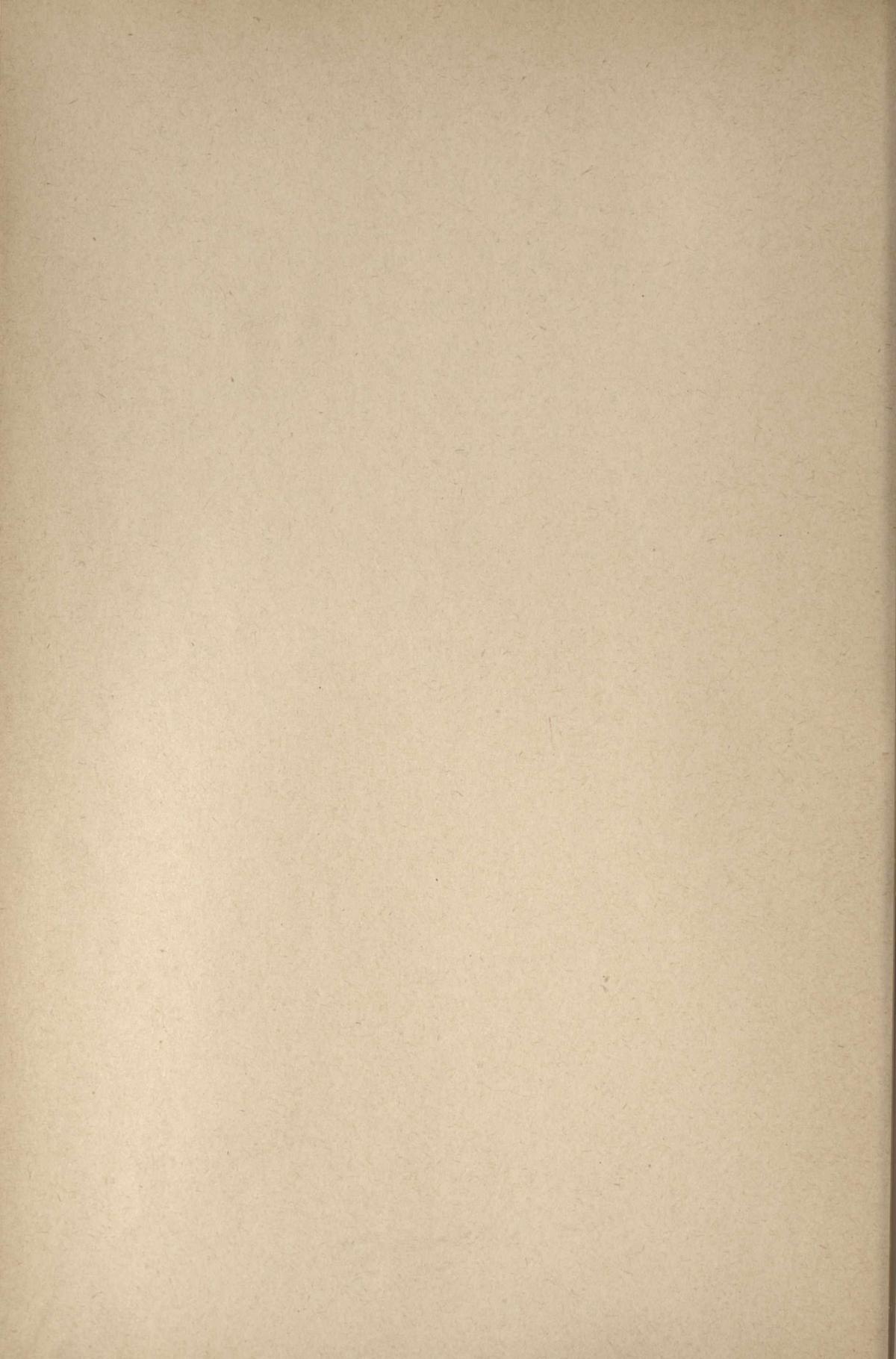
Mr. MONTEITH (*Perth*): The study was initiated on my request.

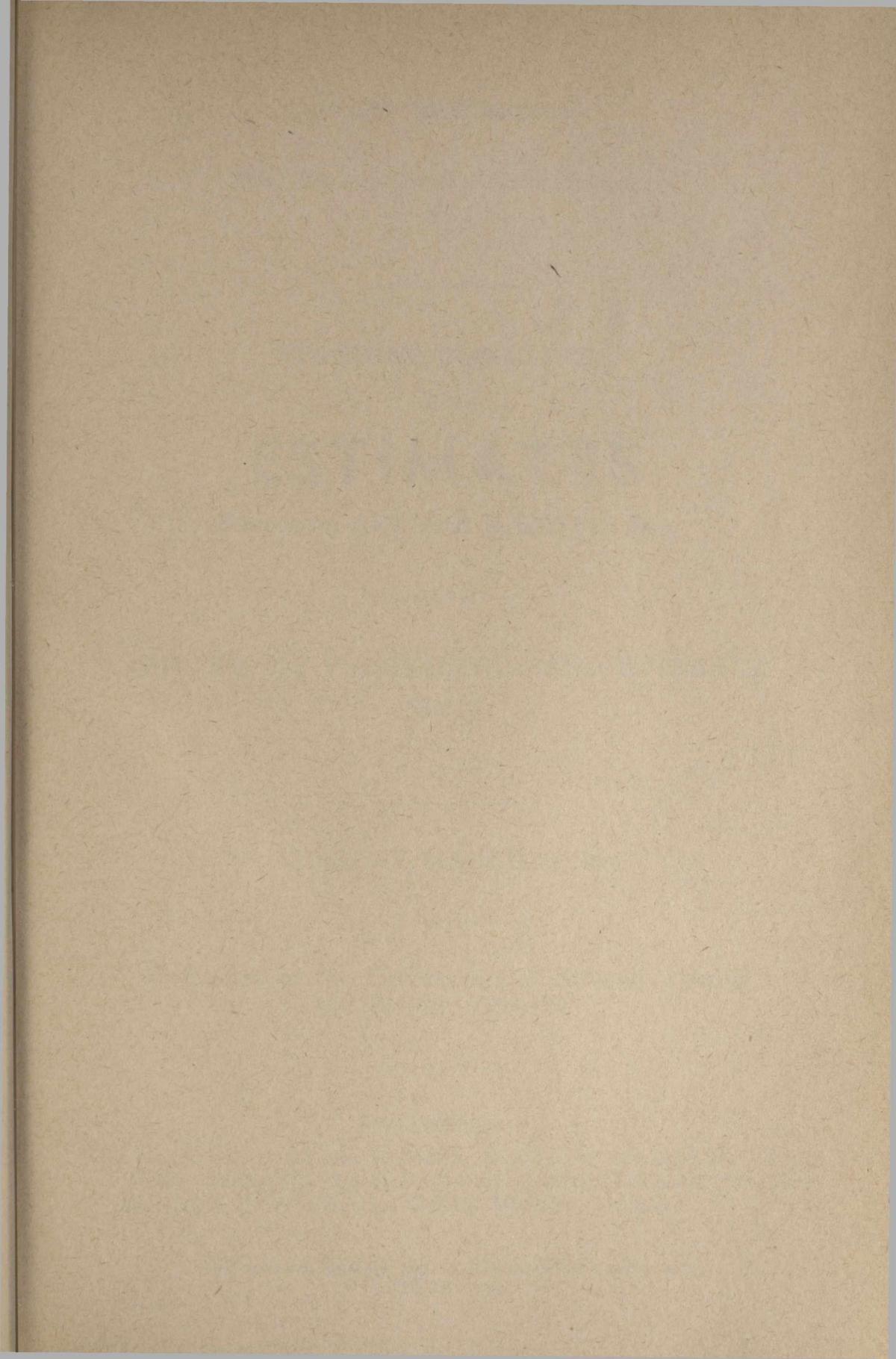
The CHAIRMAN: Gentlemen, we will meet on Tuesday at 11 a.m. We will continue our consideration of item 242 under general administration.

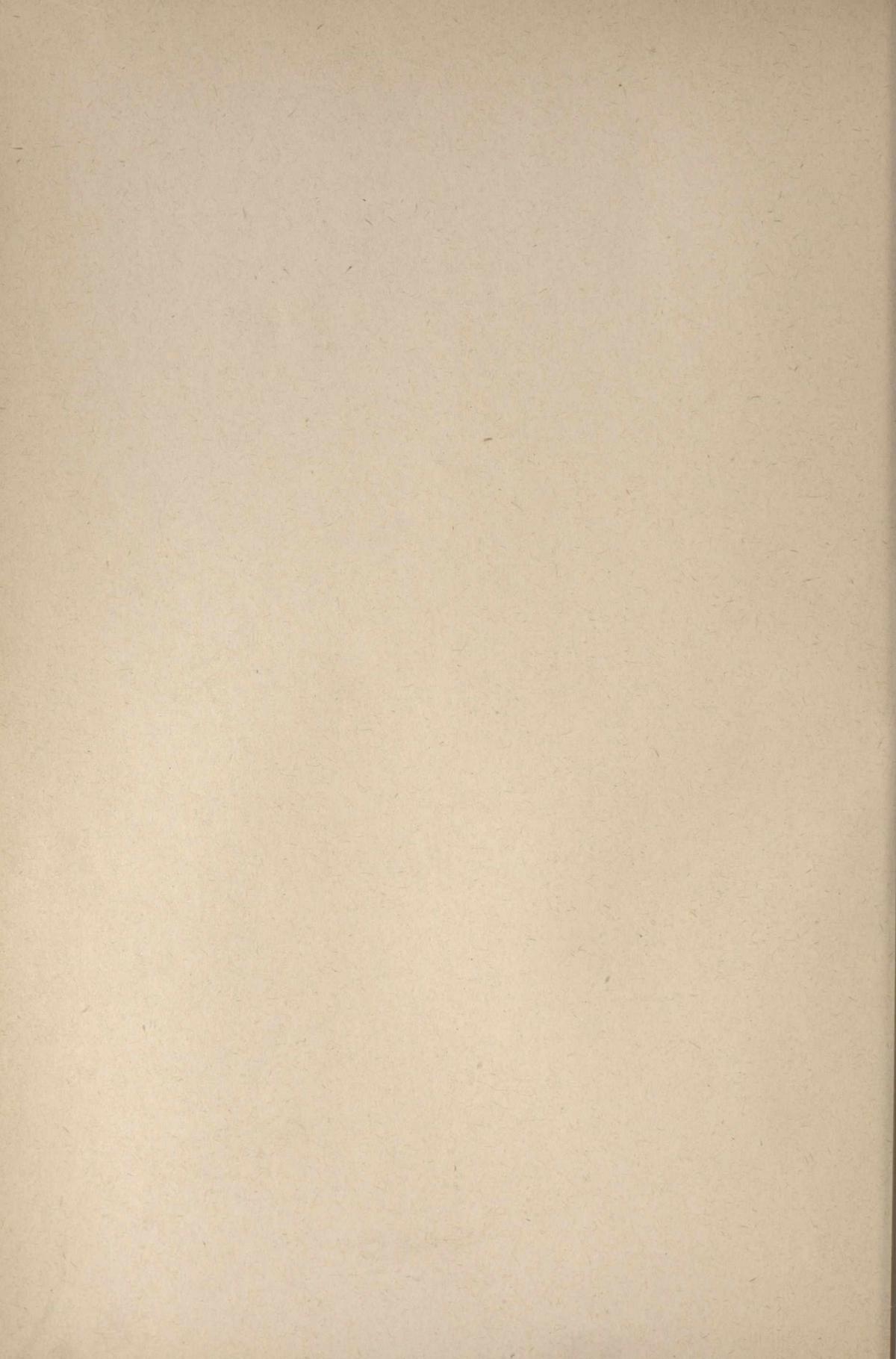












HOUSE OF COMMONS

Third Session—Twenty-fourth Parliament

1960

STANDING COMMITTEE

ON

ESTIMATES

Chairman: ARTHUR R. SMITH, Esq.

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 3

TUESDAY, MARCH 15, 1960

Estimates of the Department of National Health
and Welfare 1960-1961

WITNESSES:

The Honourable J. Waldo Monteith, Minister of National Health and
Welfare *assisted by* Dr. G. F. Davidson, Deputy Minister (Welfare)
and Dr. G. D. W. Cameron, Deputy Minister (Health)

THE QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1960



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Pickersgill,
Pigeon,
Pugh,
Ricard,
Richard (*Kamouraska*),
Rouleau,
Skoreyko,
Stewart,
Stinson,
Thompson,
Vivian,
Winch,
Winkler.

J. E. O'Connor,
Clerk of the Committee.

MINUTES OF PROCEEDINGS

TUESDAY, March 15, 1960.

(4)

The Standing Committee on Estimates met at 11.02 a.m. this day. The Chairman, Mr. Arthur Smith, presided.

Members present: Messrs. Baldwin, Benidickson, Bissonnette, Bourget, Broome, Caron, Carter, Cathers, Clancy, Crouse, Dumas, Fairfield, Fleming (*Okanagan-Revelstoke*), Fortin, Hales, Halpenny, Horner (*Jasper-Edson*), Howe, Korchinski, McCleave, McDonald (*Hamilton South*), McFarlane, McGee, McGrath, McGregor, More, Parizeau, Pigeon, Skoreyko, Smith (*Calgary South*), Stewart, Stinson, Thompson, Vivian, Winch and Winkler—(36).

In attendance: The Honourable J. Waldo Monteith, Minister of National Health and Welfare; Dr. G. F. Davidson, Deputy Minister (Welfare); Dr. G. D. W. Cameron, Deputy Minister (Health); Miss O. J. Waters, Departmental Secretary; Dr. K. C. Charron, Health Services Director; Mr. C. A. Keedwell, Executive Assistant to the Minister; Dr. J. W. Willard, Director, Research and Statistics Division; Mr. C. D. Allen, Supervisor, Income Security Studies; Mr. E. J. Palmer, Departmental Accountant; Mr. E. J. Preston, Director, Personnel Division; Mr. B. T. Hazelton, Personnel Division; Mr. J. A. Blais, National Director, Family Allowances and Old Age Security; Dr. P. E. Moore, Director, Indian and Northern Health Services; Mr. B. Gregaine, Information Services Division; and Mr. R. B. Splane, Unemployment Assistance.

The Chairman observed the presence of quorum and tabled for printing as an appendix to this day's proceedings a letter received from the Honourable George Nowlan, Minister of National Revenue, pertaining to certain recommendations made by the Estimates Committee during the last Session of Parliament. (*See Appendix "A"*).

The Minister and Dr. Davidson replied to questions asked at the previous meeting of the committee and tabled for inclusion as appendices to this day's proceedings a statistical summary entitled "Consumer Price Index and Old Age Security Payments—Current Values and Constant Dollars—1957-1960" (*See Appendix "C"*) and a statement relating to surveys conducted by the Organization and Methods Branch of the Civil Service Commission. (*See Appendix "B"*).

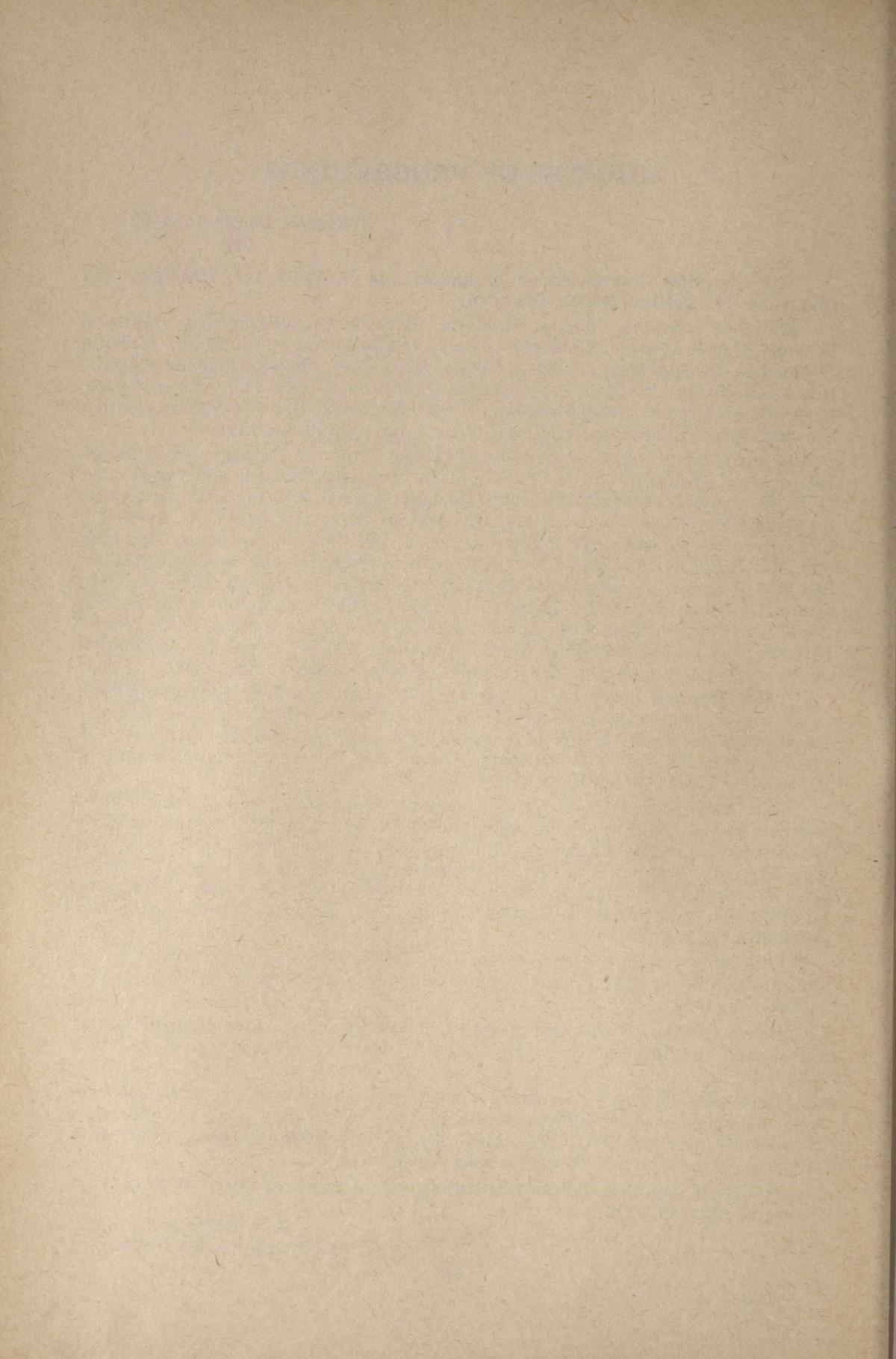
Following further discussion on Item 242—General Administration—and the questioning of the Minister, Doctors Davidson and Cameron, the item was allowed to stand.

Item 252—Family Allowances and Old Age Security—Administration—was called and the Minister and Dr. Davidson were questioned. Item 252 was adopted.

Item 253—Old Age Assistance—Blind Persons Allowances—Disabled Persons Allowances—Unemployment Assistance—was called and the Minister, assisted by Doctors Davidson and Cameron, answered questions relating to Old Age Assistance and Blind Persons Allowances.

At 12.30 p.m. the Committee adjourned to meet again at 9.30 a.m. on Thursday, March 17th.

J. E. O'Connor,
Clerk of the Committee.



EVIDENCE

TUESDAY, March 15, 1960.
11 a.m.

The CHAIRMAN: Good morning, gentlemen. As we have a quorum we can proceed. May I again thank the members of the committee for being so prompt.

In answer to my request of ministers who have appeared, with their departments, before us, I have a further letter from Hon. George Nowlan, providing information in connection with the tariff side of the Department of National Revenue. I would ask your permission to table it as part of our evidence.

We will receive a further letter from the minister dealing with the taxation department, at a later date.

I have received also acknowledgements from the Acting Secretary of State and the Minister of Defence Production advising that they will prepare shortly material dealing with the same subject.

With your permission, I will table the letter from Hon. George Nowlan. (*See Appendix*)

Gentlemen, again we have with us the Minister of National Health and Welfare, and his two deputies.

Before we proceed with the item under review I think we might ask Mr. Monteith if he would like to reply, as has been our custom, to the questions asked at our first meeting.

Hon. J. W. MONTEITH (*Minister of National Health and Welfare*): I think Dr. Davidson has some five replies at this time.

We have the cost-of-living chart, as requested by Mr. Argue, and I wonder if we could have these charts distributed.

The CHAIRMAN: We will distribute the chart but, in addition, would the committee like to have the questions, with their replies, read orally, or would you prefer to have them tabled, with the opportunity of asking questions at the following meeting?

Mr. MCGEE: Have them tabled.

The CHAIRMAN: As the practice has been, we will have the questions printed as part of the evidence—or the replies to them, and you can ask questions at a subsequent meeting. Does that meet with your approval?

Some hon. MEMBERS: Yes.

Mr. HALES: Mr. Chairman, I think there are certain questions which we might like to have discussed verbally at this time. I do not think your remarks should apply to all questions.

The CHAIRMAN: Perhaps the committee members who have asked questions might indicate which ones they wish answered orally. I believe you had one, Mr. McGee.

Mr. MCGEE: Mr. Chairman, it was in regard to information concerning the organization and methods division of the Civil Service Commission. Has that been prepared?

Mr. MONTEITH (*Perth*): Yes, we have that information, and I would ask Dr. Davidson to supply it for you.

Dr. G. F. DAVIDSON (*Deputy Minister, Welfare, Department of National Health and Welfare*): In answer to Mr. McGee's question, we have made an analysis of the surveys made by the organizations and methods division in our department over the past ten years.

There are nine that have been completed and one is in progress. The one which is presently in progress has to do with an examination of the system of indexing rulings and decisions within the food and drugs directorate. The nine that have been completed are ones which have been completed over the years, and they go back as far as 1950. Without going into all the details, they relate to methods of recording purchases of narcotics; the study of the family allowances and O.A.S. regional offices; a study of the office layout of Indian and northern health services; a study of civil defence registration methods; a study of the registry service of the departmental secretary's division; a study of the administration and related services of Indian and northern health services; an organization and methods study of the civil aviation medicine division; and organization and methods study of the personnel division, and a study of hospital patient forms for Indian and northern health services.

These surveys cover a period from 1950 to 1959, with the estimated savings, which are the estimates of the organization and methods division, ranging anywhere from a minimum of \$8,700 to a maximum of \$22,000 to \$34,000 annually.

The CHAIRMAN: Have you a question Mr. Hales?

Mr. HALES: No, Mr. Chairman; I have not.

Mr. MONTEITH (*Perth*): Some questions were asked in connection with technicians and economists. I wonder if Dr. Davidson could give us some information in regard to that.

Dr. DAVIDSON: Dr. Vivian inquired with respect to economists and, I believe, Mr. Howe, with respect to technicians.

I might point out that the economist class is an official designation of the Civil Service Commission applied to certain types of positions, and does not necessarily mean that the incumbent is in all cases a professional graduate economist.

The 21 economist positions shown in this item of our estimates—departmental administration—are all in the research and statistics division, which provides research services to both the health and welfare sides of the department.

Of all the incumbents in this position, 16 are occupied now and 5 are vacant. They are all university graduates but not all professional economists. They are graduates in a number of fields, such as economics, political science, sociology and mathematics, and other forms of advanced study which relate to health and welfare research.

When the department was first organized in 1944, the personnel established in the research division were originally classified as senior research assistants, research assistants and junior research assistants and from many points of view this is a more apt and accurate description of the work in which they are engaged. But in 1954 the Civil Service Commission, in an effort to reduce the number of its classification series throughout the service decided to do away with those categories and absorb the incumbents into the related fields of economist, statistician, technical officer and so on.

After a comprehensive survey of the division it was decided that the most appropriate classes into which to absorb these former positions would be the classifications of economist and statistician: so that many of the people who are now classified, for Civil Service Commission purposes, as economists are people originally recruited as research assistants, with these different kinds of experience and background.

I could give you the sections into which these people are fitted within the research division, but if that is sufficient for Dr. Vivian I will leave it.

The CHAIRMAN: Does that satisfy you, Dr. Vivian?

Mr. VIVIAN: Would it be possible to promulgate the official language of the Civil Service Commission in regard to the category of the economist.

Dr. DAVIDSON: We can obtain that official language for you from the Civil Service Commission.

Mr. McDONALD (*Hamilton South*): I have a question, Mr. Chairman. The deputy minister said there were five vacancies. Are these 16 people who are now employed as economists, rushed off their feet because of the five vacancies?

Dr. DAVIDSON: I would not say they are rushed off their feet. They are doing a full job. The two vacancies which have most recently arisen are very critical vacancies in the section of the research division relating to hospital insurance studies. It is certainly the view of the department, as it is of the commission and treasury board, that these five positions are required, and that is the reason why they are provided in next year's estimates.

The CHAIRMAN: If there are no other members who require a specific answer at this time to other questions, we will table all the other answers and you will have an opportunity at the next meeting to question the officials.

Mr. CARON: What is being done in connection with the matter of publications?

Mr. MONTEITH (*Perth*): I understand that efforts are being made to try to get these in proper order so that we may display them. We hope to have all these before the committee next Tuesday morning.

Mr. HALES: As Mr. Howe is not here, perhaps we could have some information in connection with his question which pertained to technicians.

Mr. DAVIDSON: Mr. Chairman, technicians and assistant technicians relate again to official civil service classifications. They refer generally to positions that require a combination of training and practical experience, with less emphasis on work of a purely professional or theoretical character. Of the eight technical officer positions in the departmental administration vote, five are found in the purchasing and supply division, two in the research division and one in the information services division.

The chief of purchasing and supply occupies a technical officer 10 position; the senior supply officer, who is responsible among other things for the oversight of departmental stores in Ottawa and for the supply requirements of northern and isolated departmental stations, is a technical officer 5. Three other technical officers in more junior grades are responsible for master inventory control, departmental forms control and related matters.

The three technician positions under departmental administration include a commercial artist working on layouts, exhibits and graphic arts for departmental publications in information services, a technician in the information services photographic laboratory, and a person in the secretarial services division, in charge of the skilled composing equipment operators, clerical and typing staff which constitute the departmental pool.

Mr. HALES: Did I understand you to say that one or more were in the purchasing department?

Dr. DAVIDSON: I said five of them.

Mr. HALES: Then, you have five purchasing agents listed as well.

Dr. DAVIDSON: The purchasing agents are officers who are in charge of the calling of tenders, the drawing of specifications, the placing of orders and recommendations in respect to them.

The technical officers to whom I referred are in charge of inventory control, departmental forms control, and other matters of that kind.

The CHAIRMAN: For the benefit of those committee members who are with us for the first time, perhaps I should point out to you that we are on item 242, at page 331—the detail section. Perhaps I should say also that we are examining the general policy statement of the minister.

As has been our custom, item 242 will be left open in order that any questions of policy can be asked throughout the course of our hearings. Following the discussion on item 242 which will be left open, we will be going to item 242 on the welfare branch, as one of our two deputies has to be away for a short time. I think we will then continue with the general examination of the statement.

May I again ask for your co-operation in that any question of detail on policy should be left until we come to the item where the detail will be found in the estimates book. Your questions, gentlemen.

Mr. CARTER: Mr. Chairman, I missed a large part of the last sitting because I was in another committee at the same time as this was sitting; but do I understand that we are still examining the minister's statement and that we can ask questions now on the minister's statement?

The CHAIRMAN: Yes, you may ask general questions on the statement, provided we do not become involved in detail. You have been a very useful member of this committee, Mr. Carter, for two years and you will recall our practice in the past, that if we keep the detail under the departmental heading we get a somewhat better continuity for the hearing.

Mr. CARTER: My question, Mr. Chairman, is this. It may have been put on the record at the last meeting, but if not, I would like to see it somewhere in a concise form. What are the basic differences between the various agreements between the federal government and the different provinces? They do not all have the same agreements, I understand.

Mr. HALPENNY: That was put on the record last week, Mr. Chairman, was it not?

The CHAIRMAN: I was just going to suggest, Mr. Carter, that I think that would be useful information and I think it should be tabled.

Mr. MONTEITH (*Perth*): This is on hospital insurance, is it, Mr. Carter?

Mr. CARTER: Yes.

Mr. MONTEITH (*Perth*): I think it was put on the record last week—the different percentages of cost paid by the federal government. On top of that there are, of course, some other basic differences in that certain provinces include more out-patient services than others. Some, for instance, have a co-insurance charge to the patient. I think I might ask Dr. Cameron to give more detail on that.

Dr. G. D. W. CAMERON (*Deputy Minister, Health*): Mr. Chairman, the essence of the difference lies in the fact that each province that participated—that is, nine of them—has set up its own plan and the plan, of course, must come within the terms of the federal statute. An examination of the federal statute will show that there is leeway there for provincial decision as to the method of procedure. The differences in the agreements relate, as the minister has mentioned, to coverage, the method of supporting the plan, whether it is by premium or whether it is by the general tax revenue of the province, and so on.

All of this is set out in the documents which were exchanged between the province and the federal government in relation to the agreement.

Mr. CARTER: I was most interested in this matter from the aspect of the patient, the person, and the different benefits that he can obtain in one province as compared with what he might obtain in another province.

Mr. MONTEITH (*Perth*): Yes; but each province has a different method of charging and of paying.

Mr. CARTER: But there are some benefits that can be obtained in one province that cannot be obtained in another.

Mr. MONTEITH (*Perth*): That is right.

Mr. CARTER: That is what I was primarily interested in.

Dr. CAMERON: Mr. Chairman, if it will be agreeable, the details of the benefits in each province have been put together in a chart, and this might be useful to the committee.

The CHAIRMAN: Would you like that tabled, Mr. Carter?

Mr. CARTER: Yes.

Mr. MONTEITH (*Perth*): I may say, Mr. Carter, that the basic coverage for patients in hospital is practically the same in every province. The differences relate largely to the extension of service to out-patients.

The CHAIRMAN: Before we go any further, I might remind the committee that the acoustics are not all they should be in this room. Therefore, when you ask a question would you please speak up. The same comment applies to our witnesses.

Mr. BENIDICKSON: I read the other day that in one of the provinces—when the estimates of the health department were being debated—I think they analyzed the total amount expended in that province under the hospital insurance plan and then arrived at a percentage that was paid by the federal government, the percentage that was collected by premiums from the insured and the net percentage that was paid by the province. I calculated that in this province it was only paying 9 per cent of the total expenditures of the plan.

Mr. MONTEITH (*Perth*): Out of general revenue, you mean?

Mr. BENIDICKSON: Out of general revenue, yes. I was wondering if the department has yet statistically analyzed their results, to indicate on a national basis just what percentage of the total cost in each province is being paid by the individual insured, how much is being paid out by the federal government and how much is being paid out of general revenues of the provincial government?

Mr. MONTEITH (*Perth*): The other day we did give figures as to the percentage that was paid by the federal government. But I do not know; I will have to leave that to Dr. Cameron, as to whether we have a distribution,—because many provinces differ. For instance, Ontario and Manitoba have a premium system, and in several provinces it is just paid out of general revenue.

Mr. BENIDICKSON: We will want to know statistically the over-all cost of the charges in that province; that is, the charges made under the hospital insurance plan. Surely that can be broken down to show what portion is paid by the federal government and what portion is collected from the individual citizens.

Mr. MONTEITH (*Perth*): We will be very glad to table a paper showing how each province pays for its share of hospital insurance.

Mr. BENIDICKSON: That is not what I want. What I want is a percentage breakdown in each province of the portion paid by the province and the portion paid by the individual insured.

Mr. MONTEITH (*Perth*): Yes, I appreciate that.

The CHAIRMAN: Are there any further questions on the statement or under the general item.

Mr. CROUSE: Mr. Chairman, at the last meeting I commented on a statement by Mr. Argue, because he had stated that the cost of living was rising when, in fact, it had been declining. I asked the minister if he had made a study of the effect of increasing welfare payments across the nation, because the question had been asked about the Clark report. The minister stated that he had, and we adjourned at that point.

Would the minister elaborate on some of the facts which he found in studying the benefits of extending the welfare plan in other countries?

Mr. MONTEITH (*Perth*): The various systems—I think that was the question asked the other day, Mr. Crouse—in some of these other countries have been studied. If you would like some of the details of these systems I will ask Dr. Davidson to give a resumé of some of them, if he will.

Dr. G. F. DAVIDSON (*Deputy Minister (Welfare)*): Mr. Chairman, I think I understood Mr. Crouse's question of last week to refer to whether or not we had made studies of similar programs in other countries.

Mr. CROUSE: Yes.

Dr. DAVIDSON: There have, of course been similar studies made and the evidence that was given before the parliamentary committee on old age security in 1950 will show that at that time our research division produced studies on the old age security systems of a fairly wide variety of countries, New Zealand, Australia, the United States, Sweden, France, Switzerland, Denmark and a number of other countries.

In the years that have followed we have, of course, endeavoured to keep up to date in terms of our knowledge of those systems. We could give you something, if you wish, on the new system that was approved in Sweden, for example, in 1959 and the system that was approved in Great Britain also in 1959. The legislation there was passed, I think, on July 9 last. I think perhaps it would be more useful if we were to prepare a brief statement for inclusion in the evidence, rather than if we were to try simply to give it from memory at the present time.

Mr. CROUSE: I think it would be important, Mr. Chairman, to have this information, because of the over-all effect that the extension of these welfare plans has on the Canadian economy.

Mr. CARTER: Mr. Chairman, my question has to do with table II on page 15 which is entitled "Allocations under national health grants". For 1959-60 the total of general public health, laboratory and radiology services, and venereal disease control is a little over \$18 million. The total for 1960-61 is just under \$14 million, and that represents a reduction of about \$4 million. I wonder why that reduction was made.

Mr. HALPENNY: Mr. Chairman, was that not all covered last week?

Mr. MONTEITH (*Perth*): Yes, I think it actually was covered rather extensively last week.

The CHAIRMAN: If I might suggest this, Mr. Carter: I know the evidence is going to be available to you today or tomorrow, and if you have any questions, you can deal with them after you have seen the evidence.

Mr. HALPENNY: Which brings up the point, Mr. Chairman, of whether we should have had the evidence of a week ago before we came to this meeting today?

The CHAIRMAN: Your initial evidence of the first meeting has been distributed to you, Mr. Halpenny. I have acted as I have done in the past: in asking the people responsible for printing it to give us as fast a service as they can, recognizing, of course, there is a number of other committees also sitting.

Further questions, gentlemen?

Mr. HALES: Mr. Chairman, I would like to have some explanation of the distribution of family allowance cheques and old age security cheques. I am not too clear about the distribution of them. Are they distributed from each province? If so, why? And I would also ask why they could not be distributed from Ottawa—a question somewhat on that general topic.

The CHAIRMAN: It comes under the first item, under welfare, and we are nearly at that point, but I would like to be consistent in the chair's ruling.

Further questions? This item will be kept open, gentlemen, and you can always come back to it.

If there are no further questions under the general item, under item 242—

Mr. CARTER: Just before we leave the minister's statement, I wonder if the minister could tell the committee something about the survey that was made with respect to radiation in the fluorspar mines in Newfoundland. Has the minister any information on that point?

Mr. MONTEITH (*Perth*): Yes.

The CHAIRMAN: Dr. Cameron?

Mr. MONTEITH (*Perth*): I think Dr. Cameron could comment on this. We have a story on it here.

Dr. CAMERON: Mr. Chairman, the specialists in our industrial health division were called in by the department of health of Newfoundland to assist them in investigating the health conditions in the mines to which you have referred.

The CHAIRMAN: Could you just speak up a little, please, Dr. Cameron?

Dr. CAMERON: Yes.

There was noticed an increased incidence of chest disease, and at first the tests were directed towards the detection of dust, as the cause. Dust is a hazard which is common in mining. Actually, it is the first thing they investigated. This did not provide a satisfactory explanation for the health conditions they were finding, so the tests were extended to include the investigation of radiation. At first this was found only in unused parts of the mines, but it was there. Further testing with more delicate instruments in the parts of the mine that were being used showed it was also present there. Further investigation showed that by changing or increasing the methods of ventilation the exposure could be reduced to levels which are considered safe.

That is the present position.

The CHAIRMAN: Thank you, Dr. Cameron.

Mr. McGRATH: Have they definitely determined the source of the radiation?

Dr. CAMERON: It is inherent in the type of rock that is natural to that particular area, in that particular rock formation.

Mr. McGRATH: I wonder if you could put on the record the facts with regard to the mortality rate from chest diseases among miners, say, in the past five years.

Dr. CAMERON: I think it would be quite possible to find that.

The CHAIRMAN: It will be obtained for you, Mr. McGrath.

Further questions?

May I suggest you now turn to page 349, gentlemen? You are now under the heading of welfare branch, item 252. Mr. Hales, would you like to re-direct your question?

Mr. HALES: My question was as to the distribution of family allowance cheques and old age security cheques, how they are handled, and general information about them.

Mr. MONTEITH (*Perth*): I will ask Dr. Davidson to give you an outline of the mechanics of this.

Dr. DAVIDSON: Briefly, we issue our family allowance cheques through regional offices, through one federal office established in each provincial capital.

For example, in the city of Toronto we have a fair size regional office which handles all of the family allowance and old age security administration for the federal government in the province of Ontario.

I might just add that the reason for following this decentralized approach rather than centralizing it all in one place, has to do, in part, with the fact that when the family allowances operation was set up in 1944 and 1945 the problems of recruiting personnel, of acquiring the necessary space, and so on, for a centralized establishment to be set up in the city of Ottawa made it quite impracticable to consider a highly centralized operation, even if it had been desirable to do so.

In fact, it was not desirable to centralize the total operation in Ottawa because, among other things, the administration of the family allowances, which was then the question at issue, is tied up very closely with the matter of verifying births, which depends on provincial vital statistics records, and is also tied up with the question of school attendance which, again, meant, in our judgment, that we should locate our office in each province, at the center, where we could have the closest access to those important provincial records.

That is why the family allowance set-up was established originally on a decentralized basis, with one office in each province. And when we came to set up the old age security program in 1951 it was obviously more economical for us to combine our old age security administration in each province with the already existing family allowance office.

Mr. WINCH: How many people would you have working in the office in Ontario on family allowances?

Dr. DAVIDSON: My recollection, offhand, is somewhere in the neighbourhood of 225. That is the number on the administration side and, perhaps, an equal number on the treasury side, which actually handles the cheque issue on behalf of the department.

Mr. HALES: Is the department giving consideration to centralizing this operation? I am thinking of the Department of National Revenue. They are centralizing their operations for the collection of income tax returns, and they are doing that because of the costs of operation and the great saving to that department; and I think the same principle would apply to your department.

Dr. DAVIDSON: Could I correct my figure to Mr. Winch?

The CHAIRMAN: Yes, Dr. Davidson?

Dr. DAVIDSON: It is 290 in Ontario.

Mr. WINCH: On the administration side?

Dr. DAVIDSON: Yes, the additional numbers are due to the addition of old age security in 1950.

Mr. WINCH: Could you give the approximate figure of the number of your employees employed on family allowances on a regional basis, in all, for Canada?

Dr. DAVIDSON: Yes.

Mr. MONTEITH (*Perth*): We could table that.

The CHAIRMAN: Mr. Hales?

Mr. HALES: I asked a question about the thought being given to centralizing it.

Mr. MONTEITH (*Perth*): Dr. Davidson's answer was "no", I think.

Am I not correct in saying that the Department of National Revenue are centralizing only their T-1 shorts?

Mr. HALES: I am not too sure.

Mr. MONTEITH (*Perth*): I think so, because the T-1 generals, corporation returns, and all that sort of thing, are still going to district offices.

Mr. McGRATH: Perhaps the deputy minister could take this question as notice, Mr. Chairman, and table the answer to it at the next sitting.

Could he find out, by provinces, the number of children within the required age group who are not receiving family allowances? Would he state the reasons why they are not receiving family allowances? I am referring specifically to section 2(f) of the Family Allowances Act, with regard to children living in institutions.

Dr. DAVIDSON: I think I have to say, Mr. Chairman, as much as we would like to do so, it would be quite impossible, to give Mr. McGrath any actual statement as to how many children there are in each province who are not receiving the family allowance. I know of no way we could produce that figure.

Mr. McGRATH: Those figures would not be available to your regional offices, because this only has to do with children in institutions?

Dr. DAVIDSON: It has to do with other children as well, the children of families who have not been in Canada for as long as one year.

Mr. McGRATH: These are strictly Canadian-born children. I am referring to children who are disqualified from receiving the family allowance because they are living in private institutions and are not wards of the state or the provincial government.

Dr. DAVIDSON: If the question is limited to the numbers of children in institutional care who are not receiving the family allowance, we could make at least an effort to establish a reasonably accurate figure. While it would probably take some time, we could get a statement that would give Mr. McGrath reasonably accurate information on that point.

Mr. WINCH: I thought you tabled it.

The CHAIRMAN: Yes, Mr. McGrath?

Mr. McGRATH: I want to qualify why I would like that information placed on the record, because it has been brought to my attention through correspondence with the department that there is quite a substantial number of children, I would suggest right across Canada, living in private institutions, private orphanages, who are not receiving the family allowance because they are not considered wards of the state. That is because under the act they have no legal guardian as far as the interpretation of the term "legal guardian" within the act is concerned. In the case of a ward of state, the state would be the legal guardian; and I understand the province, or the minister of welfare in the particular province, or the deputy minister, would receive the family allowance for the child in the institution and hold it in trust.

I just wanted to qualify why I wanted those figures.

Mr. HALPENNY: Mr. Chairman, I was wondering why we do not identify our cheques, that are purely federal cheques, better than we do. I know many recipients feel that these cheques are sent to them by the provincial government.

This is a non-political question, because there are several different political parties in power in the various provinces.

The CHAIRMAN: We would not suspect you at all, Mr. Halpenney.

Mr. HALPENNY: I was wondering why we do not use the picture of the centre block of the houses of parliament on these cheques, as you do on the veterans' cheques.

Mr. MONTEITH (*Perth*): It is on there.

Mr. WINCH: But you do not put "Dief." on it.

Mr. HALPENNY: Can we identify it any more?

The CHAIRMAN: You have not received yours yet, Mr. Halpenny, but we are advised it is on there.

Mr. HALPENNY: I do not get that yet.

Mr. BENIDICKSON: You will not get it if the old age retirement scheme for members does not go through.

Dr. DAVIDSON: If you look at the old age security and family allowances cheques, Mr. Halpenny, you would be satisfied. The parliament buildings appear photographically on the front of them, the words "Government of Canada" are printed in a wavy line on the back, and that "Ottawa", I think, appears four, five or six times on the face of each cheque.

Mr. HALPENNY: It seems about ninety years since I had a baby bonus cheque.

Mr. MONTEITH (*Perth*): Actually, this has been brought to my attention quite frequently by various provinces—and by the chairman, he points out—that these cheques do appear to originate in the provincial capitals, because of the post mark and that sometimes a misconception is arrived at as to which body of government is issuing the cheque.

The federal government is clearly identified on the envelopes—I have examined them from various areas and regions—and I think we have gone about as far as we can, except to change the post office stamp to "Ottawa" instead of "Regina," "Toronto," or wherever it might be.

Mr. HALPENNY: Put your picture on the envelope.

Mr. BROOME: With regard to the question raised by Mr. Hales, I am not in favour of centralization. I think we have too much centralization in Ottawa right now. But I did understand you to say that you had an office in every provincial capital. Perhaps that is not going to the opposite extreme, but could not you regionalize it, so that the maritimes might be considered as one region, Ontario and Quebec as another, and so on? Have you considered going on to a regional basis rather than a provincial basis?

Dr. DAVIDSON: Mr. Chairman, we have, and quite frankly the difficulties of administering the Family Allowances Act from one regional office—involving for instance, the school attendance laws of four provinces which are different in those four provinces—are, to my mind, a decisive argument against the regional approach.

Mr. McGRATH: My question was asked to qualify what I had originally said. I wanted to make it clear to the Chair that at our next meeting, when the answer to my question is tabled, I might return to questioning on this item.

The CHAIRMAN: That is always understood, Mr. McGrath.

Mr. HORNER (*Jasper-Edson*): I wonder if it would be possible to have a breakdown of the amount of family allowances paid to the various age groups.

Dr. DAVIDSON: I think we could give you that without too much difficulty, the two age groups represented by the two different amounts on the cheque. There are the \$6.00 and \$8.00 groups.

Mr. HORNER (*Jasper-Edson*): That is what I mean.

The CHAIRMAN: Yes, Mr. Carter?

Mr. CARTER: My question is along the lines of the question put by Mr. McGrath.

Does the department have any figures of children of members of the armed services outside of Canada who are not receiving the family allowance?

Mr. MONTEITH (*Perth*): I will leave that to Dr. Davidson. He says "no".

Dr. DAVIDSON: No.

Mr. CARTER: No figures at all?

Dr. DAVIDSON: No.

Mr. MONTEITH (*Perth*): Mr. McGrath, I am told by Dr. Davidson that to accumulate all these figures for all the provinces might take longer—undoubtedly will take longer than just the period between now and the next meeting. In other words, I think we will have to communicate with each regional office.

Mr. McGRATH: I would not want to put the department to any unnecessary difficulty. I would be satisfied if you could give us comparative figures on a percentage basis, a rough estimate, if that is possible, without an actual head count in each province.

My reason for asking this is that I am trying to establish the point that there are quite a few children, under the act, who are not receiving the family allowance.

The CHAIRMAN: I appreciate your point, Mr. McGrath, and I think it falls into the category of legitimate questions.

The chair has had occasion in the past to remind members that when they are asking questions they should be confined to electing essential information, information that you require, so that we are not putting an overdue strain on the department to provide unnecessary material. But I agree it is a good question.

Mr. WINCH: On that basis, if I could just have a rough estimate of the number employed outside Ottawa, I would be satisfied not having a complete breakdown.

Mr. MONTEITH (*Perth*): We could give you that.

Dr. DAVIDSON: Of staff, do you mean?

Mr. WINCH: Yes, do you have that now?

Dr. DAVIDSON: We can table that.

The CHAIRMAN: That will be done. Further questions? Yes, Mr. Stinson?

Mr. STINSON: Mr. Chairman, my question relates to the amount proposed to be expended in the payment of family allowances in the fiscal year. I know it is anticipated \$508 million will be required.

I am wondering whether the department has made any estimate, say during the next five years or so, as to the increases that might be required in this connection.

I think many members of the committee, including myself, are concerned about the increases which can be expected in welfare payments in this country. Next year it appears that some \$13 million more than was anticipated a year ago will be required for this purpose.

Dr. DAVIDSON: Mr. Chairman, about the nearest we can get to any projection is simply a projection based on actual experience of the growth of cost in family allowances in years past.

Mr. BENEDICKSON: I think it would be fair—as I have seen it related in the past—to have it related either to the percentage of tax income or the percentage of G.N.P. Have you any information on that?

Dr. DAVIDSON: No, but we could produce a record, again, of the past.

Mr. BENEDICKSON: That is what I meant, if you are going back.

Dr. DAVIDSON: But I do not think we could presume—even with our 21 economists—to make a projection of what the G.N.P. might be in the future.

Mr. BENEDICKSON: You were basing it on the past, and I wondered if it could be related to G.N.P.

Mr. MONTEITH (*Perth*): Yes, Mr. Chairman, that could be done and tabled.

The CHAIRMAN: You have not had an answer to your question, yet, Mr. Stinson.

Dr. DAVIDSON: I was going to say, in answering to Mr. Stinson, we will produce a table that will show the annual expenditure on family allowances, each year, in the past related to Mr. Benidickson's question, and showing the extent to which this amount has increased from year to year. We would then include in that table a projection of the possible increases in the future family allowances cost—in the next few years, let us say—without endeavouring to relate that projection to any question of G.N.P.

Briefly, it boils down to the fact that family allowances, when the legislation is not amended in any way, have shown a trend of increasing at a rate of \$15 million a year. Assuming there is no change in the family allowances law, I think it could be safely assumed there would be an annual increase, into the future, of about \$15 million a year in respect to family allowances payments.

Mr. CARTER: My question has been partly answered, but I was going to ask the same question on a percentage basis. That is roughly about 3 percent, as I understand it. It so happens the percentage increase for old age security payments is at the same rate. Is that just a coincidence, or is that a normal increase with regard to old age security payments?

Dr. DAVIDSON: We have a much shorter period to go on, as far as old age security is concerned.

Up to the present time it is correct to say—with the exception of two years in which the increase was much greater than \$15 million—the increase has likewise been of the order of \$15 million a year. However, this is tied up so much to the question of rates that are actually paid that I would not like to suggest it is anything but a purely accidental relationship between those two trends at the present time.

Mr. BROOME: Mr. Chairman, you may consider this question to be out of order—

The CHAIRMAN: Try it for size, Mr. Broome.

Mr. BROOME: Is there any increase in staff anticipated—it does not show here—when and if provision is brought in to pay old age security allowances outside of the country?

Mr. MONTEITH (*Perth*): No staff increase has been anticipated. I might point out that actually over the last two or three years with which I am familiar, on the welfare side, the increase of staff requirement has been practically nil.

The CHAIRMAN: Mr. Broome, I think I would have considered your question out of order.

Mr. BROOME: I thought you would.

Mr. VIVIAN: Mr. Chairman, I might have done a little more homework on this before I asked the question; but it is my understanding that, in the matter of income tax, those persons making income tax returns who are in receipt of family allowances have a deduction of \$150 per child.

Mr. MONTEITH (*Perth*): Two hundred and fifty dollars.

Mr. VIVIAN: For those who are not in receipt of family allowances for one reason or another, and do not qualify, it is \$400.

Mr. MONTEITH (*Perth*): Five hundred dollars.

Mr. VIVIAN: Given the exemptions, is there some break-even point, financially, for a family receiving this family allowance, because the family allowance becomes classified as income and this has the practical effect of raising the level of income upon which income tax would have to be paid.

Mr. MONTEITH (*Perth*): Just what was the first point in that question, again?

Mr. VIVIAN: Is there a break-even point at which those with incomes and "X" number of children, while receiving family allowances, have to pay income tax on the fact that they do receive them?

Mr. MONTEITH (*Perth*): You are only allowed so much deduction per child for income tax purposes, whether or not you take your family allowances; so if you do not take your family allowances, you are out that amount of money.

Mr. VIVIAN: The point of the question is that these family allowances are going into the home. They are received and spent; they are not a net item. There must be a point where the family income is greater and they are paying more tax because they are receiving more allowances; is that not true?

Mr. MONTEITH (*Perth*): Dr. Davidson seems to think he has an answer. I do not; but I would be glad to hear his guess.

Dr. DAVIDSON: My only point was this. I think Dr. Vivian is correct when he states that there is a certain point in the income level where the value of the \$250 income tax exemption is greater than the amount of family allowances that is received; but the fact is that the law relating to income tax provides for the higher exemption, not in cases where the taxpayer chooses to forgo his family allowances, but only in those cases where the child is not registerable.

An hon. MEMBER: Would you repeat the last part of that answer, please.

Dr. DAVIDSON: The income tax law provides the income tax exemption of \$500, not in cases where the taxpayer voluntarily chooses to forgo his family allowances, but only in those cases where the child is not registerable for family allowances.

Mr. CROUSE: In other words, it is compulsory, then?

The CHAIRMAN: What is your question, Mr. Crouse?

Mr. CROUSE: I gathered from the comment made by Dr. Davidson that it is compulsory that you take these family allowances, whether you wish to or not?

Mr. MONTEITH (*Perth*): If you do not take them, you are out that amount of money; that is what it amounts to.

Mr. CROUSE: No, you are really not out that amount of money, if you have these exemptions on paying income tax.

The CHAIRMAN: May I remind you, gentlemen, that you are examining the Department of Health and Welfare.

Mr. McCLEAVE: Mr. Chairman, may I ask this hypothetical question: a person with a 20 per cent income tax bracket would lose \$28 a year, if he had a child and received \$6 a month.

Mr. MONTEITH (*Perth*): Give me a pencil and paper, and 10 minutes, and I will work it out.

Mr. McCLEAVE: I have worked it out.

Mr. BENIDICKSON: Have we had the present case load for family allowances?

Dr. DAVIDSON: The case load for January, 1960, was 2,541,341 families, involving 6,183,329 children.

Mr. BENIDICKSON: I was just going to multiply that by 12 to find out what the cost would be on the present basis of a dollar increase across the board for the case load; for every dollar increase in family allowances, how much it would cost.

Dr. DAVIDSON: The answer is, \$6.2 million a month at the present time.

Mr. CARTER: Mr. Chairman, I understand that Dr. Davidson is going to prepare a projection of the annual expenditures in connection with family allowances. How far in the future are you going to project this item—10 years?

Also, could a similar projection be made for the old age security payments at the prevailing rate?

Dr. DAVIDSON: I doubt if it would be very profitable for us to attempt estimates very far into the future. If we attempt a projection of family allowances, I would suggest, sir, that it be for the next five years.

The CHAIRMAN: Mr. Carter is a very agreeable committee member and I am sure that would be very satisfactory, would it not, Mr. Carter?

Mr. CARTER: Yes. Could a similar projection be made, without too much trouble, for the old age security payments?

The CHAIRMAN: Yes.

Mr. McGRATH: Supplementary to Dr. Vivian's question, Mr. Chairman: what steps does the department take to ensure that family allowances are not considered as a part of the family income, but are earmarked solely for the use of the child? I am thinking specifically of cases where, for example, in federal-provincial housing projects, rent is established on the basis of 20 per cent of the annual income of the wage earner. I know of cases where the family allowances of the family are also considered as part of the annual income and the 20 per cent for the rent is based on that amount. I would think this is contrary to law, is it not?

Mr. WINCH: How large a staff would you have in order to follow up that policy?

The CHAIRMAN: The question will be replied to, Mr. McGrath.

Dr. DAVIDSON: There is a provision in the act which says that family allowances shall be used exclusively—I believe that is the wording—for the family maintenance and well-being of the children. Our interpretation of that is that anything which goes toward improvement of family life is for the benefit of the child, and comes within the requirements of the law. We have taken the position that this is essentially a part of family income. While we have carried out work in the educational field in terms of inserts in our family allowance cheques, work through children's aid societies, dealing with complaints that come in, and so on, we frankly have not felt we could justify asking for the members of staff that would be required to check on every individual case in order to try to satisfy ourselves that the literal requirement, that every single dollar be spent on each individual child, was being carried out.

Mr. McGRATH: I have a supplementary question, Mr. Chairman. I had hoped to bring out in my question just exactly how closely your inspectors follow out a plan to see that the family allowances are spent on the children.

In other words, just exactly how broad is your inspection staff for this purpose? What are its terms of reference, and so on?

Dr. DAVIDSON: We have, for example in the Newfoundland office, one or two social welfare workers for the entire province, and I think that speaks for itself in terms of indicating how closely we are able to check up on routine questions to ensure that the family allowances money is being spent literally on behalf of each child. We rely on the provincial child welfare departments, the children's aid societies and child welfare organizations already in the communities to bring to our attention cases where, in their judgment, family allowances are not being properly spent.

Mr. HALPENNY: Supplementary to that: what penalty would be inflicted upon the allowance if it were found that he was buying beer, for example, with the money?

Dr. DAVIDSON: We have power, under the law, to suspend the payment of family allowances.

Mr. HALPENNY: Have you done that in the last year?

Dr. DAVIDSON: I know of no case since 1945 where we have suspended family allowances because the family was buying beer. The reason—if I may just add this—is fairly simple: we have no means of identifying the source of the dollars with which the beer is bought.

Mr. BALDWIN: Are the suspensions for non-attendance at school covered by regulation, or are they discretionary?

Dr. DAVIDSON: We rely entirely on the provincial education authorities. The law requires that when a child is not attending school in accordance with the laws of the province in which he resides, the allowance is to be suspended. We do not presume to interpret the provincial education laws ourselves, but when the provincial education authorities inform us that a child is not attending school in accordance with provincial law, we automatically suspend that allowance. We reinstate that allowance only when we get a certificate from the same provincial education authority that the child is now back attending school satisfactorily.

Mr. McGRATH: Mr. Chairman, I wonder if at the next meeting the department would table the number of inspectors, or social workers—whatever their classification is—per province in Canada.

Dr. DAVIDSON: To give you the information you need, could I just add to that “any social welfare or other field workers”, because we have some field workers who are not social workers in one of two provinces?

Mr. McGRATH: Who are hired solely for the purpose of investigating.

Dr. DAVIDSON: They are field workers outside of the main headquarters.

Mr. McGRATH: Why are they not in every province, Doctor?

Dr. DAVIDSON: In some provinces we have arrangements with children's aid societies to do some of the field investigations for us. These same arrangements are not possible to the same extent in all the provinces, and therefore there is some variety as between one province and another in the number of field investigators that we have.

Mr. BALDWIN: Going back to the question I asked, I want to put it in another way, to button it down. When there is a suspension in family allowances for non-attendance at school, we can safely say that it is at the instigation of the provincial authorities?

Dr. DAVIDSON: That is quite correct, Mr. Baldwin.

Mr. BENEDICKSON: I was wondering how many instances of suspension there have been in a year, shall we say, at the request of the education authorities of the province?

Dr. DAVIDSON: I have here the number of accounts suspended, but this could include accounts suspended for other reasons; therefore this would give you a maximum figure, rather than the exact figure. For example, in the month of January, 1960, a total of 4,116 accounts in the whole of Canada were suspended; and at the end of that month there was a total of 12,973 accounts in suspense.

Mr. CARTER: Mr. Chairman, Dr. Davidson said that the department acted on a certificate received from the provincial authorities to the effect that the child is attending school. In cases where the reasons for not attending school are accepted by the province, do you still get that kind of certificate, or do you get something different?

Dr. DAVIDSON: We do not consider, nor does the education authority of the province, that a child who is excused from school attendance for any valid reason within the purview of the provincial law is disqualified from family allowances.

Mr. CARTER: But you do not necessarily receive a certificate that he is at school; you get some other information on that?

Dr. DAVIDSON: The only case that we take action on is the case where the province writes to us and says, "This child is out of school illegally."

Mr. FORTIN: If a child is registered two years, say, after his birth, do you make the payment of family allowances retroactive to the date of his birth?

Dr. DAVIDSON: Is the question related to registration for family allowances purposes, or for birth?

Mr. FORTIN: For family allowances purposes.

Dr. DAVIDSON: The law permits us only to begin payment following the month in which the application is made.

The CHAIRMAN: Are there any further questions on item 252?

Mr. HALES: Regarding family allowances cheques, firstly, what is the policy of the department in paying these cheques to men in the armed forces, say serving out of the country and with NATO, and to families of American soldiers on the DEW line, for instance? Secondly, is the number of forgeries of family allowance cheques on the increase in Canada?

Mr. MONTEITH (*Perth*): The law actually prohibits the payment of family allowances to the children of servicemen, in Germany, for argument's sake. I understand that they do get special allowances while there—but not from us.

Mr. WINCH: Why is that? Why is it that because a serviceman's family is overseas he is denied the right that he would have if he had his family here? Why are not these children overseas eligible for family allowances, just the same as those in Canada?

Mr. MONTEITH (*Perth*): I am assuming that it is because they already do receive special allowances.

Mr. WINCH: But that is on account of the special circumstances, being overseas in the armed forces.

The CHAIRMAN: Do you wish to say anything further on this point, Mr. Monteith?

Mr. MONTEITH (*Perth*): It has always been felt that the children of servicemen, for argument's sake, serving in Germany, do get special allowances; but not through family allowances.

Mr. CARTER: Mr. Chairman, I was going to follow up the point raised by Mr. Winch by referring to a return that was made in the house in reply to a question which I put on the order paper last session. That return showed that the special allowances to which the minister has just referred deprived a private—the low ranks—of a lot of money. They lose a lot of money by not getting the family allowances. The benefits of the special allowances go to the officers and the higher paid ranks. The poor private loses, over a four-year period, over \$1,000—if I remember correctly from the answer—by not getting family allowances.

Mr. MONTEITH (*Perth*): Personally, I would like to see the return before commenting on it.

Mr. CARTER: I could produce that, Mr. Chairman, at the next sitting.

Mr. HALES: I repeat the second part of my question, Mr. Chairman. What is the position with regard to American soldiers in the DEW line; what is the policy of the department there?

Dr. DAVIDSON: The United States authorities have issued a directive to all their personnel in Canada to the effect that they are not permitted to apply for or receive family allowances or any other social benefits under Canadian law.

Mr. FLEMING (*Okanagan-Revelstoke*): In order to clarify this other point that has been raised, so that we can determine accurately whether the children of servicemen are being deprived of benefit, could we have information provided as to what allowances are paid to servicemen overseas, and for what specific purposes? Then we can determine for ourselves whether our servicemen are being deprived of benefits to which other Canadians are entitled.

The CHAIRMAN: Theoretically, that is a matter which comes under national defence, but I am sure that information can be provided for you.

Mr. WINCH: Mr. Chairman, I think it does come under the department which is under review here, in part, at least.

The CHAIRMAN: I have suggested, Mr. Winch, that we will endeavour to obtain it.

Mr. WINCH: It was supplied by the Department of National Defence when we had their estimates under review before, and the basis of the extra allowances was on the cost of living in the area in Europe in which they were serving, as compared with the cost of living in Ottawa. That was the basis of the additional grant.

On that basis, why are they not entitled to family allowances, if it is based on the variation in the cost of living here in Ottawa? It does not make sense not to grant it.

The CHAIRMAN: The minister has said that he will look into it and report on it later on.

Mr. HOWE: I have a question, Mr. Chairman, in connection with the field of old age assistance. I was wondering if there has been any—

The CHAIRMAN: Would you mind leaving your question till later. That is the very next item, and I think we have almost reached that point.

Mr. VIVIAN: Are family allowances paid to foreign service officers such as those in the Department of External Affairs?

Dr. DAVIDSON: The law does not permit payment of family allowances to anybody, under any circumstances, outside of Canada.

Mr. HALES: Before we leave this question, what is the position with regard to forgeries?

Dr. DAVIDSON: I thought I had a figure here on that, but I am afraid I will have to get the figure for you. My recollection is that the number of forgeries has remained reasonably constant over a fairly long period of time and there is no significant change. But I will give the committee the figures on that.

The CHAIRMAN: Shall item 252 carry?

Item agreed to.

The CHAIRMAN: Item 253. What is your question, Mr. Howe?

253 Administration	\$ 113,390
Old Age Assistance—Payment of Federal Share of Assistance (Chap. 199, R.S., as amended)	30,900,000
Blind Persons Allowances—Payment of Federal Share of Allowances (Chap. 17, R.S., as amended)	4,240,000
Disabled Persons Allowances—Payment of Federal Share of Allowances (Chap. 55, Statutes of 1953-54, as amended)	16,500,000
Unemployment Assistance—Payment of Federal Share of Assistance (Chap. 26, Statutes of 1956, as amended)	38,660,000

Mr. HOWE: I have a question, Mr. Chairman, on old age assistance. I have been wondering whether there has been any consideration given by the department, or discussion with the provinces, as to the possibility of extending old age assistance to widows.

I have had several instances in my own riding where the youngest child of a widow has reached the age of 18; these widows have raised their families and there is no possible assistance. They are too old to get work in order to keep them, and there is no place to turn except to relief.

I know that this question has been raised by the legislation in Ontario, and I wonder whether there has been any consideration given by the department to this matter.

Mr. BENIDICKSON: Mr. Chairman, I have no feelings in the matter, but I notice, of course, that there is a distinct line between old age security payments and old age assistance for blind persons and disabled persons allowances. I wondered whether you wanted to discuss payments of all types to the aged, or whether you think it would be a more orderly discussion if we separated the old age security payments from old age assistance payments which are paid in cooperation with the province.

The CHAIRMAN: That is a helpful suggestion. They all come under item 253, and I thought we would consider them under that item and the detail on page 351.

Mr. BENIDICKSON: You confined our discussion previously to family allowances.

The CHAIRMAN: That is correct.

Mr. MONTEITH (*Perth*): Shall I go ahead, Mr. Chairman, and answer Mr. Howe's question?

The CHAIRMAN: Proceed, Mr. Monteith.

Mr. MONTEITH (*Perth*): Last October there was held a provincial-federal conference of ministers of welfare. This had been the first for some years. At that time the regulations were discussed in some detail. Suggestions were made by the provinces, and taken under consideration by ourselves, as to various things. Actually, widows are primarily taken care of under unemployment assistance, which we share with the provinces.

Mr. HOWE: You mean that a widow is eligible for unemployment assistance, even if she has not been working?

Mr. MONTEITH (*Perth*): Yes. Whatever the province pays, we pay half.

Mr. McGRATH: I have a supplementary question, Mr. Chairman, with regard to old age assistance. Are there criteria set down where the provinces administer old age assistance under a federal partnership basis? Are there criteria set down, or what direct influence does the Department of National Health have over provincial departments of welfare in the administration of the means test?

Mr. MONTEITH (*Perth*): I think I will ask Dr. Davidson to explain the mechanics of how the province and ourselves work out unemployment assistance payments.

Mr. McGRATH: Old age assistance.

Mr. MONTEITH (*Perth*): Old age assistance; pardon me.

Dr. DAVIDSON: Section 10, I think it is, of the Old Age Assistance Act says that no plan of administration shall go into operation in a province until the provincial plan of administration is approved by the Governor in Council; no agreement is effective until the provincial plan of administration is approved by the Governor in Council. That means that at the beginning of the operation of each of these programs, each province submitted to the governor in council a plan that it proposed to follow for its administration, and that required the approval of the governor in council.

Section 10 also provides that no change can be made in that kind of administration without further reference to the governor in council. That is the legal basis of the arrangement.

Once that plan has been approved, the province administers old age assistance in accordance with the terms of the agreement, and the agreement specifies certain details within the framework of the means test under which the province proposes to operate.

Mr. McGRATH: My question was to bring out specifically the fact that there was a difference in each province with regard to the application of the means test. In other words some provincial departments of welfare are inclined to be somewhat more liberal than others. I would suggest that if the department had a little more direct influence on the various provincial departments in respect of the means test it would ensure equity throughout the country.

Mr. MONTEITH (*Perth*): I understand that any variation is within very very narrow limits.

Dr. DAVIDSON: I would point out that the federal act does lay down the income limits as such, which no province is free to exceed although the province can, if it wishes, determine income ceilings which are lower than those within the federal law.

The second point is that the regulations go into very great detail in defining how income is to be calculated. Of course those regulations are worked out with the provincial authorities. However, if there is any criticism on the part of the provinces today of the federal-provincial relationship in this field, it is that we are striving toward achieving too much uniformity as between Newfoundland and British Columbia, instead of suggesting we should try to achieve more uniformity.

Mr. McGRATH: As it now stands is it not correct to assume that there is too much leeway left in the hands of welfare officers in the field as to whether or not a person qualifies for old age assistance?

Mr. MONTEITH (*Perth*): No. I do not think that applies, because his instructions are those laid down by regulation as to how a person's permissible income is determined. The provincial authority in the capital actually determines it.

The CHAIRMAN: Mr. Carter.

Mr. CARTER: My question has to do with disability pensions.

The CHAIRMAN: Mr. Benidickson.

Mr. BENIDICKSON: Previously at another sitting the minister was asked to expand on the statement on page 30 of his original presentation. He says:

We have agreed with the provinces on certain changes in the regulations—

The reference is to old age assistance, blindness and disability allowances.

—affecting the three programs and as soon as these have been drafted in final form by Justice and approved by the governor in council, they will go into effect, I expect, in all provinces.

Have you given the committee any further information on that question?

Mr. MONTEITH (*Perth*): No. That question has not been raised. These changes did arise as a result of the meeting last October. They were agreed upon at that time and have been through Justice, and so on. The finalizing of the changes is taking place and they will of course be tabled in the house.

Mr. BENIDICKSON: But in the meantime could the committee now be informed in layman's language in respect of the points on which you in the past reached agreement with the provinces?

Mr. MONTEITH (*Perth*): I think probably these should be first tabled in the house. I am quite sure they will be available at the time my estimates actually come before the house.

Mr. BENIDICKSON: Was there no publicity given in respect of these changes between the time of the meetings and now?

Mr. MONTEITH (*Perth*): No.

Mr. CROUSE: I have some questions on disability.

The CHAIRMAN: Mr. Halpenny.

Mr. HALPENNY: This is just for the record. Possibly it may be elementary but I think every person should realize it. My question is in respect of the percentage that the federal authorities pay of the old age assistance, blind persons and disabled persons allowances, and what percentage is paid by the province?

Mr. MONTEITH (*Perth*): Fifty per cent in all cases except blindness, in which case we pay 75 per cent.

Mr. HALPENNY: Thank you.

Mr. HORNER (*Jasper-Edson*): Are these regulations in respect of allowable income federal or provincial?

Mr. MONTEITH (*Perth*): They are federal regulations.

Mr. HORNER (*Jasper-Edson*): Is there a difference in interpretation of allowable income as among the provinces?

Mr. MONTEITH (*Perth*): The regulations as to how allowable income is arrived at are set out in great detail; for instance, the amount of value placed on a property held and that sort of thing.

Mr. HORNER (*Jasper-Edson*): It is a federal regulation that the five per cent of the assessed value shall be calculated as yearly income.

Mr. MONTEITH (*Perth*): It is a regulation. All these regulations have been agreed to with the provinces.

Mr. HORNER (*Jasper-Edson*): What I am particularly interested in at the moment is the question of the transfer of property within a certain period of time prior to the application for old age assistance. I have in mind the question of transferring a farm, for instance, to the son and the people remain living on the farm. In this case the province or somebody assesses the money which they did not receive as actual income.

Mr. MONTEITH (*Perth*): The law itself stipulates that if a property is transferred for the purpose of putting one in a position to receive allowances, then the transaction is dealt with as though it had never taken place.

Mr. HORNER (*Jasper-Edson*): Yes, but in the example I am giving, if you have a property which in any event would not have given you more than five per cent of the assessed value as income over a period of years, then this person is being discriminated against because he transferred the property to his son. He should have kept the property and rented it to his son and then he would have been entitled to the pension. In the case in which he turns it over to his son he is discriminated against and cannot receive the pension. Is that not correct?

Mr. MONTEITH (*Perth*): No. It is simply dealt with as though the transfer had never taken place.

Mr. BENIDICKSON: We have had the question about the federal regulations, and it has been explained that the federal regulations are agreed to by the provinces and that they sit in with the federal government at these meetings. I do not think, however, that we got an answer to the question. I take it this is the basis of the federal contribution. I do not think we have

had an answer to the question as to whether the administration in any of the provinces actually provides less than the maximum allowable under the federal regulations.

Mr. MONTEITH (*Perth*): No.

The CHAIRMAN: Have we completed this particular aspect?

Mr. SKOREYKO: How much time has to elapse after the transfer of the land or property before the persons who have transferred this land become eligible?

Mr. MONTEITH (*Perth*): I am informed it could be five years, but we would have to check that.

The CHAIRMAN: Would you like that confirmed?

Mr. SKOREYKO: Yes.

Mr. CARTER: I have some questions in respect of disability pensions. These are administered by the province on the advice of the provincial board. There seems to be a great deal of evidence that the different boards in the different provinces make different rulings on the same type of case. I think the trouble arises from the requirement of permanent disability.

Mr. MONTEITH (*Perth*): Are we now on disability?

Mr. HALPENNY: Are we missing blind persons?

The CHAIRMAN: We will take it in sequence if there are questions.

Mr. McGRATH: I have a question in respect of blind persons. It has been established that the federal government pays 75 per cent of blind persons pensions. Could we have an explanation as to who administers the pension and how it is administered.

Mr. MONTEITH (*Perth*): The determination of blindness is arrived at under federal jurisdiction, but the provincial people administer the Blind Persons Assistance Act.

Mr. McGRATH: Why is the administration of the Blind Persons Assistance Act left in the hands of the provincial government when the federal government pays 75 per cent of it?

Mr. MONTEITH (*Perth*): Well, in practically all these cost sharing arrangements the administration is left with the provinces. I do not know of any cases where actually it is not.

Mr. McGRATH: You will agree, however, that there are few areas where the federal contribution exceeds 50 per cent, or in this case 75 per cent.

Mr. MONTEITH (*Perth*): I do not know of any.

Mr. HALPENNY: How much annually can a blind person earn before he is deprived of this blind person's allowance?

Mr. MONTEITH (*Perth*): It is somewhat over the limits in the other cost sharing agreements. In the old age assistance it is \$960 inclusive of allowance. In the blind persons allowance it is \$1200 for a single person. For a married person in the old age assistance it is \$1620 and in the blind persons allowance it is \$1980.

Mr. HALPENNY: I was wondering why we compare it to the old age assistance. A young ambitious blind person may go out and do a much better job than some of the others, and I feel we should always pay him for this handicap whether or not he earns \$5,000. He has many more opportunities of doing this when he is a young man than when he is older. I do not think we should compare the two groups.

Mr. MONTEITH (*Perth*): That is the reason for the higher allowances under the Blind Persons Act. I might point out that I have received several briefs

on behalf of the blind. It is a matter of judgement as to how far you can go and there is also the question of how much money is available.

Mr. HALPENNY: But this is taken into consideration.

Mr. MONTEITH (*Perth*): Yes. It is always under consideration.

Dr. DAVIDSON: Mr. Skoreyko, the period is a five year period and the reference in the act itself is section 7d IX.

Mr. HORNER (*Jasper-Edson*): Do you have a definition of blindness?

Dr. CAMERON: Blindness is defined as corrected visual acuity of not more than 20/200 or a field of vision less than 10 degrees in each eye.

Mr. McGRATH: For the record could we have the total amount a blind person can receive including pension and earned income?

Mr. MONTEITH (*Perth*): That was actually given to Mr. Halpenny.

Dr. DAVIDSON: \$1,200 for a single person and \$1980 for a married person.

Mr. McDONALD (*Hamilton South*): If a blind person in 1959 earns the allowable income and his income increases, say, after the beginning of 1960, how long can he receive the pension?

Mr. MONTEITH (*Perth*): If his case is brought to the attention of the provincial authorities I know they will immediately examine it.

Mr. McDONALD (*Hamilton South*): If he earned \$2,400 in 1959 and at the beginning of 1960 he applied for that pension of \$55 again what would he have to rebate?

Dr. DAVIDSON: If that blind person had drawn amounts to which he had not been entitled he would have to remain off the allowance until he had made the repayment of the overpayments. However, if he had gone off the allowance and had asked to have his allowance suspended, then as soon as the prospect of his annual earnings comes back down to the income level required he would be put back on the allowance.

The CHAIRMAN: Gentlemen, I am going to suggest that we might adjourn now, as it is 12:30. Is there anything further with respect to our meeting? If not, I will remind you that we meet at 9:30 on Thursday.

The committee adjourned.

APPENDIX "A"

MINISTER OF NATIONAL REVENUE
CANADA

OTTAWA 2, March 7, 1960.

Dear Mr. Smith,

I have your letter of February 25 referring to the recommendations concerning the Customs Tariff and the Excise Tax Act made by your Committee last session, and asking what action this department has taken to implement them.

For some time prior to the Committee's observation that section 15 of the tariff dealing with the marking of imported goods be amended, and since then, the practice has been followed of amending the Marking of Imported Goods Order made under that section by the gradual addition of items as they were proposed to the department for consideration by interested parties in Canada. This has made possible a controlled growth of the list of articles required to be marked on importation and it is felt the present list of forty-four items is close to comprising most of the commodities which, in the interests of Canadian industry and the ultimate purchaser in this country, should be marked. At the same time, this system is not encumbered with the administrative difficulties implicit in the very broad terms of the Committee's recommendation. In short, we expect that by this approach we can achieve the desired results as contemplated in the Committee's recommendation without the undesirable side effects.

With respect to the proposals for changes in Tariff Items 180e and 180f, the matter was referred to the Department of Finance as is done with any proposals for amendments to Tariff Items. I now understand that these items are being considered in connection with the Budget.

Mr. Arthur R. Smith, M.P.,
House of Commons,
Ottawa, Ontario.

With regard to the observations of the Committee on the matter of liability for payment of sales or excise tax on goods diverted from the use for which they were imported on a tax-free basis, I would direct your attention to the new section 68 of the Excise Tax Act as amended July 8 last. This new provision has, I think, for the most part accomplished what the Committee had in mind in its recommendation.

Sincerely,

GEORGE C. NOWLAN.

APPENDIX "B"

ORGANIZATION AND METHODS SURVEY

There have been 9 completed Organization and Methods Surveys in the Department; there is one in progress at the present time and there have been five occasions when the Organization and Methods Division proffered incidental advice to the Department. The attached table shows, in respect to the 9 completed surveys the date, the subject of investigation, and the estimated savings.

The estimated savings are prior estimates only and are calculated on the basis of one year's operations immediately following the implementation of the Organization and Methods recommendations and are valid only for the length of time that the systems proposed by O. and M. remain static.

The study presently in progress is an examination of the system of indexing rulings and decisions within the Food and Drugs Directorate.

The Department of National Health and Welfare was not cited in the statement given to the Estimates Committee studying the Civil Service Commission in 1959 because the data presented to the Committee was for the calendar year 1958 only.

From this list it will be seen that the Department has made use of the services provided by the Organizations and Methods Division of the Civil Service Commission to study and make recommendations concerning well-defined areas of work where a specialized agency such as this can be of most assistance. It should be pointed out that the Department together with the Organization and Classification Branch of the Civil Service Commission is constantly carrying out reviews of organization and procedures. Under the establishment review technique, an annual review is made of the organization of each unit. Also each time that a proposal is made by unit head to add, delete or re-classify a position the organization and methods of the unit are reviewed both by the Department and by the Civil Service Commission.

Study No.	Date	Subject of Investigation	Estimated Savings
1	1950	Narcotic Control—recording purchases of narcotics.....	\$8,700 annually
2	1951	F. A. & Old Age Security Regional Offices.....	\$22,000—\$34,000 annually
3	1951	A Study of the Office Layout—I.N.H.S..... (Indian Northern Health Services)	(\$5,000 capital outlay)
4	1952	Civil Defence Registration.....	(\$830 capital outlay)
5	1953	A Study of the Registry Service, Departmental Secretary.....	\$8,000 annually
6	1954	A Study of the Administration and Related Services of I.N.H.S.	
7	1954	An Organization and Methods Study of the Civil Aviation Medicine Division.....	\$8,200 annually
8	1956	Organization and Methods Study of Personnel Division	
9	1959	Study of Hospital Patient Forms—I.N.H.S.	

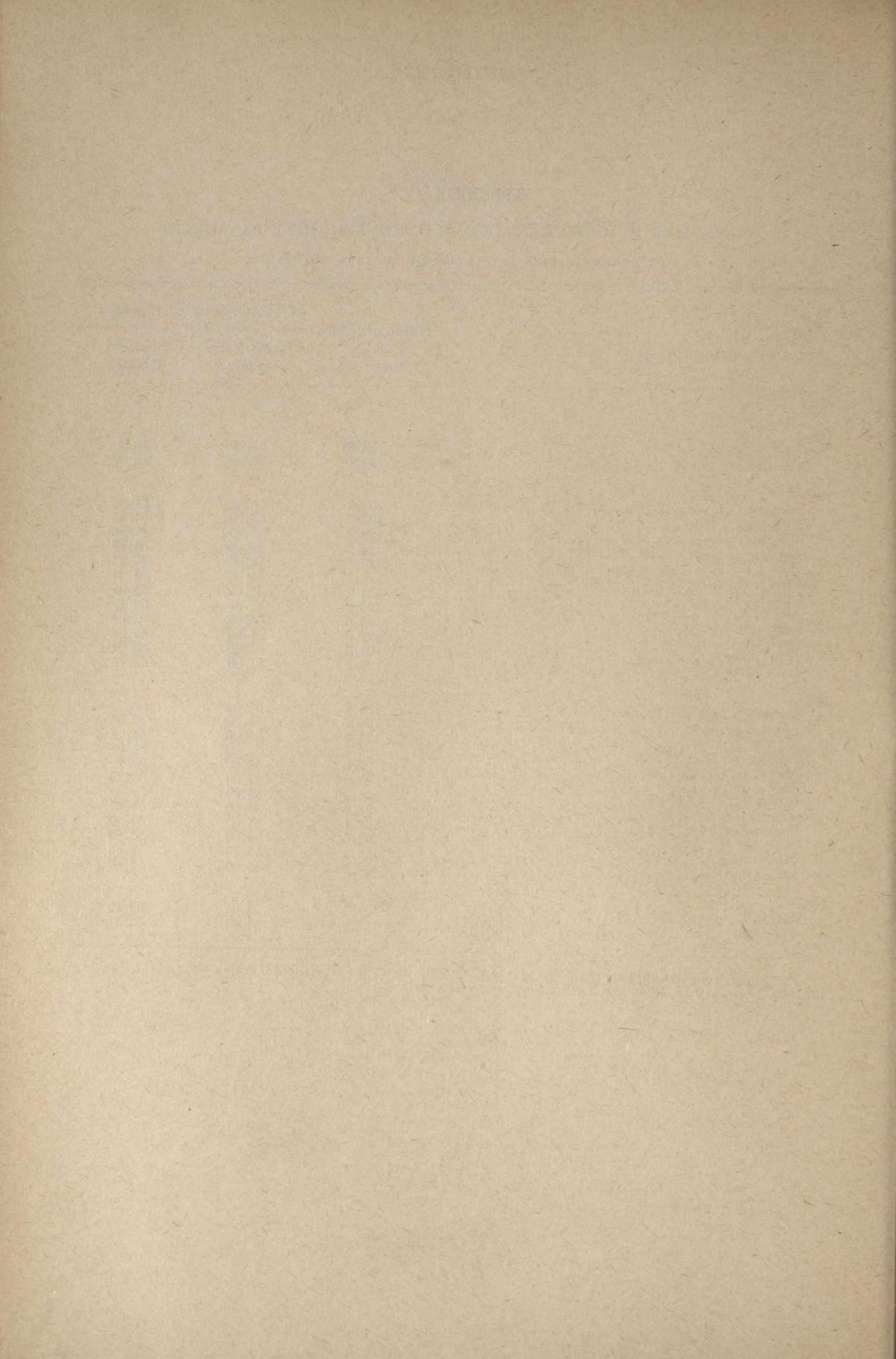
APPENDIX "C"

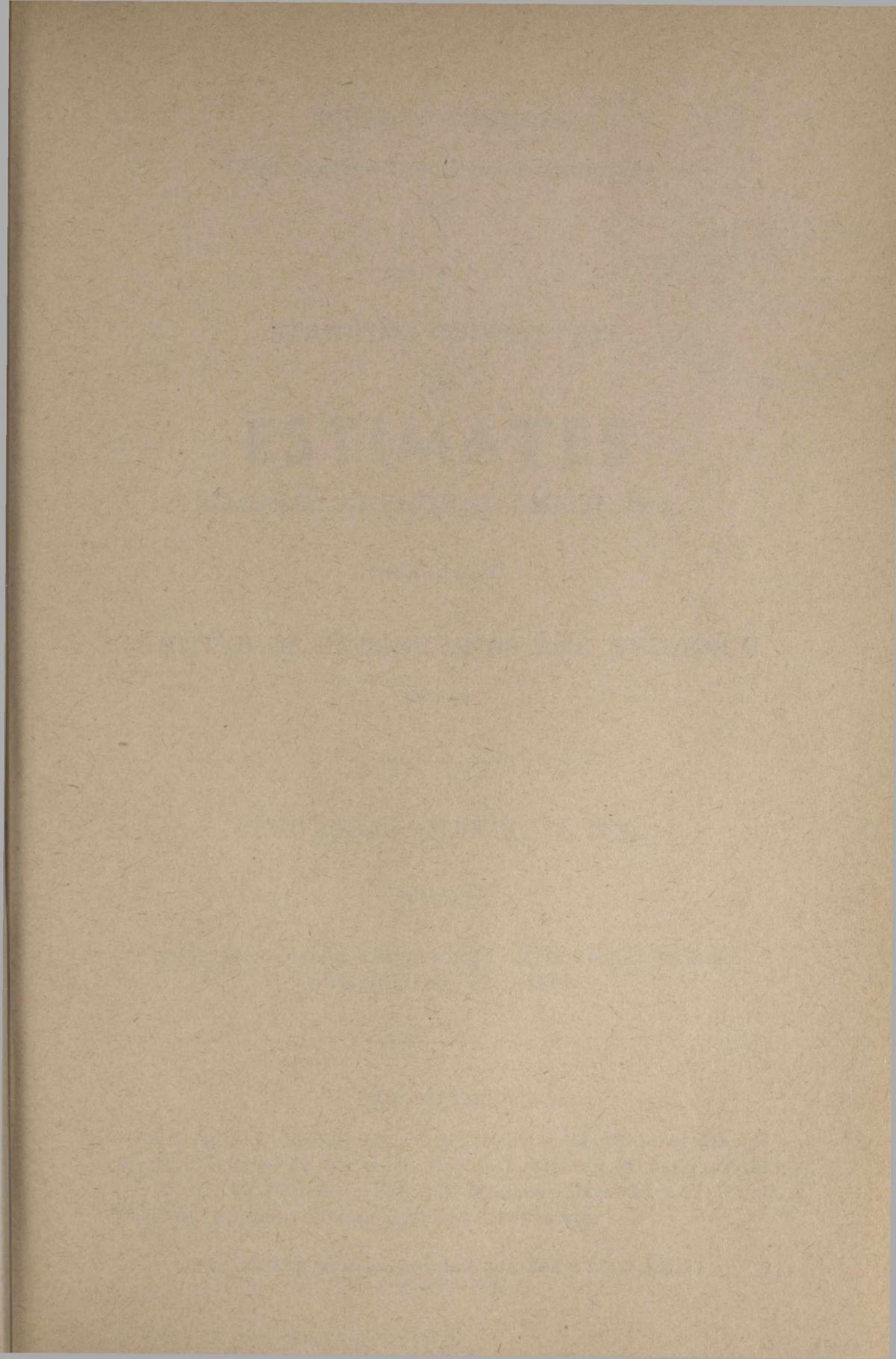
CONSUMER PRICE INDEX AND OLD AGE SECURITY PAYMENTS

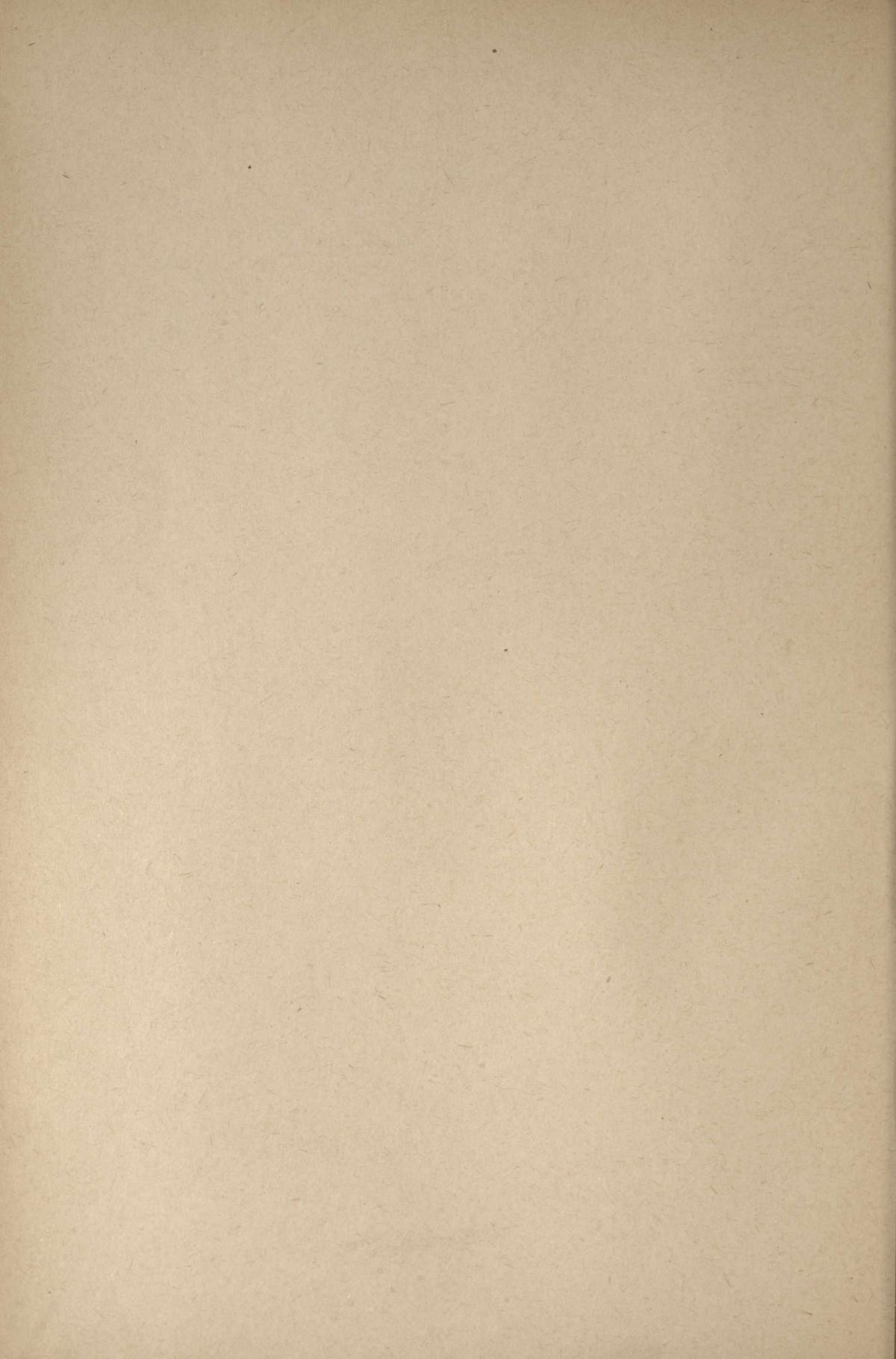
CURRENT VALUES AND CONSTANT DOLLARS, 1957-1960

Year	Consumer Price Index 1949=100	Old Age Security Payment	
		Current Value Dollars	Constant Dollars
		\$	\$
1957—			
November.....	123.3	55.00	55.00
December.....	123.1	55.00	55.09
1958—			
January.....	123.4	55.00	54.96
February.....	123.7	55.00	54.82
March.....	124.3	55.00	54.56
April.....	125.2	55.00	54.17
May.....	125.1	55.00	54.21
June.....	125.1	55.00	54.21
July.....	124.7	55.00	54.38
August.....	125.2	55.00	54.17
September.....	125.6	55.00	53.99
October.....	126.0	55.00	53.82
November.....	126.3	55.00	53.69
December.....	126.2	55.00	53.74
1959—			
January.....	126.1	55.00	53.78
February.....	125.7	55.00	53.95
March.....	125.5	55.00	54.04
April.....	125.4	55.00	54.08
May.....	125.6	55.00	53.99
June.....	125.9	55.00	53.86
July.....	125.9	55.00	53.86
August.....	126.4	55.00	53.65
September.....	127.1	55.00	53.36
October.....	128.0	55.00	52.98
November.....	128.3	55.00	52.86
December.....	127.9	55.00	53.02
1960—			
January.....	127.5	55.00	53.19
February.....	127.2	55.00	53.31

SOURCES: *Canadian Statistical Review*, December 1959, *Canadian Statistical Weekly Supplement*, January 12, 1960, February 16, 1960, and Dominion Bureau of Statistics.







HOUSE OF COMMONS

Third Session—Twenty-fourth Parliament

1960

STANDING COMMITTEE

ON

ESTIMATES

Chairman: ARTHUR R. SMITH, Esq.



MINUTES OF PROCEEDINGS AND EVIDENCE

No. 4

THURSDAY, MARCH 17, 1960

Estimates of the Department of National Health
and Welfare 1960-1961

WITNESSES:

The Honourable J. Waldo Monteith, Minister of National Health and Welfare *assisted by* Dr. G. F. Davidson, Deputy Minister (Welfare), Dr. G. D. W. Cameron, Deputy Minister (Health) and Dr. K. C. Charron, Director, Health Services Directorate.

STANDING COMMITTEE ON ESTIMATES

Chairman: Arthur R. Smith, Esq.,

Vice-Chairman: Ernest J. Broome, Esq.,
and Messrs.

Argue,	Fleming (<i>Okanagan- Revelstoke</i>),	McGregor,
Anderson,	Fortin,	McIlraith,
Baldwin,	Gillet,	McMillan,
Benidickson,	Grafftey,	McQuillan,
Best,	Hales,	More,
Bissonnette,	Halpenny,	Parizeau,
Bourbonnais,	Hellyer,	Payne,
Bourdages,	Horner (<i>Jasper-Edson</i>),	Pickersgill,
Bourget,	Howe,	Pigeon,
Brassard (<i>Lapointe</i>),	Jorgenson,	Pugh,
Bruchési,	Korchinski,	Ricard,
Cardin,	MacLellan,	Richard (<i>Kamouraska</i>),
Caron,	Martin (<i>Essex East</i>),	Rouleau,
Carter,	McCleave,	Skoreyko,
Cathers,	McDonald (<i>Hamilton South</i>),	Stewart,
Clancy,	McFarlane,	Stinson,
Coates,	McGee,	Thompson,
Crouse,	McGrath,	Vivian,
Dumas,		Winch,
Fairfield,		Winkler.

J. E. O'Connor,
Clerk of the Committee.

MINUTES OF PROCEEDINGS

THURSDAY, March 17, 1960.

(5)

The Standing Committee on Estimates met at 9.45 a.m. this day. The Chairman, Mr. Arthur Smith, presided.

Members present: Messrs. Best, Bissonnette, Broome, Cardin, Carter, Cathers, Clancy, Fairfield, Hales, Halpenny, Hellyer, Horner (*Jasper-Edson*), Korchinski, McCleave, McDonald (*Hamilton South*), McFarlane, McGee, More, Parizeau, Skoreyko, Smith (*Calgary South*), Stewart, Thompson, Winch and Winkler.—25.

In attendance: The Honourable J. Waldo Monteith, Minister of National Health and Welfare, assisted by Dr. G. F. Davidson, Deputy Minister (Welfare); Dr. G. D. W. Cameron, Deputy Minister (Health); Dr. K. C. Charron, Director, Health Service; and Miss O. J. Waters, Departmental Secretary.

The Chairman observed the presence of quorum and Doctors Davidson and Cameron presented answers to certain questions asked at the Committee's previous meeting.

Agreed.—That copies of the following documents be printed as appendices to this day's proceedings:

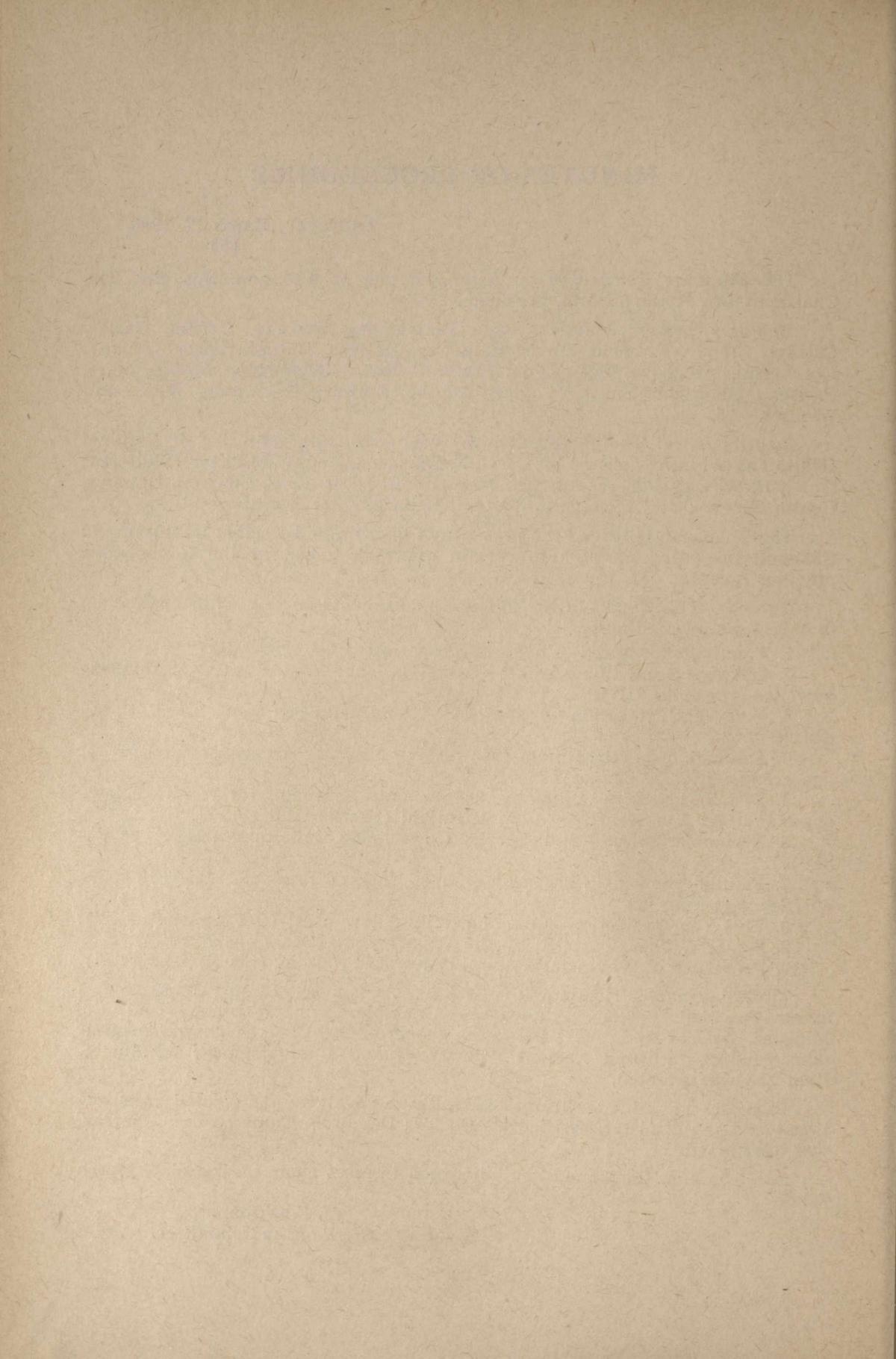
1. Family Allowances—Cheques—Forgeries; (See *Appendix "A"*).
2. Old Age Security Payments—Gross National Product, 1952-53 to 1959-60; (See *Appendix "B"*).
3. Five Year Projection—Cost of Old Age Security Payments: (See *Appendix "C"*).
4. Estimate of number of children receiving Family Allowances in different age groups; (See *Appendix "D"*).
5. Distribution of positions in 1960-61 Main Estimates for Family Allowances and Old Age Security—Administration; (See *Appendix "E"*).
6. Economist Series—Civil Service Commission Definition; (See *Appendix "F"*).
7. Family Allowances Payments—Gross National Product 1945-46 to 1959-60 (See *Appendix "G"*).
8. Five Year projection—Cost of Family Allowances; (See *Appendix "H"*).
9. Social Workers engaged by the Department; (See *Appendix "I"*).
10. Provisions of Provincial Hospital Insurance Program; (See *Appendix "J"*).

The Chairman called Item 253—Old Age Assistance—Blind Persons Allowances—Disabled Persons Allowances—Unemployment Assistance—and the Minister, assisted by Doctors Davidson, Cameron and Charron answered questions relating to Blind Persons Allowances and Unemployment Assistance. Item 253 was adopted.

Item 254 was called—Grants to Health and Welfare and related organizations—and the Minister, assisted by Doctors Davidson, Cameron and Charron, was questioned.

At 10.55 a.m. the Committee adjourned to meet again on Tuesday, March 22nd.

J. E. O'Connor,
Clerk of the Committee.



EVIDENCE

The CHAIRMAN: Good morning gentlemen. We have a quorum, so we can proceed.

I realize that the inclement weather might have contributed somewhat to the late start, plus competition from a number of other committees, but I would ask you, again, to endeavour to be prompt.

Gentlemen, as you will recall, we are on item 253, but before we proceed with the item itself we have a number of questions to be answered. I think, Dr. Davidson, you wish to give some indication as to the answers you wish to table; and with regard to those questions to which we wish to have replies now, I understand you are prepared to give them?

Dr. G. F. DAVIDSON (*Deputy Minister of Welfare*): Yes, sir.

We have a reply in answer to Mr. Winch's question on the numbers of Health and Welfare Department personnel in each of the regional offices.

We have a table in reply to Mr. McGrath's question showing the numbers in each of the regional offices of social workers and field investigators.

We have tables requested, I think, by Mr. Stinson and Mr. Benidickson, showing the annual increase in cost in past years of old age security and family allowances payments, stated in terms of dollars and also as a percentage of the gross national product, for each calendar year.

Along with that we have a projection of the estimated probable cost increase over the next five years, for the year 1964-65, for both programs.

Fourth, we have a reply to Dr. Horner's question, showing the estimated number of children receiving family allowances in the \$6.00 group, from birth up to age 10 and in the \$8.00 group, from 10 up to age 16.

We have coming over this morning, a copy of the Civil Service Commission official language used to describe the economist range of classes, as requested by Dr. Vivian.

We have a table showing the number of declaration received with respect to alleged forgeries for each of the years 1947-48 to 1958-59, as requested by Mr. Hales.

There are four questions for which we have not answers ready, but we hope to have them ready by Tuesday.

The CHAIRMAN: Gentlemen, are there any questions about which you wish to be given any oral explanation at this point, or are you prepared to have them tabled as part of the evidence?

Mr. CARTER: I had a question, which perhaps could be answered on Tuesday. That is the one I asked about the loss of family allowances to members of the armed services.

Dr. DAVIDSON: Yes, that is one of the four.

Dr G. D. W. CAMERON (*Deputy Minister Health, Department of National Health and Welfare*): I have an answer here, Mr. Chairman, which is the answer to a question by Mr. Benidickson regarding benefits under hospital insurance in the different provinces. I would like leave to table that.

The CHAIRMAN: We have with us, again, the minister and his two deputies.

We have dealt with old age assistance, and I believe we have discussed, to some extent, the blind persons' allowances. Following this we will have a question by Mr. Carter on disabled persons.

Before we go on to that, are there any further questions on blind persons' allowances?

Mr. CARTER: No, but Dr. Cameron just tabled something there which he said had to do with benefits in the different provinces. At the last sitting I requested a table showing the different benefits. Is that the same table? I asked for that information, from the standpoint of the individual.

Dr. CAMERON: The benefits a person can get in one province, but not in another province.

Mr. CARTER: That is the same table, is it?

Dr. CAMERON: Yes.

Mr. CARTER: You said, "Mr. Benidickson" requested it, and I thought I had.

Dr. CAMERON: I beg your pardon, Mr. Chairman.

The CHAIRMAN: We acknowledge you asked for the information, Mr. Carter.

Mr. HORNER (*Jasper-Edson*): With regard to blind persons, do you have the number of people receiving blind pensions in Canada? And could we have that as a proportion of the number who are in the age group 21 to 69, the total number of blind people in Canada?

Dr. DAVIDSON: Mr. Chairman, the number of persons in receipt of blind persons' allowance, in January this year, was 8,699. While I cannot give you precisely, Dr. Horner, the answer to your second question, I can say this, that roughly there are somewhat less than 25,000 registered blind persons in all of Canada.

Mr. HORNER (*Jasper-Edson*): How many is that, sir?

Dr. DAVIDSON: Somewhat less than 25,000. Approximately one-third of those are over 70 years of age and in receipt of old age security benefits.

Mr. HORNER (*Jasper-Edson*): That is one-third of 25,000?

Dr. DAVIDSON: Yes. About one-third are in receipt of the blind persons' allowance, and the remaining one-third, a certain number of them, are young persons below the age of 18. Then, others are in receipt of workmens' compensation, military pensions; and there may be 5,000 who are not in receipt of any recognizable form of statutory assistance.

Mr. HORNER (*Jasper-Edson*): How many blind people would you think are in the age group 21 to 69 who are not in receipt of any blind pension?

Dr. DAVIDSON: I would estimate something between four and five thousand, but I would have to check the C.N.I.B. register figures.

Mr. CLANCY: That figure of 25,000 includes the veterans under the Department of Veterans Affairs, does it?

Dr. DAVIDSON: That includes all persons registered as blind in the national register of the Canadian National Institute for the Blind.

Mr. CATHERS: Is that figure decreasing or increasing in proportion to the increase in population?

Dr. DAVIDSON: The figure of 25,000 is on the high side, and I have been advised the figure for March, 1959, a year ago, is about 22,263. So perhaps 23 or 24 thousand would be a closer figure. The figure is growing slowly in terms of numbers, and actually the proportion is going down in terms of population.

The other thing I think is noticeable about the picture is that the numbers are centered more and more in the advanced age groups, because of the fact people are living longer, and it is in these later years that their sight begins to fail. There is a smaller proportion of blind persons in the younger age groups.

Mr. HALES: To determine blindness, how are these examinations carried out?

Dr. DAVIDSON: Under the Blind Persons Act and regulations it is the federal authority that determines in each case whether a person is blind within the meaning of the Blind Persons Act.

I might explain the reason for this is that when the blind provision was first introduced in 1937, the Canadian National Institute for the Blind requested the determination of blindness be kept on as uniform a basis as possible by a determination on the part of the federal authority. Otherwise they were fearful there would be 9 or 10 different standards of blindness in the provinces. There is a federally appointed panel of oculists throughout Canada who are recognized oculists. Those names are placed at the disposal of the provincial authorities, who call on the oculists to examine the applicant for blind pension. We pay for the cost of that examination and all travel expenses in connection with the travelling of the oculist.

Those reports come from the provincial authority to our office here in Ottawa, where the head of the division of blindness control examines each examination record and determines whether the individual is blind within the meaning of the blind persons definition.

Mr. HALES: The blind person does not travel to the examination: the oculist travels to where the blind person is?

Mr. DAVIDSON: That works both ways. In certain parts of Quebec, for example, it is the custom for the oculist to go down the river into the Gaspé peninsula, and people come in to certain central points to visit the oculist.

The CHAIRMAN: Further questions on the blind persons allowance, gentlemen? Mr. Carter, you indicated earlier that you have a question in connection with disabled persons.

Mr. CARTER: There have been some complaints—and I think they are valid ones—to the effect that in order to get a disabled pension you have to be practically in your coffin; and that reminds me of what Dr. Davidson said in regard to the Blind Persons Act—to avoid having ten different standards of assessing the blindness you have one board, but we do seem to have ten different standards of disability, when it comes to the disabled persons.

Hon. J. W. MONTEITH (*Minister of National Health and Welfare*): All of these provincial boards have been to Ottawa. Dr. Davidson, when was the last time they were here?

Dr. DAVIDSON: 1957.

Mr. MONTEITH (*Perth*): That is, the medical men. There is a board in each province and they have been to Ottawa to redefine their terms of what disability really is. If I am not mistaken, I think the terms were broadened slightly in 1957. Perhaps Dr. Davidson might explain that.

Dr. DAVIDSON: In 1957 there was an amendment to the definition of permanent and total disability, which is contained in the regulations. This is a uniform definition. The words are precisely the same in every province and while every effort is made to achieve among the medical men who are making these determinations as uniform an understanding as possible of the intent and meaning of the words, there is, I think, room for saying that inevitably medical opinions differ and medical judgments differ. To some extent, Mr. Carter, this is the grounds for your statement—that there are differences in interpretation in the various provinces. However, the definition is the same. The guide material which we send to the medical people is the same. In each of the provincial offices the determination is made after a provincial medical officer and a federal medical officer have examined the same case. In the event of any disagreement on their part there is authority to select a medical referee who is independent, and that referee's decision is final.

Mr. CARTER: Very often the area of disagreement is not in whether the individual is totally disabled, and that is possible, because it is evident from his condition, but the permanency of the matter is very often the area of disagreement. I do not see why the requirement about being permanently disabled should be there at all. If he is disabled he needs it whether it is permanent or not; and if he gets better his pension could be discontinued. I do not see the purpose of putting in this permanent clause or regulation, as I think it works a hardship.

Mr. MONTEITH (*Perth*): This is simply a term which has been in the legislation ever since it was brought down in 1954.

Mr. Carter, you may have a point that may be it should not be in there. However, it has not been seen fit to bring in an amendment to change it thus far. The word "permanent" is actually in the regulations. The regulations have been amended, as Dr. Davidson mentioned, and an effort certainly has been made to develop a uniform interpretation across the country. The word "permanent" is, I suppose, open to various opinions.

Mr. CARTER: It works a very great hardship on people who are under 60 or 65, who cannot qualify for old age assistance. I am thinking of those around 30 or 40. We do not know what medical science is going to do in the future. Miracles are being worked every day, and in that five years one could be cured. However, during that five years he could be totally disabled and not benefit under this regulation.

Mr. MONTEITH (*Perth*): Mr. Carter, there is unemployment assistance.

Mr. CARTER: But that is on a very much smaller scale.

Mr. MONTEITH (*Perth*): Not necessarily. The disability act is presumed to cover those who are permanently disabled and, as a consequence, they would be off the unemployment assistance rolls.

Mr. CARTER: There is one other factor which comes into this whole business, and it is this. Provincial governments budget a certain allocation for disabled pensions and it sometimes seems to me that the amount of money allocated for disabled pensions determines the number of people who are going to get it.

Mr. MONTEITH (*Perth*): Dr. Davidson has just mentioned to me that in his experience with the act this has not been so.

I think it is quite fair to say that I have had suggestions from some provinces that the interpretation of the act in certain provinces is more severe or less beneficial to the possible recipients than in others. However, we have tried to level this off and to have an identical interpretation across the country.

Mr. CARTER: The point I was thinking of is this. A board may be more lenient at the beginning, when there are not too many demands on the fund—

Mr. MONTEITH (*Perth*): I do not think so.

Mr. CARTER: —and when you get near the end it is dried up.

Mr. MONTEITH (*Perth*): No, I do not think so. They are statutory items and, as a consequence, there are open-ended commitments there and the budget does not determine the expenditure.

The CHAIRMAN: You have a question, Mr. Winch.

Mr. WINCH: Mr. Chairman, my problems and complaints are identical to those of Mr. Carter. I will not repeat them at this time. However, could we have this uniform definition of what constitutes permanent disability?

Dr. DAVIDSON: May I read it?

The CHAIRMAN: Yes.

Dr. DAVIDSON: I am reading from subsection 2 of section 2 of the disabled persons regulations:

For the purpose of the Act and these regulations, a person shall be deemed to be totally and permanently disabled when suffering from a major physiological, anatomical or psychological impairment verified by objective medical findings which is likely to continue indefinitely without substantial improvement and, as a result thereof, such person is severely limited in activities pertaining to normal living.

The CHAIRMAN: Are there any further questions?

Mr. FAIRFIELD: Have you the number of people whose pension has been cancelled—or would you know that?

Dr. DAVIDSON: From the disability rolls?

Mr. FAIRFIELD: Yes.

Dr. DAVIDSON: Yes.

Mr. FAIRFIELD: How are they cancelled? How do they go about it? Are people ever called in for re-examination after a period of one, two, or three years?

Dr. DAVIDSON: Yes sir, there is a regulation which provides the procedure in respect to re-examination. May I just ask if you are referring to cancellation solely because of change in physical conditions?

Mr. FAIRFIELD: Yes, that is right, for physical reasons only.

Dr. DAVIDSON: There is a provision in regulation 7(3) which states that the provincial authority shall at least once in each year cause such a further medical review or investigation to be made as the nature of the recipient's disability may require.

That is intended to provide that when a case comes on to the disability rolls, the provincial authorities acting on the advice of their medical reviewer's opinion that there is no hope of any improvement, can mark it as a case which does not need to come up for annual re-examination.

But there are certain conditions which could show some change, or where subsequent medical discoveries could offer some hope of cure and improvement, and there are certain cases which the provincial authorities under these circumstances would mark for review a year hence, and may call for re-examination.

Mr. FAIRFIELD: I would like to know if you have checked concerning this in the various provinces?

Dr. DAVIDSON: We have examiners in each of the provincial old age assistance offices, and it is part of their responsibility to examine the provincial files and to satisfy themselves that the regulations in all respects are being carried out.

Mr. FAIRFIELD: You mean insofar as these re-examinations are concerned?

Dr. DAVIDSON: That is right, with respect to the regulations as a whole and including this feature. And we have discussed it with the provinces from time to time and with an individual province in which case we have asked them to show us what they are doing in the way of complying with this particular regulation.

I draw your attention to the fact that the regulations say that the provincial authorities shall cause such further medical review and investigation to be made as the nature of the disability requires. This does not mean that every recipient has to be re-examined each year. It means that the file has to be re-examined with a view to determining whether an actual physical re-examination is called for or not.

Mr. FAIRFIELD: Would the department possibly have any figures on actual physical re-examinations?

Dr. DAVIDSON: We would certainly be glad to try to get them.

The CHAIRMAN: Would you like that, Mr. Fairfield?

Mr. FAIRFIELD: Yes, if you please, and by provinces.

Mr. HORNER (*Jasper-Edson*): Permanency is a question of being disabled for a twelve month period prior to coming on the rolls?

Dr. DAVIDSON: No sir.

Mr. HORNER (*Jasper-Edson*): There is no waiting period then?

Dr. DAVIDSON: No.

Mr. HORNER (*Jasper-Edson*): And further, on the same subject, would you care to comment on what your department is doing in regard to rehabilitation with those people who are on the disability rolls?

Mr. MONTEITH (*Perth*): I wonder if Dr. Charron who is more familiar with this medical side, would comment on these aspects.

Dr. K. C. CHARRON (*Director of Health Services Directorate*): Mr. Chairman, with regard to permanence and in connection with this program as a whole, when the program first started we consulted with recognized experts in the various fields of medicine which are associated with diseased conditions that were likely to cause severe permanent disability. They assisted in developing this disability evaluation manual, the technical document used by medical review boards to assist them on a uniform interpretation of permanent total disability as defined in the regulations.

The material under "permanence" in the disabled evaluation manual reads as follows:

The test which is involved here is whether at the time of the application the impairment appears to be one which is likely to continue indefinitely without substantial improvement. Provision is made for a certain amount of flexibility by the inclusion of the words *substantial* in relation to improvement. Persons shall not be considered ineligible merely because a slight degree of improvement is likely to occur periodically.

The requirements of this part of the regulations are particularly important in establishing continuing eligibility. An impairment which appears likely to continue without substantial improvement may, as a result of scientific progress and improved techniques, be transferred to one which does not fit this description. The discovery of new drugs could alter radically the prognosis as regards improvement.

This allows for certain advances in medical science which would cause an improvement in the patient's condition, as far as the review of the cases is concerned; and when the medical review board has approved the cases, if the type of disability is one which may require annual review, they mark this case. And they have submitted to them a fresh medical examination form, and a fresh social report with regard to each of those cases.

There is also a close working relationship established with regard to the rehabilitation program in each of the provinces. The medical review boards have been instructed that, where there appears to be a potential degree of rehabilitation, these cases should be referred to the rehabilitation authorities.

In addition, they have also been instructed that where the medical appraisal is complete, and where they are not satisfied with the information obtained on the initial medical report and the social report, they request a special examination. These special examinations assist them in providing for a review of certain cases and indicate new methods of treatment which could substantially benefit the patient.

Mr. HORNER (*Jasper-Edson*): In regard to the definition you mentioned the psychological factor. What is the position in regard to the disability regulations with these cases which are disabled, if you like, by reason of mental deficiency on retardation and so on?

Dr. CHARRON: Mr. Chairman, with regard to mental conditions, I think it does give an indication that well over 20 per cent of cases that are receiving disability pensions are suffering from various types of mental disorders. These come within our mental defectives in this book with regard to mental and neurological conditions, and there is a description of major conditions where these are interpreted.

Mr. HORNER (*Jasper-Edson*): Is this one of the changes which took place in 1957 to broaden the act?

Mr. MONTEITH (*Perth*): I would ask Dr. Davidson to point out the changes in the act in 1957, or in the regulations.

Dr. DAVIDSON: Yes sir. "Psychological factor" was always in there, but it was our interpretation in disability evaluations which was changed.

Mr. HORNER (*Jasper-Edson*): In regard to mental cases?

Dr. DAVIDSON: Yes.

Mr. HORNER (*Jasper-Edson*): If I remember correctly, initially Alberta provided no coverage for these mental deficiencies. They said they were not to be covered. But the Minister of National Health and Welfare informed me that this was a provincial regulation which had been brought in to cover and to take care of these mental difficulties.

Dr. DAVIDSON: These federal regulations have always contained this provision, and they were always covered.

Mr. MORE: Are these pensions based on a means test, and if so, is that means test uniform in all the provinces?

Mr. MONTEITH (*Perth*): Yes, it is.

Mr. McCLEAVE: I have several questions on the drawing up or the drafting of the regulations. It was a joint federal and provincial undertaking?

Mr. MONTEITH (*Perth*): Yes. They are arrived at by consultation with the provinces. I think I mentioned at the last meeting that we had a meeting last October with a view to reviewing these regulations. The last meeting before that I think had been in 1956, had it not?

Dr. DAVIDSON: Yes.

Mr. MONTEITH (*Perth*): In the act, it comes under section 11, subsection 3, and it reads as follows:

11. (3) There shall be an advisory board consisting of two representatives of the government of Canada, appointed by the governor in council, and two representatives of each of the provinces with which agreements have been made, appointed by the governor in council on the recommendation of such provinces, to recommend such alterations to the regulations as may from time to time appear to be necessary or advisable.

In my statement on the first day I think I mentioned that at the moment some changes in these regulations are being considered, and have been sent to the Department of Justice. These were changes that were jointly agreed upon by the provinces and ourselves last October.

Mr. McCLEAVE: These meetings then are held on reasonably periodic occasions?

Mr. MONTEITH (*Perth*): Yes, I would say they could be held at any time there seemed to be a requirement for them; either on a request by a province or if we may feel it is time to have one.

Mr. McCLEAVE: Are these marginal cases considered or brought before these meetings?

Mr. MONTEITH (*Perth*): What is that, please?

Mr. McCLEAVE: Marginal cases?

Mr. MONTEITH (*Perth*): Not as individual cases, but as instances of application such cases are brought up.

Mr. BISSONNETTE: You seem to make a difference between capability and disability?

Mr. MONTEITH (*Perth*): Yes?

Mr. BISSONNETTE: I mean capability or disability to earn one's livelihood.

Mr. MONTEITH (*Perth*): You mean unemployable and unemployability?

Mr. BISSONNETTE: Yes, I have many cases of people with severe heart disease, who have been refused because they are able to come to my office on foot and to go back home and eat, to get their meals themselves, and all that. I got in touch with the officer in Quebec and he answered and said that in order to be concerned with a case of disability, that case should not be able to dress himself, to eat by himself, and he refused because it was not a severe case. Yet, it was one where the individual could hardly be expected to go to work. He said there are many cases of arthritis which he believed could be cured.

Mr. MONTEITH (*Perth*): I would like Dr. Charron to comment on your observation.

Dr. CHARRON: With regard to this type of case I believe that Mr. Bissonnette refers chiefly to that part of the definition that has to do with deterioration, that is, interference with his ability, having regard to the person's ability to function, and to his activities of normal living.

I believe that the interpretation in these cases would have been that in the opinion of the medical reviewing board they considered that he could function and carry out the activities of daily living, even though with some difficulty; and that probably he had not reached the stage in his condition which justified his inclusion under the disabled persons allowance.

Mr. BISSONNETTE: It is a matter of concern. We see these people everywhere. They can hardly earn their own living. Do you think that in a case of heart disease he could earn a cent? And he has nothing to put in his mouth in the way of food; and in some cases it is total disability, and it is a matter of assisting the man. In many cases they cannot work. So I submit that these people who are incapacitated but yet are not totally disabled should be considered as cases which should be secured.

Mr. MONTEITH (*Perth*): When this act was first brought in its purpose was to cover that group of people who were permanently disabled. Unemployment assistance is available to those who are temporarily, shall we say, or partially disabled.

Mr. BISSONNETTE: But take the case of heart disease permanently, or take the case of permanent rheumatic pneumonia. The patient is 50 years old, and there is no chance of his improving.

Mr. MONTEITH (*Perth*): I wonder if Dr. Charron has anything to say about this?

Dr. CHARRON: The question of unemployability being a factor in determining total or permanent disability was very carefully reviewed by the medical personnel we consulted when drawing up the policy and at the two meetings we had with the members of the medical reviewing board. And it was pointed out in these discussions that there was a real need. To obtain uniformity in regard to the interpretation right across the country.

If you introduce unemployability as a major factor, you are going to get varying circumstances, and circumstances varying to such an extent that this uniformity is just not possible. In other words, the individual might in certain circumstances be able to be employed because of his background, yet he has a fairly severe disability, whereas in other cases this position would be reversed; so that in the interpretation material unemployability is considered to be a factor, but not a governing factor.

Mr. WINCH: I would like to ask Dr. Charron if there is a person who is eligible and is drawing the disability pension, and, because of a new discovery or improvement in medical science, if your reviewing board will then take the position that this person should receive that new or improved treatment, and if so, who pays for that treatment,—or is it his own responsibility?

Dr. DAVIDSON: There is a provision in the act—I just cannot put my finger on it at the moment; oh, here it is:

7. (d) (xi) that the provincial authority will suspend payment of the allowance to any recipient who, in the opinion of the provincial authority, unreasonably neglects or refuses to comply with or to avail himself of training, rehabilitation or treatment measures or facilities provided by or available in the province.

Mr. WINCH: Would this treatment have to be supplied by the province? There is no regulation that the federal authorities would put this person back on his feet in view of the new discovery?

Dr. DAVIDSON: That is the reference; but “unreasonably” is interpreted in practice in this manner, that a person is not unreasonably complying, if he is unable to pay the cost of this new treatment. The question resolves itself into one of having new treatment, or whether medical assistance can be provided either by the provincial authorities or by some other authorities, or even by the federal-provincial authorities jointly,—as in the case of our medical rehabilitation program where the federal authority provides some substantial measure of assistance to the provinces. So it is correct to say that a person would not be denied disability allowance because of the expense of the new form of medical treatment which he could not afford to provide himself.

Mr. WINCH: Would it be within the competence of someone to say that as soon as this act went into effect that a person could be brought back because of the discovery of new curative methods?

Dr. DAVIDSON: I think it would be almost impossible to give anything on that. We could get from the rehabilitation co-ordinator's office of the Department of Labour some figures possibly on the number of persons who have been successfully rehabilitated under the provisions of the federal-provincial rehabilitation program, but they would include not only disability allowance recipients but others as well.

Mr. WINCH: What I have in mind is the possible cost allotted now to the disability provisions. Is there some kind of definite method on which they are classified as permanently disabled when trying to bring them back as useful members of society?

Dr. DAVIDSON: It all comes back to Dr. Fairfield's question, and I would think it would be fair to state that the numbers actually taken off the disability rolls, because they are no longer totally and permanently disabled, whether because of any change in their status or because of medical rehabilitation, are relatively small for the reason that before they get on we have to be satisfied they are in fact totally and permanently disabled.

Mr. CARDIN: Mr. Chairman, I sympathize greatly with Dr. Bissonnette's point of view. Apparently this situation in the province of Quebec has caused a considerable amount of confusion in not being able to distinguish whether a person with a heart condition, for instance, could not be employed.

THE CHAIRMAN: Would you please speak up.

MR. CARDIN: I was speaking of the condition of which Dr. Bissonnette spoke where a person with a heart condition could not obtain a pension. This has caused some confusion in the province of Quebec. I understand that the application for disability pension is done locally through a medical officer who is named by the provincial authorities, and it then goes on to another board. I would like to know what control the federal government has in order to see that there is no discrimination made by the doctor who is supposed to recommend, or otherwise, the application of a person who feels he is qualified to obtain a disability pension. My question is, what control has the federal government so far as the administration and granting of these pensions is concerned?

DR. DAVIDSON: Mr. Chairman, the determination of the eligibility for an allowance in each case in each province is made by the provincial authority which is worked out in accordance with the terms of its agreement to administer the act and regulations with the federal authority.

Under that broad principle the applications for disability allowance are made to the provincial authority. The provincial authority has a medical examiner employed and paid for by the provincial government who examines each of these medical reports and files as they come in and forms an opinion. This is not a decision; it is an opinion which the provincial medical authority records as to whether or not it is considered that the applicant is totally and permanently disabled within the meaning of the federal regulations. If in the opinion of the provincial medical examiner the applicant is totally and permanently disabled, then the file goes to the federal medical examiner who either affirms the opinion or expresses disagreement with the provincial medical examiner. In the first mentioned case, where both the provincial and the federal medical examiners agree, the file then goes to the provincial authority which has the final authority to say that that person shall receive the disability allowance.

If there is disagreement between the federal and the provincial medical examiners, the arrangement calls for those two medical personnel to get together to agree between themselves on an independent medical referee, the cost of whose review of the file is shared jointly by the provincial and federal authorities. The medical referee's decision is final as to whether or not that person is totally and permanently disabled.

MR. HELLYER: Does the file reach the federal medical officer if the provincial medical officer's opinion is negative?

DR. DAVIDSON: In respect of most of the provinces I think the answer to the question is yes. It does get to the federal examiner because they work jointly. In some provinces, however, they do not work jointly, although they do see the files when the provincial authority is satisfied the applicant is totally and permanently disabled.

MR. HELLYER: But there would be some cases where the provincial authority has not made the recommendation and the federal authority would not see the file.

DR. DAVIDSON: In some provinces that is the case.

MR. CARDIN: Would they be working jointly in the province of Quebec?

DR. DAVIDSON: I understand the provincial examiner sees the file first and passes on to the federal those cases in which they have decided the person is totally and permanently disabled.

MR. BISSONNETTE: In the province of Quebec there are many cases where a person is incapable of earning a living on account of severe disease, or a heart disease. In some cases the person is not accepted because he is able to take some exercise or something like that. That is what we cannot accept as

being reasonable. If you take the case of a man who is sick with a heart disease, or any other disease, which does not permit him to earn his living, you may compare his case to the person who is absolutely incapable even to eat or work. There is a difference in the wording but in fact they are two similar cases. One is incapable because he is hardly able to work on account of the heart disease; he can engage in no activity which will help him to earn a living.

Mr. MONTEITH (*Perth*): I think it is fair to say that as Quebec came into the unemployment assistance agreement at the first of July, 1959, this might have had some effect on the matter and probably the situation is more uniform right across the country as of now.

Mr. PARIZEAU: Does the financial situation have anything to do with it?

Dr. DAVIDSON: Yes. The applicant has to qualify under the means test under the Disabled Persons Act.

Mr. CARTER: Does the department have any figures to indicate the average age of the people receiving disability pensions and also the length of period they receive them?

Dr. DAVIDSON: We have statistics in our annual report which show the distribution of age, not of the total case load, but of the persons who have come on to the disability allowance rolls within the year covered by the report. That does give us a substantial amount of detail in respect of the ages of the entrants to the disability allowance rolls. In relation to the second question, it is not yet possible to get any really clear picture as to how long people stay on the rolls because the disability allowance program has only been in operation for five or six years and there is no way of telling how long a young person 18 years of age will remain on the rolls. He may remain there for 52 years.

Mr. CARTER: You could do that for the old age groups; for instance, a person who comes on at age 60. You could take that group and find out how long they stay on. In your answer to Dr. Fairfield you said that very few get rehabilitated because they do not live long enough to get rehabilitated.

Dr. DAVIDSON: There are certain members who transfer to old age security in each fiscal year.

Mr. CARTER: Yes. May I just follow up with another question. When a person in receipt of a disability pension becomes eligible for the old age pension, does he automatically transfer from disability to old age security?

Dr. DAVIDSON: That is a matter for the provinces to decide. The province can leave the person on the disability allowance rolls beyond the age of 65 until he reaches age 70 when he is automatically transferred to old age security. Most provinces in fact transfer the pensioner from the disability rolls to the old age assistance rolls when he reaches age 65.

Mr. CARTER: That would complicate any research which you might make in respect of age groups.

Mr. MCGEE: It is my understanding there are certain mental illnesses and a person may go to an institution for a relatively short period of time, recover, and then symptoms might return and continue indefinitely. Has this presented a problem for the department in determining the degree or the question of total or permanent disability?

Dr. DAVIDSON: This brings us back to the definition of total and permanent disability. In accordance with the definition it has been determined that the individual shall be totally and permanently disabled and that means the condition from which he is suffering is likely to continue indefinitely without substantial improvement. When the doctor is examining the individual, or reviewing the medical file, he has to say he sees no immediate prospect, no short term prospect, of effective improvement in the case.

Mr. MCGEE: Is it not a fact that there are cases such as I have described of persons with mental illnesses whose prognosis is identical, and in a matter of two years one might recover and another continue in that state despite treatment of any kind?

Mr. MONTEITH (*Perth*): I will ask Dr. Charron to answer that.

Dr. K. C. CHARRON, (Director of the Health Service, Department of National Health and Welfare): Mr. Chairman, I think you would get a few cases of the type Mr. McGee has described. If the diseased condition is one likely to be more or less static in the opinion of the physician and it is unlikely that there will be substantial improvement, then the medical review board would flag this case for subsequent examination at yearly intervals.

Mr. MCGEE: That has happened and that is the procedure which would be followed?

Dr. CHARRON: Yes.

Mr. WINCH: This is a rather interesting point to me. I know one person who has been in a mental institution, I think, seven times now. After being in for about a year they are no longer required to be in the institution. They can go out for 4, 5 or 6 months time and then it is known they are going to come back. Would that person be qualified under the act if he were outside the institution?

Dr. DAVIDSON: It would depend whether or not that person were judged by the medical reviewing officers to be totally and permanently disabled. Under certain circumstances that person could qualify.

Mr. WINCH: I will have to send half a dozen down to see what happens.

The CHAIRMAN: Are there any further questions under the heading disabled persons?

Mr. CARTER: I have one other point. Under the present legislation a person cannot come in until he is 18 years of age. Now there seems to be a gap in certain cases. If a widow has a disabled child who is mentally defective and is always going to be totally disabled, he can get some assistance from the family allowance up to age 16. Usually a woman in that sort of situation is not in a position to do much herself. She can only get the mother's allowance and at the time when the child is age 16 the family allowance is cut off and he cannot come in under anything else until he is 18. There is a gap. Is there any consideration in respect of filling that gap?

Mr. MONTEITH (*Perth*): I believe this mother and child can come in under unemployment assistance.

Dr. DAVIDSON: We have agreements with all the provinces under the Unemployment Assistance Act. The Unemployment Assistance Act covers every kind of case where there is a bread-winner with or without dependents for whom no other assistance is available. In the case you mentioned of a mother with a child say 17 years of age, if there is no other form of statutory aid, the province and/or municipality can in their own discretion pay whatever assistance that person requires and the federal authority shares half that cost under the Unemployment Assistance Act. There are much fewer restrictions on the provision of unemployment assistance so far as the federal laws are concerned than in any of these statutory provisions we are discussing now.

Mr. BISSONNETTE: Can you tell me when the province of Quebec is going to be in on that?

Mr. MONTEITH (*Perth*): It is now as of July 1, 1959.

The CHAIRMAN: Gentlemen, you have dealt with disabled persons. Are there any further questions? May I suggest we go on to unemployment assistance payments.

Mr. HORNER (*Jasper-Edson*): I would like to ask Dr. Davidson whether the unemployment assistance paid the province of Alberta is used for their own disability scheme?

Dr. DAVIDSON: The province of Alberta has, as Dr. Horner I think knows, a separate provincial law for certain kinds of disability benefits which do not qualify under the federal law. The federal authority accepts payments made under that purely provincial law as shareable under the provisions of the unemployment assistance agreement.

Mr. HORNER (*Jasper-Edson*): On a 50-50 basis?

Dr. DAVIDSON: Yes. I think I must add one rider, that there may be certain persons in receipt of that purely provincial disability pension who are in institutions of a kind which is not covered under unemployment assistance. However, most of the costs of the provincial disability legislation are shared under the provisions of the federal unemployment assistance aid.

Mr. HORNER (*Jasper-Edson*): Then the publicity given to their own scheme to the effect that they pay the total cost is wrong.

Mr. HALES: I suppose this increase of roughly \$18 million would be due to the province of Quebec coming into the scheme?

Mr. MONTEITH (*Perth*): Yes. The terms of the act are such that a province is entitled to its share of unemployment assistance for one year prior to its date of signing. Actually, since Quebec came in on July 1, 1959, it could collect a share of unemployment assistance for the previous twelve months as well as from then on.

Mr. PARIZEAU: Based on what percentage?

Mr. MONTEITH (*Perth*): Fifty per cent of the shareable costs. We now have had an account come in from Quebec, which is being processed, for quite a considerable amount.

Mr. PARIZEAU: What was the amount?

Dr. DAVIDSON: The amount that has been submitted in the claim—which is not complete, is not audited and is not settled—is about \$8½ million.

Mr. CARDIN: When was this legislation enacted for unemployment assistance—1955?

Mr. MONTEITH (*Perth*): 1956. There was a change in this legislation as of January 1, 1958. Previously there had been a threshold that the province had to pay entirely on its own before the federal authority contributed. This was .45 percent of the provincial population: this figure was taken, for some reason or other. The threshold was removed and we undertook to contribute 50 per cent of the unemployment assistance on all cases in each province.

Mr. MCGEE: Would it be fair to say that as a result of this unemployment assistance and the threshold amendments of 1958, that in fact it would be completely true to say that no one shall suffer from unemployment in Canada today?

Mr. WINCH: That is a policy question, so we will have to have an answer later on.

Mr. MONTEITH (*Perth*): Let me put it this way: all classes of people suffering from unemployment or disability of any type are fairly completely covered. There is certainly always room for improvement; I am the first to admit that.

Mr. WINCH: If we are going to have an answer on policy, what is your interpretation of "undue suffering"?

Mr. McCLEAVE: Just listen to the C.C.F. in the house!

The CHAIRMAN: Shall item 253 carry? Are there any further questions?

Item agreed to.

The CHAIRMAN: Item 254, grants to health and welfare and related organization. You will find the details on page 352, gentlemen. May I suggest that we take this in sequence.

Item 254. Grants to health and welfare and related Organizations, as detailed in the estimates \$ 243,250

Mr. CARTER: May I ask a general question, Mr. Chairman?

The CHAIRMAN: Yes, proceed.

Mr. CARTER: Are there any conditions, or strings attached to these grants?

Mr. MONTEITH (*Perth*): Only that we get financial statements each year; but there are no strings attached really.

Mr. CARTER: There is no control, no specification?

M. MONTEITH (*Perth*): No, it is just an annual grant that has been going on for years.

Mr. HALES: In connection with the first one, the Canadian mental health association: with the great advance of mental health that we have in Canada, I think that is a pretty small donation.

Mr. MONTEITH (*Perth*): I think that was only \$10,000 for some years and it was increased, I believe, last year. For several of these grants, as you will see, 1960-61 is static compared with 1959-60; but over the course of 1959-60 and 1958-59 the majority of these grants were increased approximately 50 per cent.

Mr. HALES: I did not hear when this was increased.

Mr. MONTEITH (*Perth*): Last year, 1959-60.

Mr. HALES: From \$10,000 to \$15,000?

Mr. MONTEITH (*Perth*): From \$10,000 to \$15,000.

The CHAIRMAN: I wonder if the chair might emphasize Mr. Hales' question. They have been increased, but is not this a field where the government feels it should assume a still greater responsibility?

Mr. MONTEITH (*Perth*): If I might point out, this is purely a recognition grant, one might say. We do not intend that it shall relate to any actual expenditure or expense of the association. It is in recognition of their work.

We do assist, of course, in mental health work, through the health grants and to a great degree through the projects which come from the provinces, and so on. In granting funds to the association, as I say, it is an indication that we believe in the association.

THE CHAIRMAN: May I make a suggestion, gentlemen. A number of you have indicated that you would like to discuss the mental health aspect, and if the committee agrees we could do this under grants which would involve mental health when this comes under the mental health section.

Mr. MONTEITH (*Perth*): Yes, I think that would be better.

Mr. CARTER: I have another general question Mr. Chairman. Does the federal government receive any services from these associations? Are any services performed by these associations?

Mr. MONTEITH (*Perth*): Not necessarily. In certain instances—for instance, the Canadian Welfare Council, with an office here in Ottawa, assists us in many ways in gathering data, that sort of thing. Then there is the Canadian national institute for the blind. All these associations are most willing to help us when we have a problem, give advice, discuss things with us, and that sort of thing.

Mr. CARTER: Do you use them to conduct surveys on any particular aspect of health?

Mr. FAIRFIELD: Mr. Chairman, are we considering this in general?

THE CHAIRMAN: We are considering policy, plus the Canadian mental health association. This question is on general policy.

Mr. MONTEITH (*Perth*): The C.N.I.B. might give us certain statistics but I do not think we have ever asked any of them to really conduct a survey for us.

Mr. McDONALD (*Hamilton South*): Is this the section whereby the health and welfare department gives grants to the Olympic association of Canada and the British Empire games?

Mr. MONTEITH (*Perth*): Yes.

Mr. McDONALD (*Hamilton South*): May I have a list of all grants given to those two associations since 1956?

Mr. MONTEITH (*Perth*): We will be glad to get that, Mr. McDonald. You are referring to the Olympic association and the British Empire games?

Mr. McDONALD (*Hamilton South*): Yes.

THE CHAIRMAN: In view of that, may I ask why it is that the government has assigned the granting of grants to international sporting organizations out of this particular section of the department? Have they just not been able to find any other section of government under which these grants could be released?

Mr. MONTEITH (*Perth*): Well, they just automatically come to us.

MR. CATHERS: It is a health item.

Mr. McDONALD (*Hamilton South*): Has any consideration been given to a sinking fund being formed for grants in cooperation with the federal government and the provinces, so that this money could be invested and the interest taken off and given to these associations every year, rather than having them come to the health and welfare department glove-in-hand type of thing over a period of years?

Mr. MONTEITH (*Perth*): Mr. Chairman, in answering that I think I may point out that I have had various representations for the best of causes, if I may put it that way, where fear was expressed that maybe our funds would not continue to come on an annual basis, and as a consequence, the request has been made that we do this sort of thing.

I will not go into details, but in one instance I did figure out how much it would cost to actually create a trust fund to make sure that a certain institution had available so much money a year. It was going to cost many millions of dollars. If we were to do this in all of these instances, or any number of them at all, it would be a very large sum that would be required.

Mr. McDONALD (*Hamilton South*): I would like to be able to ask further questions on this point when I get the list of contributions.

The CHAIRMAN: You will have that opportunity.

Mr. SKOREYKO: On the question of grants to health and welfare I wanted to know just how you determined the amount of the grant paid to the various organizations. What basis do you use?

Mr. MONTEITH (*Perth*): When I first came into this job I got a list of them and I went back for a number of years to get the history of each of these particular grants. At one time some of them had been larger. At a certain period they were cut down and then they were static for some little time.

As I mentioned earlier, over 1958-59 and 1959-60 a number of them had been increased by roughly 50 per cent. Other than that I would say they are pretty much on the same basis as they have been for a number of years.

There are individual cases. This year, for instance—this is down a piece, Mr. Chairman, but perhaps I may mention it—the second world congress of—is there a medical man present who can pronounce this word?

The CHAIRMAN: Would you like to try, for the record anyway.

Mr. MONTEITH (*Perth*): Anaesthesiologists. This is a "one shot" affair; they are having a world congress in Canada this year. As a consequence—I am not too sure what the original amount was that we were asked for, but we did give a token payment to help defray the costs of this particular congress; and we have done this in the past.

For instance, under 1959-60 the last item is \$75,000, as you will see. That included one or two of these types of grants. This item, which is not repeated this year, included: 60,000 to the Canadian olympic association to assist the Canadian team participating in the 1959 pan-American games and the 1960 olympic games; \$10,000 to the ninth international congress on pediatrics, and \$5,000 to the thirteenth general assembly of the world medical association, which was held in Canada.

The CHAIRMAN: Is your question on mental health, Mr. Winch?

Mr. WINCH: My question is on the first item of mental health.

The CHAIRMAN: There are six members of the committee who have indicated they would like to ask questions. I know a number of you have to go to another committee meeting, and this might be an appropriate time to adjourn, so a motion to adjourn is in order.

Motion agreed to.

The CHAIRMAN: We will sit next on Tuesday at 11:00 o'clock.

Appendix "A"
FAMILY ALLOWANCES CHEQUES FORGERIES

Year	Number of forgeries	Total number of cheques issued
1947-48	1,070	19,534,665
1948-49	899	20,236,901
1949-50	787	21,619,978
1950-51	786	22,416,111
1951-52	937	23,071,810
1952-53	892	23,844,215
1953-54	1,033	24,750,567
1954-55	1,116	25,669,158
1955-56	1,180	26,558,648
1956-57	1,152	27,336,318
1957-58	1,563	28,161,179
1958-59	2,123	29,250,022

Ottawa,
 March 17, 1960.

Appendix "B"

**OLD AGE SECURITY IN RELATION TO
 GROSS NATIONAL PRODUCT, 1952-53 TO 1959-60**

Year	Old Age Security	Gross National Product (Calendar Year)	O.A.S. Expenditure as Per cent of G.N.P.
	\$ Millions	\$ Millions	Per cent
1952-53	323.1	23,995	1.3
1953-54	339.0	25,020	1.4
1954-55	353.2	24,871	1.4
1955-56	366.0	27,132	1.3
1956-57	379.1	30,585	1.2
1957-58	473.9	31,773	1.5
1958-59	559.3	32,509	1.7
1959-60	575.0 (Estimate)	(a)	(a)

(a) Not available.

SOURCES: Department of National Health and Welfare, *Annual Report of Expenditures and Administration in connection with the Family Allowances Act and the Old Age Security Act for the Fiscal Years 1952-53 to 1958-59*; and Dominion Bureau of Statistics, *National Accounts Income and Expenditure, 1926-1956*; and *National Accounts Income and Expenditure 1958*.

Appendix "C"

Five Year Projection of the Cost of Old Age Security Payments

If the existing legislation remains unchanged and if the actual increase in the number of recipients of old age security during the period October 1959 to October 1964 is the same as the actual increase experienced from October 1954 to October 1959, it is estimated that the expenditures for old age security will rise from an estimated \$575 million in the current fiscal year 1959-60, to about \$666 million in the fiscal year 1964-65. This would represent an average annual increase of \$18.2 million.

Appendix "D"

Estimate of the number of children receiving Family Allowances in the \$6.00 group (from birth to 10th birthday) and in the \$8.00 group (from 10th to 16th birthday).

According to Dominion Bureau of Statistics population estimates as at June 1, 1959, there were in Canada 4,155,500 children under 10 years of age (\$6.00 group) on that date and 1,952,900 between 10 and 16 years of age (\$8.00 group), making a total of 6,108,400.

As of the end of June, 1959, there were 6,082,718 children in receipt of Family Allowances.

In view of the closeness of the total estimate by the D.B.S. of children in Canada on June 1, 1959, in relation to the number of children receiving Family Allowances for that month, it can be assumed that the breakdown by age groups given for the D.B.S. estimate is a reasonably accurate reflection of the numbers of children in receipt of Family Allowances in the \$6.00 and \$8.00 age groups.

It should be noted in this connection that Family Allowances cheques issued relate to a total family, rather than to each individual child. It is not possible, therefore, to determine precisely by reference to the cheques issued how many children are in pay in the \$6.00 age group and how many are in pay in the \$8.00 age group. This would require a detailed examination of the individual accounts to determine, for example, whether a Family Allowance payment of \$24.00 in a given month relates to four children under 10 years of age (\$6.00 age group) or three children over 10 years of age (\$8.00 age group).

Appendix "E"

Distribution by Regions of Numbers of Positions Provided in 1960-61 Main Estimates for Family Allowances and Old Age Security—Administration

Location	Number of Positions
Headquarters—Ottawa	14
Newfoundland	31
Prince Edward Island	11
Nova Scotia	52
New Brunswick	41
Quebec	216
Ontario	290
Manitoba	48
Saskatchewan	55
Alberta	58
British Columbia	71
Total	<hr/> 887 <hr/>

Appendix "F"

ECONOMIST SERIES

PART I—GENERAL

1. Functions Covered

This series provides for the allocation of positions, the duties of which are to supervise or perform work involving the analysis and interpretation of economic conditions and developments pertaining to industries, sectors, or areas of the economy.

2. Exclusions and Limitations

Positions of Head of Economic Divisions and above are excluded from this series.

3. Definition of Processes and Terms

- (a) *Analyse*—to examine critically information or data to determine relationships, causes or effects and formulate and test hypotheses as a basis for action or judgment.
- (b) *Forecast*—to estimate or predict future happenings.
- (c) *Interpret*—to explain the meaning or significance of information or data and to translate technical terminology into familiar language.
- (d) *Economic theory*—the body of laws, principles and concepts forming the fundamental basis of economic analysis and interpretation.
- (e) *Methods*—the procedures and techniques which are based on economic and statistical theory and applied to the planning, analysis and interpretation of information and data.
- (f) *Study*—the systematic collection and analysis of information and data from primary and secondary sources.
 - (i) Primary sources—persons, organizations or records having first-hand information or knowledge.
 - (ii) Secondary sources—published or documentary materials which may have been assembled, analyzed or interpreted.
- (g) *Survey*—a systematic canvass to obtain information.

3. Definition of Processes and Terms (Cont'd)

- (h) *Assignment*—constitutes the lowest level of responsibility for drawing together pertinent details and information with respect to particular parts of studies, surveys or programs of work.
- (i) *Project*—the systematic development and analysis of information and data obtained through studies or surveys.
- (j) *Complex project*—the systematic development and analysis of information and data obtained through studies or surveys where specific technical guidelines are not available and which requires developmental work.
- (k) *Field*—is a subject matter area, usually constituting a recognized specialization, to which economic principles are applied, such as farm management, foreign trade, investment, rail transportation, and wages.

4. Basis of Plan

Classes are distinguished on the basis of the following factors:

- (a) Characteristic Duties,
- (b) Supervision Received,
- (c) Supervision Exercised,
- (d) Contacts,
- (e) Qualifications Required.

5. Recruitment Sources

Recruited from universities.

6. Lines of Promotion and Transfer

Advancement may be to the higher levels within the series, or to administrative positions covering a wide range of duties and responsibilities.

ECONOMIST SERIES

PART II—DETAILS OF CLASS SPECIFICATIONS

ECONOMIST 1

1. Characteristic Duties

- (a) Plans details of assignments;
- (b) Establishes sources of detailed information;
- (c) Interprets variations in economic, financial or social data;
- (d) Prepares reports and memoranda consolidating pertinent information; makes generalizations and draws conclusions which can be well supported by factual data. (Presentation and explanation usually involve relating the information to a context of current and historical trends and other work which has been done in the field.)
- (e) Prepares correspondence to supply or obtain factual information;
- (f) Advises on the practicability of obtaining particular information or tabulations;
- (g) May serve as assistant to technical members on committees, boards or panels.

2. Responsibilities

(a) Supervision Received

Work consists of assignments within a field of economics. Purposes and objectives are indicated; methods are specified; possible sources of information are indicated.

Work is checked at intervals for adherence to instructions and progress; final results are reviewed for completeness, thoroughness, accuracy and validity of conclusions.

(b) *Supervision Exercised*

May be required to allocate work to clerks engaged in collecting, processing or tabulating data; resolve coding and editing problems; answer questions regarding inconsistencies; lay out tables, charts and graphs; check completed work for accuracy and adequacy.

(c) *Contacts*

Co-operates with technical personnel within the department to obtain or verify information. May occasionally contact technical personnel outside the department to obtain or verify information.

3. *Qualifications Required*

Minimum

Graduation from a university of recognized standing, with specialization in economics, commerce, or political economy; a basic knowledge of economic theory and statistical methods; evidence of ability to conduct economic analysis; ability to prepare reports and correspondence; personal suitability; satisfactory physical condition.

For Advertising Only

DUTIES

Under supervision, to undertake economic analysis in the field of - - - - -; to establish sources of detailed information; to interpret variations in economic, financial or other data; to prepare reports and correspondence; and to perform other related work as required.

QUALIFICATIONS

Graduation from a university of recognized standing with specialization in * - - - - -; a basic knowledge of economic theory and statistical methods; evidence of ability to conduct economic analysis; ability to prepare reports and correspondence; personnel suitability; satisfactory physical condition.

NOTE: Graduation in the subject matter field in which the candidate is to be employed may be added in advertising particular positions.

ECONOMIST SERIES

ECONOMIST 2

1. *Characteristic Duties*

- (a) Participates in the planning of projects;
- (b) Prepares comprehensive background material on technical and economic developments as a means of improving studies;
- (c) Analyses relationships and variations in data being studied. (This process ordinarily involves explaining developments and interpreting trends).
- (d) Prepares reports and memoranda summarizing developments and trends, drawing conclusions and making generalizations. (Reports and memoranda usually relate to the social and economic conditions and structure underlying particular areas of the economy.)
- (e) Prepares correspondence on availability of information and clarifying problems of interpretation;
- (f) May serve on committees, boards or panels on matters related to the field of work.

2. Responsibilities

(a) *Supervision Received*

Within a field of economics, assumes continuing responsibility for an area of work, or projects. Supervisor outlines objectives and general approach. Major responsibility for selecting and adapting methods is assumed by Economist 2. Results are reviewed for soundness of judgment and satisfactory attainment of technical objectives.

(b) *Supervision Exercised*

May instruct professional workers as to methods to be used and sources of information and may check adequacy and accuracy of work. Supervisory responsibilities over clerical positions are essentially the same as outlined under Economist 1.

(c) *Contacts*

Initiates contacts to obtain and exchange information. Contacts may be with members of the federal, provincial or municipal governments, private organizations and institutions, usually in Canada.

3. Qualifications Required

Minimum

Graduation from a university of recognized standing with specialization in economics, commerce, or political economy; approximately four years of acceptable experience in economic analysis; OR a Master's Degree in a relevant field, plus approximately two years of acceptable experience in economic analysis; OR a Doctor's Degree in a relevant field; a good knowledge of economic theory and economic and statistical methods; demonstrated ability to conduct economic analysis; ability to prepare reports and correspondence; personal suitability; satisfactory physical condition.

For advertising only

DUTIES

Under general supervision only, to undertake economic analysis in the field of - - - - -; to analyse and interpret data; to prepare reports and correspondence; to supervise staff (as required); and to perform other related duties as required.

QUALIFICATIONS

Graduation from a university of recognized standing, with specialization in * - - - - -; several years of experience in economic analysis; a good knowledge of economic theory, economic and statistical methods; demonstrated ability to carry out economic analysis; ability to prepare reports and correspondence; personal suitability; satisfactory physical condition.

NOTE: Graduation in the subject matter field in which the candidate is to be employed may be added in advertising particular positions.

ECONOMIST SERIES

ECONOMIST 3

1. *Characteristic Duties*

- (a) Plans studies, surveys, and continuing analytical programs;
- (b) Develops indicators and other techniques for revealing problems and patterns of change in given areas;

- (c) Analyses and interprets complex data. (The problem is ordinarily one of assessing and interpreting the interrelationship of variables as they pertain to developments within an area of making forecasts and projecting estimates on the basis of past and current developments);
- (d) Prepares, reviews and revises reports and memoranda interpreting developments and trends, draws conclusions and makes generalizations which may indicate implications and consequences for procedures and policy;
- (e) Prepares correspondence concerned with the development of projects and drafts correspondence giving interpretations and explanations of policy and procedures as they relate to the field of work being undertaken;
- (f) Advises on the practicability of undertaking new projects or revising existing ones, and provides technical assistance and advice to those responsible for the development of policies in areas related to the field of work;
- (g) Serves as technical member on committees, boards and panels on matters relating to the field of work.

2. Responsibilities

(a) *Supervision Received*

Work covers a field of economics or complex projects within a field of economics. General scope and objectives are established in collaboration with supervisor. Plans are reviewed for general policy, technical adequacy, possible new or concomitant problems to be investigated. Assumes major responsibility for the technical proficiency with which the work is carried out. Work is reviewed for satisfactory attainment of technical objectives, efficiency of performance, policy considerations, and publication of results.

(b) *Supervision Exercised*

May be responsible for the work performed by professional clerical assistants. Such responsibility includes establishing priorities and scheduling work, allocating manpower and other resources; providing detailed instructions regarding the scope and objectives of projects or assignments, sources of information, methods to be used and the preparation of reports; reviewing work for efficiency of performance, soundness of conclusions and for attainment of technical objectives.

(c) *Contacts*

Establishes and maintains contacts for the purpose of giving and obtaining subject matter interpretations, information with respect to methods of analysis, and relevant sources of information. The work usually involves continuing liaison with officials of federal government departments and officials of provincial governments, private organizations and institutions and may involve liaison with officers of international organizations.

3. Qualifications

Minimum

Graduation from a university of recognized standing with specialization in economics, commerce, or political economy; plus

approximately seven years of acceptable experience in economic analysis; or a Master's Degree in a relevant field of work plus approximately five years of acceptable experience in economic analysis; or a Doctor's Degree in a relevant field or work plus approximately three years of acceptable experience in economic analysis; a very good knowledge of economic theory and economic and statistical methods; ability to deal with developmental and conceptual problems; demonstrated ability to maintain liaison with members of Government and industry; supervisory ability (as required); ability to prepare comprehensive reports and correspondence; personal suitability; satisfactory physical condition.

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DUTIES

Under direction, to be responsible for the field of or complex projects within the field of; to plan studies, surveys, and continuing analytical programs; to develop indicators and other techniques for revealing problems and patterns of change; to analyse and interpret developments in the field; to prepare, review and revise reports, memoranda and correspondence; to advise on the practicability of undertaking or revising projects; to provide technical assistance and information; to serve as technical member on committees, boards and panels; and to perform other related duties as required.

QUALIFICATIONS

Graduation from a university of recognized standing, with specialization in *.....; a number of years of experience in work related to that to be performed; a very good knowledge of economic theory, economic and statistical methods; ability to deal with developmental problems; ability to prepare comprehensive reports and correspondence; personal suitability; satisfactory physical condition.

* NOTE: Graduation in the subject matter field in which the candidate is to be employed may be added in advertising particular positions.

ECONOMIST SERIES

ECONOMIST 4

1. *Characteristic Duties*

- (a) Plans studies, surveys and programs of work;
- (b) Develops and adapts concepts, techniques and procedures (involving a broad understanding of work in related fields);
- (c) Analyses and interprets the interrelationships of variables, and relates the significance of such findings to those of other related fields, and the implications for policy;
- (d) Prepares, reviews and revises reports and memoranda evaluating the significance of findings in terms of economic, social or other factors, which may indicate implications and consequences for policy. (The work often involves complete responsibility for the presentation of technical information given in reports and articles.)
- (e) Advises on problems where specific technical guidelines are not available and on matters relating to the development of departmental policy;

- (f) May serve as adviser or departmental representative on committees, boards or panels dealing with complex technical matters, or with matters relating to policy.

2. Responsibilities

(a) *Supervision Received*

Work is in a field of economics involving assignments and projects which are interrelated and concerned with more than one major objective. General scope and objectives are established in consultation with supervisor who also approves of the initiation, development, or major revision of projects and work programs. Technical direction is negligible; however, problems relating to the quality of data, the validity of analysis, and the general organization of projects are usually discussed with supervisor. Completed work is generally reviewed for satisfactory attainment of objectives, policy consideration and publication of results.

(b) *Supervision Exercised*

Usually assumes responsibility for the work performed by professional and other supporting staff. Such responsibility includes establishing priorities and scheduling work; allocating manpower and other resources; guiding the selection and development of approaches to problems; reviewing work for efficiency of performance, soundness of conclusions and for attainment of objectives.

(c) *Contacts*

Initiates and maintains co-operative working relationships with officers of other federal government departments, provincial and municipal governments, international and private organizations.

3. Qualifications

Minimum

Graduation from a university of recognized standing, with specialization in economics, commerce, or political economy; plus approximately ten years of acceptable experience in economic analysis; OR a Master's Degree in a relevant field of work plus approximately eight years of acceptable experience in economic analysis; OR a Doctor's Degree in a relevant field of work plus approximately six years of acceptable experience in economic analysis; a thorough knowledge of economic theory and methods; adequate knowledge of relevant statistical methods; demonstrated ability and initiative to deal with development and conceptual problems; demonstrated ability to maintain liaison with members of Government departments, officials of industry and members of international organizations; supervisory ability (as required); ability to prepare technical and comprehensive reports and correspondence; personal suitability; satisfactory physical condition.

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DUTIES

Under general direction, to undertake studies, surveys and continuing analytical programs in the field of; to develop and adapt concepts, techniques and procedures to problems of analysis within the field; to analyse and interpret interrelationships

and relate the significance of the findings to those of other related fields and implications for policy; to prepare, review, and revise reports, memoranda and correspondence; to advise on problems where specific technical guidelines are not available; to serve as advisory or departmental representative on committees, boards and panels dealing with complex technical matters; and to perform other related work as required.

QUALIFICATIONS

Graduation from a university of recognized standing, with specialization in*; many years of experience in work related to that to be performed; a thorough knowledge of economic theory and methods, an adequate knowledge of relevant statistical methods demonstrated ability and initiative to deal with developmental and conceptual problems; demonstrated ability to maintain liaison with members of Government departments, officials of industry and members of international organizations; ability to prepare technical and comprehensive reports and correspondence; personal suitability; satisfactory physical condition.

*NOTE: Graduation in the subject matter field in which the candidate is to be employed may be added in advertising particular positions.

ECONOMIST SERIES

ECONOMIST 5

1. *Characteristic Duties*

- (a) Formulates and revises general objectives of studies, surveys and programs within a framework of established policy and initiates investigations into methods and procedures to improve effectiveness of the work;
- (b) Integrates the development and application of new concepts to problems of analysis, methods of measurement, technique and procedures to be used;
- (c) Analyses and interprets the interrelationships of variables in several fields of activity and relates the significance of the findings to those in allied fields; frequently develops the implications of such findings for policy. (The problem is often one of redrafting proposals or suggestions for changes in policy and procedures based on observed relationships and the investigation of data from a variety of sources.)
- (d) Prepares, reviews and revises reports, memoranda and statements evaluating social and economic problems and their implication for policy consideration. (The work often involves responsibility for the final content and format of articles and reports.)
- (e) Prepares correspondence providing interpretation on departmental and governmental policy.
- (f) Advises on matters relating to departmental and governmental policy and specific activities. (This frequently involves advise on the feasibility and practicability of undertaking projects and work programs in the light of generally expressed needs; advice may also be given with respect to administrative problems related to the work of the organization as a whole.)
- (g) Serves as a representative on committees, boards and panels dealing with a wide range of economic problems.

2. Responsibilities

(a) *Supervision Received*

Work covers several fields of economics. Broad purposes and objectives of major work programs are developed in consultation with the supervisor; plans are reviewed for the purpose of integrating the work with that of other fields in conformity with established policies and commitments in terms of financial and staff resources available. Technical supervision is virtually absent. Completed work is reviewed for policy considerations and publication of results.

(b) *Supervision Exercised*

Usually assumes responsibility for the work performed by a fairly large staff of professional and other workers. Such responsibilities include establishing priorities and scheduling work, allocating manpower and other resources, delegating responsibility for areas of work, guiding assistants in selecting and developing effective approaches to problems, integrating overall work programs, reviewing completed work for efficiency of performance, soundness of conclusions and attainment of objectives.

(c) *Contacts*

Develops contacts for the purpose of establishing and interpreting the need for particular projects, studies, surveys or other activities. This work frequently involves continuing liaison with members of federal and provincial government departments, officials of private organizations and institutions and members of international organizations. May be required to address government and other organizations on matters related to the work.

3. Qualifications

Minimum

Graduation from a university of recognized standing, with specialization in economics, commerce, or political economy, plus approximately fourteen years of acceptable experience in economic analysis; OR a Master's Degree in a relevant field of work, plus approximately twelve years of experience in economic analysis; OR a Doctor's Degree in an acceptable field of work plus approximately ten years of work in economic analysis; a broad and very thorough knowledge of economic theory and methods; adequate knowledge of relevant statistical methods; ability to deal with problems of integration and co-ordination in several fields of economics; demonstrated administrative ability (as required); demonstrated ability to maintain liaison with members of Government departments, officials of industry and members of international organizations; ability to prepare technical and very comprehensive reports; personal suitability; satisfactory physical condition.

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DUTIES

Under general direction only, to be responsible for economic analysis in the field of; to formulate and revise the general objectives of studies, surveys and programs of work; to integrate the development of new concepts and techniques to

problems to be studied; to analyse and interpret the significance of findings and make recommendations and suggestions relating to changes in policy and procedures; to prepare, review and revise reports, memoranda and correspondence; to provide technical advice on economic methods and procedures; to serve as representative on committees, boards and panels dealing with a wide range of economic problems; and to perform other related work as required.

QUALIFICATIONS

Graduation from a university of recognized standing, with specialization in *.....; extensive experience in work related to that to be performed; a broad and very thorough knowledge of economic theory and methods; an adequate knowledge of relevant statistical methods; ability to deal with problems of integration and co-ordination in several fields of economics; demonstrated ability to maintain liaison with members of Government departments; officials of industry and members of international organizations; ability to prepare technical and very comprehensive reports; personal suitability; satisfactory physical condition.

NOTE: Graduation in the subject matter field in which the candidate is to be employed may be added in advertising particular positions.

FAMILY ALLOWANCES PAYMENTS IN RELATION TO GROSS NATIONAL PRODUCT, 1945-46 TO 1959-60.

Year	Family Allowances Expenditures	Gross National Product (Calendar Year)	Family Allowances as Percent of Gross National Product
	\$ Millions	\$ Millions	Percent
1945-46.....	172.6	11,835	(1)
1946-47.....	245.1	11,850	2.1
1947-48.....	283.2	13,165	2.0
1948-49.....	270.9	15,120	1.8
1949-50.....	297.5	16,343	1.8
1950-51.....	309.5	18,006	1.7
1951-52.....	320.5	21,170	1.5
1952-53.....	334.2	23,995	1.4
1953-54.....	350.1	25,020	1.4
1954-55.....	366.5	24,871	1.5
1955-56.....	382.5	27,132	1.4
1956-57.....	397.5	30,585	1.3
1957-58.....	437.9	31,773	1.4
1958-59.....	474.8	32,509	1.5
1959-60.....	491.4 (estimate)	(2)	(2)

(1) The percentage for the fiscal year 1945-46 has not been given because the family allowance program was in operation only nine months in that fiscal year.

(2) Not available.

SOURCES: Department of National Health and Welfare, *Annual Report of Expenditures and Administration in Connection with the Family Allowances Act and the Old Age Security Act for the Fiscal Years 1945-46 to 1958-59*; and Dominion Bureau of Statistics, *National Accounts Income and Expenditure 1926-1956*; and *National Accounts Income and Expenditure 1958*.

Appendix "H"

Five Year Projection of the Cost of Family Allowance Payments

It is difficult to estimate the cost of family allowances in the years ahead because variations in factors such as the birth rate and net immigration can have a considerable effect on the number of eligible children. Arbitrary assumptions have had to be made. The two approaches followed are based upon different assumptions and provide high and low estimates of the expenditures, five years hence, in the fiscal year 1964-65.

High Estimate

If the existing legislation remains unchanged and if the actual increase in the number of children under 16 years of age during the period October 1959 to October 1964 is the same as the actual increase experienced from October 1954 to October 1959, it is estimated that the expenditures for family allowances will rise from an estimated \$491.4 million in the current fiscal year 1959-60, to about \$578 million in the fiscal year 1964-65. This would represent an average annual increase of \$17.3 million.

Low Estimate

A preliminary estimate of the number of children in October 1964 (mid-point for fiscal year 1964-65) is as follows:

Children under 10 years	4,587,800
Children 10 to 15 years incl.	2,365,900
Total	<u>6,953,700</u>

This estimate has been based on the assumptions that during the next five years:

- (1) the birth rate will continue to be at much the same level as it has been for the last few years;
- (2) the net immigration of persons under 16 years of age will be similar to that of the last two years;
- (3) the survival rates for those now alive and those who will be born up to October 1964 will follow a similar pattern to those of recent years.

At the current rates of \$6 for those under 10 years of age and of \$8 for those 10 to 15 years of age inclusive, the estimated cost in 1964-65 would be about \$557 million. This would represent an average annual increase of \$13.1 million.

(Appendix I)

1.

Province	Social Workers Engaged by the Dept.			
	Grade 4	Grade 3	Grade 2	Field Investigator
Newfoundland.....	—	1	1*	—
Prince Edward Island.....	—	—	1*	—
Nova Scotia.....	—	1	1*	1
New Brunswick.....	—	1	1*	1
Quebec.....	1	1	6*	4
Ontario.....	1	1	2	1
Manitoba.....	—	1	1*	1
Saskatchewan.....	—	1	1*	1
Alberta.....	—	1	1	1
British Columbia.....	—	1	1*	1
TOTAL.....	2	9	16	11

* Denotes one vacancy.

The reason for the larger figure in Quebec is because there are fewer facilities in that province from which the department can purchase field service. In Ontario, for example, the department purchases service from a network of fifty-five Childrens Aid Societies and other private welfare organizations.

(Appendix J)

PROVISIONS OF PROVINCIAL HOSPITAL INSURANCE PROGRAM,
PURSUANT TO AGREEMENTS UNDER THE HOSPITAL INSURANCE AND DIAGNOSTIC SERVICES ACT

Province	In-Patient		Out-Patient		Waiting Period for Benefits	Method of Provincial Financing	(4) Out-of-Province Benefits
	Services	Authorized Charges	Services	Authorized Charges			
British Columbia....	*Basic	\$1 per day	(1) (i) Emergency (24 hours) (ii) Minor surgical procedure.	(1) \$2	3 months	General Revenue (derived from part of Sales Tax)	(a) Emergency within period 3 months' absence from province. (b) Referral, if approved by Commissioner.
Alberta.....	Basic	Adults: \$1.50 to \$2.00 per day Newborn: \$1 per day	Nil (5)	Nil	Nil	Property tax.	(a) Emergency (b) Referral (c) Where out-of-province hospitals more accessible.
Saskatchewan.....	Basic	Nil	(i) Emergency and follow-up in accident cases. (ii) Pathological examination of tissue and cancer services. (iii) Clinical and diagnostic specimens provided by provincial laboratories.	Nil	3 months	Hospitalization Tax \$17.50 and \$35 annually (Premium plus General Revenue)	In case of medical necessity, with a limit of 60 days annually when outside of Canada.
Manitoba.....	Basic	Nil	(i) Emergency (24 hours) (ii) Minor surgical procedures, as designated. (iii) Electro-shock therapy.	Nil	1 month	(3) Premium \$2.05 and \$4.10 monthly.	(a) Emergency. (b) When adequate care unavailable in Manitoba, on Commissioner's approval.
Ontario.....	(2) Basic	Nil	Emergency (24 hours)	Nil	3 months	(3) Premium \$2.10 and \$4.20 monthly.	In hospitals approved by the Commission.

* Basic Services are the in-patient services described in section 2(f) of the Act.

New Brunswick	Basic	Nil	(i) Emergency and follow-up in accident cases. (ii) Rehabilitation services in conjunction with physiotherapy, where available. (iii) Diagnostic and treatment procedures, as authorized. (iv) Provincial laboratory services, as specified.	Nil	3 months	Premium \$2.10 and \$4.20 monthly	(a) Emergency (b) When adequate care unavailable, on approval of Commission.
Nova Scotia	Basic	Nil	(i) Emergency (48 hours). (ii) Medically necessary diagnostic radiological examinations with necessary interpretations. (iii) Specified laboratory examinations. (iv) Radiotherapy for malignancy, and (v) Tumour Clinic Services (vi) Blood, including fractions (vii) Minor medical and surgical procedures.	Nil	3 months	Hospital tax (3%)	(a) Emergency. (b) Approved by Commissioner. For period not exceeding 3 months in period of 12 consecutive months.
Prince Edward Island	(2) Basic	Nil	(i) Laboratory procedures, as specified. (ii) Radiological procedures, as specified, including use of radioactive isotopes. (iii) Drugs, biologicals and related preparations for emergency diagnosis and treatment. (iv) All other services specified as inpatient services.	Nil	3 months	(3) Premium \$2.00 and \$4.00 monthly	(a) Emergency. (b) With prior approval of the Commission. For period not exceeding 3 months in period of 12 consecutive months.
Newfoundland	Basic	Nil	Selected diagnostic and treatment procedures.	Nil	Nil	Consolidated Revenue.	(a) Emergency. (b) Prior approval of Minister.

(1) Under provincial program only.

(2) Mental and tuberculosis hospitals under provincial program only.

(3) Special rates for dependents of R.C.M.P. and Armed Services.

(4) Not including inter-provincial arrangements on change of residence.

(5) For Welfare recipients, under provincial program only (April 1st, 1959)

HEALTH INSURANCE: Department of National Health and Welfare.

March 1960

For Department Use Only.

ESTIMATES

HOUSE OF COMMONS

Third Session—Twenty-fourth Parliament

1960



STANDING COMMITTEE

ON

ESTIMATES

Chairman: ARTHUR R. SMITH, Esq.

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 5

TUESDAY, MARCH 22, 1960

Estimates of the Department of National Health
and Welfare 1960-61

WITNESSES:

The Honourable J. Waldo Monteith, Minister of National Health and
Welfare *assisted by* Dr. G. F. Davidson, Deputy Minister (Welfare),
and Dr. G. D. W. Cameron, Deputy Minister (Health).

THE QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1960

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Vice-Chairman: Ernest J. Broome, Esq.,

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Best,	Hales,	More,
Bissonnette,	Halpenny,	Parizeau,
Bourbonnais,	Hellyer,	Payne,
Bourdages,	Horner (<i>Jasper-Edson</i>),	Pickersgill,
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Cardin,	MacLellan,	Richard (<i>Kamouraska</i>),
Caron,	Martin (<i>Essex East</i>),	Rouleau,
Carter,	McCleave,	Skoreyko,
Cathers,	McDonald (<i>Hamilton South</i>),	Stewart,
Clancy,	McFarlane,	Stinson,
Coates,	McGee,	Thompson,
Crouse,	McGrath,	Vivian,
Dumas,		Winch,
Fairfield,		Winkler.

J. E. O'Connor,

Clerk of the Committee.

MINUTES OF PROCEEDINGS

TUESDAY, March 22, 1960.

(6)

The Standing Committee on Estimates met at 11.05 a.m. this day. The Chairman, Mr. Arthur Smith, presided.

Members present: Messrs Argue, Anderson, Baldwin, Best, Bissonnette, Cardin, Caron, Carter, Cathers, Clancy, Crouse, Fairfield, Fleming (*Okanagan-Revelstoke*), Fortin, Hales, Halpenny, Horner (*Jasper-Edson*), Howe, Jorgenson, Korchinski, McCleave, McDonald (*Hamilton South*) McFarlane, McGee, McGrath, More, Parizeau, Pugh, Skoreyko, Smith (*Calgary South*), Stewart, Stinson, Thompson, Vivian, Winch and Winkler—36.

In attendance: The Honourable J. Waldo Monteith, Minister of National Health and Welfare, assisted by Dr G. F. Davidson, Deputy Minister (Welfare); Dr. G. D. W. Cameron, Deputy Minister (Health); Dr. K. C. Charron, Director, Health Service; and Miss O. J. Waters, Departmental Secretary.

The Chairman observed the presence of quorum.

Mr. McGrath, on a point of order, questioned the delay in receiving printed copies of the Minutes of Proceedings and Evidence. He was assured by the Chairman that this problem was being taken up with the Queen's Printer at the present time.

The Chairman called for consideration Item 254—Grants to Health and Welfare and related organizations—and the Minister tabled for inclusion as appendices to the printed evidence of this day's proceedings the following documents:

1. Service Personnel—Loss of Family Allowances; (*See Appendix "A"*).
2. Statement as to the various types of supplementary allowances paid to members of the Armed Forces serving outside Canada; (*See Appendix "B"*).
3. Family Allowances—Children receiving institutional care; (*See Appendix "C"*).
4. Old Age Security Pension Systems; (*See Appendix "D"*).
5. Provincial Financing of Hospital Insurance; (*See Appendix "E"*).
6. Radiation Hazard in Fluorspar Mines, St. Lawrence, Newfoundland; (*See Appendix "F"*).
7. Federal Grants to the Canadian Olympic Association and to the British Empire and Commonwealth Games Society since 1946; (*See Appendix "G"*).
8. Publications (including reprints) 1958-59—Number of copies—Cost—Audience; (*See Appendix "H"*).

The Chairman drew the attention of Members to a display featuring current publications produced by the Department and suggested that full advantage should be taken of this opportunity to view the products of the Department.

The Minister, and Doctors Cameron and Davidson, were questioned concerning the purpose and function of the various associations receiving grants through the Department and the methods of determining amounts and to whom grants should be made.

Item 254 was carried.

The Chairman called Item 255—Civil Defence, Health, Welfare and Training Services—and following discussion it was agreed to call, for the next meeting of the Committee, officers from the Emergency Methods Organization and the Department of National Defence who are actively connected with Civil Defence in Canada.

The Minister, assisted by Dr. Davidson, outlined the various areas of responsibility for Civil Defence and it was agreed to print as an appendix to this day's proceedings a copy of Order in Council P.C. 1959-656 relating to the reallocation of Civil Defence duties and powers among government departments; (*See Appendix "I"*).

The questioning of the Minister and Dr. Davidson continuing, the Committee adjourned at 12.30 p.m. to meet again at 9.30 a.m. on Thursday, March 24th, 1960.

J. E. O'Connor,
Clerk of the Committee.

EVIDENCE

TUESDAY, March 22, 1960.
11 a.m.

The CHAIRMAN: Good morning, gentlemen; we have a quorum so we can proceed.

Mr. McGrath, did you wish to say something?

Mr. McGRATH: I have a point of order, Mr. Chairman.

The point has been raised by the chair, and rightly so, that replies to questions are tabled in our minutes in order to give members of the committee an opportunity to study the returns so they can ask questions at the next meeting. My point is that the questions which were tabled at the last meeting were not available to us as we did not get the report of the hearing of that meeting until 10 o'clock this morning. As a result, members have not had an opportunity to study the report.

The CHAIRMAN: I agree with you, Mr. McGrath. The evidence from Thursday's meeting went out Thursday night to the printing bureau. I have instructed the secretary to inquire what held up the printing. The chair is looking into it and, in addition to that, I will tell you that you still have the same right to carry on an examination as a result of these questions.

I appreciate your bringing it to my attention, but we have taken already the necessary action.

Gentlemen, as you recall, you were on item 254—grants to health and welfare and related organizations, as set forth at page 352.

Before we proceed with this item, I might say that as a result of requests from several members, a display of the department's pamphlets and brochures will be exhibited. You will have it in this room and, following the adjournment of this meeting, you will have an opportunity of looking through those pamphlets. However, I am going to suggest that you delay any examination or questions in regard to them until we reach the item.

Are there any questions on item 254?

Mr. WINCH: At the close of our last meeting I was at the point of asking the minister if he would make any comment on the first item—that is on the grants to health and welfare—and I referred to the Canadian mental health association. I ask that question because we have been reading in the newspapers during the last year that one of the greatest growing problems in Canada is the question of mental health. I gather from the reports that \$15,000 is the federal contribution on perhaps the research end, or whatever this is. I do not know, but it seems to me that if all the reports are true—and I presume they are correct—which come from the medical and hospital authorities, it is a rather serious situation.

Mr. CARTER: Would it not be better, Mr. Chairman, if we had answers to the questions left over from our previous meeting before we begin a new line of questioning. In that way things would be in better order.

The CHAIRMAN: You are quite right, Mr. Carter. Are there any questions? I think we will proceed as we have done in the past, and will file all these questions, except those that any particular member would like to have read orally at this time. Do you have one which you wish to have read orally?

Mr. CARTER: No, Mr. Chairman, I would not insist on it, but I would like to be able to raise a question at the next meeting in connection with it. I would be pleased if it could be tabled today so that I would know what the answer is.

The CHAIRMAN: I think the rather regrettable situation in regard to the printing of the last series of evidence prevented that from taking place. However, I think that will be eliminated in the future. But I do say that if there is any question you would like to examine on at this time and have an oral reply given, I would suggest that you proceed and ask your question.

Dr. G. F. DAVIDSON (*Deputy Minister of Welfare*): Perhaps it might help if I were to incorporate the questions for which we are asking permission to table the answers.

Mr. Halpenny requested copies of all publications printed in 1958-59, as well as additional information relating to revenue.

Mr. McGrath requested the best information we could obtain on the number of children living in institutions and not receiving family allowance. We have material to table on that.

I believe it was Mr. Fleming of Okanagan-Revelstoke who requested details on the specific allowances paid to military personnel serving overseas. We have prepared a brief reply to that, with a reference to pages S-24, 25 and 26 of the public accounts for 1958-59. It is a long and complicated explanation and I did not think it was proper for us to include all of that in our reply.

Mr. McDonald requested information regarding federal grants paid over the years to the Canadian Olympic association and to the British Empire and Commonwealth games society.

Mr. Crouse requested information regarding old age security programs in a number of countries. We are tabling brief memoranda on the programs in Sweden, the United Kingdom and Germany.

Finally—and this is the only outstanding question on the welfare side—Dr. Fairfield asked a question in regard to re-examinations under the Disabled Allowances Act. We have written to the provincial authorities on that but are not yet in a position to provide the information.

The CHAIRMAN: Do you wish elaboration on any of these?

Mr. CARTER: There was a question which I had put to Dr. Davidson some time before in connection with family allowances to the children of overseas personnel. He may not be in a position to answer it, but he did not list it as among the unanswered questions.

Dr. DAVIDSON: I have looked in vain for any question other than the question why, and it seemed to me that these questions for which we are tabling answers were requests for factual information. Is there a specific question of a factual nature which we have overlooked?

Mr. CARTER: I do not remember how I phrased the original question. I think when I first raised it I referred to the fact that overseas personnel were not receiving these benefits and that there was a wider discrimination between the personnel in the lower ranks and those in the higher ranks. Following that I was asked to provide a table. I referred to a table in an order for return that had been placed in *Hansard*, in reply to a question I asked in the house and which I had put on the order paper last session. I thought that table would have been a part of our proceedings and would be reproduced in our committee proceedings so that other members, including myself, might be able to pose questions on it.

The CHAIRMAN: Mr. Carter, I have here a copy of the questions and answers between yourself and the Minister of National Defence on this subject. Is this what you wish to have tabled?

Mr. CARTER: Yes.

The CHAIRMAN: The chair sees no objection, if this relates to our proceedings. I have not read it, but Dr. Davidson advises me that this could be made, on your suggestion, part of the proceedings. Does that meet with the approval of the committee?

Agreed.

Mr. CARTER: May I be permitted to say in reply to Dr. Davidson's remarks, that if the only question is why this was so, the reason why is that it is the way the act is at the present time, and that no change could be made without some change made in the present act. That involves a matter of policy, both with respect to the Department of National Health and Welfare and to the Department of National Defence. I do not think this committee wants to fix any course of action, but I think we would want to get enough information to see what steps should be taken to have this problem corrected.

The CHAIRMAN: This is purely a matter of procedure, but the chair would be a little reticent to have attached as part of the present proceedings any information put in in this way. However if the committee sees no objection, it will be tabled. Are there any further questions?

Mr. HALPENNY: Shall we have a further opportunity to question on the blind persons allowance, and if so, when, before we go on to grants?

The CHAIRMAN: You say before we go on to grants, but we have been on grants for several hours, and we have completed items 252 and 253. But we kept item 243 open as a general catchall, and you will have a further opportunity to ask general questions prior to the closing of this section. Is that satisfactory?

Mr. HALPENNY: Yes, thank you.

The CHAIRMAN: Mr. Winch, I think under the circumstances you should ask your questions so that the minister may reply.

Mr. WINCH: I shall not repeat what I said a few minutes ago. I recognize that this \$15,000 is a nominal grant to the Canadian mental health association, but as this subject has been opened up, and as I consider it a most serious problem, I was wondering whether or not the minister could use this grant vote as an opportunity to provide us with an understanding of the problem of how it is being approached on behalf of his department.

Mr. MONTEITH (*Perth*): I think probably when we come to the health grants, under the health branch, that might be the appropriate place to discuss this matter. I would point out however that this \$15,000 is simply an item of the \$105,000 which is the approximate annual revenue of the association itself. Our mental health grant—this is for mental health purposes—has actually been increased from \$7,234,000 as of last year, 1959-60, to \$8,765,000 odd for 1960-61. In other words, there is an increase of around \$1,531,000. This is for the purpose of mental health research, mental health services, and so on. This is a particular item of all these items listed giving grants to health and welfare, organizations and to the association itself.

Mr. HALPENNY: I wonder if the minister would tell us once again the total budget of the Canadian mental health association, of which we give \$15,000? What is the total budget of that association?

Mr. MONTEITH (*Perth*): It is \$105,000 roughly. The last report we have is for December 31, 1958.

The CHAIRMAN: You will recall that we were going to have a fairly intensive study of mental health when we get to the appropriate item. Are there any further questions on item 254?

Mr. CARON: May I ask the minister under the Disabled Persons Allowance Act, if there is a sharing of the program between the provinces and the federal government?

Mr. MONTEITH (*Perth*): Yes.

Mr. CARON: Are the rules established by the federal government, or are they established by the provincial governments?

Mr. MONTEITH (*Perth*): They are established in consultation, one with the other.

Mr. CARON: It seems to me that in some provinces it appears to be harder to obtain an allowance than in others. That is what I would like to know about.

The CHAIRMAN: May I interrupt? Item 253 was passed at our last meeting, but fortunately you can come back to it after we have completed item 255. Is that satisfactory?

Mr. CARON: I thought this was under item 254.

The CHAIRMAN: You will find it under Grants to health and welfare and related organizations.

Mr. PARIZEAU: You should have been here last week.

The CHAIRMAN: I think you will find that item 253 is the item you want, Mr. Caron.

Mr. CARON: All right.

Mr. FAIRFIELD: May I ask about the Canadian Red Cross society? I see there is an item here for \$10,000. Their annual budget is tremendous, yet they failed to meet the amount that they required last year by \$150,000. They do a tremendous job.

Mr. MONTEITH (*Perth*): Yes, that is true. I understand that they rather cherish the position of being a voluntary agency. I think I mentioned last time that these are really token payments, yet some organizations seem to regard them as being more than tokens.

As you mentioned, the Red Cross has a large budget; but this is only a token payment to the organization itself.

Mr. FAIRFIELD: Has the association requested further help from the government at all?

Mr. MONTEITH (*Perth*): No, not by way of grants. Incidentally I think I might point out that under the present hospitalization scheme across the country the Red Cross is being assisted in its blood donor campaign.

Mr. WINCH: May I ask the minister if there is anything additional to the token grant of \$20,000 to the Victorian Order of Nurses? In my estimation it is an organization which is doing one of the most wonderful jobs in all Canada.

I know something of their provincial basis. When I was in provincial politics they were asking for greater assistance at that time. So I wondered if there is anything additional being given to these token payments, and if not, if consideration is being given to giving greater assistance to this most marvelous organization?

Mr. MONTEITH (*Perth*): Yes, I agree wholeheartedly. I could not agree more with the principle of the V.O.N. I shall ask Dr. Cameron to answer your question.

Dr. G. D. W. CAMERON (*Deputy Minister of National Health and Welfare*) (*Health*): Mr. Chairman, as I recall it, we have assisted the V.O.N. in establishing liaison with hospitals, especially in establishing schemes whereby the nurse working in the home is brought into relation with the hospitals, and

in many cases with the patients before they leave the hospital. This is considered a very forward step by the V.O.N., and it is probably spreading to more hospitals.

The CHAIRMAN: Are there any further questions?

Mr. McGEE: This is a matter of a certain organization cherishing its independence, and of others apparently who do not. Could we get some idea as to which of these organizations have requested further assistance from the federal government, and those which are presumably satisfied with this token contribution?

Mr. MONTEITH (*Perth*): I think I pointed out at the last meeting that these organizations were practically all—or a big majority of them—given some increase either during 1959-60 or during 1958-59. I understand from the Canadian Welfare Council that assistance was given on request at that time.

Mr. VIVIAN: May I ask for a comment on the same line as previously asked concerning the Canadian mental health organization, but in respect to the Canadian tuberculosis association? There is an amount of \$20,250 mentioned here. I would like to know what the total budget of this organization is, the sources of its other revenue, and whether or not their activities are increasing or decreasing? This could be brought out by showing what their present activities are.

Mr. MONTEITH (*Perth*): The total revenue for the period ending March 31, 1959 was \$334,000.

Mr. VIVIAN: What is the source of that revenue?

Mr. MONTEITH (*Perth*): Seals sale amounted to \$220,000; provincial contributions for national and international commitments, \$59,000; our own contribution was \$20,250; the sale of educational literature and films, \$30,000; and there are some miscellaneous items here of close to \$5,000, in addition there are sundries such as membership, and that sort of thing.

Mr. VIVIAN: Is their annual report available?

Mr. MONTEITH (*Perth*): I have a copy of the annual statement up to March 31, 1959.

Mr. VIVIAN: I could get it, there is no need to incorporate it in our records.

Mr. MONTEITH (*Perth*): Still on that same question, this is their annual report to the Department. This is the financial statement. This annual report could be obtained from the Canadian tuberculosis association.

Mr. VIVIAN: It is not the financial study that I want; I am interested more in an outline of their activities.

Mr. MONTEITH (*Perth*): This is a straight financial statement which shows the sale of seals, educational services, and a breakdown of these items; but this happens to be our only copy.

The CHAIRMAN: May I suggest that you consult with the minister and see if that is satisfactory?

Mr. CATHERS: My question is rather supplementary to Dr. Vivian's question. Does your department carry on any investigation as to how this money is spent, in these different organizations? That is my first question; and my second question is this: I note here that there is no grant to the heart foundation.

The CHAIRMAN: The first question is in respect of supervision and the second is in respect of the heart foundation.

Mr. MONTEITH (*Perth*): We do not carry on any real investigation of the associations, as such, to which we donate these amounts. We do, however, give their reports an overall look. We get a copy of their financial statement when they make their annual report. I do not want to leave the impression that we

go into it in too much detail, but we do convince ourselves that it is going to a very good cause. With regard to the heart foundation there is 5 million for cardiovascular research under the health grants.

The CHAIRMAN: Mr. Minister, you say you convince yourselves. Is there any way you can make an assessment by the submissions each year other than by the annual statements? Surely they bring a written argument in respect of the need.

Mr. MONTEITH (*Perth*): Yes. Frankly I have had deputations from many of the associations and have consulted with them at the time they forward their financial statement.

Mr. WINCH: This question is not under grants, under health and welfare and related organizations, but I think this is the point at which I might ask the question. Is there any provision elsewhere, and if not will the minister give us a report on the special Queen Elizabeth fund which was established last year for research in children's diseases?

Mr. MONTEITH (*Perth*): Dr. Cameron is one of the governors of that fund.

Mr. WINCH: Might I ask what is taking place in respect of that fund.

Dr. CAMERON: Mr. Chairman, the Queen Elizabeth fund trustees have had two meetings to design the program to be supported under the Queen Elizabeth II fund for research in diseases of children. After the first meeting last fall circulars were sent to medical societies and medical schools inviting applications for two levels of assistance in research work. The senior level is for the support of individuals to direct research in medical schools. The salary proposed for initial support in that class is \$10,000 a year. I think there were two proposed at the outset. In addition to that level there is a junior level of support. I believe it will average \$4,000 a year for younger men starting out on a career in medical research.

I might explain that this fund is approximately \$1 million and it is the intention of the trustees at the present time to devote their efforts to spending wisely the income from that fund without dipping into the principal.

The second meeting of the trustees was held just a few days ago. Decisions were taken then as to which of the applicants should be accepted. I may say that owing to the lateness—it was not started until last fall—it was not anticipated there would be very many persons able to take advantage of this the first time around. However, with increased knowledge of the funds which are available it is hoped and expected that others will be able to take advantage of the plan. I cannot tell you now how many have been accepted, or in what classes they are, because this has not been finally decided by the trustees.

Mr. ANDERSON: My question is similar to Dr. Vivians' other than it involves the Canadian association for retarded children. Could I have the total amount of the government's contributions to the Canadian association for retarded children.

Mr. MONTEITH (*Perth*): \$5,000.

Mr. ANDERSON: Is that the total contribution of the federal government.

Mr. MONTEITH (*Perth*): To the association itself; but here again we give money for these purposes under the health grants.

Mr. CARTER: My question has been partly asked by Mr. Anderson. I am interested in this grant. What does this association do? Does the department have any idea?

Mr. MONTEITH (*Perth*): I might read this note. The association was incorporated in 1958 to assist, coordinate, and direct the work of the increasing number of organizations for the mentally retarded as represented by 10 provincial and some 105 local groups. The membership of the local

groups exceeds 12,000, most of whom are parents of mentally retarded children.

Mr. CARTER: Thank you. I gather this is a relatively new organization.

Mr. MONTEITH (*Perth*): Yes.

Mr. CARTER: Does the government have any figures as to the extent of this problem; how many retarded children there are in Canada or what percentage of the population they represent?

The CHAIRMAN: That will be obtained for you.

Mr. CARTER: I would like to follow up this. I think this problem of retarded children is one of the most pressing and possibly one of the most serious facing us at this time. From what we read in the papers it is far beyond the ability of the provinces to cope with it. We might be able to pursue this fund further under health grants.

The CHAIRMAN: Yes.

Mr. ANDERSON: Has any request been made for further financial aid along this line? I am very interested in this particular phase of work, being the father of the new experimental school for retarded children, which I believe is the first of its kind in Canada. This is a very serious problem and in my own district they have a great deal of trouble collecting voluntary subscriptions to keep this underway. I will not go into that at this time. We have, been successful, however, in south Waterloo and have graduated a few of the children into the public school system. I would have hoped that someone in the association would have requested further federal aid because it is something from which a great deal of benefit can be obtained.

Mr. MONTEITH (*Perth*): Yes. There are constantly requests under the health grants, but there has been no request for additional assistance under this particular item.

Mr. MCGEE: I have a question which is supplemental to a question asked ten minutes ago.

Mr. MCGRATH: I have a supplementary question to Mr. Anderson's. Are there direct grants made by the department to schools for retarded children?

Mr. MONTEITH (*Perth*): No; not for schools. These are provincial matters.

Mr. HALPENNY: I would like to ask the minister whether or not he has had any representations from three or four of these new groups which have started lately for these token grants such as the arthritic, cerebral palsy or the cancer group.

Mr. MONTEITH (*Perth*): I do not know of any request which has been turned down flat from the groups mentioned. I do not know of one.

Mr. HALPENNY: I am just wondering. These all are important groups. The Canadian cancer group thinks it is the most important and the heart people think they are the most important, and also the cerebral palsy and the arthritic. Why do these others get token grants and 4, 5 or 6 other good groups do not? Would it be possible to discontinue all these token grants?

Mr. MONTEITH (*Perth*): I would not suggest trying, Mr. Halpenny.

Mr. HALPENNY: But I mean, in all fairness, if you are going to give them to 21, why not give them to the whole 30 or 40?

Mr. MONTEITH (*Perth*): I think it might be put this way, these are associations which have a history of receiving a grant from the federal purse. I do not know of any of the groups you have mentioned ever having made a request. Undoubtedly, in the past others have. As I mentioned earlier, I interviewed certain of these associations when they came to request an increase—most of whom were requesting approximately a 50 per cent increase—either in 1958-59 or 1959-60.

Mr. HALPENNY: These grants are sort of habit forming?

Mr. MONTEITH (*Perth*): I would say so.

Mr. MCGEE: I want to come back to the Queen Elizabeth fund. Dr. Cameron, what was the composition of this \$1 million; where did it come from?

Dr. CAMERON: The government of Canada.

Mr. MCGEE: Was not this an open fund?

Dr. CAMERON: It is an open fund. It was initiated by the government of Canada in connection with the royal visit. Certain additions have been made voluntarily from outside sources, and the fund is open. If I may be permitted, Mr. Chairman, to make a plug right here, the fund will be very glad to receive any contributions.

Mr. FORTIN: You asked for it!

Mr. MONTEITH (*Perth*): I think it might well be pointed out that most of the new organizations actually turned to us through the health grants.

The CHAIRMAN: Mr. Stinson, you have been very patient.

Mr. WINCH: May I ask a question on the Queen Elizabeth fund again, Mr. Chairman?

The CHAIRMAN: Proceed.

Mr. WINCH: A few moments ago Dr. Cameron said they had approximately \$1 million and that is the federal grant. Now he says some money has come in voluntarily. Could he give us any idea as to how much money has come in voluntarily?

Dr. CAMERON: Between \$2,000 and \$3,000, I think it is.

The CHAIRMAN: Yes, Mr. Stinson.

Mr. STINSON: I waited patiently, Mr. Chairman, and my question has been answered.

Mr. CARTER: Mr. Chairman, I want to come back to this retarded children's association. Does the department have any figures as to what their total budget is? If they are given \$5,000, what proportion of their total budget is that?

Mr. CARON: While that is being looked for, I have a question in the same field. Is the association a nation-wide association with branches in different provinces?

Mr. MONTEITH (*Perth*): Ten provinces and 105 locals.

Mr. CARON: The \$5,000 would be distributed between the 10?

Mr. MONTEITH (*Perth*): No, this goes to the parent organization, which was formed in 1958. This is for the period from its inception in March, 1956 to August 31, 1958. Their total receipts in that year plus seven months were \$5,393. Our first contribution would not appear until the statement following this.

Mr. CARTER: But in the first eighteen months of their existence they had a budget around—

Mr. MONTEITH (*Perth*): I am used to financial statements, but this one is drawn up just a little differently. Their total revenue in this 19-month period was around \$14,500; their total expenditure was \$3,800; they had a balance of cash on hand and in bank, at the end of August, of \$10,800. It was in the succeeding year that our first contribution would be received.

Mr. KORCHINSKI: I have two questions, Mr. Chairman. One is a supplement to Mr. Halpenny's question. On page 353 of the blue book we find that the second world congress of anaesthesiologists receive \$10,000 this year, which last year they did not receive. The minister, in replying, said most of these organizations have a history of requests.

My second question is this: you have \$75,000 for items not required for 1960-61. Does this \$75,000 cover grants to organizations that no longer require grants?

Mr. MONTEITH (*Perth*): Mr. Korchinski, I answered this, actually, last meeting. I pointed out that this item at the end for the second world congress of anaesthesiologists—I had the same trouble pronouncing it at the last meeting—is a “one shot” affair. This second world congress is being held in Canada and we have contributed \$10,000 toward that congress being held in Canada. Last year there were one or two—which I did read into the minutes of the last meeting—congresses which were held in Canada but which are not repeated this year. And of the \$75,000, \$60,000 was to the Olympic association.

The CHAIRMAN: Are there any further questions?

Mr. WINCH: Mr. Chairman, in view of, again something of a very serious nature, I wonder if the minister could comment on the operations of the Canadian highway safety council? There have already been speeches made in the House of Commons on this problem. Is \$20,000 sufficient, in view of the job that has to be done there?

Mr. MONTEITH (*Perth*): I will quite freely admit that possibly it is not. I recall the Canadian highway safety council coming to call on me not too many months ago, preliminary to the setting of this year's estimates, and they requested an increase. I saw their statement at that time—or, at least, they were demonstrating some of their expenses and how they were expanding, and so on. I cannot tell you offhand when we last raised this grant to the Canadian highway safety council, but due to the fact that most of these grants had received an increase over the previous two years it was decided this year that there would be, generally speaking, no increase.

Mr. WINCH: Is the hold-the-line policy irrespective of need?

Mr. MONTEITH (*Perth*): No.

The CHAIRMAN: Are there any further questions, Mr. Winch?

Mr. WINCH: I would like to pursue it, Mr. Chairman, but perhaps I should wait until some other occasion.

Mr. CARON: Coming back to the retarded children, Mr. Chairman, there is a grant of \$5,000. For what special purpose is it given?

Mr. MONTEITH (*Perth*): Just for the operation of the parent organization, which is a new organization. Our first request was in the fiscal year 1958-59, during which time we contributed \$5,000.

Mr. CARON: If the local organizations need help, then they can call on the Canadian association for retarded children?

Mr. MONTEITH (*Perth*): We could not very well undertake to do anything about a local organization: there are 105 of these across Canada.

Mr. CARON: Then it is for the provincial organization?

Mr. MONTEITH (*Perth*): Yes.

Mr. CARON: Just for the provincial organization—

Mr. MONTEITH (*Perth*): I am sorry; this is for the national organization.

Mr. CARON: Those in need have to apply to the national organization, and then they will be directed where to go if they need some more money?

Some Hon. MEMBERS: No, no.

Mr. MONTEITH (*Perth*): No. I see that Mr. Anderson has left the room, but I think if you were to talk to him he would be able to explain completely, due to the interest he has shown in this matter, how the individual organization in one particular area does operate.

Mr. CARON: Over in Hull they have an association. They asked me about financial assistance and I wrote to you once on that matter. You told me to refer the matter to the provincial authorities.

Mr. MONTEITH (*Perth*): Yes; and also they raise most of their money locally.

Mr. CARON: But if they have not got enough, they have to send their claim to the Canadian association, which might claim a little more next year?

Some Hon. MEMBERS: No.

The CHAIRMAN: I wonder, Mr. Caron, if I could ask the minister a question which affects your question and results from one directed by Mr. Halpenny, and which in effect determines who referees, or decides, how much they are to receive, and so on.

The reply to Mr. Halpenny, Mr. Minister, was that history had often quite a lot to do with this. Perhaps it might be of some help to Mr. Caron and the committee if you could tell us who does make the decision on who receives what. What is the basis of it; is it within your discretion alone, or is it your two deputy ministers? What is the basis for allowing these grants?

Mr. MONTEITH (*Perth*): I would say it comes down to my recommendation to treasury board on the estimates, after consultation with my deputies.

The CHAIRMAN: Is there any team or group of people within the department which makes these recommendations jointly to you?

Mr. MONTEITH (*Perth*): The deputy under whom a certain grant may apply would discuss this with his officials first and then discuss it with me and give me a memorandum on the matter. Then I would probably, as a result of this consultation, make a recommendation.

The CHAIRMAN: Is it unfair to say that the individual group that exerts the most pressure receives the most attention? This is the sort of question that is left unanswered. If an organization has a grant, is the recommendation based on the merits—this is what I am attempting to obtain—of the respective group.

Mr. MONTEITH (*Perth*): Oh, definitely.

Mr. PUGH: Is there much change over the years in the ratio between the various groups, as to what they receive? Once established, does it go on, or does it...

Mr. MONTEITH (*Perth*): I cannot go back prior to my own term of office, but there has been no particular change in the ratio since then.

Mr. HALPENNY: Have there been many new ones added?

Mr. MONTEITH (*Perth*): This is one that has been added.

Mr. HALPENNY: I realize that.

Mr. MONTEITH (*Perth*): I do not know of any more, offhand.

Mr. CARTER: Do we have any conditions at all? Are all these organizations incorporated? We do not require them to be incorporated, do we?

Mr. MONTEITH (*Perth*): I am told these are all incorporated, either under provincial or federal charter. I would not say that that was an automatic requirement, but these do happen to be.

Mr. HALES: On this whole matter of grants, from the discussion that has gone on here this morning it would appear that perhaps it should have a thorough review.

I was wondering if the department had given any thought to giving these grants, maybe on a percentage basis, based on the amount of money each organization had collected on its own behalf. In that way there would be some continuity as to the amount each would receive.

Secondly, you are speaking about giving to local organizations. Under the Canadian National Institute for the Blind there is \$45,000 given; and then, a little later on, we see the Montreal association for the blind, \$4,000. What is the explanation of that?

Mr. MONTEITH (*Perth*): One is a national organization, and the other is a local, area association.

I might say that if a certain percentage of receipts—for argument's sake—were given to each association, it would tend to give the stronger organization a lever which the weaker organization might not have.

For argument's sake here, also, if we had applied this yardstick the association for mentally retarded children probably would have received a couple of hundred dollars or \$500,000 instead of \$5,000.

Mr. HALES: Conversely, the organization the public feels needs the greatest support generally gets the greatest support, and this retarded children's organization would likely—

Mr. MONTEITH (*Perth*): They may as a result of that need less money from the government.

The CHAIRMAN: By the same token, you agree grants are often given and should be given on the basis of those who show enough initiative to help themselves?

Mr. MONTEITH (*Perth*): Yes.

The CHAIRMAN: This would be a factor in determining the grants?

Mr. MONTEITH (*Perth*): Yes.

Mr. WINCH: Could I ask a question, there, Mr. Chairman?

The CHAIRMAN: Yes, Mr. Winch?

Mr. WINCH: If there is not a national office, a national body—one where you have an organization in one province only—is it possible or permissible to bring it under this grants section?

To illustrate what I mean, we in British Columbia, have now, I think, the only body in Canada called the narcotic foundation, which, for the first time, is taking in those who are addicts, on a voluntary basis. A year ago they had a case load of eight, and I think it is now a case load of 130. I had an indication from them yesterday there is a great need for expansion. In a case like that, is it possible for them to come under these grants, or do they come under some other aid in your department?

Mr. MONTEITH (*Perth*): I think probably the approach would be to form a national association. Generally speaking, they are all we consider: that is, we recognize national institutions. There are one or two here which have been on the books for years and years, since way back in the twenties, and as a consequence they are still there.

Mr. WINCH: Any aid given to this, what I would call, great North American experiment would not then be given under this, but under some other section of your departmental administration?

Mr. MONTEITH (*Perth*): If they had submitted a project it could well come under other health grants.

I am quite free to admit that we have talked to some of these associations. I am not referring to the one you have mentioned, Mr. Winch, but we point out we really only contribute to an association which has a national aspect.

Mr. CATHERS: Mr. Chairman, further to Mr. Hales' question about the blind, are you not contradicting yourself? You have the Montreal association for the blind in here.

Mr. MONTEITH (*Perth*): I mentioned that.

Mr. CATHERS: You have the Canadian association and also the Canadian national association.

Mr. MONTEITH (*Perth*): I mentioned that, Mr. Cathers. There is the Canadian National Institute for the Blind and there is a separate organization in Quebec, but I did point out there are one or two who have been in this list since back in the twenties, and they are still there.

Mr. CARTER: I would like to ask a question, Mr. Chairman, but I would like to preface it with a remark in reply to what Mr. Hales said in respect to associations for retarded children.

This is a new organization. It is doing a job which desperately needs to be done. It is calling public attention to this problem, which is going to take a considerable time. So, I would hope this grant would not be reduced.

Mr. MONTEITH (*Perth*): There has been no indication of reducing it, Mr. Carter.

Mr. CARTER: But there might be a reduction if we accepted the basis Mr. Hales suggested.

My question is: should we not be making more use of these organizations than we do? It seems we pay them the money, and then forget about them.

Mr. MONTEITH (*Perth*): We do in this respect: we frequently ask them for advice and discuss with them problems in their particular field. I might point out the T.B. association met in Ottawa yesterday and is meeting again today, and we are having what might be called a conference to discuss the overall T.B. situation in Canada.

The T.B. association, in conjunction with ourselves and the bureau of statistics, organized this meeting, and at this meeting are representatives of the programs in all the provinces as well.

Mr. CARTER: Yes, but perhaps I did not make myself clear. I seem to have the idea there is an overlapping in the work these organizations do and what your department does.

Mr. MONTEITH (*Perth*): No.

Mr. CARTER: If that is not the case, then there is no question.

Mr. MONTEITH (*Perth*): No.

Mr. CARTER: I certainly got that impression from the answers given.

Mr. MONTEITH (*Perth*): No, there is no overlapping in this work at all, but we do consult with them upon occasion when certain information is required.

Mr. CARTER: Is your department doing things that could better be done by these organizations? Take the case of surveys. I think if we wanted a survey on the problem of retarded children there would be no better way of getting it than by getting it from the people who have taken such an interest in it and who have made a special study of the project itself.

Mr. MONTEITH (*Perth*): I think the question was asked earlier if we could provide some figures.

Mr. CARTER: Yes.

Mr. MONTEITH (*Perth*): I am going to ask Dr. Cameron to explain where he is going to get those figures, and perhaps that would answer your question.

Dr. CAMERON: Mr. Chairman, I am on the spot. I am not at all sure where we are going to get those figures. But if I might just say this to Mr. Carter, the department's policy is definitely to keep very closely in touch with these organizations and with the others. These amounts of money are token payments to the national organization, to assist them in maintaining a national organization. This is a difficult thing to do in a federal state like

Canada, as anybody who has had responsibility for organizing a national association will know. In addition to that, we cooperate with these organizations in their programs.

Mention was made a while ago of the arthritis and rheumatism group. They got into financial difficulties a few years ago, and we were able to be a very considerable assistance to them—it was more than all these amounts put together—in carrying through their research program for that and subsequent years.

We feel we have a very close relationship with them, and if there is information we want we would certainly turn to them first and possibly—or probably—work out a joint program, if it were in their particular field.

Mr. HALPENNY: Concerning this list of token grants that the minister mentioned, we gave for Canadian mental health work about \$9 million, or whatever it was. Undoubtedly we give the Canadian T.B. association another grant besides this. I am wondering how many of these are duplicated. We give them a token grant, and how many others do we give them?

Mr. MONTEITH (*Perth*): The money given under the health grants is primarily for projects in that certain field. They come to us from the provinces. These are token grants to the national organization, as an association itself. These other grant monies do not go to the association, but they go to projects in this field.

Mr. HALPENNY: Could the provincial associations keep their own national association if we did not give them a grant? We give the money to the provincial associations?

Mr. MONTEITH (*Perth*): No, we give the money from the health grants to the provincial departments of health.

Mr. HALPENNY: I see.

Mr. FORTIN: Could we get some information concerning the Nazareth institute of Montreal—L'Institut Nazareth de Montreal?

Dr. DAVIDSON: This is an organization working with the blind, Mr. Fortin.

Mr. CATHERS: You mentioned before the heart fund allocation of \$500,000; to whom was that given?

Mr. MONTEITH (*Perth*): To projects throughout the provinces. This will be dealt with more fully under the health grants; but a project comes in to us from the province and is recommended by them. If it is acceptable and meets our requirements, we accept this project and contribute our share. In this case, it is \$500,000 across the board—at least, not across the board, but to specific provinces for certain projects.

Mr. CARON: On the question of retarded children, have you any statistics on how many retarded children we have in Canada, or is this a provincial matter?

The CHAIRMAN: This information is being obtained for you. It was requested by Mr. Carter.

Mr. MCGEE: This may be a delicate subject but I think it should be clarified. Are there two or three institutions in Montreal dealing with the blind, in addition to some branch of the national association? I am wondering if we could have some clarification of what are the needs that are keeping these organizations apart. It seems to me that people in every other city in Canada who are interested in the care of the blind have come under the national association.

Mr. MONTEITH (*Perth*): There are four. There is the C.N.I.B. which, as we all know, is the nation-wide organization; there is L'Association Canadienne

Française des Aveugles. The amount there is \$6,000. This association is area-wide and includes more than Montreal. Then there are these two others, in the amount of \$4,050 each which, as I have mentioned, have been in the books since the 1920's.

I might say that L'Institut Nazareth de Montreal is a school and hospital for the blind. It is managed by the Grey Nuns of Montreal. It provides for musical training, classic studies, vocational training and Braille reading instructions. In regard to the Montreal association for the blind, they operate a school for boys and girls, a workshop for men and women, a lending library, and there is a social service department which carries on welfare work among the blind. These two particular associations are very local in nature, but they crept into the grant system back in the twenties, and are still there.

Mr. CARON: They are for the blind from all over the province and not just from Montreal.

Mr. MONTEITH (*Perth*): Yes.

The CHAIRMAN: Are there any further questions on item 254?

Item agreed to.

The CHAIRMAN: The next item is 255.

Item 255 Civil defence health, welfare and training services \$ 4,593,008

As a result of a number of requests which I have received, I have a suggestion to make to the committee. Perhaps I should point this out. Vote 255 in the Department of National Health and Welfare estimates is with civil defence health, welfare and training services. It was pointed out to me that under this item we may deal with planning and that it would also be our responsibility to examine any questions relating to Arnprior or to emergency health or planning of civil defence, in so far as the college is concerned. In addition to this vote, vote 233 of National Defence is for grants to provinces and municipalities, and vote 311 in the Privy Council estimates is for the administration and operation of the emergency measures organization, including duties in the field of civil defence transferred to this organization formerly from Health and Welfare.

In other words, gentlemen, you have the pie cut three ways and it is my thought that rather than restrict the committee to only one aspect of this subject—and I have received a number of suggestions in regard to this—that we might like to broaden it to include the other two votes. If that is the wish the chair would, of course, at your suggestion in a report to the house request that Mr. R. Byrns Curry, director of emergency measures organization appear before the committee, as well as a representative of National Defence. Is that agreed?

Agreed.

The CHAIRMAN: Is there any discussion on this?

Mr. HALES: This seems to have developed into a rather complex breakdown between the three departments which you have just mentioned; it is all brand new, and the result of Major General Graham's survey. I think if we had the heads of those three departments, who administer the vote, come here and give us their specific work in each department, it would clear the air.

The CHAIRMAN: This was the intention of the chair.

Mr. WINCH: Have all the departments concerned been referred to the house through the motion for supply, or will we have to direct that that be done.

The CHAIRMAN: Neither of these two have.

Mr. WINCH: We cannot get them until that is done.

The CHAIRMAN: I am not suggesting that we are going to refer the estimates. Perhaps you recall that when we examined National Defence eighteen months ago we came to the item of civil defence under National Defence, and you may recall that we merely suggested or invited the present witness, the Minister of National Health and Welfare, to appear before us, which he did.

Mr. WINCH: It is not the estimates for which you are going to ask.

The CHAIRMAN: No. In effect, all we are doing is asking that the witnesses of the two other departments appear before us so we can have one story, rather than have it divided into three sections. Is that agreed?

Agreed.

The CHAIRMAN: Perhaps in calling vote 255 you might like to carry on your examination of this item in so far as it affects the Health and Welfare department.

Mr. FAIRFIELD: Is the minister going to make a statement?

The CHAIRMAN: Perhaps it might be beneficial to have the minister or his deputy state concisely what is his responsibility concerning this item. In this way questions can be kept within those limits.

Mr. MONTEITH (*Perth*): I think I will ask Dr. Davidson to outline the functions of civil defence which still remain with Health and Welfare.

Dr. DAVIDSON: It will be recalled that the minister in his opening statement included a section on those civil defence responsibilities which continue to be the responsibility of the Department of National Health and Welfare. Briefly, they are three in number. We retain the responsibility for providing guidance and assistance to the provinces, both in terms of services and in terms of financial assistance in respect of their planning of emergency health and emergency welfare services. The responsibility of those two areas is under the order in council which was approved last May, and which set out the re-allocation of responsibility among various departments vested in the provincial authorities. But the order in council provided that the federal government, through the Department of National Health and Welfare, would supply health help and assistance to the provinces in the development of their emergency planning responsibilities in both the health and welfare fields. In addition to these two responsibilities which the department retains, our department also continues to be responsible for the maintenance and operation of the federal civil defence college at Arnprior which, I believe, a number of members of parliament visited last Saturday morning.

Those are the three responsibilities which are retained in the Department of National Health and Welfare. I would only add that so far as the college is concerned, while we retain the operational responsibility, the responsibility for determining over-all policy with respect to the training program is now a matter of vital interest, and is of concern not only to our department but also to the Department of National Defence through the emergency measures organization of the Privy Council, and to the R.C.M.P. The development of policy, is now the responsibility of an interdepartmental committee on training policy, which is established under the chairmanship of an officer from the emergency measures organization, and which has representatives on it from the various departments I have mentioned.

Again, briefly, our three responsibilities are in the field of assistance to the provinces in their planning of emergency welfare measures and assistance to the provinces in their planning of emergency health measures, and the operational but not the over-all policy responsibility in respect to the civil defence college at Arnprior.

Mr. FLEMING (*Okanagan-Revelstoke*): Might we have a copy of the order in council which assigns the responsibility to the three departments tabled and incorporated in the minutes of the meeting, so that we will be able to make reference to it?

The CHAIRMAN: Yes.

Mr. McDONALD (*Hamilton South*): Has this special committee which Dr. Davidson referred to laid down an over-all policy on civil defence to be adhered to by the provincial and municipal governments?

Dr. DAVIDSON: The committee to which I refer is a committee on training policy only. That relates to the kinds of courses that are to be put on at the college, and the standards of admissibility of candidates who come to the college for training. This committee to which I referred has not the responsibility for determining over-all civil defence policy.

Mr. FAIRFIELD: There was a meeting in March of last year at Battle Creek, Michigan of the United States-Canada civil defence planning group. I understand that the report is classified; but is there any report that could be made available to the committee?

Dr. DAVIDSON: I would have to check on that. I think that would be almost certainly a confidential document, which would be the joint property of the United States and Canada. I doubt whether it would be available for tabling before the committee.

Mr. FAIRFIELD: Mind you, some of the decisions taken there probably have been revealed already in the United States Congress committee. Are we going to have any report at all from that planning group?

The CHAIRMAN: That information can be determined. I think it is a good question. Will you check and see if it is available.

Dr. DAVIDSON: I will check on that. This is one of a series of meetings of this planning committee.

The CHAIRMAN: Before recognizing the next member, may I point out that this committee asked for that large group of display material, and it is available to look at when you leave the meeting.

Mr. HALPENNY: It will be here next week.

The CHAIRMAN: It could be got.

Mr. CARTER: I notice you have a reduction of forty in staff or personnel. How much of that reduction is due to lending your services to other departments?

Dr. DAVIDSON: In a word, all of it.

Mr. WINCH: Might I ask in view of the statement made by Dr. Davidson, who is responsible for planning for the overall civil defence policy as far as Canada is concerned?

Mr. MONTEITH (*Perth*): Yes, it is the emergency measures organization.

Mr. CLANCY: That would come under the Prime Minister.

Mr. MONTEITH (*Perth*): Yes; a cabinet committee operates and advises the privy council.

Mr. CLANCY: Do any of the provinces run training schools, apart from that at Arnprior?

Mr. MONTEITH (*Perth*): Yes, I think Alberta does.

Dr. DAVIDSON: Alberta has a training school, and one or two of the other provinces also have training schools. I must confess that I do not have it on the tip of my tongue right now, but we could get it for you. In addition to the two or three provinces which actually operate training schools, certain provinces operate training programs to a greater or lesser extent which would not be

concentrated in one particular institution or center, but which involve the training of a very large number of civil defence personnel throughout the province.

Mr. CLANCY: Does your department distribute to these schools in any way for instance, or provide instructors who are paid by the federal department, or in any other way aid those schools?

Dr. DAVIDSON: Under one item of our estimates this year (which will be under national defence estimates next year) there is an amount this year of something like \$2 million; and next year I believe it will be \$4 million, to provide financial assistance to the provinces in carrying out their provincial and local civil defence responsibilities. I think it is safe to say that in every case where there is a training program operating, that the costs are shared between the federal and provincial authorities through projects submitted under this financial assistance program.

Mr. McDONALD (*Hamilton South*): Again, coming back to the projects which the provincial governments have, are they running them with the federal government, in connection with an overall policy?

Mr. MONTEITH (*Perth*): We have departmental people, but in 1959-60 this item is taken care of by the emergency measures organization. I think when we have Mr. Curry or Mr. Bryce appear before us, they can give a clear definition of how it operates today.

Mr. CARTER: Are the civil defence coordinators—of which there are two new appointments—the responsibility solely of your department?

Mr. MONTEITH (*Perth*): No, there are no people filling this position as of today, and they are not in the estimates for next year.

Mr. CARTER: Oh, I am sorry. I was looking at the wrong column. Their duties have been taken over. But there was somebody there last year?

Mr. MONTEITH (*Perth*): Yes, their duties have been taken over by the emergency measures organization.

Mr. STINSON: I wonder if the minister could tell us whether or not, in view of the immense amount of research that has been done by authorities in the United States, and for at least two out of three years when this department had the responsibility in this respect, there is a plan to have a close liaison with officials in these countries who have had to do with these matters? I am concerned that we might develop a staff in this country which would carry on research and studies in this field, when, from what they are doing in the subject elsewhere a little liaison with those boys in the United States would produce results and techniques more quickly than might otherwise be produced?

Mr. MONTEITH (*Perth*): I shall ask Dr. Davidson to explain how conferences have taken place in the past with the United States.

Mr. WINCH: At the same time I wonder if Dr. Davidson could tell us about this: neither Canada nor the United States has ever been invaded. On the other hand, Great Britain must have had a terrific experience with civil defence. Can you explain any liaison with countries which have had such experience?

Dr. DAVIDSON: There has been since 1951-52 a United States-Canada standing committee on civil defence which is operated through the use of working groups in specialized studies, such as emergency welfare planning, emergency health planning, communications, and so on.

I can assure Mr. Stinson that there has been the very closest working relationship between the United States and its partners in this field. It is the

kind of research that Dr. Fairfield meant when he spoke of the standing committee group meeting in Battle Creek, as evidence that this is just one of numerous groups which meet throughout the year with their United States counterparts, trying to make sure that we get the full benefit of their knowledge and experience. This is a much bigger problem for the United States than for us in Canada; but we have officers, on the committee, we have been responsible for our share of the work and it is continuing. Our officers visit Washington regularly; and we have had groups from the United States come up to Canada. We have interchanged students between our different civil defence organizations and training institutions and so on.

As to Mr. Winch's question, what I have said with respect to the United States-Canada relationship applies equally not only to the United Kingdom relationship but also to all our partners in the North Atlantic Treaty Organization.

There is a committee of NATO dealing with this particular program. Through this committee we meet with our partners in the North Atlantic Treaty Organization twice a year, when we learn of their experience, and they learn of ours. This work comes more directly under the emergency measures organization, now that the transfers have been made.

Mr. MCFARLANE: Is there any over-lapping of the provincial programs as between the federal and the provincial governments? We are operating one out in British Columbia. Is there any over-lapping between the situation at the provincial level and the situation at the federal level?

Mr. MONTEITH (*Perth*): Actually I think that might be well understood by use of a statement—and you will probably recognize the document—made by the Hon. W. D. Black, under whom civil defence is a responsibility in British Columbia. I might point out that he speaks very highly of the new arrangement.

The CHAIRMAN: The answer is no?

Mr. MONTEITH (*Perth*): That is right.

Mr. MCFARLANE: In connection with the provincial program and also the civil defence angle of it, not long ago I took a course. We spent eight weeks, two nights a week, two hours each evening, and we covered various portions of the program. At the end of the course the question period came up, and we asked the coordinator where we stood in the case of an emergency. He just advised us that the R.C.M.P., point blank, would take over. But at that time there were no R.C.M.P. people taking the course. There were five women and three men. I appreciate the fact that there is public reticence in the matter of civil defence. But where do we stand? I am thinking of small urban areas. How far are we going along with this program? Are we making it clear to people that civil defence is a serious matter?

The CHAIRMAN: It has been suggested to me that two other witnesses we propose to call might be in a position to deal with that rather general question of policy.

Mr. MCFARLANE: Very well, thank you.

Mr. FAIRFIELD: I would like to have if possible a breakdown of the projects approved by the provinces in these present estimates, and what the cost would be?

Mr. MONTEITH (*Perth*): That would have to come under EMO. This is for 1959-60, while 1960-61 would come under the emergency measures organization.

Mr. FAIRFIELD: Their budget is only \$600 thousand for this year.

Mr. MONTEITH (*Perth*): The emergency measures organization approved the budget, and the approved projects?

Mr. FAIRFIELD: Yes. They approved the projects; but in your annual report for 1959 you give a breakdown of the projects approved, and of the cost to the federal government.

Mr. MONTEITH (*Perth*): In 1959-60 we had \$2 million in our estimates for this purpose, but in 1960-61 I understand there will be \$4 million being spent by the Department of National Defence, or that they will have an estimate in the amount of \$4 million in their estimates for this purpose.

Mr. FAIRFIELD: Have you any others on the health and welfare side with the provinces?

Mr. MONTEITH (*Perth*): I shall ask Dr. Davidson to answer.

Dr. DAVIDSON: In accordance with the provisions of an order in council of September 1, 1959, in the middle of this year responsibility in the administration of financial assistance programs to the provinces was transferred from our department to the emergency measures organization. They have all the files and records and material as to the projects which are currently in operation this year, which is I think what Dr. Fairfield wants. It might be possible for the emergency measures organization representative at the next meeting to give the kind of information that Dr. Fairfield asked for, which I understand is like that which we gave in our annual report for the fiscal year 1958-59.

Mr. FAIRFIELD: That is right. I wondered if we could get a breakdown of that before the emergency measures organization man comes here.

Dr. DAVIDSON: The emergency measures organization representative will be here at the next meeting, but I think it would be impossible for us to get the records from the emergency measures organization before that time.

The CHAIRMAN: Would you mind reminding the chair, Dr. Fairfield, in asking for a representative to appear, so that I may ask that that information be obtained?

Mr. BEST: Mr. Chairman, Dr. Davidson mentioned this standing committee on civil defence in Canada and United States. Could we know briefly the composition on both sides, and secondly the general jurisdiction of the civil defence authority in the United States.

Dr. DAVIDSON: Mr. Chairman, the membership of the United States-Canadian committee on civil defence, so far as the Canadian side is concerned, was named prior to the reorganization and to the best of my knowledge—and I speak subject to correction—the United States membership has not yet been revised so far as the overall committee is concerned to bring it in line with the new arrangements. However, I will be glad, at the next meeting, to table a list of the present membership of the United States-Canada standing committee so far as the United States and Canadian components are concerned.

The CHAIRMAN: Is that agreeable to the committee?

Agreed to.

Mr. BEST: My second question is in respect of the United States organization for civil defence and how it compares with ours with reference to the jurisdiction of different government departments and so on.

The CHAIRMAN: This will also be discussed under the emergency health organization heading.

Mr. KORCHINSKI: I wonder if all the provinces have presently set up machinery in their governments so as to participate with the federal authorities?

Mr. MONTEITH (*Perth*): Yes.

Mr. KORCHINSKI: To what extent are they participating? I know at Qu'Appelle in the province of Saskatchewan we have a school set up there. I am wondering how much duplication there is in respect of the type of training given

at Arnprior or whether this is sort of a junior college. After a person graduates from these colleges what type of certification does the graduate get, or what is his status?

Mr. MONTEITH (*Perth*): We train the key leaders in the provinces at the school at Arnprior. I will ask Dr. Davidson to answer the second part of your question.

Dr. DAVIDSON: Every candidate who completes a course at the civil defence college at Arnprior gets a form of certificate from the commandant of the college certifying that he has attended and completed the particular course he has been there for.

Mr. KORCHINSKI: Can he obtain the same type of certificate from a provincial college?

Dr. DAVIDSON: The policy as to whether or not the provincial colleges issue certificates is a matter for the provincial colleges themselves to decide. What we are trying to do at Arnprior is not to duplicate the provincial program but rather to train the key leaders in the various defence fields so that they can go back to their own provincial centers and municipalities and train much larger numbers of people in the local civil defence organizations.

The CHAIRMAN: Gentlemen, I will suggest we continue examination into this matter at our next meeting which will be held in this room on Thursday, March 24 at 9:30 a.m. At that time we expect to have representatives of the branch dealing with civil defence. It is our intention, following the examination and civil defence, to possibly close the item under welfare, and we will then proceed with the items dealing with health.

The committee adjourned.

APPENDIX "A"

SERVICE PERSONNEL—LOSS OF FAMILY ALLOWANCES

REPRINT FROM HOUSE OF COMMONS DEBATES, Wednesday, May 13, 1959

Question No. 379—Mr. Carter:

1. For a wing commander at maximum pay with a wife and five children (ages 1, 3, 5, 8 and 10 years) and a wing commander at maximum pay with a wife and three children (ages 2, 6, and 8 years) living in public married quarters in England during a four years overseas tour of duty, what is the amount for the four year period of: (a) the gross loss in family allowances; (b) the offsetting saving in income tax; (c) the total of additional allowances payable in England which are not received by a serviceman of similar rank in married quarters in Canada, and which are peculiar to married personnel as distinct from single personnel?
2. What are the comparable figures for (a), (b) and (c) above for sergeants at maximum pay with similar families?
3. What are the comparable figures for (a), (b) and (c) above for leading aircraftsmen at maximum pay with similar families?

Answer by: Hon. G. R. Pearkes (Minister of National Defence):

Question Part	Rank	Number of Children	(a)	(b)	(c)
			The gross loss in family allowances	The offsetting saving in income tax	The total of additional allowances payable in England which are not received by a serviceman of similar rank in married quarters in Canada, and which are peculiar to married personnel as distinct from single personnel
			\$	\$	
1	Wing Commander.....	5	1,584.00	998.40	Nil
1	Wing Commander.....	3	912.00	595.20	Nil
2	Sergeant.....	5	1,584.00	310.08	Nil
2	Sergeant.....	3	912.00	398.88	Nil
3	Leading aircraftsman..	5	1,584.00	16.80	Nil
3	Leading aircraftsman..	3	912.00	278.88	Nil

NOTE—The above figures do not take account of foreign allowance payable to both single and married servicemen in England which amounts in a four year overseas tour of duty to the following:

Wing Commander.....	\$ 1,296.00
Sergeant.....	576.00
Leading aircraftsman.....	432.00

APPENDIX "B"

Statement as to the various types of supplementary allowances paid to members of the Armed Forces serving outside Canada:

1. *Supplemental allowances based on cost-of-living variations* between Canada and the country to which the serviceman is posted. These vary as to country and rank, as to whether or not the serviceman is accompanied by his family or unaccompanied, and also as to whether or not he is provided with rations for his family.

2. *Education allowance* for children up to age 19 or university entrance (whichever is earlier) in cases where the child is unable to obtain schooling except by payment of a tuition fee. The maximum allowance is larger for children over 13 years than for children under this age.

3. *Rental allowances* paid as partial reimbursement for rent paid in cases where accommodation is not provided. Amounts vary with rank and the gross monthly rental actually paid.

4. *Special allowances* to personnel serving in the U.K. and Continental Europe. These are paid to married personnel in the areas mentioned who are not in receipt of supplementary allowances. They vary in amount according to country and post in which the serviceman is serving; also as to whether or not the dependents are occupying married quarters, and also as to whether or not the serviceman is permitted, for service reasons, to reside with his dependents.

Other special allowances are paid to personnel serving in Indo-China, Antwerp, Belgium, Sardinia, or with the U.N. Emergency Force.

Full details with respect to all these allowances are given on pages S-24, S-25, and S-26 of the Public Accounts for 1958-9, and reference is made to that document for any additional information which may be required.

APPENDIX "C"

FAMILY ALLOWANCES—CHILDREN RECEIVING
INSTITUTIONAL CARE

Mr. McGrath requested information as to the number of children living in institutions in the different Provinces of Canada, on whose behalf family allowances are not being paid because of the fact that the definition of "parent" in Section 2. (f) of the Family Allowances Act does not include an institution.

The last census of welfare institutions in Canada was taken in connection with the 1951 census, and the data from this census have been published in a D.B.S. Reference Paper of June, 1953, entitled "Census of Welfare Institutions". According to this report (page 30), a total of 21,676 children under the age of 21 were enumerated in the census. From the breakdown of population by age groups given in Table 20 of this same report (page 32), it is possible to obtain the number of children under age 15 in welfare institutions in Canada on June 1, 1951:

Newfoundland	305
Prince Edward Island.....	148
Nova Scotia	588
New Brunswick	585
Quebec	12,612
Ontario	2,781
Manitoba	387
Saskatchewan	436
Alberta	1,338
British Columbia	294
Yukon & Northwest Territories.....	19
	19,493

In addition to the figures given, there were also 2,141 children reported in the same institutions as between the age of 15 and 21. If it can be assumed that from 400 to 500 of these were between 15 and 16 years of age, it follows that on June 1, 1951, there were approximately 20,000 children of family allowances age in welfare institutions in Canada; and that approximately 65 per cent of these were in the Province of Quebec, 14 per cent in Ontario, 7 per cent in Alberta, 3 per cent each in Nova Scotia and New Brunswick, 2 per cent each in Manitoba and Saskatchewan, 1.5 per cent each in Newfoundland and British Columbia, and less than 1 per cent each in Prince Edward Island and the Territories.

The reliability of the estimate of 20,000 children under 16 in welfare institutions in Canada has been checked in a number of different ways. For example, the D.B.S. estimate of children under 16 in Canada on June 1, 1959, was 6,108,400: as of June, 1959, there were 6,082,718 children in receipt of family allowances, leaving a balance "unaccounted for" of approximately 26,000. A substantial number of these would be children under 16 years of age in immigrant families, not yet eligible for family allowances because they had not lived a full year in Canada. Others would be children disqualified from receiving family allowances for temporary periods because of unsatisfactory school attendance. Still others would be children in institutions for whom family allowances were not being paid.

In a further effort to check and bring up-to-date the reliability of the estimate based on D.B.S. figures for June, 1951, an inquiry was directed to all Regional Directors in March, 1960, requesting them to consult with provincial authorities and others and provide whatever reliable estimates might be available as to the numbers of children who might come within the scope of the expression "institution" as defined in the Family Allowances Act and Regulations. It should be noted in this connection that "institution" as defined in the Family Allowances Act and Regulations includes, in addition to orphanages and children's homes, other types of places such as shelters, refuges, hospitals, institutions for delinquent children, training schools for the mentally retarded, schools for the deaf and blind, Indian residential schools, private residential schools, etc.,—many of which were not included in the D.B.S. census of welfare institutions. Consequently, the numbers of children under 16 reported in institutions by Regional Directors is inevitably somewhat higher than the numbers shown in the D.B.S. census report.

The following table shows the numbers reported by the Regional Directors:

CHILDREN IN INSTITUTIONS

Province	Children in Institutions	Family Allowances Paid to Parent	Family Allowances Paid to Agency	No Family Allowances Paid
Newfoundland.....	340	159	59	122
Prince Edward Island.....	96	41	28	27
Nova Scotia.....	509	335	74	100
New Brunswick.....	700	367	74	259
Quebec.....	14,500	6,600	6,300	1,600
Ontario.....	3,707	2,294	406	1,007
Manitoba.....	978	403	81	494
Saskatchewan.....	3,000	2,000	85	915
Alberta.....	1,938	1,035	650	253
British Columbia.....	1,416	489	27	900
Yukon and Northwest Territories.....	200	30	—	170
TOTAL.....	27,384	13,753	7,784	5,847

MARCH 18, 1960.

It will be apparent from the foregoing that the vast majority of children in institutions are at the present time benefitting from family allowances through the fact that the allowance, while not payable to the institution in which they reside, is being paid to the "parent" who is maintaining the child in the institution. This parent may be a natural parent (either father or mother), a relative or friend accepting responsibility for the child's maintenance, a voluntary children's aid society or child welfare agency which accepts responsibility for the child, or a provincial public welfare department acting through a provincially appointed Superintendent or Director of Child Welfare as the child's guardian or substitute parent.

Through these various arrangements, some 21,537 children, out of an estimated 27,384 in institutions, are already benefitting from family allowances. So far as can be ascertained, the numbers who do not benefit,—because no "parent" or agency can be found outside the institution to take responsibility for them,—amount to approximately 5,847. This number is being progressively reduced as "parents" or agencies willing and able to accept "parental responsibility" for the child in the institution are being established. As child welfare agencies develop in an increasing number of communities across Canada with qualified staff to study the individual needs of each child and place him in the

environment best suited to his needs,—either a foster home, an adoption home, a wage home, or an institution of one kind or another,—it is considered that this number will continue to diminish until the number of children in institutional care with no “parent” in the community outside the institution to contribute to the child’s maintenance and accept parental responsibility for him will be reduced to a minimum.

APPENDIX “D”

OLD AGE SECURITY PENSION SYSTEMS

OLD AGE RETIREMENT PROGRAM IN GREAT BRITAIN

The National Insurance Act of 1959 introduced major changes in the British system of retirement benefits. Under the new legislation a graduated system of contributions and benefits, related to wages, is to be superimposed as a “second deck” on the existing flat-rate system. Because of the detailed planning and the changes and adjustments involved both for employers and the government these new provisions will not come into operation before April 1961.

Existing Flat Rate Pension Program

The program of retirement benefits in Great Britain is currently governed by the National Insurance legislation of 1946.¹ It makes provision for a number of cash benefits,—retirement, survivors, sickness, maternity and unemployment, all of which are financed through national insurance contributions. These contributions are compulsory for residents 15 to 65 years of age in the case of men and 15 to 60 for women.²

Contributions are on a flat rate basis but the rate varies for men and women and there is some variation in rates for employees, self-employed and non-employed persons. Those persons under 18 years of age pay a lower rate of contribution. Employers also contribute on behalf of their employees at different rates which are related to sex and age. In addition, the government has been contributing about one-third of the total contributions paid by insured persons and a subsidy of £325 million for the period 1955-60.

Flat rate pensions amount to £2 10s. a week for single persons, £5 for a couple if both are insured, or £4 for a couple if the wife is not insured.³ Child supplements are provided and increments in the pension are paid for delayed retirement beyond the minimum pensionable age of 65 for men and 60 for women.

New Graduated Retirement Benefit Program

Coverage

While the basic flat rate program covers self-employed persons, non-employed persons and employed persons, the new graduated retirement program only extends to employed persons. Also, employees who earn less than £9 a week are excluded and there is provision for employees covered under private pension plans to contract out of the government scheme.

⁽¹⁾ Financial aid is also available to needy old persons through the National Assistance legislation passed in 1948, and the non-contributory pension scheme originally introduced in 1908.

⁽²⁾ Coverage is optional for married women, and for self-employed and non-employed persons with income below £156 a year.

⁽³⁾ In Canadian money, the pound (£) is the equivalent of \$2.67; the shilling is 13 cents.

Contributions

The new program provides for graduated contributions in addition to flat rate contributions. The flat rate contribution will be somewhat lower when the new scheme comes into operation. Each adult male employee earning more than £3 a week is currently paying a flat contribution of 7s.4½d. a week which will be lowered to 5s.9½d. The graduated contribution is to be 4.25 per cent on that part of the employees' weekly earnings between £9 and £15.

Employers will match the flat and graduated contributions contributed by each adult worker in their employ.

Provision is also made in the legislation for quinquennial increases in the contribution rates of both employees and employers. The flat contribution for adult employees is to be increased 5d. a week in 1965, 1970, 1975 and 1980. The graduated contribution is also to be increased to 4.50 per cent in 1965, 4.75 per cent in 1970, 5.00 per cent in 1975 and 5.25 per cent in 1980.

Benefit Provisions

The amount of the standard flat benefit will remain unchanged under the new program even though the contribution has been lowered. However, the new legislation increased almost immediately the amount of the increments under the flat rate pension payable to persons who delay retirement beyond the pensionable age. Commencing in August, 1959, these increments were increased to 1s. a week for every twelve additional weekly contributions paid by the person during deferred retirement and 1s. 6d. a week in the case of a couple with the wife uninsured.

Graduated pensions payable to any individual worker are to be computed on the basis of the total graduated contributions he has paid throughout his life. The formula used for computation in the years 1961 to 1964 will be 6d. a week in graduated benefit for each £7 10s. of graduated contributions paid by a male employee during his working life and for each £9 paid by a female employee. The benefit for women per unit of contribution has been set lower because of their lower pensionable age and longer life expectancy.

When retirement is deferred the graduated pension will be increased because of the additional graduated contributions paid during this period. In addition, the new legislation provides that half the graduated benefit foregone at pensionable age will also be treated as an additional employee contribution to be taken into account in calculating the increased graduated benefit payable at time of retirement.

Workers covered under the graduated system will build up a small amount of entitlement for graduated benefits each week they have earnings more than £9 on which graduated contributions are paid. The amounts payable will slowly increase so that in the year 2008, forty-seven years after the commencement of the scheme, the maximum benefit will have been reached for a person entering the program in 1961 at age 18. If he is a single man with average weekly earnings of £15 or more, the maximum benefit payable at 65 would amount to £2 10s. a week in flat rate benefit and £2 1s. a week in graduated benefit, or a total of £4 11s. In the case of a married man of the same age and with the same level of weekly earnings the flat rate benefit would amount to £4 and the graduated benefit £2 1s. or a total of £6 1s. In contrast, a single man and a married man covered for only five years, from age 60 to age 65, could add only 4s. a week each to their flat rate pensions of 50s. and 80s. a week respectively. These examples relate to the highest average weekly earnings (£15 or more) and therefore to the highest level of benefit under the new program. The pensions for the levels of benefit below it are, of course, smaller.

Contracting Out

One of the significant features of the new British legislation is the provision for contracting out of the graduated scheme. Coverage under an approved pension plan may be substituted for the government scheme of graduate contributions and benefits. It was estimated in 1958 that about one-half of male employees and one fifth of female employees were covered by private pension plans.

The decision as to whether or not to use the contracting-out provision rests with the individual employer. If he elects to do so the private plan must conform with certain standards laid down by law. These requirements include:

- (1) that the private plan be set up by an irrevocable trust, an inalienable insurance policy, public statute or other approved arrangement;
- (2) that the plan be as favourable as the right to benefit to be derived from the government graduated benefits;
- (3) that the plan contain acceptable arrangements for preserving the pension rights of workers if they should leave the employment covered by the plan; and
- (4) provision of evidence regarding the financial soundness of the plan at the start and perhaps periodically.

THE NEW GRADUATED PENSION SYSTEM IN SWEDEN

In 1959 legislation was introduced under which graduated pensions will become payable as supplements to the flat rate benefit introduced by the National Pensions Act of 1946.

Existing National Pensions

Under the existing national pension system every Swedish citizen who reaches the age of 67 receives a flat rate old age pension without reference to any tests for contributions, retirement or means.

For a single person the pension amounts to 1,700 crowns a year⁽¹⁾. To this is added a fixed supplement of 350 crowns and a cost-of-living supplement which varies automatically with changes in the national pension price index and which currently amounts to 400 crowns. The total maximum pension is 2,450 crowns.

When both spouses are aged 67 or more, the pension for the couple is 2,720 crowns together with supplements of 560 and 640 crowns for a total of 3,920 crowns.

If the wife of a pensioner is aged 60 to 66, a wife's supplement is payable subject to an income test. The total maximum pension which such a couple may receive is the same as when both spouses are aged 67 or over.

Local governments pay a housing supplement, which varies in amount by place of residence and is subject to an income test.

Every citizen aged 18 to 65, other than those whose taxable income is less than 1,200 crowns a year, pays a special pension tax equal to 4 per cent of his income in excess of that base. This tax is paid along with his regular income tax. The maximum tax payable by an individual cannot exceed 600 crowns a year. This special pension tax has provided about one-third of the revenue to meet the cost of national pensions. The National Government provides from the general revenues about one-half of the total cost and the

⁽¹⁾ In Canadian money, the crown is the equivalent of 18 cents.

local governments pay about one-sixth of the cost. There are no employer contributions under this program.

New Graduated Pension System

Coverage

The new supplementary pension system will cover, on a compulsory basis, Swedish citizens age 16 or over who are employees or who are in self-employment. Persons who earn less than 4,000 crowns a year will pay no contributions and receive no graduated pension but will be eligible for the flat rate benefit.

Self-employed persons may elect not to be covered under the scheme. Employees can obtain exemption from the supplementary scheme if they are under a collective bargaining contract which provides pensions of a type approved by the central pension authority.

Benefits

Supplementary old age pensions, which will first become payable in 1963, will be available to persons who reach age 67. There will be no retirement test. A supplementary pension may be paid as early as age 63 but, if so, it is subject to a reduction of 0.6 per cent for each month that payment is advanced. A beneficiary may have his pension postponed until age 70, in which case it is increased by the same amount for each month of postponement.

A minimum of three years of coverage, that is, three years in which earnings exceed the base amount of 4,000 crowns, are required before a pension may be claimed. Persons claiming a pension in 1963 will, however, require only two years coverage.

Supplementary pensions are based upon the amounts by which an individual's average earnings from gainful employment exceed 4,000 crowns a year but do not exceed 30,000 crowns a year. For each of the first 20 years of the program the supplementary pension is 3 per cent of average taxable earnings in excess of 4,000 crowns a year. Thus, if an individual's average taxable earnings were 7,000 crowns (and were at least 4,000 crowns in each year) and he retired at the end of the first 20 years of the scheme, he would receive 60 per cent of 3,000 or 1,800 crowns a year. When the plan is more mature, the benefit will amount to 2 per cent per year with a maximum of 60 per cent for 30 years coverage.

The amount of income on which the supplementary pension is based is derived from his income tax return. Since, as will be noticed later, the employee pays no contributions, benefits cannot be related to a record of contributions.

The illustrations used above are based on the assumption that there will be no change in the base amount of 4,000 crowns. The income limits of 4,000 crowns and 30,000 crowns, which are the limits applicable in the calculation of both benefits and taxes, are to be revised upwards or downwards in accordance with changes in the national pension price index used to determine the amount of cost of living supplement to the existing national pension. So that benefits may be maintained at a constant value in terms of purchasing power, there has been built into the program however a device by which a person covered under the supplementary scheme achieves "points" for each year in which his income exceeds the lower income limit. When a man retires the supplementary pension that he actually receives will be determined not only by the number of years of coverage but also by the base amount currently in effect and by the amounts by which his average earnings over those years have exceeded the corresponding base amounts for those years.

Financing

The supplementary benefit program is financed by contributions paid by employers and self-employed persons which commenced in January 1960. There are no government contributions and no employee contributions. Contribution rates are set for 5 year periods and are such that, once a fund has been built up, the revenue from the contributions together with interest are expected to be sufficient to pay pensions and administration.

Employers pay a contribution on that part of their employees earnings which are between a base of 4,000 crowns and an upper limit of 30,000 crowns. These limits will be revised upwards or downwards in accordance with the changes in the national pension price index. However, the upper limit will always be $7\frac{1}{2}$ times the base amount.

The employer contribution rate is 3 per cent in 1960, 4 per cent in 1961, 5 per cent in 1962, 6 per cent in 1963 and 7 per cent in 1964. As these rates apply only to a certain part of an employee's earnings, the rates are a much smaller percentage of payroll. It is estimated that the taxes will amount to 1.9 per cent of payroll in 1960, 2.6 per cent in 1961, 3.2 per cent in 1962, 3.8 per cent in 1963 and 4.5 per cent in 1964.

Self-employed persons will also pay a contribution on the amount of their earnings between 4,000 and 30,000 crowns a year as reported or assessed for income tax purposes. However, when a self-employed person earns over 8,000 crowns, one-third of the amount of his earnings over that figure will be exempt from the pension tax. The same portion will also be exempt from the earnings used in the calculation of the amount of pension. The exemption is based upon the assumption that self-employed persons earning over 8,000 crowns obtain some income as a yield from capital rather than from work. The rates applicable to self-employed persons are the same as those payable by employers.

It is anticipated that the local tax collecting authorities will determine the income of employees and self-employed persons for the purposes of the calculation of the pensions and that they will also collect contributions from the self-employed. The agency which now collects workmen's compensation contributions from employers will, at least in the beginning, collect contributions from employers for purposes of the supplementary pension program.

All contributions will be paid into one single general pension fund. Administration of the fund will however, be handled by three separate boards. One will administer the contributions paid by the government as an employer, which will amount to about 20 per cent of all contributions. Another board will administer that part of the contributions which come from private employers of twenty or more employees, expected to be about 50 per cent of all contributions. The third board will administer the contributions paid by the smaller employers and by the self-employed which are expected to account for the remaining 30 per cent. It is understood that the reason for this division was to overcome criticism of government control over a very large sector of the investment market, as would have happened if the government had administered all the funds. Each board will have members from the government, the employers and insured persons, the latter two groups to be appointed by the government from nominees.

Up to one-half of the amounts received in a year by a board may be lent to the employers and self-employed persons who paid them. The remaining contributions that are not required for current expenditures together with interest may be invested in government bonds or specified types of private bonds.

RECENT DEVELOPMENTS IN OLD AGE, SURVIVORS AND DISABILITY INSURANCE IN WEST GERMANY

In 1957, Parliament approved of a major reform to improve old age, survivors and disability insurance in an expanding and fluctuating economy. Under the legislation, pensions newly awarded automatically reflect changes in the average wage over the most recent three year period, excluding the last calendar year. Pensions which have been previously awarded are adjusted by legislation after a review of the financial condition of the program and recent economic developments.

The laws require the Cabinet to report to Parliament each year on the financial position of the pension programs, the nation's productive capacity and changes in per capita personal income for the gainfully employed. Proposals for adjusting the pensions are based upon the advice of a social advisory council consisting of representatives of insured workers, the employers, economic and social sciences, and the central bank.

A 6.1 per cent increase for the nearly 7,000,000 pensioners was authorized effective January 1, 1959. The increase was considered to be feasible and desirable because of employment and productivity gains since the end of 1956.

As mentioned above, newly-awarded pensions are related automatically to average wages over the most recent three year period. This is accomplished by using four factors: (a) The retired worker's relative wage level, taken over his whole working life and measured in index numbers. (b) The standard basis for computing benefits which is the average gross earnings of all insured workers over the three year period preceding the last calendar year, (c) The length of the worker's covered employment, and (d) A standard multiplier.

Although there is no minimum or maximum benefit, the benefit amount is limited somewhat by the fact that at least 15 years of covered employment are required for a retirement pension, and by the ceiling on covered wages. There is, however, no limit on the years of covered employment with the result that a worker can increase his pension by deferring his retirement.

Employers and their employees pay a combined contribution rate of 14 per cent on the earnings of covered workers up to the maximum limit. The rate was designed to provide sufficient revenues together with government subsidies and interest to meet annual expenses and to provide an operating reserve for a ten year period. Contributions by employers and employees provided 70 per cent of the total receipts of the system in 1957.

Federal subsidies are restricted by law to the disability, invalidity and rehabilitation sections of the program. Though the retirement pensions are expected to be financed by employees and employers contributions and interest, the whole program is, nevertheless, underwritten by the federal government. If the average wage of covered workers were to increase 4 per cent a year and if the pensions were raised proportionately from 1958 to 1966, expenditures on pensions would rise faster than would the contributions. Under these assumptions, in order to achieve the desirable reserve at the end of that period, it may be necessary to expect increases in contribution rates, restrictions in pensions or larger federal subsidies than are anticipated.

APPENDIX "E"

PROVINCIAL FINANCING OF HOSPITAL INSURANCE

The federal hospital insurance and diagnostic services program leaves the matter of financing the provincial share of the cost of hospital services entirely to the provinces. Financial returns received by the Department of National Health and Welfare relate to expenditures under the program and not to the source of provincial revenues required to finance the provincial share of the program. Consequently, data are not available on the sources of revenue and the proportions raised from general revenue, earmarked taxes and premiums.

Information is available, however, on the method of financing employed by each province. In some instances, this information does indicate the extent to which the plan is financed by a particular type of revenue. For example, four provinces, Newfoundland, Nova Scotia, Alberta and British Columbia finance their programs through the general tax system, but even here there is some variety in the approach followed. Nova Scotia has a three per cent hospital tax which is levied as a general sales tax on retail purchases to assist in the financing of the program. British Columbia finances its program mainly from general revenues⁽¹⁾, with some costs being raised by "co-insurance" charges made by patients at the time of hospitalization. In Alberta, some funds are obtained from municipal tax revenues (3½ mills in 1959) and some from "co-insurance charges" but the bulk of the revenue is provided from provincial general revenues. Newfoundland finances its hospital services plan entirely from general revenues.

The remaining five provinces now under the program—Saskatchewan, Manitoba, Ontario, New Brunswick and Prince Edward Island have introduced personal premiums with a multi-rate structure for single persons and families as the principal method of financing the provincial share of hospital insurance costs with general revenues being used to supplement this revenue to the extent necessary. Annual premium rates for single persons in the year 1959 or for some provinces beginning in 1960 were as follows: Saskatchewan \$17.50; Manitoba \$24.60; Ontario and New Brunswick \$25.20; and Prince Edward Island \$24.00. For families the rates were: Saskatchewan \$35.00; Manitoba \$49.20; Ontario and New Brunswick \$50.50; and Prince Edward Island \$48.00. Premiums are collected through a combination of compulsory pay-roll deductions and compulsory payments to municipalities in Manitoba and New Brunswick; through compulsory payments to municipal or provincial offices in Saskatchewan; and through compulsory pay-roll deduction plus voluntary enrolment in Ontario and Prince Edward Island.

In considering the source of provincial revenue for these plans it must be recognized, too, that provincial plans may cover certain hospital costs which are not part of the federal-provincial program. For example, Ontario covers tuberculosis and mental hospitals under its plan; in some instances provincial financial assistance is being given through the insurance program for capital costs.

⁽¹⁾ Originally British Columbia had a premium system. Several years ago when this system was changed to general revenue their sales tax was increased from three to five per cent.

APPENDIX "F"

RADIATION HAZARD IN FLUORSPAR MINES ST. LAWRENCE,
NEWFOUNDLAND

March 21, 1960.

The question asked on Tuesday, the 15th March: Does the Department have statistics to show an unusual mortality from chest disease in the fluorspar mines at St. Lawrence, Newfoundland?

During the past three and a half years officers of the Occupational Health Division of my Department have been assisting officials of the Newfoundland Departments of Health and Mines in an enquiry into the possible causes for a greater proportion of serious chest disease in miners in the St. Lawrence Mines than was observed elsewhere in Newfoundland. From information collected over the past three or four years it is evident that the mortality from cancer of the lung in St. Lawrence is greater than the average for Newfoundland or for Canada generally. Tuberculosis surveys carried out in St. Lawrence between 1952 and 1954 showed that the tuberculosis death rate was higher than the average for Newfoundland.

As a result of a radiation survey made in late 1959 in these mines, it was found that some areas of the mines exceeded the recommended permissible limit. While it can not be said as yet that the high incidence of cancer of the lung and the presence of increased levels of radiation in some parts of the mines are directly related, nevertheless, the coexistence is suggestive and warrants further careful study with a view to safeguarding the health of all workers in the mines and keeping under particular observation those who may have been exposed to radiation in past years.

APPENDIX "G"

FEDERAL GRANTS TO THE CANADIAN OLYMPIC ASSOCIATION AND TO THE
BRITISH EMPIRE AND COMMONWEALTH GAMES SOCIETY SINCE 1946

Estimates Year	Canadian Olympic Association		British Empire and Commonwealth Games Society	
	Amount	Paying Department	Amount	Paying Department
	\$		\$	
1947-48.....	17,500	Finance	—	—
1948-49.....	17,500	Finance	—	—
1949-50.....	—	—	20,000	N.H. & W.
1951-52.....	20,000	Finance	—	—
1952-53.....	20,000	Finance	—	—
1953-54.....	—	—	10,000	N.H. & W.
	—	—	100,000	Finance
1954-55.....	—	—	100,000	Finance
1956-57.....	60,000	Finance	—	—
1959-60.....	60,000	N.H. & W.	—	—

NOTE—Grants were made generally to assist in defraying expenses of Canadian teams but special assistance was provided to help meet the costs of the British Empire and Commonwealth Games held in Vancouver in the summer of 1954.

APPENDIX "H"

PUBLICATIONS (INCLUDING REPRINTS) 1958-59

	No. Copies Produced	Cost	No. Copies Distributed	Reader Audience
§				
A. BLINDNESS CONTROL DIVISION				
1. Glaucoma.....	2,000 E	4.70	430	General Public
B. CHILD AND MATERNAL HEALTH DIVISION				
2. Before baby's born.....	{ 50,000 E 15,000 F	1,714.00	46,330	Expectant Mothers
3. Canadian mother and child.....	{ 85,900 E 34,600 F	23,067.00	138,67	New or Expectant Mothers
4. Care of the premature infant.....	20,000 E	1,454.00	434	Nurses
5. Education for expectant parents.....	5,000 F	1,214.00	9,375	Nurses
6. How safe is your home.....	{ 271,000 E 84,000 F	1,904.00	179,880	Homemakers
7. Keep them safe.....	{ 134,400 E 41,700 F	5,592.00	50,825	Parents
8. Maternal and newborn in Canada.....	{ 1,050 E 1,000 F	58.35	3,020	Exhibitions
9. Posture and rest positions for expectant mothers.....	10,000 F	500.17	59,060	Expectant Mothers
10. Protect your baby by immunization.....	{ 50,650 E 15,300 F	600.00	38,730	Parents
11. Up the years from one to six.....	{ 27,000 E 14,000 F	13,638.58	3,740	Parents
12. What to eat before baby's born.....	{ 100,000 E 30,000 F	1,233.00	33,720	Expectant Mothers
C. DENTAL HEALTH DIVISION				
13. Dental health manual.....	{ 10,350 E 9,900 F	6,914.00	18,100	Teachers, Nurses etc.
14. Good habits for good teeth.....	{ 102,000 E 29,854 F	12,031.00	116,765	School Children
15. Ten little people and their teeth.....	29,874 F	869.00	32,230	School children
D. FOOD AND DRUG DIVISION				
16. Food and drug protection in Canada.....	14,000 E	1,359.00	3,030	General Public
17. Fraud.....	{ 50,200 E 20,400 F	2,766.00	—	Consumers
18. Keep your home free from poisoning.....	{ 50,900 E 20,550 F	1,966.00	1,610	Housewives
19. Why get ill from foods.....	50,000 E	522.00	29,100	Homemakers
E. NUTRITION DIVISION				
20. Good red blood.....	{ 75,000 E 37,000 F	1,643.00	53,135	Homemakers and Teachers
21. Healthful eating.....	{ 88,900 E 29,750 F	10,096.00	37,172	Consumers and teachers
22. How to plan meals for your family.....	{ 45,000 E 25,000 F	6,390.00	45,520	Housewives
23. Nutrient value of some common Foods.....	{ 49,900 E 24,900 F	1,457.00	32,750	Cooks and teachers
24. Nutrition cards for nurses.....	2,000 F	1,092.00	7,130	Nurses
25. Score sheet for each day's meals.....	500,000 E	1,214.00	47,860	School children
F. INDIAN AND NORTHERN HEALTH SERVICES				
26. Baby's first year.....	20,470 E	2,451.00	70	Mothers
27. A book for mother.....	5,850 E	1,455.00	580	Expectant mothers
28. Nursing with Indian and Northern Health Services.....	5,000 E	58.35	1,000	Nurses
29. The pre-schooler.....	20,000 E	1,412.00	1,960	Mothers
30. Why the public health nurse.....	500 E	6.10	20	On request
31. Annual Report of the Indian and Northern Health Services.....	{ 297 E 229 F	225.00	826	Official use

PUBLICATIONS (INCLUDING REPRINTS) 1958-59—Continued

	No. Copies Produced	Cost	No. Copies Distributed	Reader Audience
\$				
G. PUBLIC HEALTH ENGINEERING				
32. Domestic sewage disposal.....	{ 10,250 E 2,200 F	1,142.00	6,960	General Rural Public
33. Rural waters.....	{ 15,070 E 2,030 F	1,157.00	16,790	General Public
H. OCCUPATIONAL HEALTH DIVISION				
34. Arsenic and arsine.....	5,000 E	18.95	2,820	Industrial Workers
35. Carbon monoxide.....	5,000 F	20.45	720	Industry
36. Engineering aspect of smoke control.....	4,000 E	25.90	150	"
37. First aid kit.....	5,000 E	16.95	11,770	Industrial safety workers
38. Hazards of solvents.....	10,000 E	219.00	1,525	Industry
39. Health services in the small plant.....	{ 5,000 E 2,000 F	136.90	4,700	Small Industries
40. Industrial dermatitis.....	5,000 E	12.05	5,190	Industrial Health Workers
41. Industrial dust.....	5,000 E	18.95	4,420	"
42. Methyl chloride & methyl bro- mide.....	5,000 E	12.05	5,695	"
43. Phenol.....	1,000 E	3.75	1,340	"
44. Regulation of shoe fitting fluoro- scopes.....	{ 5,000 E 2,000 F	44.75	2,530	Shoe Industry and Retailers
45. Static electricity.....	5,000 F	18.95	100	Industrial Health Workers
46. T.N.T. & Tetry.....	8,000 E	30.30	7,320	Workers in mines, industry and construction
I. MENTAL HEALTH DIVISION				
47. Adolescence.....	{ 202,100 E 143,200 F	7,042.00	172,030	Parents and Teachers
48. Alcoholism.....	{ 60,000 E 60,000 F	2,303.00	90,830	General Public
49. Baby talk.....	{ 25,000 E 76,000 F	880.00	123,660	Parents
50. Backward child.....	{ 13,000 E 6,000 F	2,405.00	13,305	Parents
51. Bed wetting.....	{ 46,000 E 61,900 F	784.00	91,800	"
52. Building self confidence.....	{ 25,000 F 25,000 E	287.00	74,330	Parents and Teachers
53. Destructiveness.....	{ 25,000 E 74,600 F	847.00	113,860	"
54. Discipline.....	{ 40,900 E 25,700 F	652.00	99,090	Parents
55. Employment opportunities in mental hospitals.....	25,800 F	319.00	4,970	Nurses etc
56. Epilepsy.....	{ 25,900 E 26,500 F	1,297.00	17,940	Parents, Teachers etc
57. Fear.....	{ 100,000 E 35,000 F	1,000.00	66,120	"
58. Film discussion guide (talking it over) from 10 to 12.....	{ 5,127 E 2,027 F	68.00	7,154	Discussion Guide
59. Helping Families in trouble.....	{ 61,200 E 26,200 F	2,154.00	144,420	Social workers
60. Illness.....	{ 102,200 E 57,000 F	2,160.00	97,175	Parents
61. Jealousy.....	61,700 F	447.00	110,820	"
62. The later years.....	{ 25,300 E 25,360 F	1,182.00	136,900	Older Persons
63. Lying and stealing.....	{ 55,000 E 60,000 F	896.00	103,000	Parents and Teachers
64. Mental health.....	40,136 F	416.00	112,370	"
65. Mental retardation.....	45,000 F	1,044.00	70,390	Parents and Teachers
66. Obedience.....	{ 100,000 E 34,800 F	1,076.00	86,885	Parents
67. Only child.....	{ 25,500 E 55,400 F	768.00	109,660	"
68. Opportunities for occupational therapy assistants.....	{ 24,714 E 26,200 F	1,051.00	6,930	Teachers
69. Opportunities for registered nurses in the mental health field.....	25,000 F	572.00	415.70	Teachers and Nurses

PUBLICATIONS (INCLUDING REPRINTS) 1958-59—Continued

	No. Copies Produced	Cost	No. Copies Distributed	Reader Audience
		\$		
I. MENTAL HEALTH DIVISION—Concluded				
70. Opportunities for social workers in the mental health field..	40,900 F	635.00	68,710	Teachers and Social Workers
71. Parent education.....	{25,000 E 30,000 F	577.00	95,010	Parents
72. Play and playmates.....	{64,290 E 43,938 F	2,121.00	88,860	"
73. Pocket money.....	{100,100 E 38,000 F	1,394.00	113,440	"
74. Preparing your child for hospital	47,000 F	398.00	96,320	"
75. Preparing your child for school..	{52,400 E 77,200 F	971.00	152,560	"
76. Services for the care and training of mentally retarded persons in Canada.....	{500 E 250 F	13.35	170	Social and Mental Health Workers
77. Sex.....	68,150 F	492.00	93,040	Parents
78. Sleeping habits.....	68,150 F	492.00	102,940	"
79. Temper.....	35,800 E	496.00	73,435	"
80. Thump sucking.....	25,000 F	311.00	67,850	"
81. Understanding the young adult.	{55,600 E 20,700 F	1,434.00	84,730	Parents and Teachers
		1,434.00	84,730	
J. CIVIL DEFENCE DIVISION				
89. Civil defence and your life.....	{103,000 E 29,900 F	1,122.00	185,190	General Public
83. Civil defence notebook.....	{30,000 E 19,000 F	4,776.00	36,730	C. D. Workers
84. Civil defence supplement No. 33	{55,000 E 26,800 F	2,661.00	52,870	General Public
85. Home nursing instructor's kit..	{10,000 E 3,000 F	903.00	1,609	Home Nursing Instructors
86. Home nursing instructor's kit publications list.....	3,000 E	6.15	1,740	Nurses
87. Home nursing training kit.....	{9,900 E 3,025 F	880.00	595	Instruction Guide
88. H-Bomb.....	{76,600 E 25,500 F	1,061.00	74,870	General Public
89. Hospital disaster planning.....	30,875 E	2,785.00	685	Hospital Executives
90. Know the dangers.....	{75,000 E 50,000 F	274.00	42,610	General Public
91. Laboratory and blood tech- niques.....	{10,041 E 3,075 F	2,364.00	946	Pharmacists etc.
92. Prepare for emergencies.....	{77,000 E 51,500 F	230.00	3,310	General Public
93. Primary treatment services....	54,960 E	4,013.00	20,300	Hospital and C. D. workers
94. Speakers kit.....	6,000 E	1,789.00	1,240	C. D. Workers
95. Tell the public.....	{50,000 E 25,000 F	785.00	15,250	C. D. Workers
96. What is civil defence.....	{75,000 E 25,000 F	1,110.00	96,905	General Public
97. What the home nursing auxil- iary should know.....	{30,000 E 20,340 F	3,843.00	25,875	C. D. Workers
98. Who is responsible for civil (Defence (English)).....	76,000 E	289.00	45,000	General Public
99. Who is responsible for civil defence (bilingual).....	51,000 E and F	241.00	57,400	"
100. Your emergency pack.....	{333,000 E 62,700 F	4,239.00	94,100	"
101. Your survival in an H-bomb war—if you do not live in a target area.....	{88,000 E 53,000 F	1,495.00	182,440	General Public
102. Your survival in an H-bomb war—if you live in a target area.....	{88,000 E 53,000 F	1,497.00	35,120	"

PUBLICATIONS (INCLUDING REPRINTS) 1958-59—*Concluded*

	No. Copies Produced	Cost	No. Copies Distributed	Reader Audience
\$				
J. CIVIL DEFENCE DIVISION—<i>Concluded</i>				
103. Hospital evacuation plan.....	300 E	807.00	1,850	Hospital and C.D. workers
104. Civil defence day bookmarks..	{ 338,000 E 169,000 F	645.00	507,000	General Public
105. Civil defence day restaurant place mats.....	{ 215,500 E 48,500 F	2,773.00	264,000	Restaurants etc.
106. Civil defence day envelope stuffers.....	{ 370,500 E 14,500 F	971.00	385,000	General Public
107. Civil defence day dodgers.....	{ 206,500 E 8,000 F	420.00	214,000	"
108. Civil defence day newspaper mats.....	{ 675 E 109 F	1,199.00	784	Newspapers
109. Civil defence bulletin supple- ment.....	300 E	2.50	300	C. D. Cottage
110. Civil defence broadcasting transmitters.....	2,000 E	11.40	2,000	C. D. Workers
K. MISCELLANEOUS				
111. Film and Filmstrip catalogue.	{ 3,000 E 3,000 F	239.75	1,070	General
112. Nursing.....	{ 10,675 E 3,000 F	2,060.00	10,520	Students..
113. Rabies.....	{ 4,000 E 1,000 F	16.45	3,055	Health Workers
114. Annual report of the department —fiscal year March 31, 1957	{ 2,000 E 500 F	4,207.00	2,100	Official Use
115. Annual report of the department —fiscal year March 31, 1958	{ 2,000 E 500 F	4,497.00	2,100	"
L. PERIODICALS				
116. Food and drug news.....	450 E	80.80	450	Food and drug inspectors etc.
117. Canada's mental health.....	{ 3,400 E 600 F	162.02	3,800	Social workers etc.
118. Canada's Health.....	{ 350 E 150 F	16.45	475	Newspapers, magazines, etc.
119. Press fillers.....	{ 335 E 210 F	7.80	510	Newspapers
120. National health radio service..	{ 185 E 110 F	12.90	270	Radio and T.V. stations
121. Civil defence bulletin.....	{ 13,000 E 1,600 F	3,964.00	83,400	C. D. Workers
122. Nutrition notes.....	{ 74,500 E 22,500 F	3,185.00	81,500	Nutritionists and Dieticians, etc.
123. Occupational health bulletin...	{ 163,626 E 55,625 F	3,829.00	219,200	Industrial Health workers
124. Occupational health review....	{ 48,308 E 18,132 F	9,715.00	66,400	"
125. Canada's health and welfare magazine.....	{ 504,825 E 225,785 F	25,670.00	730,500	Doctors, Educators, etc.

Revenue from Sales of Departmental Publications

A request was made for information relating to revenue from the sale of Departmental publications in 1958-59. Revenues received by the Department amounted to \$2,284. However this did not include revenues received by the Department of Public Printing and Stationery which Department is generally responsible for sale to the public of all Government publications

including those of this Department. It would be possible to obtain from the Department of Public Printing and Stationery, if desired, information as to the revenues received by that Department from the sale of our publications.

It should be noted in connection with the publications of the Department of National Health and Welfare that in the majority of cases these publications were in the health and Civil Defence fields, and that they were intended for free distribution through the provincial and local health and Civil Defence agencies in support of the Public Health and Civil Defence activities carried on by the provinces.

APPENDIX "I"

COPY OF ORDER IN COUNCIL P.C. 1959-656 DATED MAY 28, 1959 RELATING TO REALLOCATION OF CIVIL DEFENCE DUTIES AND POWERS AMONG GOVERNMENT DEPARTMENTS ORDER

1. This Order may be cited as the Civil Defence Order, 1959.

2. In this Order, the expression "civil defence powers, duties and functions" includes powers, duties and functions relating to the matter of "preparation for civil defence against enemy action" mentioned in section 4 of the National Defence Act.

3. The Minister of National Defence shall have and exercise the following civil defence powers, duties and functions:

- (a) provision of technical facilities and operation of a system to give warning to the public of the likelihood and imminence of an attack;
- (b) determining the location of a nuclear explosion and the patterns of fallout, and giving the necessary warning of fallout to the public;
- (c) assessment of damage and casualties from attack and fallout;
- (d) controlling, directing and carrying out re-entry into areas damaged by a nuclear explosion or contaminated by serious radioactive fallout, decontamination work in those areas, and the rescue and provision of first aid to those trapped or injured;
- (e) direction of police and fire services in seriously damaged or contaminated areas which are the object of re-entry operations, including the control of traffic and movement of people in those areas;
- (f) direction of municipal and other services for the maintenance and repair of water and sewer systems in seriously damaged or contaminated areas;
- (g) provision of emergency support to provincial and municipal authorities in the maintenance of law and order and in dealing with panic or the breakdown of civilian authority; and
- (h) maintenance and operation of emergency communication facilities.

4. The Minister of National Health and Welfare shall have and exercise the following civil defence powers, duties and functions:

- (a) assistance to provincial and municipal governments and to others in connection with the organization, preparation and operation of
 - (i) medical, nursing, hospital and public health services, and
 - (ii) services to provide emergency accommodation, emergency feeding, emergency supplies, guidance and welfare assistance for persons who have lost or left their homes because of acts of war or apprehended acts of war; and

- (b) maintenance and operation of the Civil Defence School at Arnprior, Ontario.

5. The Minister of Justice shall have, and through the Royal Canadian Mounted Police, shall exercise the civil defence power, duty and function to assist provincial governments and municipalities and their police forces, except as provided in section 3 above, in

- (a) maintaining law and order; and
- (b) controlling and directing traffic in connection with civil defence exercises and operations.

6. The Prime Minister shall have and, through the Emergency Measures Organization, shall exercise the following civil defence powers, duties and functions:

- (a) the co-ordination of civil defence planning by departments and agencies of the Government of Canada;
- (b) the preparation of civil defence plans in relation to matters that are not the responsibility of any other department or agency of the Government of Canada;
- (c) assistance to provincial governments and municipalities in respect of preparation for civil defence where assistance is not the responsibility of any other department or agency of the Government of Canada; and
- (d) general liaison with other countries, with the North Atlantic Treaty Organization and with provincial governments on matters relating to civil defence.

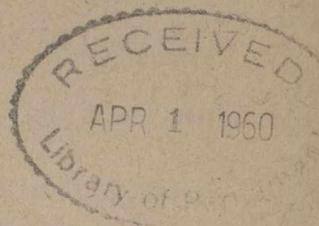
7. Where any matter in sections 3, 4, 5 or 6 would, but for this Order, be a power, duty or function of a Minister other than the one referred to therein, that power, duty or function is hereby transferred to the Minister referred to in the section in which that matter is mentioned.

8. This Order does not have the effect of transferring the control or supervision of any members of the public service from one Minister of the Crown to any other Minister of the Crown, or from one department or portion of the public service to any other department or portion of the public service.

HOUSE OF COMMONS

Third Session—Twenty-fourth Parliament

1960



STANDING COMMITTEE

ON

ESTIMATES

Chairman: ARTHUR R. SMITH, Esq.

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 6

THURSDAY, MARCH 24, 1960

Estimates of the Department of National Health
and Welfare 1960-1961

WITNESSES:

The Honourable George Pearkes V.C., Minister of National Defence; The Honourable J. Waldo Monteith, Minister of National Health and Welfare; R. B. Bryce, Clerk of the Privy Council; R. B. Curry, Director, Emergency Methods Organization; Dr. G. F. Davidson, Deputy Minister (Welfare).

STANDING COMMITTEE ON ESTIMATES

Chairman: Arthur R. Smith, Esq.,

Vice-Chairman: Ernest J. Broome, Esq.,
and Messrs.

Argue,
Anderson,
Baldwin,
Benidickson,
Best,
Bissonnette,
Bourbonnais,
Bourdages,
Bourget,
Brassard (*Lapointe*),
Bruchési,
Cardin,
Caron,
Carter,
Cathers,
Clancy,
Coates,
Crouse,
Dumas,
Fairfield,

Fleming (*Okanagan-
Revelstoke*),
Fortin,
Gillet,
Grafftey,
Hales,
Halpenny,
Hellyer,
Horner (*Jasper-Edson*),
Howe,
Jorgenson,
Korchinski,
MacLellan,
Martin (*Essex East*),
McCleave,
McDonald (*Hamilton
South*),
McFarlane,
McGee,
McGrath,

McGregor,
McIlraith,
McMillan,
McQuillan,
More,
Parizeau,
Payne,
Pickersgill,
Pigeon,
Pugh,
Ricard,
Richard (*Kamouraska*),
Rouleau,
Skoreyko,
Stewart,
Stinson,
Thompson,
Vivian,
Winch,
Winkler.

J. E. O'Connor,
Clerk of the Committee.

MINUTES OF PROCEEDINGS

THURSDAY, March 24, 1960.

(7)

The Standing Committee on Estimates met at 9.37 a.m. this day. The Chairman, Mr. Arthur Smith, presided.

Members present: Messrs. Anderson, Baldwin, Best, Bissonnette, Bourbonnais, Bruchesi, Carter, Cathers, Clancy, Crouse, Fairfield, Hales, Halpenny, Horner (*Jasper-Edson*), Howe, Jorgenson, Korchinski, Martin (*Essex East*), McCleave, McFarlane, McGee, More, Parizeau, Payne, Pigeon, Pugh, Skoreyko, Smith (*Calgary South*), Stewart, Thompson, Vivian and Winch—32.

In attendance: The Honourable George R. Pearkes, Minister of National Defence; The Honourable J. Waldo Monteith, Minister of National Health and Welfare; Mr. Robert Bryce, Clerk of the Privy Council; Mr. R. B. Curry, Director, Emergency Measures Organization; Dr. G. F. Davidson, Deputy Minister (Welfare); Dr. G. D. W. Cameron, Deputy Minister (Health); and Miss O. J. Waters, Departmental Secretary.

The Chairman observed the presence of quorum and called for consideration, Item 255—Civil Defence Health, Welfare and Training Services.

A brief review of the division of responsibility within Civil Defence was given by the Chairman prior to introducing Mr. Pearkes.

Mr. Pearkes outlined the broad role of Civil Defence and its connection with the defence of Canada. Included in his references were the problems of the training of service personnel for rescue services and other problems encountered by his Department in carrying out its duties in relation to Civil Defence.

Mr. Bryce was called and described the responsibilities of the Emergency Measures Organization in Civil Defence, and together with Mr. Pearkes, Mr. Monteith, Dr. Davidson and Mr. Curry was questioned on the Civil Defence Programme.

A table entitled Civil Defence Financial Assistance Programme Projects 1959-60 was presented for printing as an appendix to this day's proceedings; (*See Appendix "A"*).

At 10.55 a.m., the questioning continuing, the Committee adjourned to meet again on Tuesday, March 29, 1960.

J. E. O'Connor,
Clerk of the Committee.

EVIDENCE

THURSDAY, March 24, 1960.
9.30 a.m.

The CHAIRMAN: Good morning, gentlemen. We have a quorum, so we may proceed. You will recall that at the end of our meeting on Tuesday morning we indicated to you, at your own request, that we had invited the various elements of the national survival organizations to come before us so that we may examine not only the estimate which has been referred to us in relation to civil defence under the Department of National Health and Welfare, but so that we could also have a look at the broader aspect of the national survival program.

Gentlemen, we have a very impressive guest list in the Minister of National Defence, together with his colleague, the Minister of National Health and Welfare, Mr. Robert Bryce, clerk of the Privy Council, and Mr. Byrns Curry, the director of EMO (Emergency Measures Organization). Gentlemen, I wish to thank you very much for coming before us.

I think that perhaps it might be relevant if once again I outlined the division of the three votes. In this way it may be of some help to the committee in directing questions, so that they are familiar with the area of responsibility of each of the witnesses.

As I mentioned on Tuesday, vote 255—which is the vote you actually have before you—in the Department of National Health and Welfare estimates is for Civil Defence Health, Welfare and Training Services. The Minister of National Defence has in his own vote 233, grants to provinces and municipalities for civil defence and related purposes—formerly provided under the Department of National Health and Welfare. Vote 311 in the Privy Council estimates is for the administration and operation of the Emergency Measures Organization—including duties in the field of civil defence transferred to this organization.

I thought, gentlemen, that it would be useful if, perhaps, we had just a word from each of our witnesses, who might want to elaborate on these responsibilities. Perhaps then, Mr. Minister, if you would be kind enough just to say a word on where the area of your own responsibility lies in so far as your own vote is concerned?

Hon. G. R. PEARKES (*Minister of National Defence*): Mr. Chairman, as far as the responsibilities of the Department of National Defence are concerned in relation to civil defence, the Department of National Defence is responsible, first of all, for the warning of impending attack. The first warning might be the explosion of missiles on the North American continent, or it might come, for a few more years, from bombers passing over the warning lines and warning being given thereby. Assuming that the warning of attack either by missiles or by bombers reaches NORAD headquarters at Colorado Springs, then it is immediately passed to the Air Defence Command H. Q. at St. Hubert, P.Q. where there is a team of army officers who are in touch with, not only our own air force, but also with the civil defence organization in the United States and with Colorado Springs. They maintain a 24-hour watch every day of the year. That has been established since the army took over this responsibility.

Then in each of the warning centres, which are situated in the provincial capitals across the country—one warning centre in each of the provinces—there is also a 24-hour watch maintained, with communications running from St. Hubert to these various warning centres. In addition to that, consideration is being given to possible alternative centres in the different provinces so that if one type of communication fails there will be a centre at the other end.

In addition to the provincial, or command, warning centres the responsibility rests with the Department of National Defence to relay the warning to the people, and that is being established by various means, with centres in different cities throughout the country. Arrangements are being made with many municipalities so that their end of the link will be maintained also on a 24-hour basis, by arranging with such municipal organizations as their police forces, or their fire brigades—which would normally maintain somebody on duty all through the 24 hours—to communicate that warning to the public at large perhaps by sounding a siren or by passing the information over the radio. The initial warning would be broadcast by the broadcasting stations, and it would be given in this manner: "There is danger of an impending attack. Listen to your radio for further instructions."

The further instructions would, of course, define the particular areas which were presumably targets for the attacking forces. And further instructions would be sent out. In addition to the warning of impending attack, there is maintained a service of warning of probable fall-out area; that is, if bombs have exploded in any particular area of the North American continent, we would be able to predict the area in which there might be danger from fall-out. It does not necessarily follow that a bomb would have to fall in Canada for there to be danger of fall-out. As you know, the fall-out comes some time after the actual explosion and a very wide area may be covered.

In order to maintain such a warning system, we have in Ottawa a large map—considerably larger than the map on the wall there—which is covered with a grid system. We receive word every day—sometimes two or three times a day—from the weather reporting systems which inform the centre here in Ottawa of the rate of the wind at various heights and the direction of that wind.

I think it would be obvious to everybody that when the cloud forms thousands of feet above the earth's surface and the particles begin to approach the earth, the direction of fall-out is determined by the way in which the wind blows. Of course, the wind is not constant at different heights: you may have a wind blowing much faster in, say, a southwesterly direction a few thousand feet above the earth's surface, whereas higher up the direction of the wind may be quite different and the speed quite different. So, as the particles fall down, they might drift in one direction, say, between 20,000 and 30,000 feet, and below, say, 10,000 feet they would drift in another direction. We get these reports from various Department of Transport centres across Canada, as I said, every day.

Selecting some thirteen hypothetical places where a bomb hypothetically may have fallen, a chart is kept of the fall-out area in that particular locality.

By means of a code made possible by the uniform grid system imposed on the map this is also sent to the various warning centres.

I should say, there may be some time elapsing between the time of the fall-out—the time of the bomb burst and the time the dust reaches the ground. So, in, say, something like a lozenge or a kidney-shaped fall-out pattern, or the longer sausage-like fall-out pattern, there would be lines drawn across that showing the approximate time the fall-out would reach various centres within the area. That information would be communicated

to the areas affected; but the pattern is kept up continually, every day, so that we are training a large number of regular personnel in the method of calculating the fall-out pattern, and we are also ready, at any moment, to give that information.

Then the third responsibility is that of rescue and re-entry. The whole of the Canadian army stationed in Canada is trained and organized into various mobile columns so that they could move rapidly to any area in which there had been destruction caused. There are 22 such regular columns, and there are 44 militia columns in Canada. They may vary in composition, but there are approximately 600 to 850 men in each column. They are equipped, or are being equipped, with rescue material—some of it very simple and elementary material like special ropes, jacks for raising up debris, ladders, first aid kit, various radiac instruments which will enable a test to be taken at any time, every man carrying a small button which is tested from time to time to show how much radioactivity he has absorbed. They are equipped, or are being equipped, with special fire-fighting material. They have field kitchens, and field wireless sets are maintained. I think I can say that a very considerable sum of money has already been spent on the acquiring of these different types of equipment. Some of it is now being issued to both regular and militia units: other material will be acquired during the coming year.

These columns consist mainly of rescue companies, reconnaissance units, decontaminating units, and provost personnel for limiting the area.

If there has been a bomb burst at any particular point in Canada, a series of circles would be drawn on the map around the burst and nobody would be allowed to enter those areas when coming out from those areas they would be required to go through a decontamination centre. Of course, it would be important that no unauthorized person enter the area.

We will not have enough military personnel to do all the rescue work which is necessary. We look to the Civil Defence organization to supplement and assist the military in their re-entry work.

In the main, those are the functions for which the Department of National Defence is responsible, in connection with these survival operations, which is the term we use in the Department of National Defence to describe these rescue operations.

In addition to the army, air force personnel who are stationed in Canada, and naval personnel also train. There will not be very many Naval personnel available, however, because the majority will be required to build up the ships' companies at once.

The auxiliary air force is being provided with Otter aircraft, to enable them to assist the army in reconnaissance work, and that sort of thing.

Those are the main points for which the Department of National Defence is responsible.

I mentioned the question of information being sent out by broadcasting stations. Of course, it will not be practical to have all broadcasting continuing at the time of an emergency. There would have to be certain selected stations which would give out the information that is necessary.

You will recall that the army only assumed responsibility for these operations on September 1 of last year. Considerable progress has been made. The picture is not yet complete, and a lot of study is being given to it. The army has also assisted in the drawing up of plans and demonstrations showing the type of shelter which might be introduced either as a family shelter in a house, or working on different plans for other shelters. Now, because I refer to shelter, that does not mean that there might not be opportunities for the evacuation of some of the larger areas. As I pointed out, if there is a danger of fall-out we issue a warning that unless you have

cover to go to it is better to stay where you have shelter rather than to go out into the fields where there is no shelter and where you would have no protection against fall-out.

The CHAIRMAN: First of all, may I say to the witnesses that it will be perfectly all right if you prefer to sit while giving your evidence. I know from experience that Mr. Pearkes prefers to stand; but I just mention that.

Before we go on to the questions, Mr. Carter, I suggest we might have Mr. Bryce and Mr. Curry make a short comment on their particular field.

Will you proceed, Mr. Bryce?

Mr. R. B. BRYCE (*Clerk of the Privy Council*): Thank you, Mr. Chairman. Perhaps I can speak briefly on behalf of Mr. Curry and myself, and then deal with questions.

You asked us, sir, to describe what our responsibilities are in the emergency measures organization. These have been authoritatively described by the Prime Minister in the house on several occasions. For the record, I note that he first did so on August 21, 1958. He spoke on the civil defence functions transferred to the emergency measures organization on March 23 of last year. Then there were some further statements made on July 17 and 18 of 1959. So in those, the committee members will find out how the Prime Minister has described our responsibilities.

In the order in council of May 28 last year transferring the civil defence responsibilities, the responsibilities of the emergency measures organization were specified officially and laid upon us. They are very brief and, perhaps, I might give them in the words in which they are given: (1) co-ordination of civil defence planning by departments and agencies of the government of Canada; (2) preparation of civil defence plans in relation to matters that are not the responsibility of any other department or agency of the government of Canada; (3) assistance to provincial governments and municipalities in respect of preparation for civil defence where assistance is not the responsibility of any other department or agency of the government of Canada; and, finally, (4) general liaison with other countries of the North Atlantic Treaty Organization and with provincial governments on matters relating to civil defence.

Our work in this field of civil defence relates to work we originally undertook on what we called "continuity of government". They are plans for carrying on government during wartime, particularly the early weeks of war, which we now regard as very important and critical if war should arise and, indeed, on which we are concentrating all our efforts. This is work which arises out of the early work done on the war book, years before, and which we were doing before the civil defence functions were redistributed last year; the position was taken to tie the two together. As I understand the philosophy, it is that in view of the fact that various tasks in the civil defence field relate to the other tasks that governments will have to undertake—federal, provincial and municipal authorities—it is quite important, in view of the tremendous difficulties there will be, that all these things should be tied together, and that there should not be a separate group working on civil defence in isolation from what is being done in the various other fields of government.

Under those various responsibilities the emergency measures organization is doing a lot of work on planning, both organizational, in terms of measures that may be taken and in connection with equipment which may have to be available. We do not put many of these measures into effect ourselves. They are done largely through other channels. We do not do our buying. However, what one department is doing and what the other is doing all have to be tied together, if it is going to make sense. It is our role to see that it is tied together. In connecting this work of others and seeing that

the field is properly covered, we have to find gaps, where they exist. We do a certain amount of prodding to get people to fill those gaps, and see to it that the policies and practices being followed by the different departments and agencies are consistent; and that the various authorities are going ahead on the same expectation, and the same assessment of what the risks and problems are, and that it is a consistent policy in regard to organization and responsibility. We have to see that the thing is in balance.

These, I may assure you, are not mere paper responsibilities; we are trying to do them effectively and see that the thing continues to go forward over a wide front. In doing all this work we serve the cabinet and cabinet committee. We provide them with details of these matters and, I may say, the several ministers who are involved as well. Also, we have to maintain contact with provincial governments and, through them, with municipal authorities. We do that now primarily through ten regional officers whom we have in the field. There is one in each province now, whose duty it is to maintain contact not only with the federal departments and their representatives in the field, who have duties in wartime, including the army, but also with the provincial governments. I am glad to say that these contacts with the provincial governments have been very close and harmonious. We feel there is developing a common understanding of what the problems would be, if war occurs, and a reasonable approach to them.

Also, we have a responsibility for keeping in touch with what is being done in the United States and in other NATO countries in similar dangers. This, of course, is valuable to us in several respects. First, we get a lot of information and ideas in their approach to similar problems. In regard to the United States, there are a lot of problems along the border and we do work together on these.

In regard to NATO, we all wish to have a common appreciation of the problems and a consistent approach to them. So, by an exchange of ideas there, we can gain and they gain, we hope, as well.

Our responsibilities also include the administration of the financial assistance plan. Parliament provides funds for grants to the provincial governments and municipalities for their work in civil defence and related fields. The applications for these grants are made to our organization, and are screened there. We go to the various departments which are concerned with particular aspects of the matter, such as the army on warning and rescue and related matters, and National Health and Welfare on the health and welfare aspects. We obtain their information and advice. Requests are considered and studied, and any amendments that may be necessary are made. They are then approved and all the payments are made in accordance with the law and the regulations.

We put out some publications from our emergency organization office. As Mr. Pearkes said we are working on a pamphlet on shelters about which the Prime Minister spoke several months ago. We had hoped that the pamphlet would be out by now, but I held it up in order to see that it was in simpler language than the engineers and scientists had put it. We hope it will be out in a few weeks time. This pamphlet relates to the building of fall-out shelters within the basements of houses.

We feel this is much the most effective way of trying to save lives, should a nuclear war occur. These shelters can be built easily and cheaply, in most cases by the householder or members of his family at a modest cost. We cannot tell where the blast will be or how effective shelters will be against it, but we do know the danger of fall-out will be widely spread, and one can do something about it at a reasonable cost within the means of a great many Canadian families. That is the sort of thing we do in the publications field.

We put on some organized exercises in order to test out the plans which the departments, the army and the provinces are making. The Prime Minister several weeks ago announced a major exercise that is being organized for May for this purpose. Our office is responsible for doing that sort of thing.

I think, Mr. Chairman, that gives a rough picture of our responsibilities in this field.

The CHAIRMAN: Thank you, Mr. Bryce.

You will recall, gentlemen, that Mr. Bryce mentioned he was speaking for Mr. Curry as well. Mr. Curry, we welcome you here and we trust you will be in a position to answer any questions as well.

In addition, Dr. Davidson at our last meeting outlined the functions of the Department of Welfare in respect of item 255. I might mention that we have before us item 255, and not the two votes of the Privy Council or the Department of National Defence. The additional witnesses, Mr. Pearkes, Mr. Curry and Mr. Bryce are here in courtesy to the committee to discuss the relationship of their aspect of civil defence to this vote. The only point I am making is we are not discussing the moneys involved in two other departments, but rather the activity of these different groups.

I wonder if we might clear up one point, if the chair could take the prerogative, Mr. Bryce, of asking you if the public attitude or lack of it comes into the field of EMO. Are you responsible for the psychological aspect of asking people to support civil defence as a whole?

Mr. BRYCE: I suppose if any civil service organization is responsible for that, it is our own. It is for that reason we ask a certain amount of money for information activities. On the other hand we are careful in that respect. First, we want to know that anything we are suggesting the public do is a feasible thing to do. Secondly, we do not want to build up this thing too fast and then have it peter out. My own experience over the years in this field has been that if you get the public too excited over it at one stage it is apt to forget it, and it will pall. Therefore, I think it takes some care to adopt a sober, sensible, continuing line on the matter. Thirdly, I naturally hope and expect that members of the government and parliament will be the leaders, in this in respect of the publications which can be put out departmentally. I may say it is perfectly evident on the record that the ministers have been giving a lead in this field for us to follow.

Mr. CARTER: I have three questions arising out of the statement of the Minister of National Defence. I hope you will not rule me out of order because I am merely seeking clarification. If I understood the minister correctly, nothing happens until NORAD pushes the button at St. Hubert. My first question is, what would be the sequence of events if a ship at sea in the north Atlantic reported a hostile bomber or a hostile submarine heading for Canada?

The CHAIRMAN: I think, Mr. Carter you are in the wrong committee. We are about to establish the special defence committee in which we will examine the defence of this country. The question of civil defence arose out of an item in which we are discussing purely the aspect of how we were to provide national survival.

Mr. CARTER: I think you misunderstand me. I am just thinking of the sequence of events so far as warning is concerned.

Mr. PEARKES: The warning of an approaching or pending attack would first be received probably from a DEW line system or other information collecting system.

Mr. CARTER: But I am thinking in the event of its coming from a ship at sea.

Mr. PEARKES: It would depend where the ship was. It would first go to naval headquarters through the maritime commands on the Atlantic or the Pacific. It would immediately be communicated to SACLANT which is the NATO headquarters at Norfolk, Virginia, for Atlantic operations; or it would be communicated through the appropriate joint naval-air establishment at Esquimalt or Halifax and would be transmitted to NORAD. NORAD would advise the various regions of NORAD including the northern region, which is the R.C.A.F. station at St. Hubert; and from there the civil defence organization here would be advised simultaneously. From there the government would be informed. No warning would be issued until it was certain that the attack was being directed to Canada. It is rather hard to know if a ship is standing out 500 miles in the Atlantic whether there is going to be an attack made on you. Unless you happened to see a missile being launched from that ship it would be very difficult to tell whether or not it was intended to take hostile action against land targets.

Mr. CARTER: The second point concerns fall-out. The minister told us the different levels the wind moves at and the different directions. I understand also that these directions vary with the seasons and the time of year.

I wonder if any experiments have been carried out by the dropping of some sort of dust which could be detected on the surface, to determine or pinpoint just what the fall-out area would be at different times of the year?

Mr. PEARKES: Experiments have been carried out to ascertain the rate of fall-out. Weather reports received would give one an indication as to the path there would be on the surface.

Mr. CARTER: My third question has to do with the chain of authority regarding the R.C.M.P. and the regular police such as the provincial or city police. Where would they fit into this organization in the event of an attack?

Mr. PEARKES: Well, they would be responsible for co-operating with the provincial, civilian, and municipal police outside of the areas where there had been destruction, and areas into which the army was carrying out recovery and rescue operations; that is, areas which are described as re-entry areas.

In re-entry areas, or in re-entry operations, the army would have the responsibility. And if there were any police available at that time to help in controlling or policing the perimeter of those areas—either the R.C.M.P., or provincial police, or auxiliary police forces trained by civil defence—they would work in co-operation with the army.

Mr. CARTER: Would they be under the direct command of the army, or would they have a separate command?

Mr. PEARKES: In those areas where there were re-entry operations being carried out, I think the army would have to assume control. But in areas outside of a re-entry area, of course the civil authorities are supreme, and they would be organizing the flow of traffic, and that sort of thing.

The army is only responsible for re-entry operations into areas where a bomb has fallen and destruction has been done.

The CHAIRMAN: Thank you. May I interrupt to say that I have eight members who have indicated they would like to ask questions. Would it not be helpful if you kept your questions brief, so that we may rotate those who wish to question?

Mr. MCGEE: Concerning the role of the army immediately following an attack, and designated areas of fall-out, is it not likely that the demand for the army's services might assert itself immediately following such attack, and that a decision would have to be made whether they would stay with the survival operation or organize to repel such an attack?

Mr. PEARKES: We do not visualize an actual landing on Canadian shores as being a likely operation while there is a nuclear attack going on. We do not visualize the difficulty of landing large forces. On the other hand there is always the possibility that there might be something in the nature of a commando raid, perhaps originating from submarines. Of course, if there were an actual landing, then the regular army would have to deal with it, or some part of it would have to deal with it; but the decision so to do would have to be made by army headquarters, or by the government, as to which was to assume priority.

Mr. MCGEE: You mentioned contaminated areas, and the obvious problem of keeping people from entering those contaminated areas, and the other problem of people coming out therefrom. What sort of threat would there be to people around those areas from contaminated people leaving contaminated areas? How important is that flow of traffic from the contaminated to the non-contaminated areas?

Mr. PEARKES: The most danger would be in the highly contaminated areas. Their clothing and so on should be decontaminated.

In the fringes of the fall-out area there is of course a danger. But I think you might say that the greatest danger is in the area where there had been destruction. I think Dr. Davidson could give you a little more information as to the danger of fall-out being passed on to other people.

The CHAIRMAN: Would Dr. Davidson like to come up and sit on this side, so that we might have his talent available.

Dr. G. F. DAVIDSON (*Deputy Minister of Welfare*): You ask me if I would like to answer that question.

Mr. MARTIN (*Essex East*): Will General Pearkes be here at our second meeting? We appreciate that he is a very busy minister, but if he is going to be here, there will be no difficulty.

Mr. PEARKES: When is your second meeting to be?

The CHAIRMAN: Next Tuesday.

Mr. PEARKES: Yes, I can be here next Tuesday morning.

The CHAIRMAN: Please go on, Dr. Davidson.

Dr. DAVIDSON: I am not sure that I can add very much to what the minister has said, beyond saying that it is of course part of the responsibility of those in the reception area planning field to provide for the reception of the stream of refugees or people who will be moved out of the danger area after a bomb has fallen.

It will be part of the responsibility of the health and welfare services planners in the reception areas to plan a center into which the people coming into a small city outside of a target area will be brought, and to put them through decontamination facilities in those centres. This will be the responsibility of the emergency planners. Dr. Charron could speak in greater detail about that, if you so desired.

After they have been decontaminated they have to be furnished with new clothing, or clothing which is not the clothing they have brought with them. That would be destroyed. Then they have to be put through registration procedures and assigned to billets and so on. But it is understood that anyone who will be leaving a danger area where there is a high degree of contamination, and who is being brought into a relatively safe reception area, will have to go through this decontamination process in order to assure his own safety as well as the safety of the people who will be taking him into their homes.

Mr. MCGEE: The question I asked originally was how much danger would these contaminated people represent to those who were outside of those contaminated areas, when the bomb struck?

Dr. DAVIDSON: It would depend on the degree of contamination that they carried with them as a substantial or potential danger. If they have remained in the danger area long enough to have their clothing or person heavily contaminated—and of course, most of this would be surface contamination—it is possible, through decontamination procedures, and this is a key point, to render those people safe so far as their contact with other individuals are concerned.

Mr. MCGEE: What happens if it is not possible and practical to have these decontamination centers set up, and you have these people who obviously have to get away from the center of explosion and contamination, and you have the problem of course of restraining that flow?

Dr. DAVIDSON: I can only say that it is the job of those who have the responsibility of seeing that these decontamination centers are available. It is part of the planning organization. There are of course simple procedures which people themselves may apply to their own persons, and which, to a very substantial degree, if these people carry out such procedures, render them harmless so far as the people with whom they come in contact are concerned.

Mr. PEARKES: May I just say a word there, Mr. Chairman. If we can educate the public as to what they should do, if they know that they have been exposed to fall-out, then the simplest of all things is to strip off their clothes, thoroughly wash the whole body and get a new suit of clothes as soon as possible.

Mr. FAIRFIELD: Mr. Chairman, I know you made a ruling concerning the dollars in so far as this vote is concerned, but I previously asked the Minister of Health about the projects with provinces, and you stated that it would be given when the minister was here—or could be given to us. I am thinking of the grants to the provinces.

The CHAIRMAN: The information can be given as to the quantitative amounts. I am merely suggesting that we are not debating the estimates within someone else's department. What do you want specifically?

Mr. FAIRFIELD: I want to get the projects that have been approved with the provinces and, if possible, the amount of the estimate, the cost of those projects.

Mr. BRYCE: Perhaps Mr. Curry could answer that.

Mr. FAIRFIELD: Or possibly it could be tabled.

The CHAIRMAN: Is it a long table?

Mr. R. BYRNS CURRY (*Director, Emergency Measures Organization*): Mr. Chairman, I wonder if Dr. Fairfield wants to pinpoint his inquiry to any specific project for any specific community? We can give a reply in general for Canada as to the dollar volume of projects during this current year and the way that is broken down respectively among the federal government, the provincial government and the municipalities.

Mr. FAIRFIELD: I do not want any particular area, but I would like to have the amounts for the provinces. That information could be printed in the proceedings, as far as I am concerned.

Mr. CURRY: Perhaps, Mr. Chairman, the easiest way would be to table that information.

The CHAIRMAN: That will be done, Dr. Fairfield.

Mr. FAIRFIELD: I would like to ask another question, concerning this agreement with the provinces—all except Prince Edward Island and Quebec—on enrolling civil defence workers at a time of disaster. I understand you have an agreement of 50-50 compensation. Who is going to recruit these people: is it up to the provincial authorities, the federal authorities, or the municipal authorities to recruit in time of disaster?

Mr. BRYCE: Normally the municipal authorities recruit the actual workers.

Mr. FAIRFIELD: Have you an agreement with Quebec and Prince Edward Island as yet?

Mr. BRYCE: The projects for which we provided the grants in themselves normally involve plans for recruiting people to do various tasks, on a voluntary basis, in that locality. The agreement, so to speak, is contained in the terms of the projects for which they request our financial assistance.

Mr. FAIRFIELD: But up until the time of this annual report, at least, there was no agreement with Prince Edward Island and Quebec. Have you an agreement with those two provinces yet? According to this annual report, there is no agreement with those two provinces.

Mr. BRYCE: We have financial assistance projects in Quebec and Prince Edward Island, so that we do have a program going on in those provinces. I am not sure whether the agreements to which you refer are formal inter-governmental agreements. Both those provinces have civil defence legislation under which their municipalities can take action.

Mr. FAIRFIELD: Could you find out for us for the next meeting whether or not there is an agreement with these two provinces now in so far as enrolling civil defence workers is concerned?

Mr. CURRY: Mr. Chairman, I am not quite sure what the member wishes here. There are no formal agreements with any of the provinces in this particular field. There are arrangements.

The CHAIRMAN: It has been suggested to me, Dr. Fairfield, that perhaps you are referring to compensation agreements.

Mr. FAIRFIELD: That is right. In the annual report, on page 121, the paragraph there says:

On January 9, 1959, authority was granted to extend these agreements to cover enrolled civil defence workers while engaged in operations arising out of a natural disaster.

The CHAIRMAN: Which annual report are you reading from?

Mr. FAIRFIELD: The annual report of the Department of National Health and Welfare.

The CHAIRMAN: Would you comment on this, Dr. Davidson?

Dr. DAVIDSON: It is correct that there are civil defence compensation agreements in existence with, I think, eight provinces of the ten and that on January 7, 1959, those agreements were extended to cover the enrolled civil defence workers while engaged in these other operations. That is a correct statement.

Mr. FAIRFIELD: But there still has not been an extension to Quebec or Prince Edward Island; that is my question?

Dr. DAVIDSON: I cannot answer that question because this has now been transferred to the emergency measures organization.

The CHAIRMAN: Mr. Curry, would you say that is in the process of negotiation?

Mr. CURRY: Mr. Chairman, that is in the process of negotiation with all provinces. Incidentally, the basis of remuneration is now 75 per cent federal and 25 per cent local.

Mr. PUGH: I wonder if I might have a return on militia units under three headings: (a) strength, by provinces; (b) average numbers turning out in each unit, by provinces; (c) annual turnover in each unit, by provinces?

The CHAIRMAN: You are interested in the number of standbys in the national survival operation, are you?

Mr. PUGH: Yes, in so far as the militia is concerned.

Mr. PEARKES: It will take some time to get that information. Obviously, that detailed information is to a large extent kept in the different commands, as to the strength, the numbers turning out on parade nights in the militia, and that sort of thing. That information would be in the different commands, and we would have to communicate with the different commands and areas to get that information. It would not be readily available.

Mr. PUGH: Are there figures kept which are somewhere close to that? I would not want them exactly, if there is something that is close to it. For instance, are there figures of the totals in the provinces; not by units, but by totals in the provinces—that is, totals of strength?

The CHAIRMAN: Or by commands, perhaps, Mr. Pugh?

Mr. PUGH: Or by commands, yes.

The CHAIRMAN: Would you have totals by commands?

Mr. PEARKES: We would not have up-to-date totals; they are sent in periodically. Altogether the general overall strength of the militia is about 40,000.

Mr. PUGH: I mean, take any date at all, sir, and get the strength by commands.

Mr. PEARKES: We will try and get that information for you by next week.

Mr. PUGH: Also, if it is strength by commands, then might I have the number of militia units in each command.

Mr. PEARKES: Yes.

Mr. PUGH: Now, Mr. Chairman, I would like to ask Mr. Pearkes questions in regard to these pamphlets on shelters. Are there any pamphlets in existence now on shelters?

Mr. PEARKES: There are pamphlets in existence, but there has been no approved Canadian pamphlet issued.

Mr. PUGH: Are there any shelters built now, or in existence, either public or private? Have we any record of that?

Mr. PEARKES: We have no record of the total number, but I do know of some shelters which have been built by private individuals.

Mr. PUGH: One last question with regard to fall-out: is there any difference in fall-out now, as against 1946? I am thinking in regard to shelters, the type of shelter that is to be built?

Mr. MONTEITH (*Perth*): Possibly we could answer that question when we come along to the health side of my department. Dr. Watkinson, who is our expert in that line, is not here today.

Mr. PUGH: Oh, thank you.

The CHAIRMAN: Mr. Martin?

Mr. MARTIN (*Essex East*): Mr. Bryce, first, to which minister do you report?

Mr. BRYCE: We report, sir, to the Prime Minister and to Mr. Pearkes, as chairman of the cabinet committee on emergency plans.

Mr. MARTIN (*Essex East*): You will recall the Prime Minister said in the House of Commons that the responsibility for EMO would largely rest with the Minister of National Defence and not with himself, notwithstanding the fact EMO is in the office of the Privy Council. So, is it the real fact that you report directly to the Minister of National Defence?

Mr. BRYCE: We report to both. We have an active cabinet committee that deals with a good many of these matters without the Prime Minister's

direct intervention until the committee has dealt with them, and by his direction we take these up with Mr. Pearkes and his committee.

Mr. MARTIN (*Essex East*): I would like to ask the minister if General Penhale is still directing the Civil Defence College?

Mr. MONTEITH (*Perth*): That comes under me, Mr. Chairman. Yes, he is.

Mr. MARTIN (*Essex East*): As this deals with the basic, primary problem of ministerial participation in Civil Defence, perhaps I could ask the Minister of National Health and Welfare if his attention has been directed to an article written by General Penhale which appears in the R.C.A.F. Staff College Journal of last fall. I call the minister's attention to the first paragraph in the conclusion of this article by General Penhale, which will be found at page 67 and which reads as follows:

Readers of this article, however, we suggest, cannot escape the conclusion that the present scheme of reorganization now under development seems at the moment to be lacking that positive degree of leadership and guidance from the federal level which is so necessary if the movement is to prosper.

Mr. MONTEITH (*Perth*): Yes, and I would like to point out, Mr. Chairman, that on page 6 of the same issue it states:

. . . the ideas expressed in the journal are those of the writers and do not necessarily reflect official policy.

I think I might go on and point out this foreword on page 6 does put the article in its proper perspective.

Mr. MARTIN (*Essex East*): I was—

Mr. MONTEITH (*Perth*): If I may continue for a moment, Mr. Martin: the views expressed in the article are those of General Penhale. They do not claim even to represent government policy, and any statement of government policy would be made, not by a subordinate official, but by the Prime Minister, the Minister of National Defence, or some other minister authorized to speak for the government in this regard. I do not think it is necessary for me to comment in any detail on the content of Penhale's article.

The over-all Civil Defence program is no longer the responsibility of my department, but General Penhale is in charge of the Civil Defence College at Arnprior. I might point out that on some points his comments are favourable. On others he raises questions of a policy nature, but which it is perfectly proper for a civil servant to raise for the consideration of his immediate superiors or the ministers concerned. It is not appropriate, however, for a civil servant, whilst still active, to discuss in a public article this sort of thing.

This has been made clear to General Penhale. I think it was an error of judgment on his part to enter, as he has done, while still an active civil servant, into public discussion of the government's new civil defence policy. I am sure though that he acted in perfectly good faith.

Mr. MARTIN (*Essex East*): Obviously the minister anticipated this question.

The CHAIRMAN: I think that is understandable. Proceed, Mr. Martin.

Mr. MARTIN (*Essex East*): I take it then that the minister shares the view, which is traditional in our country, that no civil servant can use this kind of a medium to criticize the policies of a government and, particularly, a government which he serves.

Mr. MONTEITH (*Perth*): Would you repeat your question.

Mr. MARTIN (*Essex East*): I take it then from this carefully prepared statement which the minister has read that he agrees that no civil servant under our system can appropriately criticize the government which he serves.

Mr. MONTEITH (*Perth*): I think it was very ill-advised.

Mr. MARTIN (*Essex East*): I beg your pardon?

The CHAIRMAN: Order, gentlemen.

Mr. MONTEITH (*Perth*): I think it was very ill-advised.

Mr. MARTIN (*Essex East*): When you said, in the earlier part of your statement, something about the right of a civil servant to express his own views, what did you have in mind?

Mr. MONTEITH (*Perth*): I said there is a foreword on page 6 of the Journal to the effect that—

—the ideas expressed in the Journal are those of the writers and do not necessarily reflect official policy.

Mr. MARTIN (*Essex East*): Now that we are all agreed that it is inappropriate even for so distinguished and so useful a person as General Penhale to make these comments, does the Minister of National Defence agree that is what General Penhale wrote in one official publication of the Royal Canadian Air Force?

Mr. PEARKES: Do I agree that there has not been sufficient leadership shown, for instance?

Mr. MARTIN (*Essex East*): Yes.

Mr. PEARKES: I think it should be remembered that this article, as I understand it, was prepared about eighteen months ago.

Mr. MARTIN (*Essex East*): Now, he says here—and obviously he is referring to the re-organization:

Readers of this article, however, we suggest, cannot escape the conclusion that the present scheme of re-organization now under development seems at the moment to be lacking that positive degree of leadership and guidance from the federal level which is so necessary if the movement is to prosper.

Mr. PEARKES: I understand that this article was prepared about eighteen months ago and the new scheme had not been brought into effect at that time. Undoubtedly, there was some uncertainty as to the extent of what that scheme was going to be. I hope that has been corrected by now and that positive leadership is being given. I think even within the last few days there has been foremost leadership given. I arranged for two demonstrations to be carried out. Members of the House of Commons and Senate were invited to attend.

Mr. MARTIN (*Essex East*): And it was very good.

Mr. PEARKES: These have been shown also to the press and to large groups of senior civil servants.

Mr. MONTEITH (*Perth*): I wonder, Mr. Chairman, if I could read one further sentence following immediately upon what Mr. Martin has mentioned. This also is in General Penhale's words.

Mr. MARTIN (*Essex East*): What page?

Mr. MONTEITH (*Perth*): Page 67, following the word "prosper".

There is evidence of greater interest on the part of our top political leaders—

The CHAIRMAN: Gentlemen; order, please. Would you now proceed.

Mr. MONTEITH (*Perth*):

There is evidence of greater interest on the part of our top political leaders and for this we must record our satisfaction.

Some hon. MEMBERS: Hear, hear.

The CHAIRMAN: Order, please.

Mr. MARTIN (*Essex East*): This enthusiasm of the committee—

The CHAIRMAN: Would you please ask your question, Mr. Martin.

Mr. MARTIN (*Essex East*): Would you allow me to make an observation? The enthusiasm of the committee obviously is intended to prevent our making the objective statement—

The CHAIRMAN: Please proceed.

Mr. MARTIN (*Essex East*): I would like to ask the Minister of National Defence another question. First, I want to congratulate him very much in regard to these recent displays which I had the opportunity of visiting privately. I could not attend with the others, but I sincerely congratulate him. I am sure he will recognize that the foundation for these was laid more than eighteen months ago.

The CHAIRMAN: You would help the work of this committee along, Mr. Martin, if you would direct your questions.

Mr. JORGENSEN: Instead of patting yourself on the back.

Mr. MARTIN (*Essex East*): I would like to ask the Minister of National Defence a further question. He spoke a moment ago in connection with leadership—and we appreciate this is a difficult subject—but he will remember that he took the position a few years ago—and I know it was a sincere position—that there should be legislation for civil defence, that there should be a civil defence act. May I ask the minister if he now has changed his opinion, or does he feel that the most effective way is by way of an estimate in all the departments now concerned with civil defence?

Mr. PEARKES: This has been examined by the legal authorities and the general opinion is that a civil defence act is not necessary at the present time.

Mr. MARTIN (*Essex East*): Well, there are eight provinces that have civil defence acts.

Mr. PEARKES: That is correct.

Mr. MARTIN (*Essex East*): But the minister feels, so far as the federal government is concerned, the situation should continue as it is?

Mr. PEARKES: That is correct.

Mr. MARTIN (*Essex East*): Has the minister's attention been drawn to a statement of the head of the metropolitan government in the city of Toronto, Mr. Gardiner, who on the question of direction is reported as having said on March 9, that Ottawa had vetoed elaborate evacuation plans completed years ago. "They were termed 'a contribution to civil disaster'. The civil defence organization is 'travelling along in a suspended state of animation waiting for some direction' from the senior governments, Metro chairman Fred Gardiner said yesterday." Will the minister comment on that statement?

The CHAIRMAN: From what are you reading?

Mr. MARTIN (*Essex East*): The *Toronto Star*. The minister will recall I asked this question in the house and the Speaker thought it was the kind of a question which should be asked in the committee.

Mr. PEARKES: My attention has been drawn to that statement which has been made. I cannot subscribe to it. There has been a change in which there is not as much emphasis placed on wholesale evacuation as there had been a few years ago. That is primarily because the danger of fall-out is being realized and the desirability of taking shelter.

As I said in a previous statement, we warn people not to evacuate out into the country where there is no shelter. They would be running away from the possibility of being within the bomb burst area and would be

exposing themselves to an equally grave, or nearly as grave, danger from the fall-out. Therefore, unless people have a place to go to, we do not advise them to go out into the country in all circumstances. There may be, however, opportunities to carry out a partial evacuation but it is felt, owing to the very short time which there may be between the warning and when the bomb or missile may burst, that wholesale evacuation is not practicable.

May I give an example. A few years ago the thought was that the main attack would come by bombers, that we would get the warning before they came to the DEW line and that there might be several hours warning before the actual explosion took place. Now, when you think in terms of missiles, 15 or 20 minutes is about the maximum time there would be for warning. That makes the wholesale evacuation of large cities practically impossible.

The CHAIRMAN: Mr. Martin, would you ask your final question. There are others who have questions.

Mr. MARTIN (*Essex East*): You said final question. I am not used to dictation from the Chair. If you are saying that a member will be limited in his questions, then I may take serious issue because this is a very important matter and we must examine it with great care.

The CHAIRMAN: May I explain my point.

Mr. MARTIN (*Essex East*): May I explain my point. If you mean we will have an opportunity of coming back, that is another matter.

The CHAIRMAN: Yes.

Mr. MARTIN (*Essex East*): I have in mind that the Minister of National Defence is a very busy person and he cannot possibly attend this committee for all the time I require.

The CHAIRMAN: There are 60 members on this committee and we are endeavouring to have each of them take a part in this examination. You have asked six questions and you will have an opportunity to come back. I would insist that others be allowed to participate.

Mr. MARTIN (*Essex East*): Do I understand the arrangement is that each member will be allowed to ask six questions?

Mr. MCGEE: Nonsense.

Mr. MARTIN (*Essex East*): The minister made a very important statement on the evacuation. Do I understand that the policy of evacuation of large cities is out?

Mr. PEARKES: The compulsory evacuation of large cities is not considered practical.

Mr. MARTIN (*Essex East*): I would ask the minister to comment on the statement of General Penhale at page 62 in which he says:

Our present civil defence policy provides for evacuation or dispersal of population if time permits.

Mr. HALPENNY: That was eighteen months ago.

Mr. BRYCE: That statement was made before the government announced its policy last fall.

Mr. BALDWIN: Can anyone say if there is provision for the granting of adequate emergency measures which could be worked out, and could anyone state the machinery as to how it would be brought into effect?

The CHAIRMAN: Would you please repeat that question.

Mr. BALDWIN: Is there any provision for the granting of secure or adequate emergency powers, and could somebody comment on the stage at which it would be granted and the machinery by which it would be brought into effect and, if possible, to what extent the civil law might be suspended?

Mr. BRYCE: Are you referring to federal powers or to provincial powers?

Mr. BALDWIN: I am referring to federal powers.

Mr. BRYCE: As far as federal powers are concerned, the government, I understand, proposes to rely on the War Measures Act. Action under that can be taken very promptly as long as we have a government, and have it together. We are trying to make arrangements so that we shall always have a number of ministers available at all times, and the Governor General or a deputy to the governor general available quite quickly to deal with any emergency that might arise.

But as far as action being taken in peacetime is concerned, no extraordinary powers appear to be needed.

The CHAIRMAN: Thank you very much. Gentlemen, another committee is about to occupy this room. We shall continue next Tuesday with the present witnesses. And for the benefit of any members who have any doubt about it, you will have an opportunity to explore this matter until you are quite satisfied that you have had an opportunity to ask all the questions you like.

You may recall that there are a number of unanswered questions following the last meeting, when we examined the welfare section of health and welfare. These replies have been made available to you in the evidence, and we will conclude with them before we go on to the health section of the health department, closing the welfare item after we have concluded that. A motion to adjourn is in order.

Mr. MONTEITH (*Perth*): Might I say a word just before you go. There will be in the mail boxes of all the members tonight a short story on Indian and northern health services, the Food and Drug Act, and narcotics division. I thought you might like to have them, to give you an opportunity to glance over before they come up in this committee.

The CHAIRMAN: I thank our witnesses for their attendance here today.

APPENDIX "A"

CIVIL DEFENCE

FINANCIAL ASSISTANCE PROGRAMME PROJECTS 1959-60 Division of Costs of Projects Among Various Levels of Governments

	(1)	(2)	(3)	(4)	(5)	(6)
	Authorized Maximum Federal Contribution (1959-60)	Munic.	Provincial	Federal	Actual Exp. to Mar. 23/60	Est. Exp. for 1959-60
	\$	\$	\$	\$	\$	\$
Newfoundland.....	68,487	—	11,500	34,500	10,309	30,000
Prince Edward Island.	16,382	225	5,000	15,675	—	15,675
Nova Scotia.....	136,796	6,625	33,345	115,339	59,256	107,600
New Brunswick.....	103,124	8,427	19,859	84,857	41,185	73,500
Quebec.....	1,024,329	56,420	—	140,165	77,611	131,000
Ontario.....	1,198,074	96,300	144,438	722,053	343,358	657,000
Manitoba.....	195,488	7,403	31,637	117,122	—	108,800
Saskatchewan.....	145,310	14,431	27,912	123,277	54,474	115,200
Alberta.....	219,200	—	335,833	* 294,992	238,403	294,992
British Columbia.....	337,460	95,181	87,615	*350,000	204,945	350,000
TOTALS.....	3,444,650	285,012	697,139	1,997,980	1,029,541	1,883,767

* These amounts while exceeding the maximum of federal contribution set out in column (1) were subsequently authorized by the government.

HOUSE OF COMMONS

Third Session—Twenty-fourth Parliament

1960



STANDING COMMITTEE

ON

ESTIMATES

Chairman: ARTHUR R. SMITH, Esq.

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 7

TUESDAY, MARCH 29, 1960

Estimates of the Department of National Health
and Welfare 1960-1961

WITNESSES:

The Honourable George Pearkes V.C., Minister of National Defence; The Honourable J. Waldo Monteith, Minister of National Health and Welfare; R. B. Bryce, Clerk of the Privy Council; and R. B. Curry, Director, Emergency Methods Organization.

STANDING COMMITTEE ON ESTIMATES

Chairman: Arthur R. Smith, Esq.,

Vice-Chairman: Ernest J. Broome, Esq.,
and Messrs.

Argue,
Anderson,
Baldwin,
Benidickson,
Best,
Bissonnette,
Bourbonnais,
Bourdages,
Bourget,
Brassard (*Lapointe*),
Bruchési,
Cardin,
Caron,
Carter,
Cathers,
Clancy,
Coates,
Crouse,
Dumas,
Fairfield,

Fleming (*Okanagan-
Revelstoke*),
Fortin,
Gillet,
Grafftey,
Hales,
Halpenny,
Hellyer,
Horner (*Jasper-Edson*),
Howe,
Jorgenson,
Korchinski,
MacLellan,
Martin (*Essex East*),
McCleave,
McDonald (*Hamilton
South*),
McFarlane,
McGee,
McGrath,

McGregor,
McIlraith,
McMillan,
McQuillan,
More,
Parizeau,
Payne,
Pickersgill,
Pigeon,
Pugh,
Ricard,
Richard (*Kamouraska*),
Rouleau,
Skoreyko,
Stewart,
Stinson,
Thompson,
Vivian,
Winch,
Winkler.

J. E. O'Connor,
Clerk of the Committee.

MINUTES OF PROCEEDINGS

TUESDAY, March 29, 1960.

(8)

The Standing Committee on Estimates met at 11.04 a.m. this day. The Chairman, Mr. Arthur Smith, presided.

Members present: Messrs. Argue, Anderson, Bissonnette, Clancy, Crouse, Dumas, Fairfield, Fleming (*Okanagan-Revelstoke*), Grafftey, Hales, Halpenny, Hellyer, Jorgenson, Korchinski, Martin (*Essex East*), McCleave, McDonald (*Hamilton South*), McFarlane, McGee, McGregor, More, Parizeau, Payne, Pugh, Smith (*Calgary South*), Stewart, Thompson, Vivian and Winkler—29.

In attendance: The Honourable George R. Pearkes, V.C., Minister of National Defence; The Honourable J. Waldo Monteith, Minister of National Health and Welfare; Mr. Robert Bryce, Clerk of the Privy Council; Mr. R. B. Curry, Director, Emergency Measures Organization; Dr. G. D. W. Cameron, Deputy Minister (Health); and Miss O. J. Waters, Departmental Secretary.

The Chairman observed the presence of quorum and called for consideration, Item 255—Civil Defence Health, Welfare and Training Services.

The following documents were tabled in answer to questions asked at previous meetings and were ordered to be printed as appendices to the record of this day's proceedings:

1. Extent of Mental Deficiency in Canada; (*See Appendix "A"*).
2. U.S.-Canada Civil Defence Committee; (*See Appendix "B"*).
3. The Strength of the Militia by Commands as of December 1959; (*See Appendix "C"*).

Mr. Curry answered certain questions asked at previous meetings.

Messrs. Pearkes, Monteith, Bryce and Curry were further questioned and among the topics referred to were the following: the role of the Army in Civil Defence; the extent of liaison with the provincial governments; problems of recruitment; the distribution of operational equipment; the provision of alternate quarters and protection for essential government services in the event of a nuclear war; a letter from the former Deputy Coordinator of Civil Defence, announcing his resignation, and a reply thereto by Mr. Monteith; and the possible effects on the civil populace, government and the country's economy, of a nuclear attack.

At 12.40 p.m. the Committee adjourned to the call of the Chair.

J. E. O'Connor,
Clerk of the Committee.

EVIDENCE

TUESDAY, March 29, 1960.
11:00 a.m.

The CHAIRMAN: Good morning gentlemen, we have a quorum and may proceed.

I am sure I need not remind you that we are considering vote 255 dealing with civil defence and health and welfare training services. Again we have with us this morning the Minister of National Health and Welfare, the Minister of National Defence, Mr. Curry and Mr. Bryce. We will proceed from where we left off on Thursday with our examination of the whole area of national survival.

Before going on with questions, we have some replies to questions which the committee members asked individual witnesses to file. As an example, I have one from the Minister of National Defence on the strength of the militia by commands as of December, 1959. The question was asked by Mr. Pugh.

In addition, I believe both Mr. Curry and the Minister of National Health and Welfare also are in a position to reply to questions which were asked.

Would the committee members who asked these questions like to hear them read orally now or have them tabled in the proceedings of evidence?

Mr. PUGH: As far as I am concerned I would suggest they be tabled.

The CHAIRMAN: Are there any other questions to which you would like specific answers now, because they are available.

Mr. FAIRFIELD: I asked about the agreements with Quebec and Prince Edward Island.

The CHAIRMAN: We will hear from Mr. Curry in that regard.

Mr. R. B. CURRY, (*Director, Emergency Methods Organization, Privy Council Office*): Mr. Chairman, I do not think there is anything to add to the reply given on Thursday to the effect that we are in process of negotiating such agreements with all provinces including Quebec and Prince Edward Island.

The CHAIRMAN: Then I believe Mr. Monteith has some replies which might be tabled.

Hon. J. W. MONTEITH (*Minister of National Health and Welfare*): Yes. I think Mr. Best asked for information concerning the United States-Canada committee.

Also I have here the extent of mental deficiency in Canada. I believe this was requested by Mr. Carter, although I am not positive of that.

The CHAIRMAN: I believe Mr. Curry has three areas on which he would like to make some reply.

Mr. CURRY: Mr. Chairman, if it is the wish of the members I could give this now. I have prepared an oral reply to some of the points in respect to our liaison both with the United States and with NATO.

The CHAIRMAN: Would the committee like to hear this now? It seems to be relative to the discussion.

Agreed.

Mr. CURRY: Mr. Chairman, I am not sure which member raised the question but it was in respect of our liaison through NATO. It might be appropriate to refer very briefly to what is the NATO structure on the civil side.

There is a senior emergency planning committee at NATO which is composed of representatives from all the NATO allies, and it has working with it a number of standing committees in quite a number of fields. Those standing committees meet as often as twice a year, whereas the main committee meets annually.

Mr. Bryce has been a representative of the Canadian government to the main committee in earlier years and I happen to have been during the past two years. This committee makes recommendations to the council of ministers which meets once a year. There are two ways in which the Canadian views are set out in this committee; one is through attendance at the committee meeting and the other is through the services of our permanent NATO delegate in Paris. Through those devices and through an annual review the views of Canada are made known, and in turn we learn the views on all these fields on the civilian side of our various allies.

That may serve to answer the question which was asked in respect of the channels of liaison which are maintained between Canada and its allies.

Another question was asked, I believe by Mr. Best, with regard to the organization in the United States which is responsible for civil defence planning.

This organization is known as the OCDM, office of civil and defence mobilization. It has been combined from two former organizations in the United States, one the office of defence mobilization and the other the civil defence administration. They were combined some months ago into a single organization. They cover some of the same fields that the emergency measures organization does in this country, but OCDM has quite a bit wider authority. For instance, it covers the fields of continuity of government and civil defence as we do, but also covers the field of industrial mobilization. The authorities of the director are considerably wider. The director has cabinet status and is set up directly in the office of the president.

I think the committee might be interested to know that this OCDM agency has somewhat unusual relationship with other departments of the federal government. In other words it is not, as is the emergency measures organization in this country, a planning agency, but rather a planning, directing and operational agency in time of war. This is all set out in the president's terms of reference to the director of the organization. This organization's relation to the states is not unlike the relationship of the government here to the provinces in Canada. There are, of course, some differences. However, it gets down to local responsibility, local operation and planning as does our organization here in Canada.

That, Mr. Chairman, possibly might meet the desire of the member who wished to know about the planning organization in the United States. Incidentally, we have extremely close relations with them.

The CHAIRMAN: Thank you very much.

Gentlemen, you will recall that Mr. Baldwin had completed his questioning and Messrs. Korchinski, Payne and Crouse indicated they had questions they wished to ask.

Mr. Korchinski.

Mr. KORCHINSKI: My question is addressed to the Minister of National Defence. The other day in his statement he indicated, where the army would be required to enter an area affected by fall-out for rescue work, it would be equipped with buttons which would be tested for the amount of radio-activity which was absorbed. Is this a complicated process in which the testing of the button would be done at local level or does it require special training?

Hon. G. R. PEARKES (*Minister of National Defence*): It requires a little special training. It is not a complicated procedure. Each individual carries what may be described as a button about the size of an old silver dollar. That is worn and it records the amount of radiation which an individual receives. It is tested in a larger instrument in order to get the exact recording so that you can tell exactly how much radiation there is. The man himself cannot take out this button and see for himself what is the amount of radiation. He has to go back, or send the button back, to the recording machine which is a sort of little computer, and there he will get the result. It is a simple process and some degree of training is required for the person running the recording instrument; but there is none required for the person having the button.

As you will realize, a man can only absorb so much radiation. Once he has had too much, then it overflows into his system and death may result. It is cumulative; it is rather like the effect on a reservoir when the reservoir is over full. There is a point at which it is as much as a man can absorb, then it overflows and becomes dangerous.

Mr. KORCHINSKI: Is this intended for the civilian public? Is it intended they would have buttons somewhat similar to these so that they can be tested in an area where there will be fall-out? I am thinking particularly of an area where there will be fall-out and the army cannot move into that area immediately. The public will have to be informed when it will be safe to move out of shelter.

Mr. PEARKES: I do not think it will be necessary for every individual to have it. When it becomes readily available there is no reason why an individual should not be able to purchase one of these buttons. I do not think they are of very high cost.

Mr. KORCHINSKI: Then it is perhaps the intention to inform the public by means of radio or other communication as to when it will be safe to move out of shelter?

Mr. PEARKES: Oh, yes. That will be done by radio.

Mr. PAYNE: My question, Mr. Chairman, has to do with the basis of liaison and cooperation with the provinces. Are the procedures involved standard with all of the provinces? Is the structure of the organizational authority similar with all the provinces? I am referring to the civil defence function rather than the survival role of the army. I wonder if we could have some detail on this subject and some information on the state of the planning and preparedness in the various provinces?

Mr. R. B. BRYCE (*Clerk of the Privy Council*): In respect of the nature of the contacts with the various provinces, fundamentally they are the same, with the exception that for some time the province of Quebec preferred that the federal contacts were made directly with the municipalities which had projects. I think this is the only exception. It was an exception made at the request of the provincial government concerned. Other than that, our contacts are directly with the provincial governments; that is, with whatever departments or agencies they designate to have these civil defence or related responsibilities. There may be other occasions on which we have specific contacts with a specific locality. For example, we undertook a special survey in regard to the protection afforded by various types of buildings in the city of Brockville. This was undertaken as a sample survey to determine the fall-out problem in relation to the existing large buildings in a typical city. In that case we had a direct contact with the local authorities, but by arrangement with the province.

As to the degree of preparedness and the nature of the programs of the various provinces, it is difficult to particularize on this without getting out all

the various projects and looking at them. I think it would be fair to say that the two western provinces of Alberta and British Columbia have over the course of years been further ahead than any of the other provinces in their work in that field. They have spent more money and have had more full time staff engaged on the whole program than have the other provinces.

The CHAIRMAN: We are very progressive, Mr. Bryce.

Mr. BRYCE: I would think the province of Ontario probably has been next in line in the degree of effort and preparation they have put into it. Ontario would be followed closely in this case by Manitoba and Saskatchewan. The province of Quebec has legislation which would become operative in the event of war, but they have left the actual peace-time preparatory work primarily to the municipalities, until recently, when the provincial authorities themselves have become involved in it. They are at present revising their own administrative arrangements. In the maritimes the province of Nova Scotia has been active, more active particularly in some of the localities in Nova Scotia, than the other provinces. On the other hand, however, New Brunswick recently has become quite active in the general emergency measures organization field, and that has been reflected also in the last year or two in civil defence preparations.

It would be necessary to get out the various documents and go into a good deal more detail to try to draw a specific picture of what the situation is in the various provinces. Within any province there is a considerable variation between the state of preparation and work in one area versus another. In many cases it depends on local initiative and local interest. In the province of Ontario some of the cities are much ahead of some others. I would think, on the other hand, in connection with Alberta, there is more uniformity as between the various areas. Therefore, it is hard to generalize in a meaningful way. We have a large number of projects now across the country as a whole, and some of those are considerably more advanced than others.

Mr. PAYNE: I would like to know at what level we maintain contact with the different provinces?

Mr. BRYCE: In each province we have now a full time regional officer who maintains contact normally with the provincial officials concerned. Some of those will be senior officials and some of them will be a layer or two below the top level and be specialized officials. In addition, Mr. Curry has visited almost all the provinces and has discussed various aspects of the program with provincial ministers who are concerned with it. Then, of course, during the past year we have had two large conferences here in Ottawa at which ministers from each of the provinces concerned sat down around a table for a day and discussed with federal ministers the various major issues involved in the program.

Mr. PAYNE: Then in each province there is a minister of government who does hold a responsibility with your own official for this.

Mr. BRYCE: There has been, sir. In the case of Quebec at the moment I do not believe the premier has as yet designated the minister who is to carry these responsibilities. Mr. Sauve, himself did it under the previous regime, and the present situation is merely temporary.

The CHAIRMAN: Is your question on the same area, Mr. Crouse?

Mr. CROUSE: No, my question relates to EMO.

The CHAIRMAN: I would like to keep on this subject.

Mr. PUGH: In connection with the large projects which are going on, what is the nature of those projects?

Mr. BRYCE: Most of them are projects to recruit and train civil defence workers in the various fields of rescue, reception area services, first aid, monitoring and communications. Communications are probably the most technical

of them. They involve the keeping up and maintenance of communications within a province on civil defence matters.

Mr. PUGH: Is recruiting going well?

Mr. BRYCE: Oh, I would say on the whole that it varies a good deal between areas in a particular province as well as between provinces. It is not going as well as I would have hoped it would go, but this is a matter which is largely determined by the local and provincial administrations. We help financially, and we help by trying to give advice and assistance to the province and the municipality. But the initiative and the essential drive have to lie basically with them.

Mr. PUGH: Is there equipment for training purposes, and if so has it been farmed out to the various towns in the province? I have had complaints about it.

Mr. BRYCE: You mean operational equipment?

Mr. PUGH: Yes.

Mr. BRYCE: We have some occupational equipment, for instance on radiation matters, and measuring devices, which have not yet been distributed, I believe. Perhaps I might pass this question on to Mr. Curry, as to the nature of the operational equipment in the provinces.

Mr. R. BYRNS CURRY (*Director, Emergency Measures Organization*): Mr. Chairman, does the member have any particular sort of operational equipment in mind?

Mr. PUGH: The two complaints I received some time ago were in respect to communications equipment and firefighting equipment. This was within the province of British Columbia.

Mr. CURRY: The projects which have been put forward on the communications side generally have been accepted and approved, and the federal government has contributed. I have not been aware personally that there were any specific problems in British Columbia in that respect.

In respect to firefighting equipment, this has been a subject which falls within the acceptable classification of projects, but it is a bit unusual in that this equipment normally is used very largely for peacetime purposes rather than for purely civil defence use. Therefore the arrangement has been in vogue for some years that with respect to that type of equipment the federal government has been willing to match provincial payments or contributions for that type of equipment. Ordinarily the provinces arrange with the municipality or the locality for the cost thereof, with a certain major proportion, let us say, 75 per cent, local; 12½ per cent provincial; and 12½ per cent federal. In any case, that has been the usual type of project.

Mr. PUGH: I have one further question on that; there is a good deal of paper work behind all this. Would you say, in actuality, as far as the equipment is concerned, and recruitment, that we are in a state of preparedness now?

Mr. CURRY: I suppose one would be prudent in replying that we are not in the optimum or the desired state of preparedness. The work we have been responsible for and which, in turn, was the responsibility of Mr. Monteith's department earlier, has been such as to stimulate and aid the development of these services right across the country. And as Mr. Bryce pointed out, there has been some basic unevenness in the result. But presently I think that all of us who have responsibilities are bending over in an effort to overcome this degree of unevenness.

Mr. MARTIN (*Essex East*): I have several questions I would like to ask Mr. Bryce and the Minister of National Health and Welfare.

Mr. Bryce, I assume that under the emergency measures organization and your direction comes the responsibility for the arrangement for housing, or alternative housing of the important operations of government in the event of an emergency?

Mr. BRYCE: Basically, yes sir. It may be that a particular department will make particular arrangements for some of their operations, but in so far as there is a central organization or program, yes.

Mr. MARTIN (*Essex East*): The location of the main departments of government, the offices of the Prime Minister, the foreign office, and national defence, would be housed under arrangements which would come under the emergency measures organization?

Mr. BRYCE: Yes sir.

Mr. MARTIN (*Essex East*): What progress have you made in connection with efforts for that purpose?

Mr. BRYCE: We have had in existence for some months a site from which the nucleus of government could operate under serious fallout conditions, with emergency communications in the event that ordinary communications broke down. We hope in due course to have additional facilities; we are now working on plans in some detail for regional sites of a similar character.

Mr. MARTIN (*Essex East*): Have you yet located a site with regard to the main feature?

Mr. BRYCE: The one that is in existence of course has been selected and has been equipped with communications and fallout protection. As to the others we have sites in mind, but we have not revealed them.

Mr. MARTIN (*Essex East*): Are they near or distant from the capital? I ask my question that way in order to avoid any argument as to whether or not anything is to be gained by this procedure.

Mr. BRYCE: This gets into very difficult administrative as well as technical problem. As long as we can anticipate some period of warning of attack, we can hope to get people to sites out of town. When the main threat to Canadian centres becomes missiles, and when we can only count on a few minutes of warning, then we contemplate that it may be necessary to make other arrangements, so we will not have to rely on people who are living or working in areas of the greatest danger.

Mr. HALPENNY: On a point of order, is this security information or not, Mr. Chairman?

The CHAIRMAN: On your point of order, Mr. Halpenny, the chair takes the position that Mr. Bryce is a competent witness, and he would know whether this comes within the realm of security or not.

Mr. BRYCE: I am endeavouring to take care of that, Mr. Chairman.

The CHAIRMAN: I think the point is that if it should proceed beyond that point into terms of identification, it would then become restricted information. Would you please proceed, Mr. Martin.

Mr. BRYCE: I think I have pretty well finished. I may have forgotten the point I was at.

Mr. MARTIN (*Essex East*): I think that I recognize the problem of security, and I think Mr. Bryce recognizes it as well.

Mr. BRYCE: We are very conscious of the terrible inconvenience that is involved if we once get to the point where we cannot rely on the people who are working in centres like Ottawa, Toronto, Vancouver and so on, because this involves having, in peacetime, people standing by and ready to do a job like this.

Mr. MARTIN (*Essex East*): The point of my question was this: you appreciate there is not much point in moving all the services to another place on the surface in the light of modern surface destruction. And I assume that these auxiliary housing units or housing centres for the main operations of government would be located not on the surface.

Mr. BRYCE: Well, our basic policy is to have places where we can work under conditions of heavy fallout. The power of modern nuclear weapons is so great that you cannot be protected against a direct hit, or against the effects of a blast close by, unless you have an enormous thickness of rock overhead. Even under those conditions problems arise concerning the entrance, and they are very difficult and can only be solved at very great expense.

However, at reasonable expense, it is possible for an operating centre to be constructed which can operate under conditions of fallout, which are more widespread, just as we feel that at reasonable expense it is possible for people to provide some sort of shelter in their basements, backyards, and so on, for their families against fallout. So the problem we have been concentrating on and coming to grips with is that of fallout rather, than that created by a blast.

Mr. MARTIN (*Essex East*): In your decision have you taken advantage of decisions which have been taken for such purposes in the United States and in Sweden?

Mr. BRYCE: Oh yes, sir.

Mr. MARTIN (*Essex East*): I have a question to direct to the Minister of National Health and Welfare.

The CHAIRMAN: You may proceed. Please speak up.

Mr. MARTIN (*Essex East*): Mr. Minister, I have here a letter from Major General G. S. Hatton. This letter reads as follows:

22 September, 1959.

The Honourable J. Waldo Monteith,
Minister of National Health and Welfare,
2nd Floor, Copeland Building,
Ottawa, Ontario.

Dear Mr. Monteith;

In accordance with the civil service regulations, I have submitted my resignation to the Deputy Minister (Welfare), with effect from 17 February, 1960, which, as I understand, means my last day at duty will be 2nd November, 1959, due to my entitlement of leave.

As you are well aware, I had been increasingly concerned with the lack of interest in civil defence and the absence of policy direction on civil defence by the federal government. No one, therefore, welcomed more than I did the Prime Minister's statement in the house on March 23, 1959, in which he said "I should like to take this opportunity to emphasize that this government believes that civil measures to prepare for the possibility of nuclear war must be taken as seriously as are military measures".

In my opinion, the organization set up to implement the new policy is totally inadequate, as I have often made clear to you; in many respects we are worse off, nationwide, than we were under the old organization, as explained later in this letter.

You will recall that I made certain specific recommendations to you in June, 1958, for "carrying on" until a co-ordinator was appointed: this included the briefing of the cabinet on basic civil defence facts

and the official recognition of my de facto position as acting co-ordinator. I feel that these suggestions were fair and reasonable, more especially as you had recently informed me that, on the advice of the Deputy Minister of Welfare and from your own observations, you were going to recommend to the cabinet, at the first favourable opportunity, that I be appointed co-ordinator. None of these suggestions was accepted. Since then, I have made recommendations dealing with shelter policy, organization of all non-military defence under one minister in like manner to the U.S.A. These suggestions, and others, have been ignored as have my comments on the Graham report and the subsequent report of the committee under Mr. Bryce. You will remember that I was not consulted by the authors of either report nor was cognizance taken of experience of the United Kingdom or United States of America by either body.

I regard it as essential that one minister should be wholly responsible for non-military defence and be unhampered by other departmental responsibilities in order that he can not only bring the relevant issues before the cabinet and the house, but can conduct a campaign of public education in peace and the direction of civil activities in war. This view and the proper role of the armed services would, I am confident, emerge from any full investigation by competent and disinterested authority. No examination of this kind has yet been held.

I would be failing in my duty to my fellow countrymen, my staff and the thousands of civil defence volunteers across Canada if I did not place on record at this time the main reasons that have led me to resign.

The same reasons underline my concern that the effectiveness of the government's measures will be no greater than those of their predecessors. These reasons are:

- (a) The responsibility for civil defence is now divided departmentally to an extent that will be ineffective in peace and disastrous in war. To be more specific, concerning both divided ministerial responsibility and inadequacy of co-ordinating organization and staff:
 - (i) The dispersal of federal responsibility between four government departments (and further within National Health and Welfare into three unco-ordinated sections) cannot be effectively co-ordinated for routine work by a cabinet committee.
 - (ii) Routine work cannot be co-ordinated by the Minister of National Defence as chairman of the committee, while the staff of the emergency measures organization, on whom the order-in-council places the responsibility for co-ordination, is in the privy council office, answerable to the Prime Minister.
 - (iii) The proposed staff of the emergency measures organization is quite inadequate to continue the co-ordinating work previously done by the federal civil defence co-ordinator and his staff, quite apart from any increase arising out of the importance now placed on non-military defence.
 - (iv) Neither in the order-in-council nor elsewhere has the government provided, specifically, for the essential co-ordination and advice to the provinces on those aspects of civil defence that are provincial responsibilities. It would appear that the ten provinces are to go their ten separate ways with consequent waste of time, money and effort.

- (b) The excessive emphasis which the federal government has placed on the role of the army is detrimental to the authority and responsibility of provincial and municipal governments and to the education of the public in their responsibilities. The effective role that the army can play is small in relation to overall non-military defence; except in specific technical fields it can only be a mobile reserve, due to the inadequacy of their overall numbers, especially the lack of skilled personnel, e.g. medical, engineer and welfare.

The army is, furthermore, quite unsuited to carry out damage assessment which is not just a matter of military reconnaissance. Damage assessment is a highly skilled technical and professional business which the army has not the remotest hope of carrying out since it involves peacetime and wartime functions including co-ordinating studies and other work by most of the federal government departments. For example, peacetime studies are vital to evaluate the vulnerability and survival probabilities of government departments, industry and transportation.

- (c) The Government has failed to take any decisive action on evacuation and shelter policy or to instruct the public in these matters, despite my continued representations to both the minister and the civil defence policy committee since September, 1957. They have also failed to provide an adequate engineering staff to deal with problems of refuge as a first priority and subsequently shelter. Any recommendations that now emerge from the committee on shelter, to which you referred in the house on July 19, 1959, will be found to differ little, if any, from the policy continuously advocated by the civil defence staff under my direction for the last two years.

- (d) The Government has broken up the able and experienced team in the civil defence division, despite your statement to the contrary on March 25, copy attached, a staff whose effectiveness was only limited by lack of government leadership and policy. Furthermore, I consider disgraceful the government's treatment of this staff who, after years of loyal service, were all left completely uncertain as to their future employment until one week before September 1, 1959, the date of reorganization. Many of them are still uncertain as to their future prospects. This treatment is consistent with the long history of bad faith in respect to my own treatment by the department.

The position of the head of federal civil defence, even when designated deputy federal civil defence co-ordinator since September 17, 1957, carries with it responsibilities to the public that do not arise in other civil service appointments of comparable standing. He has had to explain the civil defence policy of the federal government, in public and at official functions; and counter criticism of lack of leadership, for which it was difficult to find adequate reasons. I have, over a long period, carried out this difficult task to the best of my ability and with complete loyalty; while presenting to the government a fair picture of public concern and my own dissatisfaction with policy.

The differences between the government and myself now place an intolerable strain on my loyalty. For this reason and because the lives of millions of Canadians may be at stake, I am not prepared to continue to be associated with the government's recent reorganization of federal civil defence.

Since the government is not prepared to accept my advice on civil defence, I must ask you to accept my resignation as deputy federal civil defence co-ordinator and allow me to hand over my duties with effect from November 3, 1959. This will give time for a successor to be appointed or to complete the take-over by emergency measures organization and the reorganization of the civil defence division of your department. In the meantime, I shall continue to carry out my duties to the best of my ability.

You will realize that my decision to resign is made after careful consideration, with regret and at great personal sacrifice; I am not only resigning an appointment at \$11,500 a year, with no alternative prospect for employment, but am also reducing my pension to half its potential.

I believe you will consider this letter of sufficient importance to inform the Prime Minister, in view of the appointment under the privy council which I am given to understand it is proposed to offer me and which I would not accept for the same reasons. I shall publicly announce my resignation on September 23, 1959, and seek other fields for my future activities.

Yours sincerely,

(Sgd.) G. S. Hatton

(G. S. Hatton),

Deputy Federal Civil Defence Co-ordinator.

In view of the fact that General Hatton is a distinguished soldier with distinguished service both in military and civil defence matters in the United Kingdom and in Canada, I should like to ask the minister to comment upon the very serious statements—about which I make no comment at this time—which General Hatton has made in this letter of resignation.

Mr. MONTEITH (*Perth*): Mr. Chairman, I think, in view of the fact the letter of resignation by General Hatton has been read in full detail to the meeting, I should probably read my reply too.

The CHAIRMAN: Proceed, Mr. Monteith.

Mr. MONTEITH (*Perth*): It is dated September 23, 1959.

Major-General G. S. Hatton,
Civil Defence Division,
Department of National Health and Welfare,
Daly Building,
OTTAWA, Ontario.

Dear General Hatton:

I received yesterday afternoon your letter of September 22 in which you indicate your intention to resign your post as deputy federal civil defence co-ordinator, effective February 17, 1960. Your letter makes it clear that you have arrived at this decision only after the fullest consideration of all the circumstances affecting your present and future position in the public service. I feel, therefore, that I can do no more than accept your resignation, with an expression of my thanks, and that of my colleagues in the government, for the service you have rendered these past five years in a difficult and trying situation.

I have said publicly on a number of occasions that civil defence planning in peace-time inevitably involves a great deal of frustration and disappointment. I can readily understand why, after a period as

the senior officer in charge of civil defence in this department, you should be somewhat reluctant to see the transfer of responsibility for co-ordinating federal civil defence preparations out of your hands into the privy council office,—and along with this, the further decentralization of certain operating functions to National Defence and other departments.

I am confident that time and experience will continue to demonstrate the soundness of the decision which the government has taken in this connection; and that under the new set-up you could have continued to serve effectively in the responsible post which, as you know, it was the intention to provide for you without loss of salary. Since by your decision, as communicated to me in your letter, you make it clear that you do not share my confidence in these matters, I can only accept your resignation as submitted and thank you for the very considerable contribution you have made during the five years of your service as deputy federal civil defence co-ordinator to the development of Canada's civil defence policies and programs.

May I conclude by correcting what appears to be a misunderstanding on your part with reference to the position of the civil defence staff as a whole. Members of the civil defence headquarters staff have been fully protected in their positions up to the present time; not a single member of the staff has been released from employment or suffered a reduction in salary because of the reorganization which has taken place. Every possible effort will continue to be made to place remaining members of the civil defence headquarters staff in suitable posts for which they are qualified by training and experience. In some instances they will continue to serve in a civil defence capacity: in other cases, the department will work, in co-operation with the civil service commission, to place employees elsewhere in posts for which they are suited. On the basis of this record, I do not think that you or any of the employees concerned need entertain any doubts as to the intention of the government to treat this or any other group of employees with the utmost fairness.

Yours sincerely,

That is signed by myself.

Mr. Chairman, I think as a general observation on General Hatton's letter—which is what the member asked me—I would say that it happens to be one man's opinion. I will also point out that in the estimation of the government the present procedure works, whereas the previous one, in our estimation, was not achieving the end which was desired.

I would point out that at a meeting of April 24, 1959, with provincial ministers, this matter was discussed in great detail. They were given a complete picture of what was proposed. They were told at that time that they would be called back in the autumn. There was a meeting held on October 2, 1959 at which the ministers of the provinces were present, and at that meeting they declared themselves, I would say, eminently in favour of the proposals suggested.

Actually I have a civil defence circular issued by the province of British Columbia and a statement by the Honourable W. D. Black, under whom the responsibility for civil defence falls in that province. In this statement he commends the approach that has been taken and feels that the coordination in civil defence between the federal and the provincial governments and down to the municipalities, is now, at last, being achieved.

Mr. MARTIN (*Essex East*): This is who?

Mr. MONTEITH (*Perth*): The Honourable W. D. Black of British Columbia.

Mr. MARTIN (*Essex East*): Isn't it a fact that at this provincial meeting—and we are now getting away from the letter—

Mr. MONTEITH (*Perth*): Pardon me, Mr. Martin, but I am not getting away from the letter at all, and I was not attempting to. I made the observation that the letter contains the thoughts and thinking of one man, whereas all other opinion—

Mr. MARTIN (*Essex East*): The thoughts and thinking of an experienced man.

Mr. MONTEITH (*Perth*): —whereas all other opinion appears to be to the effect that the moves taken were wise, well considered and are working.

Mr. MARTIN (*Essex East*): Isn't it a fact that at the provincial meeting some of the ministers did doubt the wisdom of a dispersal of federal responsibility among four ministers, with no particular minister really in charge, as the situation now appears to be?

Mr. MONTEITH (*Perth*): I do not recall. We have the minutes of the meetings here, but they were held in camera. Personally, I do not recall an outright difference of opinion, but if there were any doubts held at the time of the earlier meeting of April 24, I think it is safe to say they were dispelled by the time the October 2 meeting was held.

Mr. MARTIN (*Essex East*): What were the recommendations which General Hatton made to you in June of 1958?

Mr. MONTEITH (*Perth*): I consider them privileged correspondence.

Mr. MARTIN (*Essex East*): But in what way are they privileged?

Mr. MONTEITH (*Perth*): They are from an official of the department to myself.

Mr. MARTIN (*Essex East*): Did they involve any of the material that is now before us in this letter?

Mr. MONTEITH (*Perth*): I do not have them here, Mr. Martin. I would say some of the thoughts mentioned in this letter were probably mentioned in the previous recommendation.

Mr. MARTIN (*Essex East*): I suggest to you that in view of the importance of this matter, and in view of the fact General Hatton has written in public as he has, the recommendations which he made to you in June are not privileged.

Mr. MONTEITH (*Perth*): I claim they are one man's thoughts.

Mr. MARTIN (*Essex East*): I would like to know the authority for that. However, I cannot compel the minister, except to say this, that in our effort to try to find out whether this divided responsibility on four departments of government is a good thing, it would be very valuable for us to know the additional reasons for the attitude taken by General Hatton.

The CHAIRMAN: May we come back to you again, Mr. Martin? A number of your own colleagues wish to carry on an examination.

Mr. MARTIN (*Essex East*): Do you mean, to come back to the examination of this letter? I have no objection to doing that. However, I believe that is not the way we generally do things in these committees.

The CHAIRMAN: Have you a further question on the letter itself, Mr. Martin.

Mr. MARTIN (*Essex East*): I am just starting on this letter, and this letter is saturated with indications this official had a lack of confidence in the new civil defence set-up of this government.

The CHAIRMAN: We will be happy to come back to you, Mr. Martin.

Mr. MONTEITH (*Perth*): He mentions, at the top of page 2:

The same reasons underline my concern that the effectiveness of the government's measures will be no greater than those of their predecessors.

Mr. MARTIN (*Essex East*): I know that.

Mr. MONTEITH (*Perth*): I think you mentioned it showed a lack of confidence in this government. I just wished to draw your attention to that.

Mr. MARTIN (*Essex East*): General Hatton was a very intelligent man, and the only difference between the present government and the old government is that the old government was not afraid to acknowledge there were criticisms. But I find it very difficult to elicit any admission from the present government that in the matter of civil defence all is not well.

The CHAIRMAN: I would suggest we come back to this point, Mr. Martin. Mr. Crouse?

Mr. CROUSE: Mr. Chairman, my question is related to the emergency measures organization and to some of the questions raised at our last meeting by Mr. Martin and, again, this morning.

In view of the fact that the first atomic bomb was dropped approximately in 1945 and the danger to our Canadian population was then known, is there any record of the preparations to combat fall-out, and for the construction of fall-out shelters, by the former administration, between the years 1945 and 1957? Also, what action did they take for public education, coordination of the militia and the protection of the seat of government

I raise this point because it is evident we have ourselves considerably progressed since this administration came into office, and I would like to have the comparison of progress made between 1945 and 1957 and that made between 1957 and the present date.

Mr. HELLYER: Could we get the progress from 1957 to the present date first?

Mr. CROUSE: I am directing my question to the chairman.

Mr. MARTIN (*Essex East*): I would suggest that when members ask questions they should not make assertions.

Some hon. MEMBERS: Oh, oh, oh!

Mr. MARTIN (*Essex East*): The gentleman who has just spoken has just given evidence. I would suggest there is no objection to asking questions, but if the honourable gentleman wishes to establish himself as a witness—

Some hon. MEMBERS: Oh, no.

The CHAIRMAN: Order, please.

Mr. MARTIN (*Essex East*): —then I suggest that he should go and sit himself at the head of the table and not sit as a member of this committee.

The CHAIRMAN: You have raised a point of order, Mr. Martin. At the first meeting of this committee—at which, perhaps, you were not present—I indicated it was the hope of the chairman that committee members would endeavour to question the witnesses rather than themselves impart information. I said they would have that opportunity when considering the report. Nevertheless, you have set the pattern yourself in this respect, to some extent, Mr. Martin.

Mr. Crouse, you have asked a question—

Mr. MARTIN (*Essex East*): Mr. Chairman, on the point of order, I am not going to let you get away with that statement.

The CHAIRMAN: On your point of order, Mr. Martin?

Mr. MARTIN (*Essex East*): You have been a very fair chairman, within certain contexts, but I do not propose to let you assert something that is not in harmony with the record. My questions may have been embarrassing to the government, but because they were—

Mr. MONTEITH (*Perth*): Not at all.

Mr. MARTIN (*Essex East*): But because they were it is not proper for you to suggest I was seeking to impart information and not to elicit answers.

The CHAIRMAN: With all due respect, Mr. Martin, the Chair does not consider it has offended, in any way, any of the privileges you enjoy as a member.

Mr. MONTEITH (*Perth*): I would like to point out to Mr. Crouse, in answer to all three points I think he brought up, that nothing had been done when we assumed office.

Mr. MARTIN (*Essex East*): Mr. Chairman, that statement—

The CHAIRMAN: I wonder if you would be kind enough—

Mr. MARTIN (*Essex East*): That statement is inaccurate.

The CHAIRMAN: Mr. Martin, I wonder if you would be kind enough to wait. You will have an opportunity later.

Mr. MONTEITH (*Perth*): The policy of the civil defence organization had been one of evacuation up to that time. This was taken under study as time progressed and, as General Pearkes has outlined the situation, a policy was developed of consideration of shelter, provision of a seat of government in case of emergency, and protection from fall-out.

I will say there had been a radiation department inaugurated some time earlier, which is a very excellent branch of the department and which has been studying fall-out ever since this inauguration of the branch.

The CHAIRMAN: Mr. Argue?

Mr. ARGUE: Mr. Chairman, I was interested in what Mr. Bryce had to say about the construction of underground shelters or other facilities to operate the government in case of war. I want to make it perfectly clear that I think that is a laudable procedure and that it is one that should be followed.

I am not certain if I have got the gist of what Mr. Bryce had to say to us. Did I understand from your reply that there is in progress at this time the building of one underground shelter with, you said, rock protection of adequate thickness, so that there is at least one spot where government facilities would be carried out, or might be carried out in the event of an atomic war?

Mr. BRYCE: There is one site already in existence, sir, which was made ready at the time of the Berlin crisis about a year ago.

Mr. ARGUE: An underground, rock-protected shelter?

Mr. BRYCE: Yes. It is safe against fall-out, but it is not safe against blast.

Mr. ARGUE: I am not trying to put words in your motuh, but there are other shelters under construction, or about to be constructed?

Mr. BRYCE: We have plans for others. The biggest problem is the problem of communications rather than that of accommodation, because the communications of the whole country are largely dependent upon land lines and upon micro-wave, both of which are vulnerable to nuclear weapons. So our biggest problem is getting radio communications which could service as a back-up to them. Some of those exist in the government networks—such as those of the R.C.M.P. and those of the armed services.

This is a responsibility which has been laid upon the army, as you will see from the order in council distributing the responsibilities.

So far as the accommodation for government is concerned, as I say we have one in existence. We are now working on plans for regional arrangements which have not yet been approved by the government.

Mr. ARGUE: I do not know whether or not this question is in order and I assume if it is not I will be ruled out of order. Is Mr. Bryce in a position to say whether or not this underground bunker or shelter is, as rumours have it, located at Carp, or has the location ever been made public?

The CHAIRMAN: The Chair does consider on the advice of the witnesses that this is restricted information.

Mr. ARGUE: Mr. Bryce was about ready to say something. I do not know whether or not it was on that line. I am not trying to get, in this committee, information which is not available elsewhere. I do, however, press the point that if there have been leaks there should be an official leak. If this information is not available elsewhere I do not press it.

The CHAIRMAN: Is that information available anywhere else?

Mr. BRYCE: I think it is fair to say that the Minister of National Defence, or his department, has made clear that the facilities being built at Carp are signal facilities.

Mr. ARGUE: And therefore not part of it. I will leave it at that. I am sorry if I am asking many questions, but I was not here the last day and I have questions on two or three points. I will try to be brief.

The CHAIRMAN: Proceed.

Mr. ARGUE: Although I was not here the last day I have read the evidence which, thanks to the direction of the Chairman, was made available in time for this meeting. I noticed the Minister of National Defence in the evidence said that on an attack people would learn about the attack from selected radio stations. Is he prepared to put on the record, if he has the information, which of the radio stations have been selected for this purpose and whether they are standing by now? Is the matter of having the radio stations prepared to put out this information something that is already well in hand? Have they been listed? Are they on the alert? Are they ready to go to work?

Mr. PEARKES: All the radio stations would close with the exception of certain designated radio stations—broadcasting stations—which would remain open. An examination is practically completed at the present time as to which would be the stations which would be best able to serve the communities and which would remain in operation.

Mr. ARGUE: Is the minister in a position to give the committee the names of these radio stations?

Mr. PEARKES: No; I am not yet in that position. The examination is nearing completion.

Mr. ARGUE: I have in my hand a Canadian press report of March 14, from the Regina *Leader-Post*. The first sentence says:

A train stands in constant readiness here to evacuate the Canadian government in event of nuclear attack on North America.

I am wondering if the train is in fact standing in constant readiness, what the procedures are, and if there is anything at all to the report that the train is keeping its steam up ready to evacuate the government to some undisclosed place within ninety minutes of Ottawa, should the train be a real high-baller, at one-hundred miles an hour?

Mr. BRYCE: We have no train standing in readiness. Our plans for moving key executives to the various places from which we would operate in the war have included, at certain stages in the movement, the use of trains

as well as cars. We have, I believe, on one occasion in connection with one exercise, worked with the railways to develop a plan for using a train. Except in that respect we have not had trains standing ready and we do not have trains standing ready now.

Mr. ARGUE: I have further matters I would like to raise. I have read some of the literature put out by the civil defence organization. I have read other articles on the dangers of nuclear attack and so on. It seems to me in the civil defence literature there is little by way of recognition of the hell there would be across this country in the event of a nuclear attack. I would think in the educational documents put out there should be some factual scientific information as to what nuclear attack would in fact mean.

I ask, if one of the large atomic bombs should fall on one of Canada's largest cities, what proportion of the population would be killed outright? What proportion of the population might die from radiation effects within a week, two weeks or over a period? In other words, what would a nuclear attack mean to Canada? I think it would destroy the nation. I think we are talking about civil defence to keep some semblance of civil activity in being, but I think the nation would for all practical purposes in the case of an attack be discouraged. I would like some comment on what it would mean to Canada in lives lost and the state of our nation in the event of such an attack.

Mr. BRYCE: One could make all sorts of calculations by postulating the number of weapons that would be dropped on Canada, where they would land and at what height they would go off. All these affect the calculations.

The United States made an elaborate calculation of this kind which was placed before congressional committee last year. In our case there are some complicating aspects. We are not so apt to be the primary target. It is much harder to guess where weapons would go off.

While the threat is from bombers to a considerable extent, we have to anticipate a considerable part of the danger in Canada would be from the weapons in planes which come down as a result of the air battle. We cannot tell where they will come down except in a rough sort of way. It is more apt to be in Ontario and Quebec than the east or west. We have to be prepared for a rather illogical pattern of weapons in this country.

Mr. ARGUE: My question is more specific than that. Suppose there were 100 cities over which a modern atomic bomb were exploded on this continent and five of those cities happened to be the five largest cities in Canada, what would be the effect to those cities and to this country?

Mr. BRYCE: We could calculate that for you, sir; but I think it is fair to say that if those were large weapons there would probably be millions killed and more millions injured. However, a considerable fraction, probably more than half of the Canadian population, would be left to carry on. Now what the effects of the radiation fall-out would be is another matter. If we are unprepared for it, there would probably be more millions killed by radiation; if we are prepared for it, there would not be more millions killed by radiation.

Mr. ARGUE: Have some of these facts been put out to the general public, namely elaboration of the statements you have just made, that in the case of an attack there could be up to or approaching half the Canadian population die either by direct result of the explosion or by radiation? It would seem to me that an accurate but picturesque description of what the conditions would be in Canada in the event of a nuclear war is essential to a civil defence organization and is an essential part of the education of the Canadian people at this time.

Mr. BRYCE: Well, sir, I think it is fair to say that so far as the emergency measures organization is concerned and what the government is doing through it, we have not yet put out much publicity of this kind. We are immediately concentrating on the things we can do about it. Now, this is a matter of public psychology, sir. My own tendency has been to describe things without too many adjectives and without getting people too emotionally worked up about it.

Mr. ARGUE: But have they got the facts?

Mr. BRYCE: I think the facts are available. I believe in small groups they have been told the facts, but I do not think there has been any effort yet to try to bring home emotionally to them the impact of the facts.

Mr. ARGUE: I would ask Mr. Bryce if he is aware of the civil defence pamphlet which was put out with the title "Seasons Greetings" and a message from the Prime Minister. It is more like an elaborate Christmas message than a booklet on some of the facts in respect of civil defence.

Mr. MARTIN (*Essex East*): What is the date of that?

Mr. ARGUE: Ottawa, November 17, 1959; very recent. I would ask if some thought is being given to putting out pamphlets which are not like this and are not couched in this kind of phraseology, which in my opinion is highly misleading. Surely the question of civil defence has not very much to do with seasons greetings from the Prime Minister.

The CHAIRMAN: The Minister of National Defence would like to comment on this.

Mr. PEARKES: I would just like to say that all members of parliament were invited to a demonstration which was held here at the armouries. It is a demonstration which has been shown elsewhere and which is shown at the civil defence staff college at Arnprior in which the effect of a bomb burst over Ottawa was shown. Pictures were shown of such buildings as the mounted police headquarters before and after where there was complete destruction. There was a radius drawn which was approximately the area in which there would be complete loss of life and complete destruction of all buildings. Then there were demonstrations given as to the type of destruction and the number and type of casualties which might be expected at distances of approximately five or seven miles away from the point of the burst.

Mr. ARGUE: That is the kind of thing I have in mind. I think an extensive use of this kind of facts and facilities should be made available to the public.

Mr. McDONALD (*Hamilton South*): Mr. Bryce, the emergency measures organization acts as a liaison between the federal agencies and the departments of the provincial governments. Is that correct? Another matter is, has the federal government an overall basic policy for the provincial governments to adhere to so that there will be unification in civil defence coordination between the federal government and each and every province in Canada?

Mr. BRYCE: That question gets to the heart of who makes policy in this field; who determines what is to be done in certain circumstances.

Mr. McDONALD (*Hamilton South*): The people who act as liaison officers for the four federal agencies must give you information so that you may formulate and draft proposals.

Mr. BRYCE: Yes sir.

Mr. McDONALD (*Hamilton South*): Has this been done by the provincial agencies?

Mr. BRYCE: Yes, but I wish to make it clear that there are certain fields in which it is recognized that the provincial authorities are the proper ones

to take the decision. In those cases we will consult with them and give them our views. But the decision would lie with them, for example, in matters relating basically to health and welfare.

You will note the description of the duties given by the Prime Minister in the House of Commons last year (March 23rd). In these fields it is expected that the province will take the decision as to the policy to be followed. It is for that reason that we are cautious in not giving the provinces direction, but in giving them our views on what should be done.

Mr. McDONALD (*Hamilton South*): Would this committee be prepared to ask the liaison committee of the emergency measures organization to lay out a suggested draft proposal for coordination in the case of attack in regard not only to the militia, but to nursing and hospital staff, and to a complete rundown of what would happen, and what each province could do, as an ideal situation, so that the average member of the public in the towns would know what is going on?

In my community of Hamilton, if we were attacked, we would get hit; yet the average citizen does not know what is going on. So if this were brought up, I am sure it would be very helpful.

The CHAIRMAN: You would like these items produced for the committee in the form of evidence?

Mr. McDONALD (*Hamilton South*): Yes.

Mr. BRYCE: We are working out these things. It takes a good deal of time to get sensible answers to all the questions that local and provincial people may ask. But we are working on it day in and day out.

I draw to your attention a statement of policy by the Prime Minister in November last, on the principal questions raised by the provincial authorities on shelter and evacuation. That statement was given last November, and it was made in response to requests that had been addressed to the government in regard to policy on civil defence.

Mr. McDONALD (*Hamilton South*): Could this be done by those people here before this committee, because there are certain problems of evacuation on which people have different opinions. In Hamilton, for example, they may say: let us sit and get bombed and not try to escape.

Could this committee have evidence placed before it as to the proper procedure to follow, and an ideal situation which should be carried on by the municipality both with respect to evacuation, shelter, and the control of communications?

The CHAIRMAN: I think it is a very useful suggestion.

Mr. BRYCE: Yes. It may take us some time to do it; if the committee would receive it later on in the session, that would be helpful.

Mr. McDONALD (*Hamilton South*): Yes, we would like to have it.

Mr. HELLYER: I wonder if the Minister of National Defence would enlarge on his statement that people in shelters would be advised by radio when the degree of radiation had diminished to the point where it would be safe for them to come out? Would he tell us, for example, what would happen in the case where the local radio station had been knocked out by the initial blast?

Mr. PEARKES: Then they would have to receive information from other radio stations. There would be quite a number of radio stations which kept in operation, if one local station—or if two or three local stations, let us say, in Toronto had been knocked out by a central blast. It would seem to be unlikely that one blast would be able to knock out all the radio broadcasting stations in a city, for example, the size of Montreal, because they are widely dispersed. However, it would be necessary to have other stations do the broadcasting.

Mr. HELLYER: Let us pose another possibility. Let us say that the power supply had been disrupted in the original blast, and that none of the stations had a power supply with which to broadcast. How many mobile transmission stations would the army have to cope with such a situation?

Mr. PEARKES: I could not give you the actual number of mobile radio broadcasting stations that the army has, but they do have them.

Mr. HELLYER: I think the minister will appreciate that radio reception might be pretty severely limited in those circumstances, and that if power was cut off, about the only possibility of reception would be from low power transistor receivers. These would be without any aerial facilities, and their pickup would be extraordinarily limited. Does the minister have in his department the type of equipment which would establish communication with that type of setup, under those conditions?

Mr. PEARKES: Yes, we have, and we are acquiring that type of equipment.

Mr. HELLYER: You say you have and you are acquiring it?

Mr. PEARKES: That is right, to the best of my knowledge.

Mr. HELLYER: May I ask this question of the Minister of National Health and Welfare: who is the responsible minister for liaison in the province of Ontario?

Mr. MONTEITH (*Perth*): It is Mr. Nickle.

Mr. HELLYER: Mr. Nickle, the Minister of Planning and Development. Now, would the minister comment on the statement by Mr. Fred Gardiner, metropolitan chairman of Toronto, to the effect that it was useless for the metropolitan area to spend money on civil defence, due to the lack of leadership and uniform control from Ottawa?

Mr. MONTEITH (*Perth*): I think that quotation was brought up at the last meeting by Mr. Martin.

Mr. HELLYER: Did the minister comment on it at that time and give a satisfactory explanation as to why Mr. Gardiner felt this uneasiness?

The CHAIRMAN: Might I suggest that you review the evidence so that you can determine whether it was satisfactory or not.

Mr. HELLYER: I shall do so as soon as it is available.

The CHAIRMAN: The evidence is available now.

Mr. MONTEITH (*Perth*): Incidentally, I understand a very large project has come in from Toronto fairly recently.

Mr. HELLYER: Would the minister tell us the nature of that project?

Mr. CURRY: The project is typical of the ones we have been getting from municipalities covering administrative costs, the training field, communications field, and some items with regard to local public education and so on. It runs in the order of some hundreds of thousands of dollars.

Mr. HELLYER: I wonder if, on the whole basic concept of this change in policy on the part of the present government, if the Minister of National Defence, for instance, could explain to us why—when it is a recognized fact that the only successful chain of command is the straight line chain of command—why he would support and endorse this change which permits responsibility to be divided among four departments? This seems to run, on the face of it, as a contradiction to all recognized principles of authority.

Mr. PEARKES: Of course I endorsed it. It is a government decision to have it handled in that way, and to be coordinated through the privy council office, which is the control office for the coordination of a number of activities of a number of departments.

Mr. HELLYER: But the privy council does not have active command over these things. It is just a coordinating body. Is that not correct?

Mr. PEARKES: I have just been given a statement which was made by the Hon. Paul Martin on March 23, 1959.

Mr. MARTIN (*Essex East*): Then it must be a good statement.

Mr. PEARKES: Presumably it is, although I have not read it. It says that certain functions are now to be turned over to the office of the privy council, and that this is a step in principle which I am sure will commend itself to the house. That seems to be a fairly wide statement, and as Mr. Martin suggested it might well be.

Mr. MARTIN (*Essex East*): Surely, in all fairness, you are not going to deny me the right now to make immediate comment in view of the statement the minister has just made.

The CHAIRMAN: I recognize that Mr. Hellyer is carrying on a line of examination.

Mr. MARTIN (*Essex East*): Then you don't want to conduct the committee as you should.

Mr. HELLYER: I think we have had much evidence, but so far most of that evidence has been somewhat hypothetical, and that not much actual progress has been made, even though some mention has been given that there are some plans under consideration.

Let us then test it with something which is more concrete. I have here a booklet entitled "Canadian Army Demonstration of Survival Operations". It is dated March 9, 1960. I choose a page at random, and at page 3 I read as follows: *Radiacmeter, Gamma Survey*

This is the most important single instrument in the field of survival operations. It is used by all units to measure the dose rate of gamma radiation, and to give an indication of the beta-gamma ratio in the field.

The United States model IM 108 will be used by troops engaged in a national survival role. At a later date the Canadian IM 5010 will likely be adopted for use as it appears likely to be superior item.

Twenty-three are required per mobile column and one per task force headquarters, at a cost of approximately \$85.00 each.

I think it would give the committee some assurance if the minister could tell us how many of these radiacmeter, gamma survey meters he has at present in his inventory, or which have been distributed to the mobile columns throughout the country.

Mr. PEARKES: Yes. I would be pleased to get that information for you. Of course, you would hardly expect me to remember it in my head.

Mr. FAIRFIELD: In the event of an attack, the War Measures Act is immediately proclaimed. In that case, would the emergency measures organization take over direct command of provincial dispensations in so far as civil defence is concerned?

Mr. BRYCE: Well, sir, we have endeavoured to divide the field of responsibility between the federal government and the provincial governments in such a way that even under war conditions each government would work in its own sphere.

For example, take re-entry operations into damaged areas where great control has to be exercised over how you move in, and over anyone in there, working there. This would come under the army's direction and control. In other areas of the province in question, the provincial authorities would be in control of traffic law and order, health measures and welfare measures.

But when it comes to the warning of attack, and to letting people know whether an attack is imminent or not, that would be a federal operation entirely, and the federal government would control it.

The control of commodities would be a federal operation. The movement of supplies, and the control of communications would be federal. The control of transportation basically would be federal, and under federal law.

On the other hand things like billeting, welfare services and the control of public health, as well as the maintenance of law and order and the control of traffic would be provincial. One would hope by getting a clear division of responsibilities in peacetime and relating them as far as possible to practical reality, to find out who the people were who would look after such matters as public health, and communications, and to see that we would have a sensible division that could be carried on into wartime.

In the case of commodities, it may be necessary to move them between provinces. That is the sort of control that neither government operates in peace time. It is not proposed that the federal government operate and exercise control under the War Measures Act over provincial functions. Basically the plan has been to try to avoid the necessity for the federal government taking over any provincial functions in a war emergency. If we got into a real emergency and the provincial control were absent or broke down, then, presumably, the federal government would have to take some sort of action to see that the vacuum was filled or that the weakness was made good. It is not the sort of thing you can plan on, in those circumstances. We have tried to work out a plan that will involve a sensible distribution of responsibility between the two levels of government.

Mr. FAIRFIELD: Have directions been given to the provinces, in this case, that if they do not measure up, the federal government will have to take over the organization of the civil defence?

Mr. BRYCE: No directions have been given them to that degree, sir. But equally, there may be occasions when in a particular area the federal control—let us say, over supplies, over transport, or something of that nature—may break down, and we would then expect the province to fill in. Under conditions of such grave emergency we do not look forward to any struggle between the two levels of government. It is really a question of arriving at a practical way of dealing with a terribly difficult and urgent situation.

The CHAIRMAN: Yes, Mr. McGee?

Mr. MCGEE: Mr. Chairman, I wonder if I could put on the record a request—to Dr. Davidson, presumably—to check into an apparent inconsistency in the earlier evidence given to the committee?

Reference was made, in 1959, to the study of hospital patient forms.

In a further question, a starred question, in the house—

The CHAIRMAN: Mr. McGee, I wonder if I might interrupt and say that we are going to lose a quorum if any more members leave.

Proceed, Mr. McGee.

Mr. MCGEE: The deputy minister's report to the committee indicated a study was taking place, or had taken place, in 1959. A starred question directed to the secretary of state did not show this particular survey as a summary of all surveys conducted by the organization and methods research division. I wonder if that could be looked into?

Mr. MONTEITH (Perth): I would be very happy to do so.

The CHAIRMAN: Mr. Martin?

Mr. MARTIN (Essex East): Thank you, Mr. Chairman.

I would like to deal first with what the Minister of National Defence has raised. What was the date of that memo in the name of the former minister that you so kindly read out to the committee?

Mr. PEARKES: March 23, 1959 was the reference.

Mr. MARTIN (*Essex East*): 1959?

Mr. PEARKES: Yes, it is quotation from *Hansard*.

Mr. MARTIN (*Essex East*): 1959? I regret to say I was not a minister of the crown at that time, and I could hardly have been announcing government policy.

Mr. MONTEITH (*Perth*): It was in reply to a statement by the Prime Minister.

Mr. MARTIN (*Essex East*): What is the statement again?

Mr. BRYCE: It is *Hansard*, pages 2030 and 2031.

Mr. MARTIN (*Essex East*): Would you mind reading it out?

Mr. BRYCE: There are about two pages of *Hansard*.

Mr. MARTIN (*Essex East*): We might as well have it in its context if it is going to be read.

Mr. BRYCE: Perhaps I could find the context in which these particular words occur, rather than read the whole statement?

The CHAIRMAN: Mr. Martin, would you like something more read than the reference which the minister made?

Mr. MARTIN (*Essex East*): I am amazed only one sentence was read by the minister, and I do not know what it was for. I find now it was a long statement.

To save time, perhaps you would let me have it, and I will look at it and deal with it next time.

The CHAIRMAN: That is fine.

Mr. MARTIN (*Essex East*): I have some questions I would like to ask Mr. Bryce.

Mr. Hellyer asked the minister about his view as to the desirability of four different ministers being in charge of civil defence in Canada. I think that we are right in saying there are four ministers responsible. Is that right, Mr. Bryce?

Mr. BRYCE: Yes.

Mr. MARTIN (*Essex East*): They are: the Minister of National Health and Welfare, the Minister of National Defence, the Minister of Justice and the Prime Minister?

Mr. BRYCE: Yes.

Mr. MARTIN (*Essex East*): They are the four ministers in charge of civil defence in Canada?

Mr. BRYCE: Yes.

Mr. MARTIN (*Essex East*): Am I right in saying too that the co-ordination of the work of these four ministers is done by the office of the privy council?

Mr. BRYCE: The coordination of the work of the ministers is done by a committee of ministers.

Mr. MARTIN (*Essex East*): But the work of the coordination of the departments concerned is all done by the office of the privy council?

Mr. BRYCE: The coordination of the departmental work, yes.

Mr. MARTIN (*Essex East*): You are in charge of that particular phase of it—and, I may say, no one in the public service could discharge that function more ably than you, Mr. Bryce, so my subsequent questions are not to be regarded as, in any way, a reflection on you.

Do you report directly to the Prime Minister, who is the head of the office of the privy council?

Mr. BRYCE: Yes, sir.

Mr. MARTIN (*Essex East*): On all matters of civil defence, then, you report to the Prime Minister?

Mr. BRYCE: Yes, and he directs me to report on certain matters as well to Mr. Pearkes, as the chairman of the cabinet committee.

Mr. MARTIN (*Essex East*): Then will you explain what the Prime Minister meant, in the house, when he said that any questions on the matter of civil defence, not directly involving one department, should be addressed to the Minister of National Defence?

Mr. BRYCE: I assume that he had in mind that the Minister of National Defence—as chairman of the committee of ministers that deals with these matters—will be informed in detail of what the government is doing in this field.

Mr. MARTIN (*Essex East*): If the city of Toronto, for instance, wished to put in a project through the province for the establishment of certain officers, and it related to EMO, would that question be discussed in detail with the Prime Minister, and would he make a decision with regard to that matter, just as ministers would with regard to corresponding matters in their departments?

Mr. BRYCE: Yes, sir.

Mr. MARTIN (*Essex East*): So that the Prime Minister is actively engaged in the operation of the civil defence, in terms of the emergency organization?

Mr. BRYCE: Yes, sir. He signs the authorities for the projects.

Mr. MARTIN (*Essex East*): My question was not, did he sign, but whether he was actively engaged, because if one looks at his answer to me in the last session of parliament—when he said that all questions should be directed to the Minister of National Defence—one is given the impression that the office of the privy council would coordinate the activities of the departments, and would report to the Minister of National Defence, who would be the spokesman, and not the Prime Minister himself.

Do you remember that reply?

Mr. BRYCE: Yes, sir.

Mr. MARTIN (*Essex East*): You still feel that your statements thus far you would want to stand?

Mr. BRYCE: Yes, sir.

Mr. MARTIN (*Essex East*): May I ask the minister some questions now on the basis of this letter of resignation from General Hatton?

I recognize, at once, that the minister said at the end there are some criticisms here that involve his predecessor and the former government, and that possibly establishes the objective character of the representations made by General Hatton; and they also establish my own desire to have the fullest and fairest discussion of this matter.

The CHAIRMAN: Mr. Martin, I wonder if I might interrupt you for a moment. As you know, the committee normally does adjourn at 12.30, and I realize that you are starting into a new field. Perhaps you would like to take up your examination at the next meeting, as it appears to be extensive.

Mr. MARTIN (*Essex East*): I am always anxious to cooperate.

The CHAIRMAN: Any further business? Motion to adjourn in order.

APPENDIX "A"

EXTENT OF MENTAL DEFICIENCY IN CANADA

Some idea of the extent of the problem of mental deficiency in Canada is indicated by the fact that there are at present some 13,700 patients being cared for in provincial hospital training schools for the retarded*. An additional number of adult mental defectives are being cared for in provincial mental hospitals. For example, in Ontario out of a total of 5,899 mentally defective patients on the books in 1958, 739 were being cared for in hospitals for the mentally ill.† In Alberta when a special custodial care unit was opened for adult mental defectives in 1958, 355 patients were transferred from active treatment hospitals.‡

An indication of the number of adults who are severely retarded and remain in the community is illustrated by the number of allowances granted under the Disability Allowances program for cases of mental deficiency. From January 1, 1955 to March 31, 1959, 12,743 cases of mental deficiency were accepted under this program.

The Canadian Association for Retarded Children reported as of January 31, 1959, a total of 3,481 children attending Association Day Schools.

Total numbers of individuals in hospitals, special association schools for the retarded, and on disability allowance, do not give the complete picture, however. It is generally accepted by authorities in the field that 3% of all individuals in a community will suffer from mental subnormality in some degree. To quote from W.H.O. Report No. 75, *The Mentally Subnormal Child*, "English statistics which have been widely quoted suggest that among every 100 mentally subnormal persons the following proportions will be found, 75 mild, 20 moderate, and 5 severe cases." Since special care and training facilities are more usually sought for severely and moderately subnormal individuals, it is reasonable to assume that 75% of these children are to be found attending special classes for "slow learners" in the public school system or managing in the lower third of the regular classes.

* Mental Health Statistics, Dominion Bureau of Statistics, 1957.

† Annual Report, Mental Health Division of the Department of Public Health, Province of Ontario, 1958.

‡ Annual Report, Department of Public Health, Province of Alberta, 1958.

APPENDIX "B"

U.S./Canada Civil Defence Committee

This Committee was established through an exchange of letters, dated March 27, 1951, between the Department of External Affairs of Canada and the Department of State of the United States of America. The terms of reference established in this exchange of letters for the Committee are as follows:

As far as possible, Civil Defence activities in the United States and Canada should be coordinated for the protection of persons and property from the result of enemy attack as if there were no border. The following arrangements are made to ensure such coordination in matters of Civil Defense.

Except as regards matters of board government policy, for which the diplomatic channels would be appropriate, the normal channel of communication between the two countries with regard to Civil Defense matters will be between the Coordinator of Civil Defense in Canada (or any successor authority) and the Administrator, Federal Civil Defense Administration in the United States (or any successor authority), referred to hereafter as the "Federal Civil Defense Authority" or "Authorities". This will not prevent the use of other channels where appropriate, or as may be authorized by the Federal Civil Defense Authorities, but in the event of other channels of communication or agencies of co-operation being used, the Federal Civil Defense Authority in each country will be informed immediately.

The Federal Civil Defense Authority in each country will keep the other informed about developments under consideration and action taken regarding:

- (a) Organization, legislation and regulations (including federal, state, and provincial) for Civil Defence.
- (b) Material, equipment, supplies and facilities (research, development, standardization and availability).
- (c) Training (schools, courses, pamphlets, methods, etc.).
- (d) Arrangements with state, provincial and municipal authorities and other agencies.
- (e) Public information and education.

The Federal Civil Defence Authority of each country will:

- (a) Exchange personnel at a working level.
- (b) Offer training facilities to students designated by other country.

A joint United States/Canadian Civil Defence Committee is hereby established. The Committee will consist of the Federal Civil Defence Authorities and such other members as may be designated by them. The Committee may establish, from time to time, such working groups and sub-committees as may be necessary. This Committee will recommend, jointly, to their respective governments such action as is considered desirable to ensure the closest co-operation."

Since the establishment of the Committee, six meetings of the full Committee have been held, alternating between Washington, D.C. (or Battle Creek, Michigan) and Ottawa, Canada. The sixth meeting of the Committee was held in the Parliament Buildings, Ottawa, on May 28, 1958.

The Canadian representatives on the U.S./Canada Civil Defence Committee at present (based on the official representation at the last meeting) are as follows:

Hon. J. Waldo Monteith	Minister, Department of National Health and Welfare
George F. Davidson	Deputy Minister of Welfare, Department of National Health and Welfare
R. E. Curran	Legal Adviser, Department of National Health and Welfare
M. P. Cawdron	Canadian Executive Secretary U.S./Canada Civil Defence Committee—(formerly with the Federal Civil Defence Co-ordinator's office; now with the Emergency Measures Organization)

A representative of the Department of External Affairs was also a member of the official delegation at the last meeting, as well as the Deputy Federal Civil Defence Co-ordinator (since resigned).

The United States membership on the Committee (based on official representation at the last meeting of the Committee) consists of the following:

Governor Leo A. Hoegh	Administrator, Federal Civil Defence Administration
Lewis E. Berry, Jr.	Deputy Administrator, Federal Civil Defence Administration Department of State
Philip C. Baldwin	General Counsel, Federal Civil Defence Administration
Eugene J. Quindlen	Assistant Administrator, Operations, Federal Civil Defence Administration
Edward B. Lyman	Assistant Administrator, Special Activities, Federal Civil Defence Administration
Miss Henrietta Parker	United States Executive Secretary

APPENDIX "C"

The Strength of the Militia by Commands as of December 1959

<i>Command</i>	<i>Number of Accounting Units</i>	<i>Strengths</i>	<i>Number of Mobile Support Columns</i>
Eastern	56	7,155	8
Quebec	64	8,975	8
Central	103	13,586	14
Western	110	11,035	14
	—	—	—
Total	333	40,751	44

Department of National Defence.

HOUSE OF COMMONS

Third Session—Twenty-fourth Parliament

1960

STANDING COMMITTEE

ON

ESTIMATES

Chairman: ARTHUR R. SMITH, Esq.

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 8

THURSDAY, MARCH 31, 1960

Estimates of the Department of National Health
and Welfare 1960-1961

WITNESSES:

The Honourable J. Waldo Monteith, Minister of National Health and Welfare; R. B. Bryce, Clerk of the Privy Council; R. B. Curry, Director, Emergency Methods Organization; Dr. K. C. Charron, Director of Health Services, Department of National Health and Welfare; and Miss O. J. Waters, Departmental Secretary.



STANDING COMMITTEE ON ESTIMATES

Chairman: Arthur R. Smith, Esq.,

Vice-Chairman: Ernest J. Broome, Esq.,

and Messrs.

Argue,
Anderson,
Baldwin,
Benidickson,
Best,
Bissonnette,
Bourbonnais,
Bourdages,
Bourget,
Brassard (*Lapointe*),
Bruchési,
Cardin,
Caron,
Carter,
Cathers,
Clancy,
Coates,
Crouse,
Dumas,
Fairfield,

Fleming (*Okanagan-
Revelstoke*),
Fortin,
Gillet,
Grafftey,
Hales,
Halpenny,
Hellyer,
Horner (*Jasper-Edson*),
Howe,
Jorgenson,
Korchinski,
MacLellan,
Martin (*Essex East*),
McCleave,
McDonald (*Hamilton
South*),
McFarlane,
McGee,
McGrath,

McGregor,
McIlraith,
McMillan,
McQuillan,
More,
Parizeau,
Payne,
Pickersgill,
Pigeon,
Pugh,
Ricard,
Richard (*Kamouraska*),
Rouleau,
Skoreyko,
Stewart,
Stinson,
Thompson,
Vivian,
Winch,
Winkler.

J. E. O'Connor,
Clerk of the Committee.

MINUTES OF PROCEEDINGS

THURSDAY, March 31, 1960.

(9)

The Standing Committee on Estimates met at 9.45 a.m. this day. The Chairman, Mr. Arthur Smith, presided.

Members present: Messrs. Best, Bissonnette, Cardin, Crouse, Dumas, Fairfield, Fleming (*Okanagan-Revelstoke*), Hales, Halpenny, Hellyer, Jorgenson, Korchinski, Martin (*Essex East*), McCleave, McDonald (*Hamilton South*), McFarlane, More, Parizeau, Smith (*Calgary South*) and Winkler—20.

In attendance: The Honourable J. Waldo Monteith, Minister of National Health and Welfare; Mr. Robert Bryce, Clerk of the Privy Council; Mr. R. B. Curry, Director, Emergency Measures Organization; Dr. G. D. W. Cameron, Deputy Minister (Health); Dr. K. C. Charron, Director, Health Services; and Miss O. J. Waters, Departmental Secretary.

The Chairman observed the presence of quorum and again called for consideration Item 255—Civil Defence Health, Welfare and Training Services.

Agreed,—That a statement relating to Mr. McGee's question of March 29th concerning Organization and Methods Surveys be printed as an appendix to this day's proceedings; (*See Appendix "A"*).

Mr. Monteith outlined the Federal Government's approach to Civil Defence since 1959, and together with Mr. Bryce was questioned.

During further questioning of Mr. Monteith, Dr. Charron and Messrs. Bryce and Curry, reference to the following subjects was included: emergency treatment and improvised and mobile hospitals; stock-piling of medical, food and other supplies; the broadcasting of warnings and instructions in the event of nuclear attack; and the design and construction of shelters.

Miss Waters explained the inclusion under this item of certain amounts for travelling expenses.

At 10.58 a.m. the Committee adjourned to meet again on Tuesday, April 5, 1960.

J. E. O'Connor,
Clerk of the Committee.

EVIDENCE

THURSDAY, March 31, 1960.

9.30 a.m.

The CHAIRMAN: Good morning gentlemen, I see that we have a quorum.

I would like to congratulate the hardy members of the committee who were able to survive last night's activities and thank you for coming out on time. I apologize that this meeting had to take place at 9.30; it would have conflicted with a number of others at 11 o'clock.

You will recall we are on item 255, the continuation of the discussion under the heading of civil defence health, welfare and training services.

We have with us, again, Mr. Monteith, the Minister of the department, Mr. Bryce and Mr. Curry. I regret that the Minister of National Defence is out of the country at the present time and, therefore, cannot be with us.

Mr. Martin, you were conducting an examination of General Hatton's letter, or the relative areas of it. Before we proceed with that, I wonder if we might hear a comment from the minister which is in relation to this. Perhaps it might be of some assistance to the committee as well.

Mr. MARTIN (*Essex East*): With relation to what?

The CHAIRMAN: With relation to General Hatton's letter. Has the committee any objection?

—Agreed.

The CHAIRMAN: Before we proceed with that, are there any returns to be filed in answer to questions?

Hon. J. W. MONTEITH (*Minister of National Health and Welfare*): Yes, there is this one, Mr. Chairman, on a question asked by Mr. McGee.

The CHAIRMAN: Is Mr. McGee present?

Mr. McDONALD (*Hamilton South*): No.

The CHAIRMAN: Then we will have that tabled as part of the evidence. Would you proceed, Mr. Minister?

Mr. MONTEITH (*Perth*): Mr. Chairman, thank you very much for giving me this opportunity to say just a few words.

It has seemed to me that maybe there has been less than a complete understanding of the purpose behind the changes in civil defence in the last while, and I thought this statement might help to clarify the situation.

Civil defence until 1959 was regarded in the main as an organization in itself, existing as a branch of National Health and Welfare, and having sizable components of about 100 persons in each, at Ottawa and at the civil defence college at Arnprior.

Since September 1, 1959, civil defence has not been a branch of government, but a function of government, built into existing departments and agencies as an integral part of their structure.

As a function, and not as a separate branch of government it is coordinated in the Privy Council office, within the emergency measures organization.

We believe that if a war breaks out, the tasks that were previously grouped together as the duties of the civil defence branch will be of such importance that they must engage the main attention of the Prime Minister

and those ministers and departments best able to look after each part of them. Consequently, a number of ministers and their departments must be ready to put their full effort into this civil defence work in the emergency. If they are to do this they should participate in preparations for it in peacetime. Moreover, that central office which normally assists the Prime Minister in coordinating the programs and activities of various departments should perform the same function for the group of tasks comprised under the heading civil defence.

General Hatton never recognized the basic need of this change and resisted, as seen in his letter, the changes that were bound to ensure in the civil defence organization when the concept of the wide functional nature of civil defence was given effect, and all the many departments and agencies of government began to meet their responsibilities in this field.

A thorough assessment of civil defence was made by the government in 1958-59, and at every level it was given objective scrutiny. Its successes and its failures were explored. The reasons for the spotty character of its development across Canada were determined. The amount of public apathy was assessed. The reasons for its failure to relate itself to total emergency planning by government as a whole were looked into. Its relations to the Canadian army as well as to the many civilian departments of government were canvassed.

As a result of thorough and patient study the government came to the conclusion that changes reflected in the order in council on civil defence re-arrangements were required.

General Hatton's letter shows a failure to understand and appreciate the need for these changes. He seems to put the existing civil defence organization at the time above the concept of civil defence as a function of government, and makes a plea for the status quo.

The government felt then that General Hatton was wrong and was not objective in his views, although no doubt they were sincerely held. It felt that time would prove that its own views were correct and the rearrangements wise. Now in 1960 it is more certain than ever that the changes were called for. There has been much evidence of increasing interest and concern at all levels of government in civil defence of late, and as a minister, I am gratified at the evidences of cooperation received. The arrangements of 1959 are, in our judgment, completely justified.

The CHAIRMAN: Mr. Martin, you were conducting an examination at the end of the last meeting. Dr. Fairfield will follow you.

Mr. MARTIN (*Essex East*): I am not going to register a complaint about the unusual procedure that has been followed at this meeting—the minister making a statement in the midst of questioning—but I just call attention to the very unusual procedure that has been followed this morning.

Mr. McDONALD (*Hamilton South*): On a point of order, Mr. Chairman, I would like to note that the honourable member speaking did not comment on this when you asked the permission of the committee.

Mr. MARTIN (*Essex East*): On what?

Mr. McDONALD (*Hamilton South*): You did not object to the minister giving the statement when the chairman of this committee asked for the permission of the committee to have it.

The CHAIRMAN: Perhaps I might just say, Mr. Martin, that the minister spoke to me and said that he had a statement relative to General Hatton's letter. I realize you were carrying on your examination of it, but I thought the information would be pertinent and might be something that you perhaps would wish to comment upon in your own examination, and this was the reason for my asking the committee's approval.

Would you like to proceed, if you are not raising any objection?

Mr. MARTIN (*Essex East*): I am not raising any objection, but am just stating the unusual procedure that has been followed this morning.

Before going on with my examination, or questioning, in the light of some of the discussion we had at the last meeting about the alternative sites for the carrying on of the main functions of government in the case of an emergency, I would like to ask Mr. Bryce if he has seen the pictures that recently appeared in one of the Ottawa papers—both of which are very enterprising organs of public opinion.

In view of that, I am a little surprised to learn that the site for the seat of government in an emergency is not to be under the surface.

Will Mr. Bryce comment on this?

Mr. BRYCE (*Clerk of the Privy Council*): Well, sir, I said at the last session of the committee that the location about which Mr. Martin was asking at the time was protected against fall-out but not against blast. That can be done with a building having a basement, if suitable structural alterations are made.

Technically, if you are in the basement of a building, whether you are below ground or above ground is open to argument, I suppose; but I do not think there would be anything inconsistent in what I said about using the basement of a building.

Mr. MARTIN (*Essex East*): You will remember that last week I asked a question to this effect: whatever decisions of government were arrived at, had they been determined in the light of the steps that had been taken in the United States and Sweden? Your comment was in the affirmative.

Is it not a fact that in those two areas the sites in the emergency are provided for under the ground? For instance, the place where the president would go in the United States is certainly not on the surface. I presume the place where the Prime Minister would go in Canada now to carry on the functions of government would be on the surface. Is that the situation now with us?

Mr. BRYCE: That depends whether you consider the basement of a building is on the surface or not.

Mr. MARTIN (*Essex East*): You are saying, then, the pictures do not reveal the whole story of the centre?

Mr. BRYCE: I did not think I was saying anything about the pictures.

Mr. MARTIN (*Essex East*): No, I was. That is the point: I was.

I do not want to press you, but I do call your attention to the fact that since you were questioned on this subject these pictures did appear.

Mr. HALPENNY: So what?

Mr. MARTIN (*Essex East*): Do you feel you do not want me to press the matter any further? If you feel that, I am recognizing you for what you are, and I would not press it any further.

The CHAIRMAN: I think the witness indicates that there is nothing more that he has to say.

Mr. MARTIN (*Essex East*): The witness has not indicated anything, and I would like the witness to do the speaking for himself.

The CHAIRMAN: I suggest, Mr. Martin, that you permit the chairman to complete his observation.

Mr. MARTIN (*Essex East*): I do not want you to influence the course of the evidence.

The CHAIRMAN: I have not any desire of doing so, but I intend to maintain order.

Mr. BRYCE: In answer to the question, I would not wish in any way to shut off any productive questioning or evidence, sir. I have no knowledge of what the member has in mind. I have nothing further that I had intended to say on the matter.

Mr. MARTIN (*Essex East*): Well now in the minister's statement, based on General Hatton's letter, he said the new concept of the new arrangement was based on the concept of civil defence as a function, and not as a department of government.

Mr. MONTEITH (*Perth*): That is right.

Mr. MARTIN (*Essex East*): Does that mean that civil defence now is being distributed to other departments of government other than the one of which you happen to be the minister? Is that what you mean?

Mr. MONTEITH (*Perth*): As explained at the last meeting, and previously, I mean that the Department of National Health and Welfare is simply responsible for emergency health and welfare services and, as Mr. Bryce explained previously, of course the EMO committee and the Department of National Defence are also in the picture; and the R.C.M.P.

Mr. MARTIN (*Essex East*): Perhaps I have not made myself clear. Are you suggesting that the situation now is basically no different than it was before, except instead of there being one minister in full charge there are now four.

Mr. MONTEITH (*Perth*): I am also saying that as a result of the complete assessment which was made on civil defence in 1958-59 we feel we have a better operating function of government to handle civil defence if an emergency arises.

Mr. MARTIN (*Essex East*): That may be so, but your answer is not answering my question. You are not suggesting that as a result of your statement now the functions of civil defence are basically distributed in a different way now than they were before?

Mr. MONTEITH (*Perth*): Yes.

Mr. MARTIN (*Essex East*): They are? Well, is it not a fact that before the report of the chief of staff of civil defence was made there were civil defence functions that were discharged not only by the Department of National Health and Welfare but by National Defence, by Justice, and by certain other departments such as Public Works and so on? The degree of distribution may have been different, but there were functions of civil defence formerly discharged by other departments of government besides the Department of National Health and Welfare.

Mr. MONTEITH (*Perth*): There is a distribution of the responsibility—a different distribution of responsibility, I should say.

Mr. MARTIN (*Essex East*): Well, apparently either I have not made myself clear or you do not want to answer my question.

Mr. MONTEITH (*Perth*): I am happy to answer all questions.

Mr. MARTIN (*Essex East*): I am suggesting to you that when you say, as you did say, that now civil defence is operated in Canada not as a department of government but as a function of civil defence, you are overlooking the fact that formerly the functions of civil defence were distributed over several departments of government, as is the case now.

Mr. MONTEITH (*Perth*): No.

Mr. MARTIN (*Essex East*): But the main responsibility resided in the person of one minister?

Mr. MONTEITH (*Perth*): I am saying that there were certain responsibilities for civil defence as under the Minister of National Health and Welfare which were possibly carried out by other departments but, for instance, the R.C.M.P. were not brought into the picture as completely before.

Mr. MARTIN (*Essex East*): But it is not brought into the picture.

Mr. MONTEITH (*Perth*): To a small degree.

Mr. MARTIN (*Essex East*): To what different degree than now?

Mr. MONTEITH (*Perth*): Because of the simple fact that the minister is on the cabinet committee and, as you realize, National Defence services were not brought into civil defence as they are now.

Mr. MARTIN (*Essex East*): You mean to the extent?

Mr. MONTEITH (*Perth*): To practically no extent.

Mr. MARTIN (*Essex East*): Well, of course, either you are misinformed—or, let us put it that you are misinformed, because there is no doubt they were.

Mr. MONTEITH (*Perth*): Yes, the army, until fairly recently, was of a support character only, and now it has an important job to do.

Mr. MARTIN (*Essex East*): I suggest, notwithstanding the fact that Mr. Curry understands the value of words, those are just words; and those words convey nothing different to what I have suggested.

Mr. MONTEITH (*Perth*): I suggest they do convey a different meaning.

Mr. MARTIN (*Essex East*): The report made by the chief of staff—

Mr. MONTEITH (*Perth*): Yes, General Graham.

Mr. MARTIN (*Essex East*): Yes, General Graham. The changes—the ministerial functions, the introduction of new ministers and so on, was based on his report.

Mr. MONTEITH (*Perth*): No. I mentioned that in my statement this morning.

Mr. MARTIN (*Essex East*): I am sorry; I overlooked that. Had the general not recommended that there be brought in additional ministers?

Mr. MONTEITH (*Perth*): I think you are looking for information that was given in General Graham's report, which has not been made public.

Mr. MARTIN (*Essex East*): Certainly, I am looking for information about this report.

Mr. MONTEITH (*Perth*): And I do not propose to give any information that is contained in that report.

Mr. MARTIN (*Essex East*): You take the position that the report made by the general in the matter of civil defence is, in its entirety, something that is secret?

Mr. MONTEITH (*Perth*): Yes.

Mr. MARTIN (*Essex East*): Or privileged? Which is it?

Mr. MONTEITH (*Perth*): I think it is a confidential document. It is a secret document, and much of the information naturally should be kept secret.

Mr. MARTIN (*Essex East*): Much of it, but could you not make known to the committee that part of it you regard is not required to be kept secret so the public could have some understanding?

Mr. MONTEITH (*Perth*): No, the report has not been made public.

Mr. MARTIN (*Essex East*): Was it made public to the provincial governments?

Mr. MONTEITH (*Perth*): No.

Mr. MARTIN (*Essex East*): They have never seen it?

Mr. MONTEITH (*Perth*): No.

Mr. MARTIN (*Essex East*): The members in charge of civil defence in each of the ten provinces have not seen this report?

Mr. MONTEITH (*Perth*): No.

Mr. MARTIN (*Essex East*): And they are members of the civil defence council of Canada?

Mr. MONTEITH (*Perth*): They are members of the organization, which has been meeting occasionally, consisting of provincial and federal ministers, in order to discuss civil defence problems.

Mr. MARTIN (*Essex East*): But you have not disclosed that report at any time to any minister in charge of civil defence in any one of the provinces?

Mr. MONTEITH (*Perth*): That is quite right.

Mr. MARTIN (*Essex East*): That is amazing.

Mr. MONTEITH (*Perth*): That may be your opinion.

Mr. MARTIN (*Essex East*): And I am sure it will be the opinion of the Canadian public. I suggest to you that civil defence in Canada, as you suggested the other day, is not a matter exclusively for the federal government but for the federal government in co-operation with the provinces.

Mr. MONTEITH (*Perth*): That is correct.

Mr. MARTIN (*Essex East*): And yet the ministers in charge of civil defence in the provinces have no idea whatsoever as to the recommendations that were made by the general.

Mr. MONTEITH (*Perth*): This report by General Graham was made at the request of the government for government guidance in correcting what we thought were inequities in the civil defence program.

Mr. MARTIN (*Essex East*): I would like to ask Mr. Bryce a question arising out of General Hatton's letter. Mr. Bryce, have you the reply made by the Prime Minister to me in the house in regard to the question of what ministers would be responsible for questions put with regard to civil defence generally?

Mr. BRYCE: Could I ask where that is to be found in Hansard?

Mr. MARTIN (*Essex East*): I am sorry, but I cannot find it myself. I have the index here. However, we referred to it the other day, and I meant to get it.

Mr. BRYCE: You may be referring to the statement made by the Prime Minister on March 23, 1959, following which you commented. Your comments are found at pages 2130 and 2131.

Mr. MARTIN (*Essex East*): Have you the question that I put to the Prime Minister there?

Mr. BRYCE: No, I am sorry. If you put a question to him, I assume it was in committee of supply on July 17.

Mr. MARTIN (*Essex East*): I think that is it. Have you the question there?

Mr. BRYCE: Yes.

Mr. MARTIN (*Essex East*): Would you mind reading the question and giving the Prime Minister's answer?

Mr. BRYCE: Yes. That is found in Hansard for 1959 at page 6362.

Mr. Martin, speaking said:

When the Prime Minister spoke first he did not deal with this matter—I am not saying this critically—but does he feel that with his responsibilities he is the one to whom should be entrusted the responsibility of coordinating these departments?

Mr. Diefenbaker said:

I will answer that immediately and say no; the minister who will be chairman will be the Minister of National Defence.

Mr. MARTIN (*Essex East*): Well, Mr. Bryce, in the light of the reply that the Prime Minister gave to my question I find it a little difficult to understand the answer you gave to me at the last meeting when I asked you whether or not the Prime Minister, as the head of the government, was directly involved in most of the administration having to do with civil defence, and you pointed out he signed documents and so on. I pressed you further—did he act as though he were the head of the department; and you said yes. I find it difficult to reconcile that in view of the answer the Prime Minister gave to me last year.

Mr. BRYCE: If it will help to make this matter clear, I might say this. He does those departmental matters which are necessary to do in carrying out the responsibilities for the administration of the financial assistance program, for example, and things of that sort. He does not do, unaided, all the work of coordination, particularly in sitting as chairman in the committee of ministers, which works out the various arrangements and plans, he has asked the Minister of National Defence to do that. In carrying out that task the Minister of National Defence needs to call upon the emergency measures organization, and in that role we report to him as well as to the Prime Minister in the role that I have mentioned.

Mr. MARTIN (*Essex East*): So then the chairmanship of the coordinating committee is carried on by the Minister of National Defence?

Mr. BRYCE: Yes.

Mr. MARTIN (*Essex East*): Has that committee met very often in the last twelve months?

Mr. BRYCE: Oh, yes.

Mr. MARTIN (*Essex East*): Has the Minister of National Defence been the chairman at all those meetings?

Mr. BRYCE: Yes. Whether every one, I cannot tell you offhand, but certainly predominantly.

Mr. MARTIN (*Essex East*): It was the Minister of National Defence and not the Associate Minister of National Defence. Would I be wrong in suggesting that, as the responsibilities of the Minister of National Defence were so onerous, it was impossible for him to give his full and undivided attention to this matter?

Mr. BRYCE: I see no evidence that he was unable to.

Mr. MARTIN (*Essex East*): Well, if you have seen no evidence, I am sure there is not, because you see everything—because you are a good public servant.

What I am trying to deal with is, in the light of the statements made by General Hatton about his view that it is wrong to disperse the functions of civil defence among so many ministers rather than have one head, have you any comment to make on General Hatton's letter?

Mr. BRYCE: There are a good many matters of policy in his letter, on which it is difficult for a civil servant to comment without involving himself in controversy. However, I would like to say that when one speaks of distributing the function of civil defence among a number of ministers or departments it is, in many respects, like speaking of distributing the functions of government among many departments or ministers. It is a large group of operations that is involved and, just as in the general field of government it has been convenient to have different ministers and different departments dealing with parts of that, the government has done the same thing in regard to that group of tasks which falls under the general heading of civil defence. I do not see anything there that is greatly different in principle from the way in which many of the functions of government are dealt with.

Mr. MARTIN (*Essex East*): Is the Associate Minister of National Defence doing any of this work, to your knowledge?

Mr. BRYCE: To some degree, sir.

Mr. FAIRFIELD: On a point of order, Mr. Chairman. The questioner has been going on for over half an hour, and I think the rest of the committee is entitled to ask some questions.

The CHAIRMAN: On the point of order, I have endeavoured in this committee to see that questions are rotated. I was under the impression that Mr. Martin was coming at last to the end of his line of examination. As I mentioned earlier, I intend to recognize you next.

Mr. MARTIN (*Essex East*): There are some other matters to which I think I should refer, but I will come back to this later on.

Mr. FAIRFIELD: I would like to ask some questions on the health side of it, without making suggestions as to how it should be run. During the past year there is authority to spend \$625,000 for the purchase of 200-bed transportable hospitals, I understand; how many of those hospitals were purchased? Have you a stockpile of those at the present time?

Mr. MONTEITH (*Perth*): I will ask Dr. Charron to give you the details on that. As far as I know we actually have not received any as yet. Dr. Charron, would you answer that question.

Dr. K. C. CHARRON (*Director, health services, Department of National Health and Welfare*): The funds that have been set aside for the purchase of improvised hospitals are for the purchase of sixteen of these units.

Mr. FAIRFIELD: And none has been purchased as yet?

Dr. CHARRON: The purchase program has started for the units. They have not been assembled completely. Certain of the items have been delivered but others have not.

Mr. FAIRFIELD: Have you any stockpiles in medical supplies?

Dr. CHARRON: Yes, the total amount is \$11,625,000. Of this amount orders have been placed to a value just over \$10 million, and we have received delivery of supplies to a value of over \$6 million.

Mr. FAIRFIELD: Where are these stockpiles? Are they in target cities or in an area where they are not liable to be destroyed if an attack occurs?

Dr. CHARRON: At the present time the supplies are centrally placed, because they are being functionally packaged. When the packaging is completed—and as far as the present supplies are concerned, this packaging should be completed this year—the supplies will be distributed on a regional basis to nine or ten locations across the country; these locations are outside of target areas and are considered to be relatively safe.

Mr. FAIRFIELD: Now, will these stockpiles be under the administration of the provincial or federal government?

Dr. CHARRON: The federal authority.

Mr. FAIRFIELD: The federal authority?

Dr. CHARRON: The federal authority, at the level of regional depots.

Mr. FAIRFIELD: That will not be under the army, or anything like that?

Dr. CHARRON: No, it will be under the authority of the emergency health services, and under the program which comes under the Minister of National Health and Welfare.

Mr. FAIRFIELD: Do you anticipate stocking dried serum?

Dr. CHARRON: Not dried serum, but serum albumen which is replacing the dried plasma. And in addition to serum albumen, we have very substantial stocks available, of plasma volume expanders which, as you know, are used in place of plasma.

Mr. FAIRFIELD: Do you intend to stock up these depots with this material?

Dr. CHARRON: We have large quantities of material at present, and these will be part of the supplies which will be distributed regionally.

Mr. HALPENNY: What about water in tin cans?

Dr. CHARRON: No sir.

Mr. HALPENNY: Is water not going to be one of the main problems, and should we not possibly store water?

Dr. CHARRON: I would doubt if the storage of water would be desirable. Certainly steps would need to be taken to protect water supplies, to see that reasonable quantities were available.

Mr. HALPENNY: But not as to the actual storage of water which might be kept in tin cans?

Mr. CHARRON: That is right.

The CHAIRMAN: Are there any further questions?

Mr. HALES: What about the storage of food, for instance canned food? Has anything been done along that line?

Mr. MONTEITH (*Perth*): I think Mr. Curry might mention another special committee that has been set up to consider that question.

Mr. CURRY: Mr. Chairman, perhaps this is pertinent to the question. As the Prime Minister stated in the house some time ago, the Minister of Defence Production has been given the responsibility for formulating the necessary plans for the whole range of basic supplies in wartime which would, of course, include food, to which the member has referred. And this program, in the Department of Defence Production, we understand, is now rapidly getting under way.

Mr. HALES: I was wondering if the authorities could give consideration to or maybe they already have done so, to reserving some of this surplus canned pork that the government owns, and to have it set aside for our own use.

Mr. HALPENNY: That would be worse than radiation would it not?

Mr. BRYCE: Perhaps I might say that we did at some time make a survey of the food which would be available—a rough survey of the food which would be available—in Canada in the event of a major war. The conclusion reached was that there was enough food in Canada, but the problem was one of location and transportation, to get the food where the people will be after an attack. So it is not so much a national problem as it is a regional and local one.

One of the difficulties is that we do not have adequate information on the location of inventories of food. We know, for example, that a lot of supplies are held in cold storage in the major cities, and we know that a lot of commercial storage of foodstuffs is held at ports or in major cities which might well be destroyed.

But even making some rough allowance for that, the judgment reached was that while an adequate supply of food was available, it was rather a difficult question to determine the detailed location of it, and what would have to be done to move it about.

That is a type of task which has been assigned to the Department of Defence Production, which has set up an organization to take this on, but it will have to work on a local basis.

We did look into the question of the use of surplus products, such as the pork, and the conclusion we came to was that canned pork was relatively expensive to meet the needs of emergency supplies of food to be distributed locally and held locally as stock. The conclusion was that it is relatively expensive for those needs when compared to flour or to dried milk, and things of that sort which could be made available.

The CHAIRMAN: I would like to make an observation here and draw your attention to the fact that we are considering item 255.

The discussion is indeed very useful, and the examination is very helpful that we are pursuing, but I would remind you that if you look at page 353 you will see there are a number of items under 255. I merely draw that to your attention. You may wish to examine also the actual estimates contained in that item.

Mr. HALES: I shall keep my questions until then.

The CHAIRMAN: Well, you might proceed at any point. Item 255 is under consideration.

Mr. HALES: May I carry on?

The CHAIRMAN: Yes.

Mr. HALES: In connection with the cost of food which Mr. Bryce mentioned, and the fact that we have such surplus in those products, and are trying to give them away to other countries, I think that is quite a factor. Is it not true, that we are finding difficulty in disposing of this surplus? So I say that I think the department should be reserving them for their own use. For example, butter; I think we should be canning some of our surplus butter so that it will be available in tins in case of an emergency

Mr. MONTEITH (*Perth*): Butter will not keep very long. I understand that butter, no matter how it is processed, will only keep for so long. Am I not right in that?

Mr. HALES: I think that canned butter, under refrigeration, would keep almost indefinitely.

Mr. MONTEITH (*Perth*): That may be.

Mr. HALPENNY: You would not have refrigeration in a lot of those places. I think margarine would be better.

Mr. HALES: That is a naughty word.

The CHAIRMAN: Dr. Halpenny—I mean, Dr. Fairfield.

Mr. HALPENNY: That is a Ph.D.

The CHAIRMAN: That is a result of that western beef.

Mr. FAIRFIELD: It may be classified information, but have the civil defence authorities picked out and enumerated the number of beds available in the event of an emergency situation outside of target areas? Could we be given the enumeration by provinces?

Dr. CHARRON: We could get that information for you, but in a general way it is considered that about 50 per cent of general hospital beds available in Canada are in so-called vulnerable areas.

Mr. FAIRFIELD: I remember a plan was put forward at one time. For instance, all available space in school rooms, and so on, would be made use of in the event of a disaster of this magnitude. Do you require thousands of

beds? Have you information on that subject? I know enumerations have been made in Manitoba of different zones to show the available space which could be used for hospital beds.

Mr. MONTEITH (*Perth*): Mr. Curry might reply to that.

Mr. CURRY: Mr. Chairman, I am not quite certain, because Dr. Fairfield has now returned to the question of hospital beds. I take it there is some connection between general accommodations for persons, and the possible use of this accommodation for hospital purposes. Is that the point of the question?

Mr. FAIRFIELD: Yes.

Mr. CURRY: That is more particularly in your area, Dr. Charron.

Dr. CHARRON: I think that what Dr. Fairfield is referring to is the plans that were developed by the emergency health services whereby existing hospitals would use all available resources, such as schools and so on, to the extent that such facilities were available. This type of planning is still going on in the emergency health services branch; and in addition to that, there is the question of improvised hospitals, that is, portable units which could be transported quickly into areas and set up as advance hospitals.

Mr. FAIRFIELD: You have not as yet detailed information by zones, or areas, or by provinces on available space, or bed space in other than general hospitals. I am thinking in terms of institutions, schools and so on. I know that a survey was made about a year or so ago.

Dr. CHARRON: A survey was made in certain provinces and they do have the information as to the additional resources that are available.

Mr. FAIRFIELD: Would it be too much trouble to table that report?

The CHAIRMAN: Would you please speak louder, Mr. Fairfield.

Mr. FAIRFIELD: I say: would it be too much trouble to get that information in the form of a report for us?

The CHAIRMAN: Might that be done?

Dr. CHARRON: We shall get you what we can, but I do not know how complete it would be.

The CHAIRMAN: Then you will do what you can.

Mr. FLEMING (*Okanagan-Revelstoke*): My question has to do with food supplies. You will recall that during the last war the Red Cross society distributed supplementary food parcels in the prisoner-of-war camps in Europe. They were of approximately 11 pounds in weight, and they formed a very useful supplement to the prisoners-of-war diet. They could be supplied in the camps, or moved about the country quite readily, and they were available to supplement the diet for a certain period. Has any thought been given to the establishment of a similar supply, or similar units of food in packages at depots for distribution in an emergency along the same line?

Mr. BRYCE: We have given some thought to that sort of thing, but the difficulty we find is that of expense. We are speaking of a problem which involves potentially millions of people, and when you begin to multiply the cost of the food package by millions, you run into considerable money.

As a first step we have urged people to get some food supplies in their homes, or in their fallout shelters, and in things of that sort, as part of their stocks of food, in a form or in a location that could be used in an emergency, at least for a week or two, until some movement of a stock of food in the country as a whole could be made to get it to people in need.

Certainly from the point of view of dealing with people who have had to leave the damage zone, it would be very valuable to have a stock of food properly packaged to hold in storage; but until we have the kind of money available for a program of that kind, it will have to wait.

Mr. FLEMING (*Okanagan-Revelstoke*): I was thinking of it as a supplement that is readily transportable and easily issued. Has consideration been given to it?

Mr. BRYCE: If we can get enough money for such a program in the future, to stockpile materials, we would do it. I would not rule it out.

The CHAIRMAN: We have had as a witness the Minister of National Defence to answer to the basic problem of whether or not to move out, or to sit tight. In the event of a nuclear attack I understand he replied in general terms with the theory that it is best not to try to evacuate large centres.

The we discussed at some length promotional material that we have available on civil defence, when it was said, and I think rightly so, that you do not want the public to become over excited.

I wonder if perhaps if there is not danger in going to the opposite extreme, in having too many pamphlets and too much information in the minds of the public as to what they should do in the event of an attack? Would it not be better to keep to fewer objectives such as (1), what an alarm would mean; and (2) that in the event of attack, we should go to a clean, dry, dustless cellar?

Is this not the most effective civil defence that we could have in terms of what mass destruction might mean in the event of an attack? I mean, should we not work toward simplicity rather than confusion produced by so many pamphlets, organizations, and so on?

Mr. BRYCE: I think there is a great deal of value in what you say. We would like to be able to give clear advice to the public and we are trying to work out now the sort of advice that it would be sensible to give. But there are difficulties in this on several scores. If you wish it, I shall mention some of them.

The CHAIRMAN: Please do.

Mr. BRYCE: The first is the time available in which to take action before the attack takes place. I am sure the members of the committee are well aware of the difficulty now in trying to anticipate the kind of attack there would be on Canada, and the time of warning we would have of it. I mean not only the tactical warning that we might receive from the DEW line or from the mid-Canada line, or something of that sort, but the other kinds of warning.

One is a strategic warning which you get through intelligence sources; this covers the potential time you can count on in the event of surprise attack. It would be an expensive matter, but an enemy would not mind going to considerable expense to make his attack a surprise one. They might be able to cover up concentrations of aircraft on bases, and things like that. We believe it would still be to the advantage of the enemy to make use of such strategy, even if it meant a considerable cost to him. Of course surprise is extremely important in connection with attacking the retaliatory forces on their bases. We do not know, really, how much warning of that kind we would get.

And on the other hand, you may form your own conclusions from a study of the international situation as it develops. We would hope that we might recognize a gathering crisis, if war arose out of a miscalculation; that would be another matter. People might be able to come to a conclusion that it would be better to leave Toronto and go to Muskoka, or something of that sort.

The difficulty here is that if we should get some information or warning, it might not be used as a matter of national policy. If the government of Canada, in the midst of an international crisis, should come out with advice to the public to leave the cities, this would be some kind of a signal to other countries as to how seriously we viewed the situation, and what degree of measures we thought necessary to take. It would certainly be taken as if the

government had reached the judgment that war was now very likely; in other words, it might serve to precipitate the very situation we are most anxious to deter. Surely this is the problem in regard to warning.

While there are those problems in regard to warning, the amount of warning we have determines the kind of advice that it is sensible to give. If you know there is plenty of time to get well out into the country, to get to a cottage or such like, and perhaps dig a hole and cover it over and get your family in there, you can advise them what to do. If the warning time is not sufficient it is sensible to advise them to get down into a cellar and keep low.

Secondly, the degree of preparation varies a great deal from one locality to another. Some places have reasonably well developed organizations for assisting people to get out and for looking after them when they have got to one of the small areas, small towns and things like that. The better the preparation, the more sensibly you can advise people to go to some place that is safer. Individuals have differing degrees of preparations they have made to suit the circumstances. You can, in that way, tell those who have a place to go to, "This is the time to go".

Similarly, with regard to those who stay put—let us take, say, a small city or town in an area where fall-out is likely; say in the area of New Brunswick where there might be an attack on one of the major American bases which might give rise to fall-out in neighbouring parts of New Brunswick. In those cases, if people had some sort of shelter of their own, it would be sensible for them to go into it and stay put. On the other hand, if they have no way of protecting themselves from fall-out, it might be more sensible for them to get into their cars and drive away to a place where there is less danger of fall-out.

The kind of advice you give people depends a good deal on the kind of circumstances you have to take into account. Our problem is, how far can we generalize and simplify the advice in those circumstances? We are trying to work this out because we recognize this is what people would like to have.

The CHAIRMAN: You have answered my question, and I realize the complexity of it.

I have one further question. Are you concerned at all about the rather large difference in the amount of development and planning among provincial civil defence administrations? Are some not considerably more advanced than others, and does not this present a rather serious problem to you?

Mr. BRYCE: Yes, certainly, sir. The government and parliament are offering assistance to the provinces to get certain things done. Naturally, we would like to see them take advantage of it and get them done. We feel it is part of the duties laid upon us, to encourage and to assist.

The CHAIRMAN: It is a matter of concern to you that some provinces are more advanced than others?

Mr. BRYCE: Yes, but I would not wish the word "concern" to be interpreted as blaming the provinces. It is their business, what they do.

Mr. HALPENNY: On your question of simplifying information, Mr. Chairman: I think Mr. Bryce said the other day certain radio and television stations would give the warning signal—or somebody said that?

Mr. BRYCE: Yes.

Mr. HALPENNY: How would we know which TV station or radio station to listen to? You take here, we have possibly five. In Toronto you would not know which station to listen to, or in Vancouver. Are the key stations advertised; and if they are, who ever sees the advertisements?

Mr. BRYCE: We are just ready now to work out this plan with the stations concerned and, of course, we will have to let people know which stations to listen to.

Mr. HALPENNY: That would be C.A.B. along with the C.B.C.?

Mr. BRYCE: Yes, that is right.

Mr. HALPENNY: There is no chance of B.B.G. getting into EMO is there?

The CHAIRMAN: Any further questions on item 255? Shall the item carry?

Mr. HALES: I notice two very large items here—travelling expenses for staff \$41,000, and, down further, travelling expenses, other than staff, \$220,000. Could we have an explanation of those two items?

Mr. MONTEITH (*Perth*): I think I might ask Miss Waters to detail this. She is more familiar with it than I am.

Miss O. J. WATERS (*Department Secretary's Division, Departmental Secretary*): The \$41,000 item is required to cover the expenses, first, of emergency health service personnel—travelling across Canada, in the United States, and overseas, to assist provinces in the development of the emergency health services. \$20,000 is required for that purpose. \$16,000 is required for the staff of the emergency welfare service and of the college travelling in Canada and the United States to consult with civil defence authorities. \$5,000 is required for our senior civil defence information service officials to consult with civil defence authorities, in order to assist the provinces and the municipalities in their public information programming.

The \$220,000 is required for travelling expenses, other than departmental staff. \$200,000 of that is required to meet travelling and living expenses of candidates attending the civil defence college; and \$20,000 is required to cover the expenses of consultations with provincial people and members of working parties and committees in the health, welfare and training fields, which are held in Ottawa.

The CHAIRMAN: Mr. Dumas, have you a further question?

Mr. DUMAS: I wonder if Mr. Bryce could tell us if the organization has information regarding shelters being built by people across the country. Could you tell us if people are being encouraged to build those shelters? I am talking about small shelters near any private houses or in basements. Have you plans that can be distributed to the people so they can build small shelters?

The CHAIRMAN: Mr. Dumas, Mr. Bryce will reply to this question, of course. However, this question was asked before. Would you like to comment on it again, Mr. Bryce, for clarification?

Mr. BRYCE: First of all, as to the numbers that have been built, we do not know that with any accuracy at all, but we think only a small number have been built.

Secondly, as to giving people plans and encouraging them to build them: yes, the Prime Minister announced late in November I believe, the government would prepare pamphlets, and we have the text of one almost ready now. As a matter of fact, I was discussing last evening, with officials working on it, some of the details of it. That is for fall-out protection, to be built in basements of houses.

We now have our engineers working on a design for a shelter to be built outside in a back yard or at a cottage or something of that sort, above ground. Again, we hope, this can be done cheaply by at least reasonably able-bodied people on a "do-it-yourself" basis.

We have also our engineers at work on a small shelter that might be built on the outskirts of large cities, and that will give some protection against blast.

These are more expensive than the simple fall-out shelters, but not prohibitively expensive for anyone who wants to protect his family against that sort of thing.

The government has told us we should prepare such advice and encourage people to do this sort of thing by providing them with such advice. We have displayed at several civil defence displays, and displays put on by the army, a model fall-out shelter. We are quite convinced these fall-out shelters could save many lives, and they can be built at a modest cost.

Mr. DUMAS: I think they can save many lives. Do you think this information will be distributed soon?

There would be one way of finding out how many of these shelters are being built, if your organization would get in touch with the different municipalities, because if you want to build any additions to your house you have to ask for a permit. On the permits people have to specify what kind of addition they are making. Maybe you could do it in cooperation with the municipalities. People who want to get a permit to build, or make some repairs, have a list of questions to answer, a questionnaire. One question could be added specifying if it is a shelter that is being built. In this way, your organization could have very valuable information as to the number of shelters being built across the country.

The CHAIRMAN: Further questions?

Mr. MORE: Mr. Chairman, I would like to ask Mr. Bryce this question: the only benefit of evacuation would be to escape from the bomb blast itself, would it not?

Mr. BRYCE: Yes.

Mr. MORE: You talk about "a safe area." Until there is an actual blast and you know the direction of the fall-out, how do you designate a safe area?

Mr. BRYCE: That is one of the difficulties in giving people any advice to move. That is especially so in areas, say, like southern Ontario where it is very hard to say that, let us say, any place south of North Bay would be free from fall-out. That is part of the problem.

If you get into the west or into the north you can guess more readily. Your chances of getting away from fall-out are better in some areas.

Mr. MORE: Has the organization given any consideration to having evacuation areas defined relative to possible target areas, where there would be built up fall-out shelter protection, so that these would exist, in effect, and regardless of your fall-out direction, some safety factor for them, some place where they could go?

Mr. BRYCE: We have given some thought to that. We have not yet got sufficient details of results. The army, in particular, is conducting studies concerning wind directions and the likelihood of danger in one area versus another.

Mr. KORCHINSKI: Mr. Bryce, I think the other day the Minister of National Defence indicated most of the emphasis is being placed on building shelters and the like, instead of evacuation. That is, assuming all the attacks that will come about are going to be simultaneous.

For example, if you have an attack on one city, naturally it would alarm the people in other cities or areas that are potential targets. They would naturally want to evacuate.

Are preparations being made now so that evacuation can still be carried on in other areas; that is to say, not completely disregarding the evacuation program?

Mr. BRYCE: We are very conscious of the fact that once attacks take place on some cities people will undoubtedly wish to leave others they think are dangerous. This is why we have urged—and the Prime Minister in a statement last November mentioned it—the desirability of having plans made that would enable those who do wish to leave to do so in an orderly manner, and to have some arrangements for accommodating people who wish to live in other areas, because there are not enough police and troops in all Canada to hold back the people if they want to go. If, for example, Toronto hears that Montreal has been hit by a nuclear bomb, I feel that a great many people will decide that they had better leave Toronto. If that is the case, we feel it is well to be prepared in advance to handle such an exodus, even though they might go against the advice of the authorities. It is desirable to prepare for such an eventuality.

The CHAIRMAN: Do you have a question, Mr. Korchinski?

Mr. KORCHINSKI: Yes. I do not know whether or not this has been established as yet. How much assistance is the federal government going to give to our provinces for the construction of shelters? It was brought out the other day that there is some form of a shelter provided so that the government could still carry on in the event of an attack. But that is the federal government; but is the federal government giving any assistance to the provinces? If the capital were attacked or bombed these other organizations of administration might want to protect themselves and want to move into such shelters. Is there any assistance being given to different provinces?

Mr. BRYCE: In the general financial assistance program for civil defence purposes, which has been carried on for some years, some of the money that has been provided to provinces by way of assistance has been used, along with provincial funds, to build headquarters units, or various kinds of units from which to operate the civil defence groups that will be managing the situation in the province or, in some cases, in the municipality.

The CHAIRMAN: May I interrupt you for a moment. Dr. Bissonnette, I wonder if you would mind staying for a few minutes. We are nearly to the close of our meeting, but we will lose a quorum if you go. Thank you. Will you continue, Mr. Bryce.

Mr. BRYCE: There has been help given to the provinces and to certain municipalities for that sort of thing; not for building blast shelters but so that there would be some place from which people could operate during fall-out. As yet, we have done nothing of a widespread character to take the initiative to do this for the provinces. But as the minister indicated—and I did as well—we are considering the necessity for the federal government to have regional units. For example, the army has men whose job it is to bring together all the information about radiation obtained from radiation monitoring, and to tell the public where it is dangerous. These people themselves may have to work in an area where the radiation level is high; therefore, they have to be in some sort of place where they have communications and where they can work, notwithstanding the high rate of radiation outside. That is an illustration.

The same may be true of the headquarters of the provincial police, who have to give directions to the police as to how they handle the situation in various places. That is what we are working on now. The problem is particularly acute for those who cannot move around because they are tied down to a communication system.

Mr. KORCHINSKI: I have one more question. I understand that we have a shelter constructed somewhere in the vicinity of Ottawa. Are these plans generally available for construction of similar shelters to all the provincial governments so that they could construct a similar type of shelter?

Mr. BRYCE: We have not put out particular plans for them. They know the general standards that are suggested. There are various publications from other countries and, in technical discussions, we have told them what the problem is. The simplest way to achieve it is to modify an existing building—take a public building which is heavily constructed; block up the windows in the basement; put some strength into the ceiling overhead, and you achieve a high level of protection against fall-out. In regard to buildings of that kind—large buildings as distinct from individual dwelling houses—it becomes a problem mainly of modifying the buildings.

Mr. KORCHINSKI: If I might interrupt here, I was under the impression that it was some sort of a dug-out or construction underground. You are indicating now that it is perhaps a modification of a building. Now, is it just a structure which is available now that has been modified, or is it an entire underground construction?

Mr. BRYCE: I mentioned earlier some of those that had been done by provinces and municipalities under the civil defence financial assistance program. In some cases those were of the dug-out type—in Alberta, for example. They are not deep underground. But if you are arranging something from the beginning, you can get this protection against radiation most cheaply and simply, as I recall, by digging down three or four feet into the earth—or eight or ten feet, and then heaping the earth on top. Your problem is to get a sufficient weight of material. Earth is the cheapest material to use. However, you have to be able to construct it so you can put earth over it at a reasonable expense.

Mr. HALPENNY: Or you might be able to go into the side of a hill.

Mr. BRYCE: Yes.

Mr. HELLYER: Would Mr. Bryce tell us if the civil defence program is being modified or affected in any way by events on the international scene, such as the disarmament proposals or the possibility of a nuclear test ban?

Mr. BRYCE: We have received no instructions to alter the basis of our program on that account; the program is not such an enormous and costly one that it is natural to think of cutting it down because of the progress made in disarmament. It is a modest insurance against the possibility that disarmament will not be achieved.

Mr. HELLYER: From what you said, would you say that the pace is so slow that it would be impossible to reduce it without having it stop completely?

Mr. MONTEITH (*Perth*): That is unfair.

The CHAIRMAN: Shall item 255 carry?

Mr. CARDIN: I understand, Mr. Chairman, that Mr. Martin might have some further questions to ask.

The CHAIRMAN: Of course, it is entirely up to the committee. The committee is responsible for its own decisions. If the committee would like to stand the item, it will be all right. I am certain.

Mr. HELLYER: Perhaps you could advise me if you had an answer to a question I asked the Minister of National Defence about the gamma radiation meters.

Mr. BRYCE: Mr. Pearkes is having the information tabulated.

The CHAIRMAN: I would suggest that when Mr. Martin returns we continue with the discussion. Now, the answer to the question.

Mr. BRYCE: Mr. Pearkes is having that information tabulated, and we can supply it for the committee records in due course.

Mr. HELLYER: I would like to have it before the discussion ends. It was a basic piece of equipment and, if the stock is as low as I understand it is, I think there is no civil defence program whatsoever—at the present time at least.

The CHAIRMAN: Mr. Martin, have you some further questions?

Mr. MARTIN (*Essex East*): Yes, Mr. Chairman, I have a whole series of questions. I am sorry I had to leave. However, as it is nearly eleven o'clock, I was wondering whether or not you wished me to proceed at this time.

The CHAIRMAN: Gentlemen, we will adjourn. I would like to remind you that we meet on Tuesday at 11 o'clock. We will be back in the Railway Committee Room.

APPENDIX "A"

ORGANIZATION AND METHODS SURVEYS

On Tuesday, March 29, Mr. McGee, M.P., asked why the Civil Service Commission's reply tabled in the House of Commons on March 23 to his question No. 83 did not include reference to Organization and Methods Study No. 9 which was listed in the report tabled by Dr. Davidson at the Estimates Committee Meeting held on March 15.

On inquiry from the Organization and Methods Branch of the Civil Service Commission they point out that Study No. 9 was carried out in our Department in 1959, but because it was *requested* in 1958 reference to this study was not included in the Civil Service Commission's reply to Mr. McGee's question which was worded in part as follows:—

1. Have any departments of government *requested* surveys from the organization and methods division of the civil service commission during 1959?

HOUSE OF COMMONS

Third Session—Twenty-fourth Parliament

1960

STANDING COMMITTEE

ON

ESTIMATES

Chairman: ARTHUR R. SMITH, Esq.

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 9

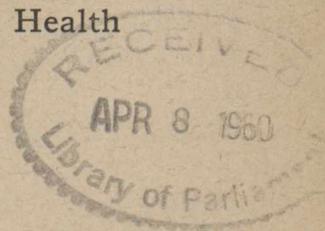
TUESDAY, APRIL 5, 1960

Estimates of the Department of National Health
and Welfare 1960-61

WITNESSES:

The Honourable J. Waldo Monteith, Minister of National Health and Welfare; The Honourable George R. Pearkes, Minister of National Defence; R. B. Bryce, Clerk of the Privy Council; R. B. Curry, Director, Emergency Measures Organization; Dr. G. D. W. Cameron, Deputy Minister (Health); and Dr. K. C. Charron, Director, Health Services Directorate, Department of National Health and Welfare.

THE QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1960



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and Messrs.

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Cardin,
Caron,
Carter,
Cathers,
Clancy,
Coates,
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Revelstoke*),
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Hales,
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MacLellan,
Martin (*Essex East*),
McCleave,
McDonald (*Hamilton
South*),
McFarlane,
McGee,
McGrath,

McGregor,
McIlraith,
McMillan,
McQuillan,
More,
Parizeau,
Payne,
Pickersgill,
Pigeon,
Pugh,
Ricard,
Richard (*Kamouraska*),
Rouleau,
Skoreyko,
Stewart,
Stinson,
Thompson,
Vivian,
Winch,
Winkler.

J. E. O'Connor,
Clerk of the Committee.

MINUTES OF PROCEEDINGS

TUESDAY, April 5, 1960.

(10)

The Standing Committee on Estimates met at 11.02 a.m. this day. The Chairman, Mr. Arthur Smith, presided.

Members present: Messrs. Anderson, Bissonnette, Bourdages, Broome, Carter, Cathers, Clancy, Fairfield, Fleming (*Okanagan-Revelstoke*), Fortin, Hales, Halpenny, Hellyer, Horner (*Jasper-Edson*), Jorgenson, Korchinski, MacLellan, Martin (*Essex East*), McCleave, McFarlane, McGee, McGrath, More, Payne, Pugh, Skoreyko, Smith (*Calgary South*), Stewart, Winch and Winkler.—30

In attendance: The Honourable J. Waldo Monteith, Minister of National Health and Welfare; The Honourable George R. Pearkes, V.C., Minister of National Defence; Mr. Robert Bryce, Clerk of the Privy Council; Mr. R. B. Curry, Director, Emergency Measures Organization; Dr. G. D. W. Cameron, Deputy Minister (Health); Dr. K. C. Charron, Director, Health Services; Mr. C. A. Keedwell, Executive Assistant to the Minister; and Miss O. J. Waters, Departmental Secretary.

Following the observation of the presence of quorum by the Chairman, Mr. McGee raised a further question concerning surveys conducted by the Organization and Methods Branch of the Civil Service Commission.

Letters from the Honourable Raymond O'Hurley, Minister of Defence Production, and the Honourable Léon Balcer, Acting Secretary of State, referring to the implementation of recommendations made by the Committee during a past session of Parliament were tabled for inclusion as appendices to the record of this day's proceedings; (*See Appendices "A" and "B"*).

Agreed, To print as an appendix to this day's record a statement entitled "Radiac Instruments"; (*See Appendix "C"*).

The questioning of Messrs. Pearkes, Curry and Bryce concerning Civil Defence having concluded, Item 255—Civil Defence Health, Welfare and Training Services—was allowed to stand.

The Chairman thanked Messrs. Curry and Bryce for their contribution to the Committee's deliberations.

Item 243—Health Services, including assistance to the provinces—Administration—was called and Mr. Monteith, Drs. Cameron and Charron were questioned concerning the duties of medical officers employed by the Branch; the detection and reporting of the presence of Strontium 90; and the possible genetic effects of over-exposure to radio-active substances.

Item 243 was adopted.

Item 244—Consultant and Advisory Services—was called, and at 12.25 p.m. the Committee adjourned to the call of the Chair.

J. E. O'Connor,
Clerk of the Committee.

EVIDENCE

TUESDAY, April 5, 1960.

11:00 a.m.

The CHAIRMAN: Good morning, gentlemen; we have a quorum, so we may proceed.

Mr. MCGEE: Mr. Chairman, I have a point of privilege.

The CHAIRMAN: Please state it, Mr. McGee.

Mr. MCGEE: Unfortunately, I was not able to attend the last session when an answer was given to a question of mine asked at the previous meeting. The reason given by the organization and method survey was not listed in reply to a starred question was that it was referred to in 1958, and that is why it did not appear in the 1959 figures. Well, last year in the estimates committee I received a list of the surveys from the organization and methods research for 1958, and I want to point out that it does not appear there either. I wonder if the staff would find out where it does appear?

The CHAIRMAN: We will be glad to do so.

Mr. MCGRATH: I raised the same point on Tuesday, March 22, with regard to the distribution of the minutes of our proceedings. I did not receive my copy of the minutes for the last meeting until this morning. I do not know if the same thing applies to other members of the committee.

The CHAIRMAN: Mine were available yesterday. I received them yesterday in the mail.

Mr. MCGEE: Yes, but you are the chairman.

The CHAIRMAN: Did everyone else receive the minutes yesterday?

Mr. MCGEE: I received mine last night when I checked my box.

Mr. STEWART: I received mine last night.

Mr. PUGH: What was the number of the minutes for the last meeting?

The CHAIRMAN: No. 8. There seems to be some problem in putting these minutes into the mail boxes. The Chair will again check into it for you.

Before going on with the item under consideration, I have received two further replies in answer to our request made to departmental heads. They are comments on the recommendations which have been received from departmental heads. One was received from the acting secretary of state, and another was received from the Minister of Defence Production.

I would point out to you that these complete the replies from the departments which we have had under examination in the past.

Toward the latter part of our examination of these several departments you may wish to decide what action, if any, you wish to have taken with respect to this correspondence.

You have before you item 255, civil defence health, welfare and training services, and we have with us again today the Minister of National Health and Welfare together with Messrs. Curry and Bryce.

But before calling on Mr. Martin who had the floor at the end of the last meeting, are there any replies, Mr. Bryce?

Hon. J. W. MONTEITH (*Minister of National Health and Welfare*): Yes, Mr. Bryce has one.

The CHAIRMAN: Is it in connection with this item?

Mr. R. B. BRYCE (*Clerk of the Privy Council*): I am sorry, I cannot give you the figure, but we were asked about radiac instruments. I think Mr. Hellyer asked, under the heading of radiac instruments, for the total number of radiac instruments that are currently held by the Department of National Health and Welfare and the Department of National Defence. We could table the answer and make it a part of the record, if the committee so wishes.

The CHAIRMAN: Is it agreeable to the committee?

Agreed.

Mr. MARTIN (*Essex East*): Mr. Chairman, is the Minister of National Defence not coming back to the committee?

The CHAIRMAN: The Minister of National Defence indicated to me that he had to attend an important meeting this morning, but that he would certainly return if it was the desire of the committee.

At a point in our discussion at the last meeting you may recall that you were directing some questions to the Minister of National Health and Welfare. Certainly we can ask Mr. Pearkes to come back.

Mr. MARTIN (*Essex East*): There are certain questions I would like to ask the Minister of National Defence.

The CHAIRMAN: Fine.

Mr. MARTIN (*Essex East*): And now I would like to ask Mr. Monteith if he could tell us how many civil defence workers there are now actually in being, not only paid civil defence workers, but volunteers of all kinds, federal, provincial, and municipal.

Mr. MONTEITH (*Perth*): I shall ask Mr. Curry to answer that question.

Mr. R. B. CURRY (*Director, Emergency Methods Organization*): Mr. Chairman, the matter of the number of civil defence people to whom Mr. Martin was just referring is currently under review. We have not completed our figures on it.

I think it will be understood by the committee that information of this sort arises from the submission of projects, and from our consultations with the provinces.

The projects have been completed for the year 1959-1960. We are picking up the information on the sort of subject, that Mr. Martin has just referred to, and I think we shall shortly be in a position to give a more definitive reply to the question.

Mr. MARTIN (*Essex East*): When you say "shortly", do you mean before the date when the committee meetings will have terminated?

Mr. CURRY: I suggest it might be a matter of several weeks.

Mr. MARTIN (*Essex East*): What is the last figure you have?

Mr. CURRY: The last figures that we have are contained, I believe, in the report of the Department of National Health and Welfare.

Mr. MARTIN (*Essex East*): The report for last year?

Mr. CURRY: That is right.

Mr. MARTIN (*Essex East*): I do not remember offhand. Do you remember the total?

Mr. CURRY: I think, if I recall—oh, we will check it from the report. The number of people listed is in the tens of thousands.

Mr. MARTIN (*Essex East*): It was 250,000 in 1956. I do not know what it is in the intervening years. Perhaps you might look it up and give it to us later.

Mr. CURRY: Yes, thank you.

Mr. MARTIN (*Essex East*): I would like to ask if it is not a fact that, before the new arrangement for civil defence was allocated to four different ministers, the office of the privy council, which was not then in its present form, was then engaged in very important matters of bringing about what is known as the emergency measures organization, and certain aspects of civil defence?

Mr. BRYCE: Yes, they were engaged in coordination and preparation of a different character from that of E.M.O.

Mr. MARTIN (*Essex East*): Is it not also a fact that the Department of National Defence before the present allocation of functions to the four ministers was engaged in certain aspects of civil defence?

Mr. BRYCE: In a support role, to assist.

Mr. MARTIN (*Essex East*): Is it not a fact also that the Royal Canadian Mounted Police, through the Department of Justice, occupied basically the same functions in civil defence that they now occupy?

Mr. BRYCE: Less clearly, sir, as it depended on provincial decisions.

Mr. MARTIN (*Essex East*): Yes. And is it not a fact that the work of civil defence at provincial level prior to the allocation to the four ministers was basically the same as it is now?

Mr. BRYCE: No sir.

Mr. MARTIN (*Essex East*): In what respects did it differ?

Mr. BRYCE: Prior to the rearrangements, the fundamental responsibility for civil defence work was the provinces'. It included such things as warning and re-entry operations, things which have now been accepted as federal responsibility.

Mr. MARTIN (*Essex East*): Yes, but apart from that, it was a very minor thing.

Mr. MONTEITH (*Perth*): I beg to differ.

Mr. MARTIN (*Essex East*): I submit that it was a relatively minor thing, and that the provinces still had a heavy responsibility in the matter of civil defence.

Mr. BRYCE: That last is true, but we did not feel that it was a minor thing.

Mr. MARTIN (*Essex East*): No, perhaps minor is not the word; but they have a very heavy responsibility, would you not agree, with the work of the police, the work of the welfare organizations, and the work of the health organizations, which is one of the very important functions of civil defence?

Mr. BRYCE: Yes sir.

Mr. MARTIN (*Essex East*): And that it was being carried on by the provinces to a very large degree?

Mr. BRYCE: Yes sir.

Mr. MARTIN (*Essex East*): And that the situation now is that there was a distribution of functions among four ministers of the crown?

Mr. BRYCE: In those respects, yes.

The CHAIRMAN: Are there any further questions from the committee? Well, gentlemen, I have written, I might say, to see if—

Mr. HELLYER: I still have a question or two to ask the Minister of National Defence, on matters which were referred to at the last meeting.

The CHAIRMAN: Prior to your arrival, Mr. Hellyer, we received and filed a reply to your question.

Mr. HELLYER: I would like to ask some questions later.

The CHAIRMAN: We shall endeavour to see if we can have the minister here later on.

Mr. MORE: I would like to ask Mr. Bryce a question which I hope is in order. I wonder if there was any security involved in the pictures which we saw in the Citizen a week ago?

Mr. BRYCE: No sir. The newspapers are quite free to photograph the buildings that they did. They were speculating as to the purpose of them, and there is no law against speculating.

The CHAIRMAN: If there are no further questions under this item, I am going to suggest that we hold it open.

Mr. MORE: I have a further question. On page 186 of the evidence, speaking about the cooperation of the provinces, Mr. Bryce said that Saskatchewan was the fifth province in order of cooperation. I am somewhat concerned about Saskatchewan being placed in the fifth spot, because my feeling has been that we have a very capable organization which has tried to cooperate in the fundamental area to the best of their abilities. I wonder if I could have some explanation as to what weaknesses were evident, which placed Saskatchewan fifth on the list?

Mr. BRYCE: May I say that Saskatchewan has been coming along rapidly recently. I was speaking, you might say, in general terms, thinking back over a period of several years. I think it is correct to say that in terms of the services we have been able to measure there is no doubt that Alberta and British Columbia have done relatively more, probably, than the other provinces over the last several years. Ontario and Manitoba and Saskatchewan are relatively close together, and it is a nice question of judgment as to just whether Saskatchewan has now overtaken, let us say, Ontario in the matter. I shall not try to be precise without examining the figures today very carefully.

Mr. MORE: Might I be correct in assuming that part of the reason for Saskatchewan having caught up was that under the old scheme Saskatchewan was designated as an evacuation area?

Mr. BRYCE: It may well have been, sir.

Mr. MORE: In regard to the training operations for civilian volunteers, as I understand it there is a 75 per cent reimbursement for certain training programs. I am told from the answer to a question I asked that it does not apply to equipment for the operation and training of these security volunteers, and that such equipment must still be provided by the provincial and municipal authorities, if it had peacetime requirements. It has also been suggested to me that unless this 75 per cent reimbursement is made to apply to such material, unless there are outright purchases made by the federal authorities the program submitted will be hurt.

Mr. CURRY: I am not sure whether the hon. member asking the questions has any specific items in mind with respect to Saskatchewan. But in general, material that is used for training purposes certainly is open to 75 per cent assistance from the federal government, within the limits of the over-all amount that is allocated to each of the provinces, and in the division of the funds which have been appropriated by parliament.

I must indicate that to my knowledge, to date, Saskatchewan has never asked for the full amount of money that is provided by the federal government, and of which they might have taken advantage.

If the hon. member is referring to certain types of equipment having a specific peacetime use, such as fire equipment, for example, then the arrangement was, I think, as explained to the committee several days ago, that the

community or the municipality would pay for a fairly high proportion of the cost, and that the federal government matched whatever the provincial government puts forward for that particular purpose.

Mr. MORE: Would that be the equipment mentioned in classification four?

Mr. CURRY: That is right.

The CHAIRMAN: The Minister of National Defence has been so courteous as to leave a very important meeting to come to this committee. He would like the opportunity to return as soon as possible, so perhaps we might direct our questions to him at this time and ask the other witnesses to stand by until we have concluded examination with the Minister of National Defence. I believe Mr. Martin had some questions.

Mr. MARTIN (*Essex East*): I did not understand that the Minister of National Defence was going to come this morning. I do suggest that we ought to release him for his important meeting. I am waiting for some material to arrive.

The CHAIRMAN: I thought you asked earlier if he would be here, and I tried to obtain him. I asked him if he would come. Then Mr. Hellyer, I think, indicated that he had some questions he wished to ask the Minister of National Defence.

Mr. MARTIN (*Essex East*): Could the Minister of National Defence tell us the number of military personnel who are taking the course at the civil defence college up to date?

Hon. G. R. PEARKES (*Minister of National Defence*): You ask for the numbers who have taken the course? I shall have to obtain that figure. It is a very considerable one. I could not tell you offhand.

Mr. MARTIN (*Essex East*): They began taking these courses long before June, 1957.

Mr. PEARKES: Military personnel were taking the courses before June, 1957, but their numbers have been increasing since the army took over additional responsibilities.

Mr. HELLYER: Could the Minister of National Defence tell us if he has a copy of the memorandum of explanation concerning radiac instruments?

Mr. PEARKES: I have a copy before me now.

Mr. HELLYER: This memorandum includes far more than I asked for the other day. Could the minister tell us how many are used by troops if re-entering a contaminated area?

I ask the minister how many of these instruments listed in this report are used by troops for the purpose of determining the amount or the degree of radiation in a contaminated area which they would be re-entering?

Mr. PEARKES: Yes, this is so. I did not quite get your question. You ask how many of these particular types of equipment are used by the army for re-entry purposes? Is that your question? I think the answer would be practically all.

Mr. HELLYER: I think if you will read the information here, it is pretty obvious that they are not all used for that. I asked for a report on a specific piece of equipment.

Mr. PEARKES: I have not had a chance even to see this until just now.

Mr. HELLYER: I agree with the minister, in view of his reply a moment ago; but I think that if he should take the time to read it he would agree that not all these instruments are used by forward columns re-entering a contaminated area. I mean the specific type of instrument to be used by a forward column re-entering a contaminated area. That is what I am trying to obtain.

Mr. PEARKES: I really have not had an opportunity to study this. Is there any particular item to which you refer?

Mr. HELLYER: The particular one I am interested in is the one I asked for the other day. I am at a bit of a loss as to why I got so much information.

Mr. PEARKES: An attempt will be made to give you the information you require, and the department is only too pleased to give you this information.

Mr. HELLYER: Sometimes I think it is. Sometimes I think I would be better off with less information rather than too much.

The CHAIRMAN: Are you being overwhelmed with information?

Mr. WINCH: As the minister has come from a cabinet meeting and it is quite obvious that all of us are not ready to put forward actual questions to him, and that he would naturally like an opportunity to study the answers that have been filed, might I suggest that he be released from this committee now with the hope that he will come back at a later time when we may make more valuable use of his time?

The CHAIRMAN: I appreciate your comment, Mr. Winch. The only concern of the Chair is to endeavour to be as cooperative as possible.

At the end of the last meeting Mr. Martin indicated that he had a number of questions to ask the Minister of National Defence, but he is not in a position to ask those questions at this time.

Mr. MARTIN (*Essex East*): Yes, I am in a position to do so. I am just waiting for my material which has not come down. I did not understand that you had sent for the minister. I think Mr. Winch is quite right. The Minister of National Defence is due at a cabinet meeting, and perhaps Mr. Monteith is required there also.

The CHAIRMAN: The Chair is also aware of the fact that both these men are busy. We wish to proceed with our work as expeditiously as possible, and I hope that if we do call the Minister of National Defence back for the next meeting you will then be in a position to examine him.

Mr. MARTIN (*Essex East*): We are in a position to examine him now. The Chair would not wish to be accused of making any impertinent remarks.

The CHAIRMAN: The Chair was referring merely to your examination, and suggested that you might carry on with your questions, if you have any.

Mr. HELLYER: I have some questions, Mr. Chairman.

The CHAIRMAN: Will you please proceed, then?

Mr. HELLYER: On page 2 of this report at the top of the page there are listed seven items. These presumably are a number of meters which are used to determine the level of radio activity in a contaminated area. I note here that the army has none of them. Yet if the army has the task of re-entering contaminated areas and of advising people by radio or otherwise that they are cleared to leave such area or to move elsewhere, how could they possibly accomplish this task without any of the necessary equipment?

Mr. PEARKES: I do not know the particular answer to that. I would imagine we are getting the equipment as soon as we can, if it is necessary.

Mr. HELLYER: My point is this: the army has been given this responsibility; it is within the function of the reserve forces at the present time; it is the new policy under the present minister. Civil defence is the function of the present minister, and yet the particular problems which will have to be dealt with in its new role require basic instruments which will determine the level of radioactivity in a given area which they are re-entering. Yet the army has none of the necessary equipment whatsoever. So I ask the Minister of National Defence how the army can function effectively without any of the basic equipment necessary to do this job?

The CHAIRMAN: Would you please indicate exactly which area you are referring to, Mr. Hellyer?

Mr. HELLYER: I refer to page 2 at the top of the page.

Mr. PEARKES: "Radiac set, monitoring. A remote reading device used to measure the dose rate of, normally, gamma rays".

Mr. HELLYER: No, it is "meter, survey".

Mr. PEARKES: Oh, there is another page two. I am sorry.

Mr. HELLYER: I think there should be a limit to the number of page twos in this report.

The CHAIRMAN: I am inclined to agree with you, Mr. Hellyer.

Mr. PEARKES: I really do not know the details of it. I shall have to find out exactly what equipment you are referring to, and I shall let you know.

Mr. HELLYER: I have two questions. Specifically I would like to know the inventory of army equipment for the purpose of determining the level of radio-activity in a contaminated area; and another general question, because I think it is equally important: my specific question is as follows: the army as yet at least has no equipment in quantity—has none of the basic equipment needed with which to do its job properly; that is, I do not mean that they do not have some pieces of equipment, but they do not have the bulk of equipment necessary to carry out the civil defence task. Is this not the case?

Mr. PAYNE: In connection with the remarks of the hon. gentleman may I point out that at the recent civil defence demonstration in Ottawa, the army went to no end of trouble to bring forward all the equipment which is now being questioned about. There were people there to tell us the scale and the amount of issue of all these items throughout the militia in Canada.

The CHAIRMAN: I am sorry to interrupt you, but this is another assertion rather than a question. So I am going to refer the committee to the advice given by Mr. Martin at page 195 when he suggested that when members ask questions they should not make assertions. This rule will be applicable to the committee from this point on. Therefore I ask for your cooperation with the Chair in this respect.

Mr. HELLYER: I would like before the committee discontinues its deliberations on this subject to have a compilation made of the present stock of each item of equipment mentioned in the booklet given out at the civil defence demonstration referred to by the hon. member, and also a statement as to how much of it has been issued to the units throughout Canada.

Mr. PEARKES: We shall try to obtain that for you. I certainly do not have it here.

Mr. WINKLER: I would like to ask the minister if he could give us the number of members of the opposition—who seem to be taking up all the time of the committee—who attended the demonstration, the evening that we went down to national defence headquarters and saw all this material that was available and that was being used.

Mr. PEARKES: As no record was kept of the number of members, I do not know.

Mr. MARTIN (*Essex East*): So the question is a fair one, I would like to know what percentage of the members of this committee attended.

Mr. PAYNE: 53.

The CHAIRMAN: If there are no further questions, I would like to thank Mr. Pearkes for coming to this meeting.

Gentlemen, we will leave item 255 open. I refer you now to page 50, item 243—the national health branch.

However, before calling this item, may I thank Mr. Bryce and Mr. Curry for appearing before the committee. On behalf of the committee I would like to take this opportunity of thanking you very much for the evidence and time you have given to the committee. I am sure I am expressing the appreciation of all members of this committee in this respect.

The next item is 243. The details are on page 333. This item is under the national health branch—health services, including assistance to the provinces—administration.

NATIONAL HEALTH BRANCH

Health services, including assistance to the provinces

Item 243. Administration S 367,444

The CHAIRMAN: We are now ready for your questions.

Mr. HALPENNY: No questions.

The CHAIRMAN: I wonder if perhaps we might ask Dr. Cameron to outline what is contained in this vote.

Dr. G. D. W. CAMERON (*Deputy Minister (Health), Department of National Health and Welfare*): Mr. Chairman, vote 243 is represented on page 333 of your estimates book as the first vote under the health branch. The details on the second item, vote 244, appears at page 334. Now, if you would turn back, for a moment, to health services—administration. This is the part of the health branch that deals with the provinces. This is the part where we look after the hospital insurance, the grants program and so on. That is what the item "administration" refers to.

Then, vote 244, is also under health services. You will see the title is "consultant and advisory services". This covers our specialist group, such as the chief of the dental division, the architect of the hospital design division, the mental health division and so on. Then, on the next page you will see health services—laboratory and advisory services. That is covered in vote 245.

Mr. MARTIN (*Essex East*): Are you now coming to vote 243?

Dr. CAMERON: I have passed that. That vote covers administration. Vote 244 is the specialized group; vote 245 is the laboratory and advisory services, and this embraces a group of activities, entailing fairly large laboratory establishments—the laboratory of hygiene, the occupational health laboratory and so on.

The CHAIRMAN: I wonder if it would not be preferable to itemize these as we go through them, so that we can pass one vote at a time?

Mr. HALPENNY: If he does it that way then we will not ask questions ahead of time.

Mr. WINCH: Mr. Chairman, I would like to ask this question. I think, Mr. Chairman, it was agreed at our first meeting that when we arrived at the national health branch the minister would explain, in regard to assistance to provinces, the plans and the work of his department in connection with the matter of mental health and on the question of narcotics.

The CHAIRMAN: He proposes to do that. Will you proceed, Dr. Cameron.

Dr. CAMERON: The next item, vote 246 covers the health grants.

Mr. HALPENNY: What page is that on?

Mr. MONTEITH (*Perth*): It is at the bottom of page 337.

Dr. CAMERON: Then we pass over to page 340. At the top, you will see a statutory item, setting out the funds to cover hospital insurance contributions. Below that is the next voted item, No. 247, which covers the Indian and northern health services. That carries across to page 344. This is divided into two parts. One is for operation and maintenance; and the other is for construction and acquisition of equipment and land.

Vote 249 covers medical advisory, diagnostic, and treatment services. This embraces work in the department relating to quarantine, immigration, sick mariners, civil aviation medicine and civil service health. That brings us to page 347 and to the next large vote, No. 250, which covers the administration of the Food and Drug Act.

On page 349 we come to the final item in the health branch, a vote to cover the division which administers the Opium and Narcotic Drugs Act.

I thought this review would assist you in asking questions.

The CHAIRMAN: May I suggest, gentlemen, that you follow the practice of the past. Would you turn to page 333. You have before you item 243 covering health services—administration. Are there any questions?

Mr. WINCH: I presume you wish me to wait until we arrive at the appropriate place.

The CHAIRMAN: Yes, I think so. Have you a question Dr. Fairfield?

Mr. FAIRFIELD: I notice that there are approximately nine or ten medical officers listed here. What is their function? Are they advisory or administrative?

Dr. CAMERON: They are advisory and administrative. This embraces the senior group who are administering the health branch program, the health insurance program, our work in connection with the world health organization, and our work in connection with fall-out and radiation detection generally.

Mr. FAIRFIELD: Is there any overlapping of these functions in the different branches? For instance, you have in the next vote—and I know it is wrong to discuss that now—medical officers, as well as consultants. You also have consultants, I suppose, in the laboratory services and in the diagnostic services. Is there any overlapping at all of their powers or duties?

Dr. CAMERON: No—except that the senior men supervise the work of some of the consultants. The administrative people, to a large extent, are in vote 243; the specialist people are in vote 244 and in vote 245, since vote 245 is the laboratory group—for instance, our virus laboratory, where our specialists are concerned with Salk vaccine. However, all of these come under one or other of the senior people covered in vote 243.

The CHAIRMAN: Are there any further questions?

Mr. CATHERS: I have a general question on the whole thing.

The CHAIRMAN: Would you relate it to vote 243.

Mr. CATHERS: Since the department of health has taken over additional functions, what is the extent of their growth of, say, bureaucracy—I know we do not like that word—over the last six years? In other words, how many are there on your staff at the present time as compared with six years ago?

Mr. MONTEITH (*Perth*): I think we would have to find that out and give you the information at the next meeting.

Mr. HALPENNY: Ask Mr. Parkinson.

Mr. MARTIN (*Essex East*): Dr. Cameron, you mentioned that the officer in charge of radiation and fall-out is included in this vote.

Mr. MONTEITH (*Perth*): I think it is in 245.

Dr. CAMERON: It depends. The senior officer concerned with the whole question of fall-out and radiation is covered in this.

Mr. MARTIN (*Essex East*): I was thinking of Dr. Watkinson.

Dr. CAMERON: He is covered in 243.

Mr. MARTIN (*Essex East*): I would like you to tell us something that is of great concern, and the minister has made a statement in the house recently;

but you may have seen in yesterday's paper or, perhaps, it was this morning, where the amount of radioactivity in milk in the United Kingdom via strontium 90 has increased considerably in that country, and recently the Secretary of State for External Affairs said in Hamilton that he was not satisfied with the cooperation accorded Canada's proposal with regard to measuring radioactivity on the part of certain members of the United Nations. Would Dr. Cameron or the minister care to deal with this?

Mr. MONTEITH (*Perth*): I think the statement yesterday concerned the report published in Britain. I do not have it with me.

Mr. WINCH: It was an increase of 40 per cent, was it not?

Mr. MONTEITH (*Perth*): Actually, this is information to June 30, 1959. We have been reporting since January 1, 1959, on a quarterly basis, and then summarizing the picture for the year.

It is true that our picture, up to June 30, 1959, showed some increase. Since then there has been a small decrease. Now, I do not think that I am in a position to remark on the statement made by the Secretary of State for External Affairs other than to remark that we have cooperated with the United Nations organization in this respect. We have cooperated in every respect possible to determine just what the nature of fall-out is, just what the danger is and just what the increase is, if any. As I mentioned, our report subsequent to June 30, 1959, indicated that there has been some lessening.

Mr. MARTIN (*Essex East*): I think it might be useful if, at the next meeting, you could tell us what he had in mind. He was not complaining about what Canada was doing, but he was not satisfied that Canada's proposal was receiving the support which it deserved.

Mr. MONTEITH (*Perth*): I do not think that is my sphere.

The CHAIRMAN: The chair is inclined to agree with you.

Mr. MARTIN (*Essex East*): Just a minute; the chair may be inclined, but this is a very important matter.

It was Canada's proposal that led to the measuring of radioactivity in the world, and it was a very commendable proposal. We are now told by our foreign minister that certain other nations are not cooperating in connection with it. We are voting money to this department for instruments to measure the radioactivity in this country, which is compared and shared with other countries. I think it is a very relevant question.

The CHAIRMAN: Will you restate your question in a way so that we can understand it?

Mr. MARTIN (*Essex East*): I wanted to know what was meant by the suggestion that other countries were not cooperating with regard to this testing and measuring of radioactivity.

Mr. McCLEAVE: Could that not be asked in another committee—the external affairs committee, where the minister could make a statement on it?

Mr. MONTEITH (*Perth*): I think it is fair to point out that at this moment samples have not been sent in by other countries.

Mr. MARTIN (*Essex East*): They have not?

Mr. MONTEITH (*Perth*): Not as yet.

Mr. MARTIN (*Essex East*): There is some merit in what Mr. McCleave said, but we are dealing with this very important question of radioactivity, and the general viewpoint of the department, as I understand it, is that there is no apparent appreciable increase of the danger as a result of radioactivity that has come from other than the conventional sources. Now, there is a lot of dispute about this, and it is a highly important matter. I wish you would speak to us about this.

Mr. MONTEITH (*Perth*): I agree that it is very important. I would go on to say that in another quarterly report we have issued—and I made a statement in the house last session on this matter—that the department is very concerned, but certainly does not believe in becoming panicky.

Our tests had shown an increase in strontium 90 in milk up until the period of June 30, 1959. Incidentally, these tests were taken at fifteen stations across the country, and the various stations at which they were taken showed some variation. Sometimes it can be attributed to the cattle going out on the grass in the spring; other times it could be attributed to a rainfall—or, at least, this is a supposition, to a degree. We are not positive on these points. I do not think it can be said that anyone is positive of the answers to this problem as yet. We have increased our testing program. Whereas we had been testing only milk for strontium 90, we are now testing bone as well as air, water, and soil through an additional network of 25 stations.

Mr. McGRATH: Do you mean that you are testing various types of animals that are grazing—for example, sheep?

Mr. MONTEITH (*Perth*): Human bone.

Mr. McGRATH: Do the tests carry over to animal bone as well?

Mr. MONTEITH (*Perth*): I am going to ask Dr. Cameron to explain the technique of this to you.

Dr. CAMERON: What was your question?

Mr. McGRATH: Do the tests take in animal bone as well?

Dr. CAMERON: That would be significant; but this type of testing is very difficult. It takes a good deal of time on the part of personnel. We are trying to establish a standard test pattern, which we can carry through this year and succeeding years, and have comparable results so that we can measure change.

Now, the mention of bone refers to human bone. We are very anxious to improve our collection of human bone so that it would be representative of the whole country. The reason for that is this: the ultimate risk in fall-out is the accumulation of the radioactive materials in the body, and the one about which there is most concern and the one that has first priority in our examinations is strontium 90. The tendency is for strontium 90 to be deposited in bone. So, we go to bone to find out. In the ultimate, I believe it will be the levels in bone which will be our index of the amount of, you might say, contamination of the population.

The milk sampling is valuable because it is telling us the change in intensity of fall-out. It has been selected for that purpose; it is not that we are particularly worried about milk, but it is a good indicator.

Mr. McGRATH: The thought behind my question was that animal bone would give you an indication of the incidence of radiation in human bone. Would it not?

Dr. CAMERON: Not precisely, no. As a matter of fact, I cannot debate this question with you. I am not sufficiently expert in the subject. I cannot tell you why more attention is not being paid to animal bone, but I am quite sure it would be risky to transpose results determined from animal bone and thereby make assumptions in connection with human bone.

Mr. FAIRFIELD: There were results of research in the United States made known lately in connection with radiation levels, and we have decided here that 80 microcuries is about the danger level. They have determined that it is much lower than that—even less than half of that. Has there been any confirmation of that as a result of your research?

Dr. CAMERON: Sir, there has been a great deal of discussion of this, and I believe the matter is still open. Whether you take 80 or half of 80, the fact

of the matter is that this figure is not a figure designed especially for milk; it is a figure for water, I believe, so you have to transpose your calculations because it is milk upon which you are working. And even when you have done that, it is interesting to note that our average now, in the latest reports, I believe is in the order of 14.

Mr. FAIRFIELD: Is it not true that you also get radiation contamination in flour out of wheat?

Dr. CAMERON: In wheat?

Mr. FAIRFIELD: Yes.

Dr. CAMERON: Oh, yes.

Mr. FAIRFIELD: Is that not being measured at the present time?

Dr. CAMERON: Yes.

Mr. FAIRFIELD: I have just one more question. Is there any greater contamination in dried milk than in whole milk? Is there a greater concentration of contamination?

Dr. CAMERON: Dried milk is used simply because it is concentrated. It gives us the maximum coverage. Our samples are chosen by regions to represent the whole region, and milk is chosen simply because it does represent a concentration of the radioactivity over a wide area. That is why dried milk is chosen.

Mr. HELLYER: How are human bone samples obtained?

Dr. CAMERON: In collaboration with university medical centres, pathologists and those doing autopsies; all those who have proper access to specimens of this kind.

Mr. HELLYER: Under those circumstances, are you able to take into account the age of the person whose bones you are sampling?

Dr. CAMERON: Yes.

Mr. HELLYER: And is that a relative factor in determining the level of strontium 90 in the bone?

Dr. CAMERON: We believe it is an important factor, because we believe that the group which should be watched most closely are children.

The CHAIRMAN: Have you a question, Mr. Winch?

Mr. WINCH: I believe my question has now been answered, but I would like it a little more specific. Dr. Cameron says that the best field of analysis is bones and, further to Mr. Hellyer's question, I would like to ask this question: do we take it that the majority of study is being made on the bones of children and, if so—to make it more specific—are you able to get a cross-section of Canada analysis of Children's bones?

Dr. CAMERON: This is being built up at the present time. We are consulting now with pathologists and with medical school people right across the country. We are getting a very good response, and we are hopeful that we can get a good sampling.

Mr. McGRATH: Has it reached the stage where you can determine the areas of the country where the element of radiation is greatest? It seems to me that I came across a reference somewhere in regard to strontium 90 in grazing cattle in certain areas of the country.

Dr. CAMERON: This fluctuates from place to place, and from season to season. As Mr. Monteith mentioned, climatic conditions and so forth appear to play a part.

Mr. McGRATH: Further to that, is it not true that the element of radiation or strontium 90 is greatest in damp climates, such as our maritime climate?

Dr. CAMERON: If I may, I would like to ask Dr. Charron if he has any evidence in this connection.

Dr. K. C. CHARRON (*Director, Health Services Directorate, Department of National Health and Welfare*): I do not think there is a direct parallel. There appears to be some association in that regard but, on the other hand, there are areas where there are increases of the strontium 90 level that are not directly related to climatic conditions. I think there are a number of factors which come into play.

Mr. MARTIN (*Essex East*): Dr. Cameron, does strontium 90 come only from nuclear tests?

Dr. CAMERON: It is a fission product, yes, from nuclear tests.

Mr. MARTIN (*Essex East*): And the radioactivity that comes from other sources—certain kinds of watches, foot measuring stands and X-rays do not emit strontium 90?

Dr. CAMERON: No; they emit rays, as strontium 90 does.

Mr. MARTIN (*Essex East*): And the only danger, genetically, is from strontium 90?

Dr. CAMERON: I would not say that. Almost any source of radiation can be dangerous genetically.

Mr. MARTIN (*Essex East*): I asked that question deliberately to bring out what I think is a fact—that there are more radioactive dangerous substances from the normal source of emission than there are from nuclear tests.

Dr. CAMERON: Yes.

Mr. WINCH: I would like to ask Dr. Cameron a question—and I am not an expert in this field. But, from what I have read my understanding is that one of the probable and possible major effects of radiation is in the field of genetics. Could I ask whether any special study has been made, or is being made, of newborn children who may be stillborn, or have—I think the term is “mutation”?

Mr. MARTIN (*Essex East*): Mutation of the genes.

Mr. WINCH: Is there any special study being made of what is happening in that field in Canada.

Dr. CAMERON: We are collaborating with the statisticians in trying to find out if it is possible by adaptation of routine statistical information to get information of that kind. I do not know yet whether we are going to be successful.

Mr. WINCH: Do you happen to know if in the past two or three years, or in the years when there have been the explosions of the hydrogen and atomic bombs, whether there has been any increase in Canada of still births?

Dr. CAMERON: No indications so far.

Mr. WINCH: I presume that that has been watched very closely by your department?

Dr. CAMERON: Indeed.

The CHAIRMAN: I think the minister has a comment on that.

Mr. MONTEITH (*Perth*): I think the committee would be interested in knowing this, that in late February certain stations of the department's air sampling network detected sudden, short-term duration increases in the fission-product concentration of ground-level air. The dates on which the increased radioactivity was detected roughly correspond with the time lag that might be associated with the first French atomic test.

Mr. WINCH: May we have additional information on that? You say you have indications that, following the explosion in the Sahara by France, there was an increase in the low-level radiation in Canada?

Mr. MONTEITH (*Perth*): I mentioned that there had been some increased radioactivity detected roughly at the time which would correspond with the time lag that might be associated with the first French atomic test.

Mr. WINCH: That being your opinion, is any special emphasis now being placed on studies, in view of the second explosion by France in the Sahara?

Mr. MONTEITH (*Perth*): We are making these tests all the time.

Mr. PUGH: Going along with Mr. Winch's question a little further: do we have access to the records from other countries in regard to mutation, and so on, and have they been able to arrive at any definite conclusion?

Dr. CAMERON: We have a member on the United Nations committee on radiation protection. I think it is called the United Nations scientific committee on the effects of atomic radiation. They are considering this problem. We have access to the information of other members on that committee. There is a very free exchange.

Mr. PUGH: Arising out of the access, has any country reached a definite conclusion on this matter?

Dr. CAMERON: On genetic matters?

Mr. PUGH: Yes.

Dr. CAMERON: I do not think I would say yes to that. There are strongly held opinions; but, to reach a definite conclusion, I do not think so.

Mr. HELLYER: On this matter of genetics which is so important, I wondered if a thorough study had been carried out in Japan to see the effects of the explosions there, and if the department has access to the results of those studies?

Dr. CAMERON: We can get that information; and if a statement would be of any help, I am sure we would be able to get it.

Mr. HELLYER: Some members of the committee would be interested, I think. I know that I would.

The CHAIRMAN: It will be done, Mr. Hellyer.

Mr. MCGEE: Following the statement of the minister concerning the short-term increases in radioactivity in Canada following the French tests in the Sahara. I wonder if the department would have any information from any other countries, either closer or further away from the Sahara, confirming or collaborating this information?

Dr. CAMERON: I believe that a statement was made in the United Kingdom to the effect that they had; and our people are in frequent communication with their opposite numbers in the United States and in the United Kingdom. I think that is all I can say.

Mr. MCGEE: Are there no returns or results, or indications from continental Africa, for instance, that have come to your attention?

Dr. CAMERON: No. There were some tests made in Ghana, but I am not sure whether or not any official report has come from them.

Mr. WINCH: I would like to ask the witness a question, Mr. Chairman, in view of his statement about there being an apparent coincidence between the explosion in the Sahara and the increase in radiation in Canada, as to whether this information was conveyed to France with any request that no further explosions take place?

The CHAIRMAN: I wonder if you would be good enough to tell us, Mr. Winch, how you think this question comes under the present heading?

Mr. WINCH: Perhaps not the last part of the question, but very definitely the first, I would say.

Mr. MONTEITH (*Perth*): Would you repeat the first part, Mr. Winch?

Mr. WINCH: In view of the reports which you, as minister, have received of radiation in Canada, which appear to show an increase following the explosion in the Sahara, was this information conveyed to the government of France?

Mr. MONTEITH (*Perth*): First of all, the statement I made, Mr. Winch, is an indication that there was some momentary, or brief, short-term increase, and then there has been a decrease since. These are purely findings in our department which might coincide. Two stations, I believe, out of 25, actually showed this.

This information has only just come to hand: it takes some time to analyze these tests and reach an opinion—maybe not a firm opinion, but to feel that some statement might be made as I have just made. And of course we do keep External Affairs aware of our findings.

The CHAIRMAN: The reason I questioned the legality of the question, Mr. Winch,—

Mr. WINCH: May I ask this question, Mr. Chairman?

The CHAIRMAN: If it is relevant, yes.

Mr. WINCH: I think it is relevant, in view of the information that has been given us by the minister. As the Sahara explosion, to the best of my knowledge, is the only one for about 18 months or 2 years, would you assume that it must have been the result of that explosion?

Mr. MONTEITH (*Perth*): No, I would not assume that. I said that it might be associated with it.

Mr. WINCH: Could you or Dr. Cameron give us any explanation as to why there should be that increase in radiation?

Mr. MONTEITH (*Perth*): No, but in our regular testing there are sometimes increases in certain stations which we cannot explain.

Mr. FORTIN: Mr. Chairman, I would like to ask Dr. Cameron if it has been possible to find out if a particular region of Canada is more closely affected by radioactivity?

Dr. CAMERON: That question was dealt with a few minutes ago. The answer is, that it varies from place to place and from time to time, and I do not think we would be able to say that any particular region showed consistently higher levels.

Mr. MONTEITH (*Perth*): In this report of yesterday's *Globe and Mail* on the British findings there is this paragraph. The report concluded:

French atomic tests in the Sahara are not expected to have any significant effect on the level of world-wide fallout.

Mr. FORTIN: When the explosions were carried out in the Pacific, for instance, were the regions on the west coast more affected than the regions on the Atlantic?

Dr. CAMERON: No; the products of the explosion, the radioactive products of the explosion go well above the atmosphere, into the stratosphere. They form a belt right around the world. Canada is situated in the north temperate zone and it appears there is a good deal of radioactive material above us which is drifting down. But it is coming down on the whole world.

Mr. WINCH: This might appear to be a technical question, but I think it is of importance. In view of the information that was given us by the Minister of National Defence the other day, that they receive reports several times a day in a Canadian center on the course and direction of winds and on the various levels of the stratosphere, and having received this information which the minister has now given us, has any check been made, or is it contemplated that the information that is given on wind levels and direction can be checked

to see whether or not the wind levels and direction were such that in those parts of Canada where you have those reports on the increase of radiation you can test and tie in as to the probable source?

That would appear to me to be a logical tie-in on the information, and on the importance of this question, as to the effect in Canada of the explosion of an atomic bomb.

Dr. CAMERON: We are in touch with the meteorological people, and I am sure we would be informed if there was any established opinion on that sort of thing. So far there is nothing of the kind for us to use in predicting where fall-out will occur or, when it has occurred, determining where it came from.

Mr. WINCH: I am sorry; perhaps I did not make myself clear. Has the information that has just been given about the two or three parts of Canada, where there was this, let us say, momentary increase in radiation, been conveyed to the Department of National Defence, or the meteorological stations, to try to see whether or not the conditions at that time were such that it might have come from an atomic explosion?

Dr. CAMERON: The question of where it may have come from was considered by our people. I am assuming that the factors you have mentioned were taken into account, and the closest our people could come to any statement is in the very carefully worded report of the minister. That might be associated: that is as far as we can go.

Mr. HELLYER: The inference here is that the radioactive material is carried by the jet streams, high altitudes, and I wonder if any sampling has been done to determine the effect of the jet streams on the distribution of radioactive fall-out?

Dr. CAMERON: I am sorry; we are not aware of that. I believe that kind of research work is going on, but we are not carrying it on. We are devoting our efforts to what comes down to us.

Mr. PUGH: Mr. Chairman, there is only one point I would like to clear up. After the French explosion—which was reported in two out of 25 stations, I believe the minister said—how significant was the rise in the two out of 25; and were the two stations together, or far apart?

Dr. CAMERON: The rise was in the order of two or three times, for that particular substance. Dr. Charron cannot back me up on that one, so I had better withdraw that.

It was a short, sharp rise, which subsided again. The significant point was that it was short-life material, which can only have come from a recent explosion. The two stations where it was found were hundreds of miles apart, but they were in the same general part of the country.

Mr. PUGH: Did not other stations close by show the same thing? Would they not have shown the same thing?

Dr. CAMERON: There were no other stations close by: these 25 stations are spread right across Canada.

Mr. MCGEE: Is it in the public interest to know the locations of those two stations, would you say?

Mr. MONTEITH (*Perth*): We have no objection to giving the locations of the stations. My own personal thought is that we try to keep the public informed—and we have—of our findings. Here again, as I explained before, I do not want to get anybody panicky in any particular part of the country. This has gone down again.

Mr. PUGH: I was wondering if the minister feels that the summation given out by the British authorities is a fair summation on the French explosion?

Mr. MARTIN (*Essex East*): What was the last question?

Mr. PUGH: I was wondering if the minister would care to comment as to the British report. Is it a fair summation?

Mr. MONTEITH (*Perth*): Yes, I think it is. It states that these are not expected to have any significant effect on the level of world-wide fall-out.

Mr. WINCH: May I ask this question, Mr. Chairman, just based completely on this: if that is the case, with all due deference, why was the statement just made by Dr. Cameron—and I think I got him correctly—that the sharp rise could only be, I think his term was “attributed” to an atomic explosion?

Mr. MONTEITH (*Perth*): It is still not a significant effect. There was a sharp rise in two stations which fell again.

Mr. MARTIN (*Essex East*): Dr. Cameron, I do not think there is any doubt that the official statements of Canada, the British and the United States on the general effect of health are basically the same; but the disturbing fact is that individual, important scientists, medical men and others, are not all of one mind on the genetic effect. That is the disturbing doubt that must be in the minds of all of us. But the important qualification is the one, Doctor—and I ask you to confirm this—that, allowing for that, the radioactive danger does not, basically and substantially, come from the fall-out as a result of atomic, nuclear tests.

Dr. CAMERON: I think, Mr. Chairman, that what Mr. Martin is saying is correct, and it could be put this way. The race has lived all through history with a certain level of background radiation. The fall-out has only increased this, a small amount, less than 5 per cent.

It is also true that the radiation from other devices, X-ray, and so on, watch dials and the rest of it, constitutes a much higher level of exposure than the fall-out. This is recognized, and a great deal of activity is going on at the present time to curb this and to reduce it to reasonable levels.

You get to a point in this matter where you must balance the advantages, and in many cases the enormous advantage of using X-rays in medicine, and the slight risk to the individual of the use of X-rays.

Mr. WINCH: May I ask Dr. Cameron this question. The use of X-ray and that type of medical equipment is on an individual; fall-out is on the population.

Dr. CAMERON: Yes.

Mr. WINCH: Would you tell us, on that latter point, because of the term you used, is there any knowledge as to what is the danger level of fall-out? When would you start to be concerned on the level of fall-out?

If that is too direct, I apologize; but I think you know what I am after.

Dr. CAMERON: I think every responsible scientist is concerned at any increase in fall-out. I think this is true. There is a difference of opinion as to how far the fall-out can increase before you have real danger. These words themselves expose the weakness of this question. What is real danger? This is not known: there is no precision in this. There is an international commission charged with the job of setting safe limits, choosing values arbitrarily, but choosing them on the basis of the best knowledge available in the world. We pay very close attention to the levels that they establish. There is no other base line at the present time which can be accepted.

Mr. WINCH: Would you tell us what is the level they now have established, to the best of your information?

Dr. CAMERON: Eighty micromicrocuries per gram of calcium.

Mr. WINCH: That is why you study the bone.

Dr. CAMERON: Indeed. The bone is the ultimate point of interest.

Mr. HELLYER: Did I understand you correctly when you said the radiation due to fall-out was in the order of 5 per cent?

Dr. CAMERON: It is less than 5 per cent.

The CHAIRMAN: Would you repeat the question.

Mr. HELLYER: Did I understand Dr. Cameron correctly to state that the radioactivity due to fall-out was in the order of 5 per cent of that occurring naturally in the environment?

Mr. PUGH: I do not believe the statement made was the same as previously. I think the previous statement was to the effect that there had been an increase of less than 5 per cent.

Dr. CAMERON: I am sorry if I misunderstood Mr. Hellyer. I thought I made it clear that to the best of our knowledge the increase in background radiation due to fall-out is within the limits of about 5 per cent. You cannot be precise because the background radiation is a variable thing itself. These are round numbers but they give some idea of the size.

The CHAIRMAN: Are there any further questions on radiation?

Mr. HORNER (*Jasper-Edson*): I would like to ask whether or not the new civil service health insurance plan comes under this department?

Mr. MONTEITH (*Perth*): No, it does not.

Mr. MARTIN (*Essex East*): I have sent for a book on this matter of radiation. I cannot remember the name of the substance I am interested in but there is mention made of a radioactive substance which comes from the nuclear tests which is more dangerous than strontium 90.

Dr. CAMERON: Caesium 137, I am told.

Mr. MARTIN (*Essex East*): No. That is not the one. I will ask you privately later.

Item 243 agreed to.

Item 244. Consultant and Advisory services \$ 762,288

Item stands.

APPENDIX "A"

THE SECRETARY OF STATE

OTTAWA, March 30, 1960.

Mr. Arthur R. Smith, M.P.,
Chairman,
Standing Committee on Estimates,
House of Commons,
Ottawa, Ontario.

Dear Art,

I refer to your letter of February 26, 1960, inquiring as to whether or not this department has implemented or acted upon any of the recommendations of the Standing Committee on Estimates, and to my interim reply of March 11.

On the basis of information provided me by my officials I am now in a position to reply in more detail. The recommendations of your committee, with respect to this department, were five in number, and I shall treat them individually as follows:

1. This recommendation was that, to facilitate comparison between actual expenditures of the previous year and anticipated expenditures for the current year, the actual expenditures of the preceding year be shown in relation to the detailed vote for the department. Naturally, the current year's total expenditures can only be estimated, due to the timing of the estimates preparation. The printed estimates now show the actual expenditures of the whole previous year, the actual expenditures of the current year up to January first and the anticipated expenditures for the remainder of the current year. Now, these figures are of vote totals, whereas I gather that the intent of your committee's recommendation, in its reference to the "detailed vote", is that the expenditures of the preceding year and of the current year should be shown by allotments under the vote, rather than by vote total. I must point out, however, that the estimates presentation by the department to the Treasury Board carries such breakdown by allotments, the omission of which from the printed estimates is required by the Treasury Board in its general directives governing the format of the printed estimates. This recommendation of the Standing Committee on Estimates has therefore been brought by my officials to the attention of the Secretary to the Treasury Board.

2. This recommendation was that, to lessen the gap between the large expenditure on the printing of patents and the revenue from the sale of printed copies of the patents, we increase the sale price per copy to \$1.00. This has been done, effective January 1, 1960. I might say that the department took the opportunity, in making this change, of further amending the scale of fees by increasing certain other fees and charges, and instituting several new charges for services, all of which should result in some further increases in revenue.

3. This recommendation was that immediate attention be given to providing adequate and secure accommodation for the Patent and Copyright Office and the Trade Marks Office. It will be appreciated that the allocation of space is solely the responsibility of the Department of Public Works. My department has for some years been aware of its needs in this respect and has made frequent and earnest representations to the Department of Public Works towards acquiring suitable accommodation, but without much success so far.

4. This recommendation disagrees with the suggestion, advanced by this department and supported by the officials of the Treasury Board that the three existing votes of the Patent and Copyright Office be amalgamated. The sug-

gestion has accordingly been abandoned. However, I know you and your committee will not mind if I offer the observation that the principle apparently advocated by the committee, namely that there should be one vote for each separate administrative responsibility, could, depending on the manner in which it is construed and applied, be said to support the said suggestion for amalgamation. On the other hand, if applied to all departments and agencies and their divisions in the same manner as to the Patent and Copyright Office, it might bring about a considerable increase in the number of votes.

5. This recommendation was to the effect that departments served by the Bureau for Translations be charged for the translation service rendered them. This I suggest raises an issue common to various service agencies in the government organization, which should logically be included in any study of the question. The said common issue pertains to the government's accounting policy with respect to such agencies. At present, I think the Department of Public Printing and Stationery is the only one that operates generally on the charging basis suggested by the committee for the Translation Bureau; the Post Office Department charges other government departments for some of its services only. One department that immediately comes to my mind as one whose services to other departments and agencies are very important, but are supplied free of charge, though they entail considerable expenditures of public funds, is the Department of Public Works. I therefore suggest that the said recommendation has such implications that it is beyond the scope of any one department's purview and should preferably be made to the Government, possibly through the Minister of Finance. In any event, it has been brought by my officials to the attention of the officials of the Treasury Board and I am, furthermore, sending a copy of this letter to the Minister of Finance for his information.

As I mentioned in my earlier letter, I shall be pleased to bear in mind your request that your report be discussed when this department's estimates are before the House.

Yours sincerely,

LEON BALCER,
Acting Secretary of State.

APPENDIX "B"

MINISTER OF DEFENCE PRODUCTION

Ottawa, March 24, 1960.

Ref: 6-1-18

Dear Art:

In response to your letter of February 26th, I have reviewed our position with respect to the recommendations of the 1958 Standing Committee on Estimates.

As you may recall, I reported to the House our progress in implementing a number of these recommendations during consideration of my Department's estimates in Committee of Supply in August, 1958, and July, 1959. These reports will be found in the Hansards for August 9, 1958, pages 3238 to 3240, and for July 8, 1959, pages 5688 and 5699. However, I felt it would be useful to you if I were to summarize the statements I have already made, and bring them up to date, and I attach a memorandum in which this is done.

I trust this will meet the needs of your committee.

Yours sincerely,

Raymond O'Hurley,
Minister.

Arthur R. Smith, Esq., M.P.,
House of Commons,
Ottawa, Ontario.

1. *Destroyer Escort Program*

- (a) It is recommended that a complete study should be made of the naval vessel procurement policy to determine if a more accurate assessment can be obtained of unit costs. The review should include a study of the advantages of the target-plus-incentive system as compared with the cost-plus and/or other type of contractual agreements.
- (b) It is further recommended that the shipbuilding industry be given an opportunity to discuss and make recommendations with regard to methods and means of reducing costs of any further naval construction.

In earlier Destroyer Escort Programs it proved difficult to develop final unit costs speedily. Since then the following has occurred:—

- (a) Components to go into the ships are being procured on other than a cost-plus profit basis. A large percentage of such contracts are on a firm price basis, and others involve target and fixed fee features. These contractual methods make possible the definition of final components costs earlier than under the cost-plus type of contract. They encourage speedier production and reduce the dependence in many cases on completion of audits for determination of costs.
- (b) Simplified accounting measures have been introduced. Components are being procured and paid for centrally rather than being charged to each individual ship. This reduces the difficulty of determining final costs.
- (c) The development characteristics of earlier programs have been reduced. As a consequence costs can be predicted with a much higher degree of accuracy and expenditures are known in a shorter period of time.

- (d) Since the contracts for the ships themselves are subject to audit by the Department of Finance, the final determination of costs must await the completion of audits. Officials of the Audit Service Division of the Department of Finance report that as a result of the factors outlined above they are able to complete final audits more rapidly than in the past.

Target Incentive contracts have been introduced for the Six Destroyer Escorts of the Repeat Restigouche Class and competitive firm price contracts are planned for other new construction such as the Naval Fleet Tanker/Supply Vessel.

In ship repairs, it has not yet been possible to introduce generally firm price or target contracts because of the high degree of unknown work and the short period available for estimating and contracting for such work. However, ship repair contracts now provide for a fixed fee, and in some cases ceiling prices as an incentive to cost reduction by the contractor.

As in the past, the Department of Defence Production has continued to maintain a close liaison with the industry to the end of achieving reductions in cost. Departmental officials have continued to meet on such matters with the Canadian Shipbuilding and Ship Repairing Association.

2. Performance Bonds

It is recommended that the Minister of Defence Production consider the advisability of accepting performance and/or pay-and-performance bonds to secure Department contracts, keeping in mind the lack of protection involving sub-contractors in jobs associated with Crown properties, as well as the need to widen participation in such contracts by smaller companies.

The Cabinet agreed that for a six-month trial period from January 1, 1959, contractors should be given the option of submitting either surety bonds or security deposits to ensure due performance of work on government contracts. This period was subsequently extended to January 1, 1960.

Treasury Board has approved three types of surety bonds which are to be regarded as the standard acceptable bonds for government contracts—a bid bond, a performance bond, and a labour and material payment bond.

3. General

- (a) The Committee is of the opinion that the liaison could be improved between the Departments of National Defence and Defence Production, and that the Government should consider redefining the responsibilities and duties of procurement and inspection officers of the two Departments.

Although there has always been a very close liaison between the Departments of Defence Production and National Defence, there is now an even closer liaison. The procedures which have been established to carry out the Canada-United States production sharing program involve a senior policy committee comprised of senior officials of not only the Departments of Defence Production and National Defence, but also External Affairs, Finance, and the United States Department of Defence, a steering group to handle the coordination of all activities, and a number of working groups consisting of technical personnel to work out the detailed arrangements on specific projects of mutual interest. The officials of the Departments of Defence Production and National Defence are intimately associated in all these activities.

The recommendations of the Estimates Committee, in respect to liaison between the two Departments, has been made the subject of review by officials of both Departments. It would not be practical to deal with all the aspects of the review in this memorandum, however, examples of the liaison between the Departments of Defence Production and National Defence are furnished by the CF-104 Senior Monitoring Group, which is composed of senior officials of the two Departments, and the Ad Hoc Committee—Termination of Arrow Program.

The Deputy Minister of Defence Production has been appointed as a member of the Defence Research Board.

(b) The Committee suggests that the Department of Defence Production keep before it the following general recommendations:—

- (i) That the Department encourage, assist, and coordinate the growth of technical skills and knowledge in Canadian industry as a program of industrial preparedness.

It is departmental policy to develop and protect Canadian defence production capabilities to the greatest extent possible. Although the need for the development of new capacity is now much less than it was some years ago, the continuous change in defence equipment requires that the existing industrial base be maintained in up-to-date condition and adapted from time to time to new requirements.

- (ii) that the Department distribute purchases as broadly as possible in in Canada.

It is desirable on both economic and strategic grounds that defence purchases be distributed as widely as possible throughout Canada. We do and shall continue to consider this factor in awarding contracts within the general context of our desire to base our purchasing on competitive tenders as far as possible and to obtain supplies and services at the best possible prices.

- (iii) That the Department use the maximum of Canadian equipment and parts where possible.

The General Conditions governing departmental contracts provide that to the full extent to which the same are procurable, consistent with proper economy, and the expeditious carrying out of this contract, Canadian labour, parts and materials shall be used in the work. Production programs are continually reviewed to determine whether, as a result of Canadian industrial development, there are items or components which could be manufactured in Canada rather than purchased abroad.

- (iv) that technical assistance presently offered to larger corporations should also be made available to smaller companies.

The Department does not differentiate between large and small companies in considering requests for capital assistance. This assistance issued to provide machine tools and other production facilities needed for the production of defence equipment where there is no commercial application for the plant and equipment involved.

- (v) that Canadian plants should be provided every opportunity to tender on defence contracts.

The Department includes in its list of possible suppliers all Canadian manufacturers who are interested in securing defence contracts and who can demonstrate their ability to do the work required.

At the time of initiation of the Canada-United States production sharing program, the Department had an immediate aim of increasing the participation of Canadian industry in the production and support of North American defence weapons. The Department also adopted a continuing objective which recognizes the long term nature of the problem and looks to the coordination of the defence requirements, development, production and procurement of Canada and the United States in order to achieve the best use of the production resources of the two countries for common defence.

(vi) that development contracts should be available for tooling and product development.

The Department maintains close consultation with the Department of National Defence, which is responsible for the development of new equipment. The defence capabilities of Canadian industry can be kept up-to-date only if there is a continuous flow to it of new equipment plans. This is an integral part of maintaining in Canada the industrial resources needed to meet defence requirements.

In the estimates of the Department of Defence Production for the fiscal year 1959-60, Vote 70 includes the provisions of funds to help offset the disadvantages which may be faced by Canadian manufacturers on United States defence programs covered by production sharing arrangements when competing with United States firms which have had pre-production and tooling costs written off under previous U.S. contracts. Vote 72 provides funds to establish Canadian sources of electronic component parts, and Vote 504 provides funds to support selected defence development programs and thus ensure that existing engineering capacity is maintained to the greatest extent that is practical.

4. *Crown Corporations*

Crown Assets Disposal Corporation

Your Committee regrets that in their opinion Crown Assets Disposal Corporation does not have any clearly defined method or policy respecting the sale of land or properties to municipalities.

5. *General*

It is the opinion of the Committee, therefore, that the Government should consider the advisability of employing an independent business consultant to examine one or more of the Crown Companies.

Upon the recommendation of its Board of Directors, the management of Crown Assets Disposal Corporation engaged the services of a firm of management consultants in 1959 to examine and report on the methods and procedures of the corporation and make recommendations thereon.

Present marketing practices of the corporation were deemed satisfactory by the consultants, but a number of suggestions they made in areas offering opportunities for improvements are being applied on an experimental basis.

APPENDIX "C"

RADIAC INSTRUMENTS

The following shows the approximate number of radiac instruments that are currently held by the Department of National Health and Welfare and the Department of National Defence. It is arranged to depict instruments by appropriate classes and types. Instruments shown for the Department of National Defence are those held for use in Canada only.

A breakdown of instrument totals is as follows:

	Department of National Health and Welfare	Department of National Defence
Calculator, Disc	9,150	3,102
Computer, Indicator	50	423
Detector	50,220	19,438
Dosimeter	7,100	12,554
Dosimeter Charger	350	462
Meter, Survey and Contamination	6,967	1,741
Remote Area Monitoring System		15
TOTAL:	73,837	27,735

A description of each class of radiac instrument follows:

Calculator, Disc

An instrument used to calculate future radiation intensities or dose rates.

Computer Indicator

An electronic instrument used to read a phosphate glass type dosimeter.

Detector/Dosimeter

Personal protection instrument designed to indicate the total amount of radioactivity that has been accumulated by the wearer.

Charger, Dosimeter

An instrument used to charge (zero) training and operational dosimeters.

Meter, Survey

An instrument used to measure the dose rate of, normally, gamma rays in roentgens or milleroentgens per hour.

Meter, Contamination

An instrument used to detect small amounts of gamma rays and beta particles on clothing and food or in liquids in roentgens or milleroentgens per hour.

Radiac Set, Monitoring

A remote reading device used to measure the dose rate of, normally, gamma rays.

Remote Area Monitoring System

A remote device used to indicate, at a point not exposed to contamination, the presence of radioactive material emitting gamma radiation at another location.

FEDERAL GOVERNMENT HOLDINGS OF RADIAC INSTRUMENTS

Description	Training or Operational	Type/Model	Department of National Health and Welfare	Department of National Defence			Remarks	
				Navy	Army	Air Force		
Calculator, Disc.....	T & O		9150	102	3000		An instrument used to calculate future intensities of radiation or dose rates.	
Computer, Indicator.....	T & O	CP9A/PD	50	36	221	166	An electronic instrument which is used to read a phosphate glass dosimeter.	
Detector, Radiac, Tactical Dosimeter	T & O	DT60.....	50000	2200	5000	12238		
		(Non-irradiated)						
		DT60/PD.....	220					
		(Irradiated)						
Charger, Radiac, Detector, Technical Dosimeter Charger, Radiacmeter Charger, Radiacmeter Charger, Dosimeter	T & O	Victoreen 561		49	169	68	An instrument used to charge (zero) training and operational dosimeters.	
		PP1578/PD				155		
		Beckman				21		
		Bendix—CDV-750 Mod. 643	100	350				
		CDV-750 Mod. 3	250					
Dosimeter, Radiological..... (Pocket)	T O O O T	6665-110001 (0-5R).....	400				Personal protection instrument designed to indicate the total amount of radioactivity that has been accumulated by the wearer.	
		6665-110003 (0-50R).....	201			90		
		CDV-740 Mod. 619 (0-100R)..	3299	7100				
		CDV-730 Mod. 622 (0-20R)...	1000					
		CDV-138 (0-200MR).....	2200					
Radiacmeter, Tech. Dosimeter	T O O O	1M5006/PD (0-500MR)		156	2363		1007	
		1M5002/PD (0-10R)		156	418	1749		11129
		1M93/UD (0-600R)		106		7017		292
		Model 102 (0-200MR)						625
Radiacmeter, Pocket, Self- Reading	O							

Meter, Survey.....	O	P.R.-5A.....	114					A survey meter is used to detect and measure the dose rate of, normally, gamma rays.
	O	CDV-720 (0-500R).....	1000					
	O	SU-10 (0-50R).....	7					
	O	FA-161-A.....	100					
	O	FA-142-A.....	100					
	O	CDV-710 Mod. 3 (0-50R).....	2500	6967	113	130	543		64
Meter, Survey, Contamination	O	Probes Alpha.....	100					A Contamination Meter is used to detect small amounts of gamma rays and beta particles, normally on clothing and food or in water
	T	CDV-700 Mod. 3 (.5-50MR).. (Non-Transistorized)	200					
	T	CDV-700 Mod. 4 (.5-50MR).. (Transistorized)	2750					
Meter, Contamination.....	T	EA-141-B.A.....	100					
Radiacmeter, Gamma Survey	T	1M 5003/PD		90		447		62
	T	1M 5004A/PD				116		
	T	Victoreen Mod. 592A			213	12	658	
Radiacmeter, Contamination	O	AN/PDR27-G				9		133
	O	1M 5005/PD		123		74			71
Radiac Set, Monitoring.....	O			14				A remote reading device used to record radioactivity dose rate.
Remote Area Monitoring System	O					1		A device used to indicate, at a point not exposed to contamination, the presence of radioactive material emitting gamma radiation at another location.

ESTIMATES

HOUSE OF COMMONS

Third Session—Twenty-fourth Parliament

1960

STANDING COMMITTEE

ON

ESTIMATES

Chairman: ARTHUR R. SMITH, Esq.

MINUTES OF PROCEEDINGS AND EVIDENCE

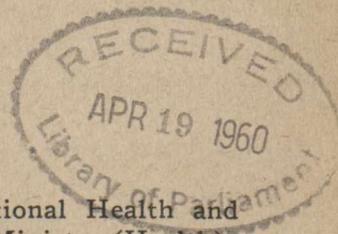
No. 10

THURSDAY, APRIL 7, 1960

Estimates of the Department of National Health
and Welfare 1960-61

WITNESSES:

The Honourable J. Waldo Monteith, Minister of National Health and Welfare; *assisted by* Dr. G. D. W. Cameron, Deputy Minister (Health); Dr. K. C. Charron, Director, Health Services Directorate; Dr. G. E. Wride, Principal Medical Officer, National Health Grants; and Dr. E. H. Lossing, Medical Officer, Health Insurance.



STANDING COMMITTEE ON ESTIMATES

Chairman: Arthur R. Smith, Esq.,

Vice-Chairman: Ernest J. Broome, Esq.,

and Messrs.

Argue,	Fleming (<i>Okanagan-Revelstoke</i>),	McGregor,
Anderson,	Fortin,	McIllraith,
Baldwin,	Gillet,	McMillan,
Benidickson,	Grafftey,	McQuillan,
Best,	Hales,	More,
Bissonnette,	Halpenny,	Parizeau,
Bourbonnais,	Hellyer,	Payne,
Bourdages,	Horner (<i>Jasper-Edson</i>),	Pickersgill,
Bourget,	Howe,	Pigeon,
Brassard (<i>Lapointe</i>),	Jorgenson,	Pugh,
Bruchési,	Korchinski,	Ricard,
Cardin,	MacLellan,	Richard (<i>Kamouraska</i>),
Caron,	Martin (<i>Essex East</i>),	Rouleau,
Carter,	McCleave,	Skoreyko,
Cathers,	McDonald (<i>Hamilton South</i>),	Stewart,
Clancy,	McFarlane,	Stinson,
Coates,	McGee,	Thompson,
Crouse,	McGrath,	Vivian,
Dumas,		Winch,
Fairfield,		Winkler.

J. E. O'Connor,
Clerk of the Committee.

MINUTES OF PROCEEDINGS

THURSDAY, April 7, 1960.

(11)

The Standing Committee on Estimates met at 9.50 a.m. this day. The Chairman, Mr. Arthur Smith, presided.

Members present: Messrs. Argue, Anderson, Benidickson, Best, Bissonnette, Broome, Carter, Cathers, Clancy, Fairfield, Hales, Halpenny, Horner (*Jasper-Edson*), Jorgenson, Korchinski, McCleave, McDonald (*Hamilton South*), McFarlane, McGee, McGrath, More, Smith (*Calgary South*), Winch and Winkler.—24.

In attendance: The Honourable J. Waldo Monteith, Minister of National Health and Welfare; Dr. G. D. W. Cameron, Deputy Minister (Health); Dr. K. C. Charron, Director, Health Services; Dr. E. H. Lossing, Principal Medical Officer, Health Insurance; Dr. G. E. Wride, Principal Medical Officer, National Health Grants; Mr. C. A. Keedwell, Executive Assistant to the Minister; and Miss O. J. Waters, Departmental Secretary.

The Chairman observed the presence of quorum and remarked on the delivery and distribution of the printed copies of the Committee's proceedings.

He announced that on Tuesday, April 12th the Committee would again consider Item 255—Civil Defence Health, Welfare and Training Services, and that the Honourable George R. Pearkes would be in attendance.

Item 244—Consultant and Advisory Services—was called.

Dr. Cameron asked that the second last line on page 249 of the Committee's printed record be altered to read "One hundred micro-microcuries per gram of calcium".

Agreed,—To print answers to certain questions asked at previous meetings of the Committee.

Following the questioning of Dr. Cameron, Item 244 was adopted.

Item 245—Laboratory and Advisory Services—was called, and following the questioning of Dr. Cameron, was adopted.

On Item 246—To authorize General Health Grants—Mr. Monteith and Drs. Cameron, Charron, Wride and Lossing answered questions.

At 11.02 a.m. the committee adjourned to meet again on Tuesday, April 12, 1960.

J. E. O'Connor,
Clerk of the Committee.

EVIDENCE

THURSDAY, April 7, 1960.

9:30 a.m.

The CHAIRMAN: Good morning, gentlemen. We have a quorum after waiting twenty-two minutes. This does point out the ridiculousness of the situation where we have six committee meetings all at one time. I can assure you the Chair is going to request the whip's office call another meeting to see if we can arrange the times so that we do not conflict one with another. We have here this morning something like 14 officials of the department, and it is very unfortunate we have to delay this long.

Gentlemen, at the last meeting a point of order was raised by Mr. McGrath concerning the delivery of the minutes of proceedings and evidence. I checked into it. I find that No. 8 was delivered last Friday for the previous Thursday's meeting. The post office assures me that the minutes of proceedings and evidence were in the boxes of the members on Friday so that if you did not receive this it must have been the exception rather than the rule. In any event I have the delivery slip here showing the time it was delivered. I have asked specifically if they would check to determine why you did not receive your copy.

Today we have with us the same witnesses. Perhaps you will recall we have item 244 under consideration.

Before proceeding, perhaps I should mention that at our next meeting on Tuesday we would like to finish the item on civil defence. At that time General Pearkes will be with us again. That is item 255.

In the meantime I suggest we proceed with item 244, which is consultant and advisory services. I believe before doing that I should ask Dr. Cameron to make a correction which I believe he has.

Dr. G. D. W. CAMERON (*Deputy Minister, Department of National Health and Welfare*): Mr. Chairman, at page 249 of the minutes of proceedings and evidence, the second line from the bottom, I gave the answer 80 micromicrocuries per gram of calcium. That should read in the context of that discussion "100 micromicrocuries per gram of calcium."

The CHAIRMAN: Thank you. I believe there are some replies which, with your permission, we will table as part of the evidence.

Gentlemen, the details of item 244 are to be found at page 334.

Mr. HORNER (*Jasper-Edson*): In respect of this item I would like to ask if the consultant in hospital construction is included.

Hon. J. W. MONTEITH (*Minister of National Health and Welfare*): Yes.

Mr. HORNER (*Jasper-Edson*): What range of services are available under hospital construction?

Mr. MONTEITH (*Perth*): I will ask either Dr. Cameron or Dr. Charron to answer.

Dr. CAMERON: He is with us to advise and assist provincial departments of health in respect of problems they may have. He is also to advise us in connection with our hospital construction grant. All applications for assistance under that grant are reviewed by Mr. Hughes, who is an architect. He recommends as to the extent of the grant and also assists with comment or advice if requested by provincial officials.

Mr. HORNER (*Jasper-Edson*): Thank you.

The CHAIRMAN: Any further questions? Shall the item carry?

Item agreed to.

Item 245 Laboratory and advisory services\$ 1,880,791

The CHAIRMAN: The details are on page 335.

Mr. CARTER: You have quite a big staff for this service, 283 as against 267 last year. Is there any special reason for the increase?

Dr. CAMERON: I may say, Mr. Chairman, that this vote includes the laboratory of hygiene, the public health engineering division, the occupational health laboratory and the radiation program. The increases under it probably result from the increase in the scope of our radiation program work.

Mr. CARTER: Are all these people here in Ottawa or are they distributed across Canada?

Dr. CAMERON: They are here in Ottawa.

The CHAIRMAN: Any further questions?

Mr. KORCHINSKI: Would you briefly outline some of the work of the consultant on atmospheric pollution?

Dr. CAMERON: He assists the provinces. That is his principal work. He assists the scientists who are advising the International Joint Commission. He will assist other people who require special advice in pollution problems. For example, the Canadian National Railways had a particular problem in a tunnel relating to the use of diesels in that tunnel, and our consultant guided them in setting up an examination of that particular situation and advising them on the analysis of the results. He is a consultant.

Mr. CHAIRMAN: Any further questions on the item?

Mr. FAIRFIELD: What are the professional and special services under this grant?

Dr. CAMERON: The professional and special services, that vote would cover payments to people from outside the department. At the present time most of our work in parasitology is being carried out under an arrangement with Macdonald college in Quebec. Dr. Cameron down there is virtually our specialist in parasitology at the present time. There is \$10,400 there. We also have \$21,800 for the services of the corps of Canadian commissionaires.

Then there is under special services, collection of samples for radio-chemical and physical analysis for radioactivity. There is payment for procurement of samples for certain work we are doing in the far north. This is for payment for services of people outside.

Mr. FAIRFIELD: You pay the expenses of the advisory board. Could we have a list of the members of the advisory board from the provinces?

Dr. CAMERON: For the whole department, you mean?

Mr. FAIRFIELD: You have an advisory board, consisting of members appointed by each province, have you not?

Dr. CAMERON: The main advisory board is sitting at the present minute, the Dominion Council of Health. It is made up of the ten provincial deputy ministers of health plus five appointees at large. It is authorized by the act establishing the department.

Mr. FAIRFIELD: Could we have the names of the five who have been appointed at large?

Dr. CAMERON: Dr. Defries, the scientific adviser; Mr. Cross from Calgary, representing agriculture; Mr. Bruce, representing labour; Dr. Larochelle, representing French-speaking women; and Miss Campbell, who is a nurse and represents English-speaking women, and the additional members are the ten representing the provinces.

Mr. CARTER: These laboratories, are they purely for diagnostic purposes?

Dr. CAMERON: No, sir.

Mr. CARTER: Do they do any work on the testing of drugs?

Dr. CAMERON: The testing of drugs is carried out under a later vote, under a vote on drugs and foods. They have their laboratories, too.

Mr. CARTER: That is a separate laboratory?

Dr. CAMERON: That is a separate laboratory.

These laboratories with the Health Services are; the laboratory of hygiene which is the central national public health laboratory where they examine specimens and do the work on the virus in connection with polio vaccine. The occupational health people are concerned about the situations in industry in regard to gases, vapors, dusts, and so on; and radiation protection we have already discussed.

The CHAIRMAN: Any further questions on item 245? Does it carry?

Item agreed to.

Item 246 To authorize general health grants to the provinces, the Northwest Territories and the Yukon Territory upon the terms and in the amounts detailed in the estimates and under terms and conditions approved by the governor in council including authority, notwithstanding section 30 of the Financial Administration Act, to make commitments for the current year not to exceed a total amount of \$63,591,941\$ 42,000,000

The CHAIRMAN: Mr. Minister, I am going to suggest to the committee that as this item represents better than two-thirds of the department, that perhaps you might like to make an introductory comment, particularly in relation to the demand for hospital accommodation throughout the country, which affects every municipality and every province. Would you like to comment on it? I realize the construction funds follow.

Mr. MONTEITH (*Perth*): At page 13 of my original statement I made some remarks on the national health grants, and on page 15 there is a table showing the re-alignment of the grants this year. Since 1948 there have been a number of changes in the over-all structure, including the hospital construction grant. As you will remember, on January 1, 1958, the hospital construction grant was increased. The re-alignment of the other grants was arrived at over years of discussion with this very body that is sitting today, the Dominion Council of Health, which is representative of all the provinces, and as their needs in certain fields are taken into consideration.

The statement, I think, pretty well covered this situation. I would say a word about the spending. If you look at page 339 of your estimates book, the amount committed in any one year is not the same as the amount spent. It has been more than the amount spent. These grants have gone in cycles of five years. The hospital construction grant, I am sorry, is the one that has gone in a cycle of five years, and at the end of each five-year period, while there may have been some change made in the amount, in the terms and so on, it has been carried forward so that unexpended commitments are made in subsequent years.

As far as the details of the changes from one grant to another are concerned, as illustrated on page 15, this was dealt with to a small degree on the opening day of the committee, but my officials here would be very happy to

go into some of the details as to why these changes were made and why the provinces recommended certain re-alignments in the grants.

The CHAIRMAN: Gentlemen, we will take the sequence of the grants in the order as they are shown in the estimates book. We will deal with hospital construction grants first.

Mr. FAIRFIELD: I would like to know what increase in hospital bed capacity there has been in the past three years, that is, in general, not counting mental or t.b.

Mr. WINCH: And while we are actually on the grants, Mr. Chairman, what information could be given on requests that have come in for hospital grants and the construction of chronic hospitals, and have any grants been made in that regard for construction?

Mr. MONTEITH (*Perth*): Yes, Dr. Wride would have figures on that, would you not?

Dr. K. C. CHARRON (*Director of Health Services Directorate*): I think we would probably have to get those figures for Mr. Winch, if he wanted precise figures. But in a general way we have received projects relating to chronic institutions since the start of the program and there is an indication that there is an increasing emphasis on requests for these facilities.

Mr. WINCH: That is the reason I would like the information, because I am convinced that we can save a lot of the taxpayers' money if we can get people out of the general hospitals and into the chronic hospitals, where they belong. I was hoping there was an increase in that direction.

Mr. MONTEITH (*Perth*): I am inclined to agree with that, Mr. Winch.

The CHAIRMAN: Mr. Cathers?

Mr. CATHERS: I will hold my question until Mr. Fairfield's question is answered, because I think his question will cover mine.

Mr. CARTER: Mr. Chairman, what is our national position at the moment? Are we lagging very far behind in meeting our requirements for hospital beds as our population increases?

Mr. MONTEITH (*Perth*): There has been a great increase in hospital beds since the hospital construction grant was first brought in, in 1948.

Mr. CARTER: Are we filling the gap?

Mr. MONTEITH (*Perth*): We have some figures. Since the origination of the hospital construction grant the actual increase in beds is as follows: this is across Canada and actually we have it here by provinces, too.

For active treatment 50,079.

For chronic and convalescent—this is at February 29, 1960, by the way—

Mr. CARTER: This is increases?

Mr. MONTEITH (*Perth*): Yes. Chronic and convalescents, 8,108.

Mental, 20,319.

Tuberculosis, 5,298.

A total of 83,804.

Then, there are bassinets in the picture, 10,826; nurses' beds, 16,765; internes' beds, 425, and bed equivalents, which is treatment area space—

Mr. CARTER: What I was interested in, Mr. Chairman, was whether these increases are filling the gap, because our requirements are increasing as our population increases. Are we filling the gap or just holding our own?

Mr. MONTEITH (*Perth*): My feeling is we are gradually catching up to the picture. When it was first started in 1948 we felt that our construction grant was an incentive to assist in filling this gap. Certain provinces, of course, have

taken the lead in this, and advanced faster than other provinces. Certain other provinces have come along recently and we are having more demands for beds from them now. But I feel that the construction grant, while there is still a great need for beds, is helping to fulfil its purpose.

Mr. CARTER: Is there any increase in cottage hospitals in other parts of Canada than Newfoundland?

Mr. MONTEITH (*Perth*): We do not call them that in any other province. Dr. Wride has the correct terminology.

Dr. G. E. WRIDE (*Principal Medical Officer, Grants Program*): There are all sizes of hospitals, and there has been a general increase in the number of all the different sizes. Cottage hospitals would correspond to a small hospital, perhaps 10, 15 or 20 beds.

Mr. MONTEITH (*Perth*): I think it is true to say if there is a trend, it is away from the very small hospital.

Mr. HORNER (*Jasper-Edson*): I wonder if the officials could give us any estimate as to what they consider is the optimum number of beds per 1,000 or 10,000 population and what is the situation in the various provinces with regard to reaching this optimum number of beds per population.

I wonder also if we could have some information with regard to what the position is of the construction grant. I understand these grants from the federal government are unconditional, are they not? In other words, the provinces do not have to give an accounting?

Mr. MONTEITH (*Perth*): Oh yes they do.

Mr. HORNER (*Jasper-Edson*): Including the increases?

The CHAIRMAN: I wonder if we could give that information you wanted, Dr. Horner.

Mr. MONTEITH (*Perth*): Maybe Dr. Charron could say something on it right now.

Dr. CHARRON: There have been various figures developed to indicate the adequacy of hospital beds in particular situations. These figures can only be used as guide figures because there are several variable factors. For example, the requirement for beds in a relatively small community, where the hospital is limited in its scope, would be lower than where you have a situation where a hospital is actually serving as a regional hospital and is getting patients from the surrounding community.

Another factor which affects this bed requirement is whether a hospital is a teaching hospital or not. In teaching hospitals it is generally recognized that the length of stay is somewhat longer than in non-teaching institutions. These various factors do affect the number of beds that are needed for a particular community. The preference is that rather than work on guide figures or use them too precisely the alternative would be to carry out a detailed study of a community which would give you population trends, the way the hospital is used in connection with the surrounding community, the pattern of medical practice in that particular area and these factors would give you a better assessment of your actual hospital needs.

However, there are some guide figures that are used and these are usually related to hospital beds per 1,000 of population. The figure that is usually used is 5 to 5.5 active treatment beds per 1,000 of population—and 1 to 2 beds per 1,000 of population for chronic care.

Mr. HORNER (*Jasper-Edson*): Could we have the figures as to what the situation is now in the various provinces?

Dr. CHARRON: We can get these figures for you.

The CHAIRMAN: They will be obtained.

Mr. HORNER (*Jasper-Edson*): Perhaps we could have them for 1948 as well, so that we could see the increase.

The CHAIRMAN: Yes.

Mr. CATHERS: You gave those figures of the increases since the time the grants were inaugurated. What date was that?

Mr. MONTEITH (*Perth*): 1948.

Mr. CATHERS: Have you got the percentage increase?

Mr. Monteith (*Perth*): Well, that applies to the question that was asked by Dr. Horner as to the number of beds. No, his was so many per thousand, but the percentage of increase since 1948 could be obtained at the same time.

Mr. MORE: You would have to relate it to population increase, would you not, to get a comparison that would be worth anything?

Mr. CATHERS: Not my figure. Mine is just what is the percentage increase since 1948 in hospital beds.

The CHAIRMAN: Is that understood?

Dr. CHARRON: Yes, that is understood.

Mr. CATHERS: What, in the opinion of your department, is an efficient size of hospital—300 beds, 400 beds?

Mr. MONTEITH (*Perth*): I will let the technical people answer that question.

Dr. CHARRON: Mr. Chairman, there have been figures developed, but again I think you have a good number of variables that have to be taken into account. But it is usually said that the efficient unit as far as hospitals are concerned is anywhere from 200 to 500 beds. You can have a large hospital but the 200-bed hospital allows you to have and to fully utilize the various specialist and consultant services. This allows for a sound administrative organization and it is also economical.

Mr. WINCH: I wish you could sell that principle to Vancouver.

The CHAIRMAN: Further questions?

Mr. BROOME: Did the minister not state that tuberculosis beds had increased by 5,000?

Mr. MONTEITH (*Perth*): 5,298.

Mr. BROOME: I wonder where that increase took place. From my knowledge of tuberculosis facilities in my province, they have closed one tuberculosis hospital down and they are running the other at half capacity.

Mr. MONTEITH (*Perth*): This goes back to 1948. When was the last date we actually had an increase in tuberculosis beds?

Dr. CHARRON: A number of years ago.

Mr. BROOME: This is not the recent increase?

Mr. MONTEITH (*Perth*): No, this goes back 10 or 12 years.

Mr. KORCHINSKI: I am wondering if we could have a table prepared showing where money was spent, the location of the hospital for new construction, the number of beds in each case, the renovation and the number of beds in cases like that, and for various districts all across Canada?

Mr. MONTEITH (*Perth*): Yes, we can get that, Mr. Korchinski.

Mr. WINKLER: Do you have any consulting service for designing, when a municipality is constructing a hospital, to advise in connection with the design of the new construction? Do you have any item or any particular picture that is presented to you?

Dr. CAMERON: The way we approach that, since our staff is limited to one senior architect, is that when a community wants to discuss a hospital

we can arrange to have Mr. Hughes discuss it with them. Then, when they hire their architect and the architect designs something Mr. Hughes can comment on it. That is as far as we feel we can go unless we get into the job of being architects.

Mr. WINKLER: Do the provincial governments supply any service in this regard?

Dr. CAMERON: Yes, they do.

Mr. WINKLER: Do you allow the inclusion of chronic beds in a general hospital to be included in the over-all picture of service to a community and those grants are in excess of ordinary beds?

Dr. CAMERON: The grants at the present time are the same as for ordinary beds, that is, since the change from \$1,000 to \$2,000. Before that there was a differential of \$500 in favour of the chronic bed.

The CHAIRMAN: Could I ask, Dr. Cameron, the total number of beds in Canada estimated that are required? That is, these are requests by provinces. Can you give any indication of the demand from provinces that the municipalities have indicated we are today short?

Dr. CAMERON: We have not figures of that kind. The figure we gave you was the number that have been supported under the grants. We undertook to provide a table showing the existing beds and the demand, according to the formula.

The CHAIRMAN: Perhaps if I could reword it, Mr. Minister. We have, as an example, in City A, a statement by the hospital board which may be, of course, exaggerated, that they are short X number of beds. Have you any rough survey in Canada of the view of the municipalities and in turn the provinces of their estimates of shortages?

Dr. CAMERON: No, we have not. We like to leave that sort of thing to the provinces, especially since now in nine provinces there are hospital authorities responsible for operating hospital insurance.

Mr. HALES: Having been late, I am not sure you have passed this vote or not. I was interested to know if the civil service health service comes under your department?

Mr. MONTEITH (*Perth*): Not the insurance.

Mr. HALES: No, I mean a set-up where a civil servant can go for diagnostic treatment?

Dr. CAMERON: It comes under a later vote.

Mr. BENEDICKSON: What about the new one? Is that under the same vote?

Mr. MONTEITH (*Perth*): No, that is finance, Mr. Benidickson.

Mr. MORE: Mr. Chairman, I was wondering on these hospital bed projects whether the original approval comes from the provinces?

Mr. MONTEITH (*Perth*): Yes.

Mr. MORE: Do you accept the provinces' recommendation?

Mr. MONTEITH (*Perth*): We examine each project ourselves to see if it comes within the terms of our application of funds.

The CHAIRMAN: May I ask if any have been turned down?

Mr. MONTEITH (*Perth*): I would have to ask the officials.

Dr. WRIDE: Not many. Some have been on the advice of the province itself and some on the advice of Mr. Hughes, our architect.

Mr. MONTEITH (*Perth*): How many?

Dr. WRIDE: Three or four—not many.

Mr. MORE: I am speaking about bed capacity. If the province O.K.'s a municipal project and sends it to you, and they approve it, is it accepted?

Mr. MONTEITH (*Perth*): We accept it.

Mr. FAIRFIELD: What has been the increase in the cost of hospital construction per bed on an average basis since 1948?

Dr. WRIDE: Very roughly the average increase might be from \$8,000 to, say, \$14,000 or \$15,000. This is very rough.

Mr. FAIRFIELD: In fact it is almost 100 per cent.

Dr. WRIDE: Say \$20,000 a bed down to perhaps \$6,000 or \$7,000 a bed, depending on the facilities.

Mr. CATHERS: Could you give me the cost of constructing a general hospital per bed, the cost of constructing a chronic hospital, and also the cost per day of operating them?

Dr. WRIDE: I do not think we should give the operating cost. This is a figure compiled by the province, but the cost of construction is usually more if you have an acute bed rather than a chronic bed. If you have a well equipped chronic bed its cost might approach that of an acute bed.

The CHAIRMAN: This is Dr. Wride. I apologize, I should have introduced him.

Mr. CATHERS: You say you would not give the cost of operation per day, but I am very interested in this fact because I am on the board of our local hospital and the cost of operating this chronic hospital, as compared to a general hospital, is very imminent at the present time. We are in the process of building an addition.

The CHAIRMAN: I think we should have you as a witness, Mr. Cathers. Do you wish to make further comments, Dr. Wride?

Dr. WRIDE: No.

Dr. E. H. LOSSING (*Principal Medical Officer, Health Insurance*): The question was the approximate cost of operating a chronic bed as compared to the cost of operating an acute bed?

The CHAIRMAN: Correct.

Dr. LOSSING: I would say the chronic bed depends on the circumstances and would range from \$4, \$4.50 to \$9, whereas the acute bed would depend on many factors, too, but it would range from, say, \$15 to \$20 or \$22 per bed.

The CHAIRMAN: I wonder, Mr. Minister, if you would give us the positions of Dr. Wride and Dr. Lossing?

Dr. CHARRON: Dr. Wride, Mr. Chairman, is principal medical officer of the national health grant administration, and Dr. Lossing is principal medical officer, health insurance.

The CHAIRMAN: It is nice to have you with us, gentlemen.

Mr. BROOME: I wonder if the officials at any time, not necessarily now, but some time, could give us something that could go into the minutes showing the total amount of money over the last five years by provinces paid under these grants?

Mr. MONTEITH (*Perth*): Yes, we would be happy to.

The CHAIRMAN: Any further questions?

Mr. WINKLER: Mr. Chairman, I am wondering if any consideration has been given to the possibility of approving nursing homes, to relieve the pressure in regard to this, under the hospitalization scheme, to relieve the pressure for chronic beds?

Mr. MONTEITH (*Perth*): Would you explain the situation, Dr. Charron? This is really a provincial matter, but I think I will ask Dr. Charron to say a word on this situation.

Dr. CHARRON: Yes, Mr. Minister, as you have said, this is really a provincial matter. There has been consideration for the inclusion of certain select nursing homes that are capable of providing a hospital type of service. Certain of the provinces have included these under the hospital insurance program.

Mr. MONTEITH (*Perth*): I think the answer to Mr. Broome's question is to be found in the public accounts.

Mr. BROOME: No, not for five years.

Mr. MONTEITH (*Perth*): Oh, excuse me. We can get that.

The CHAIRMAN: Gentlemen, you have been dealing with hospital construction grants. If you turn to page 338 you have also touched on general public health grants to assist in extending and improving health services. Are there any further questions on this item?

Mr. HORNER (*Jasper-Edson*): Could we have a little further information as to how this public health grant is made? Who gets this grant—the provinces, or is this one that is on a dominion-wide basis?

Dr. CAMERON: The basic requirement of all these grants is that they go only to the province. Every expenditure on grants must go through a province with their signature. The general public health grant is based on the amount of 80 cents per capita of population, and the fund, after providing a minimum of \$50,000 to each province, is divided on a population basis among the provinces and the Northwest Territories.

Mr. HORNER (*Jasper-Edson*): Are any of these public health grants given to dominion organizations such as the safety council and so on?

Dr. CAMERON: Not directly. The grants may assist the programs that they are sponsoring.

Mr. HORNER (*Jasper-Edson*): In each individual province?

Dr. CAMERON: Yes. But again it must come from the individual province.

Mr. BENIDICKSON: How long has the grant been on a basis of 80 cents?

Dr. CAMERON: This relates to the reorganization. The grants were reorganized as of this current year. Prior to that it was 50 cents, but under the reorganization it is 80 cents.

Mr. CARTER: With regard to hospital construction, on your grant on beds is there a limit in any one year on the amount you pay to a province?

Dr. WRIDE: The money is distributed on the basis of population in any one year.

Mr. CARTER: Per bed?

Dr. WRIDE: There is a total amount of over \$17 million annually, which is distributed among the provinces on a population basis. Against that proportion each province may submit projects for hospital construction. Because construction takes several years, and the claims are submitted in quarterly amounts, that is, 25 per cent. Money is carried over from previous years, so you will find the estimate this year for the hospital construction grant is over \$26 million, carrying a re-vote from this year to meet claims coming from subsequent years.

Mr. CARTER: This \$17 million, is that a statutory figure? How is it arrived at?

Mr. MONTEITH (*Perth*): It is a vote in the estimates. There is no statutory provision for it.

Mr. CARTER: It is just the total aid up to the requirements of an allocation for any particular year?

Mr. MONTEITH (*Perth*): That is right.

Mr. CARTER: That becomes the figure for that year?

Mr. MONTEITH (*Perth*): Yes.

Mr. CARTER: I was just going to ask if a province could not meet its requirements in one year, if it could not then take full advantage, could it take extra advantage in a subsequent year?

Dr. CHARRON: The answer is yes, Mr. Chairman.

Mr. BENIDICKSON: In the case of each project the province not only administers the project, but it would be obligated to contribute financially to the project on at least an equal basis?

Dr. WRIDE: At least as much as the federal amount. That is, federal contribution to that project must be at least as much as the province's. In fact, they may give more.

Mr. KORCHINSKI: In the case of grants, are these grants paid out before the construction is done, or is an interim payment made, or is a payment made on the completion of construction?

Mr. WRIDE: There are interim payments on a quarterly basis.

Mr. HORNER (*Jasper-Edson*): Concerning this public health grant, is that a provincially matched grant too?

Mr. WRIDE: No.

Mr. KORCHINSKI: My question, under the cancer control grant—

The CHAIRMAN: Let us go to the tuberculosis before we go on to any question of the cancer control grant. T. B. control and the mental health grant to assist in an extended program for the prevention and treatment of mental illness.

Mr. CARTER: Are these grants used, or can they be used to provide these antibiotic drugs?

Dr. CAMERON: Yes.

The CHAIRMAN: Cancer control, Mr. Korchinski?

Mr. KORCHINSKI: Under the cancer control grant, are operations covered in this grant?

Mr. WINCH: How about the mental health grant?

Mr. CHAIRMAN: You are quite right, Mr. Winch, and I will come back to that.

Mr. KORCHINSKI: Under the cancer control grant, does the grant cover operations, if required?

Dr. WRIDE: Do you mean surgical operations?

Mr. KORCHINSKI: Yes.

Dr. WRIDE: Our contribution is towards the provincial cancer control program. If the provincial program includes surgical operation benefits, then we share with the province in the providing of those benefits, within the limits of the money available.

Mr. KORCHINSKI: Are there any provinces which have such a program?

Dr. WRIDE: Yes, most provinces have it, to some degree. Saskatchewan has a pretty full program in this field.

The CHAIRMAN: Any further questions on cancer control? If not, let us go back to the item above, mental health grant.

Mr. WINCH: I believe the minister was going to make a statement on that, on account of the seriousness of the situation.

Mr. MONTEITH (*Perth*): Mr. Chairman, yes, I was. Actually not too long ago, and I do not like to put it on this basis, but I did make a speech on this in Stratford, and excerpts from the speech are available, if the committee would like to have them—not that I am trying to peddle my speeches, but it just looked to be the easiest way of presenting a more or less comprehensive picture of the situation.

The CHAIRMAN: Would you like to have that, and the information can be tabled? Then you could have an opportunity to question the minister on it later.

Agreed.

The CHAIRMAN: Further questions on the item?

Mr. CARTER: Is this mental health?

The CHAIRMAN: Yes.

Mr. CARTER: Is the department giving any special consideration to the problem of mentally retarded children? Apparently, this problem is now beyond the power of most provinces. Some provinces have no facilities at all, and even a province like Ontario has found its facilities overcrowded.

Mr. MONTEITH (*Perth*): Mr. Chairman, this problem has been receiving increasing attention over the years, and I think that I would ask Dr. Wride to illustrate just how we have been sharing in that increased problem.

Dr. WRIDE: Wherever a province has gone into this field, through the construction of facilities and the development of local community facilities within its mental health program, we have used funds under the mental health grant for this purpose.

Mr. CARTER: But I am thinking about problems and cases where the provinces cannot do anything about this at all.

Dr. WRIDE: There is a difference, perhaps, between the educational approach and the health treatment approach. Our assistance is with the health treatment approach, and not the educational.

Mr. CARTER: You have it here, "including rehabilitation." I should think that would include the rehabilitation of children as well as adults?

Dr. WRIDE: That is true.

Mr. CARTER: I am concerned with institutes that will take care of mentally retarded children who require special institutions, and specially trained people.

Dr. WRIDE: Mr. Chairman, there has been an institution of this type, I believe, in Moose Jaw, Saskatchewan, where we have provided substantial assistance for equipment and personnel, and in the general rehabilitation of the persons in it.

Mr. CARTER: Has that been provided on the request of the province?

Dr. WRIDE: Yes.

Mr. CARTER: Not to private organizations that might be interested?

Dr. WRIDE: Provided entirely at the request of the province.

The CHAIRMAN: I wonder if I may ask you a question in this respect. Unfortunately, there is a number of private institutions which have taken up the slack of, if not providing treatment, at least providing some help to these poor, unfortunate and particularly young people who have not been committed, but are very young. Is not this an area which concerns, perhaps, the department more, in that between the federal government and the provinces these youngsters will somehow have to be given not only treatment but some

attempt at rehabilitation? I believe there is a number of institutions that purely contain them and house them. As a country, are we not hoping that between the two authorities—the provincial and federal authorities—we can begin to move ahead a little faster in providing rehabilitation for them?

Dr. CHARRON: I think this is very much the case, and last year the advisory committee on mental health—which is the advisory committee to the Minister of National Health and Welfare—asked that a study be carried out on the resources and facilities in Canada for emotionally disturbed children. This study was carried out by the staff of our mental health division, and it will be presented to the advisory committee on mental health so that they may appraise the situation, not only with regard to Canada as a whole, but with regard to the resources in individual provinces.

On this committee there are the directors of the mental health services of the various provinces, so that it will be brought immediately to the attention of the provinces as well as to that of the federal government.

Mr. MONTEITH (*Perth*): I think if the members of the committee were to look at page 15 they will see there has been an increase in the mental health grant of over \$1,530,000 this year. This is at page 15 of the chart that is with my original statement, Mr. Carter. It has gone up from \$7,234,868 to \$8,765,391.

Mr. CARTER: What I am concerned about is this, that it appears now the initiative is left with the province on this problem. Many provinces—certainly in the Atlantic region—are not in a position to take the initiative. I was wondering if the federal authorities would not consider it proper that the initiative might be taken by the federal government?

Mr. MONTEITH (*Perth*): Mr. Chairman, I think it should be said that health matters are really a provincial concern, and that the federal government has seen fit, over the years, to enter into it by way of assistance to projects put forward by the individual province. In order to stay within our overall federal picture, I think we pretty well have to adhere to that position.

Mr. CARTER: There are two aspects of this problem: it is not only health, but also rehabilitation.

Mr. MONTEITH (*Perth*): There is a medical rehabilitation grant too.

Mr. CARTER: But I do not think the same argument applies with equal force to the rehabilitation end of it as it does to looking after the general health.

Mr. MONTEITH (*Perth*): I am going to ask Dr. Cameron to explain to you how the provinces and ourselves work in this matter on the advice of the dominion council of health, which is meeting today, and other bodies set up to advise them.

Dr. CAMERON: The only thing I want to add is this, that this problem embraces not only health but also education. This makes it doubly a matter of the most direct concern to the provinces. As far as the grant is concerned, it is not a matching grant. The fund is available there for enterprises the provinces may wish to set on foot. Certainly, as the minister said, our policy is to assist with technical advice, with expert opinion, through committees, and so on; but we do not initiate or direct.

Mr. CARTER: But as you said, it is not a matching grant?

Dr. CAMERON: It is a direct grant.

Mr. MONTEITH (*Perth*): It is still available to the provinces.

Mr. CARTER: But it is what proportion to the total cost to the province? I think that is the stumbling block: the provinces are not in a position to take the initiative in this matter.

Mr. MONTEITH (*Perth*): As Dr. Cameron has pointed out, there are certain monies available to the provinces. If they choose to make use of this money and send in projects, they will be taken under consideration. But I do not feel we should, for argument's sake, undertake, ourselves, a project in Newfoundland or any other province. I understand Dr. Cameron mentioned that Newfoundland is using their mental health grant to very good advantage.

Mr. CARTER: That is the whole point. I am not advocating the federal government should take control of the project, but I do think that they should approach the provinces—especially the provinces who cannot cope with the problem—and this is, I think, one of the most serious health problems we are faced with.

Mr. MONTEITH (*Perth*): The monies are there, if they send in projects.

Mr. CARTER: On what basis would that money be allocated?

Dr. WRIDE: It is distributed on the basis of \$25,000 to each province, and the balance according to population. I may say that all provinces use the mental health grant pretty well to the full each year.

Mr. CARTER: We are already utilizing the grant, say, in Newfoundland, and still are not able to touch this particular problem at all.

Mr. MONTEITH (*Perth*): I think, as was mentioned before, the realignment of these grants has been arrived at after consultation with representatives of all provinces. Incidentally, Mr. Carter, your deputy minister of health is in town today, attending the dominion council of health.

Mr. BENIDICKSON: Mr. Chairman, I believe there is a fair amount of lapsing in connection with these funds. The funds are available, but they are not necessarily taken advantage of.

Dr. WRIDE: That is true, in some cases.

Mr. BENIDICKSON: I wonder if we could have a little table indicating, over a reasonable period of time—say, five years—what was available to each province and what utilization has been made in each province?

Mr. MONTEITH (*Perth*): That could be done.

Mr. KORCHINSKI: I was wondering if the department is aware—

Mr. MONTEITH (*Perth*): May I interrupt? Did you mean under the mental health grant?

Mr. BENIDICKSON: No, I meant in the whole field of health grants, in the various categories, because it is related to population and, therefore, there is a certain rigidity.

Mr. MONTEITH (*Perth*): There is a down-payment of \$25,000 to every province under the mental health grant, and the balance is distributed on a population basis.

The CHAIRMAN: That will be obtained.

Mr. KORCHINSKI: I am wondering if the department is aware of any more construction going on at Moose Jaw rehabilitation centre at the moment? Is there a request by the province for additional services there? I understand the centre is fairly well crowded, and that it is fairly hard to get anybody in there because of lack of space. I am wondering whether they plan an addition to the centre.

Dr. WRIDE: I am not aware of that at the moment, Mr. Chairman.

The CHAIRMAN: I would like to remind the committee that you are looking at estimates of some \$200 million, and the questions are, indeed, very useful; but let us remember we are an estimates committee and we want to examine the estimates as such.

Any more questions?

Mr. ANDERSON: Mr. Chairman, I have been vitally interested in this matter of retarded children for some years. Right at the moment in my constituency of South Waterloo, we have acquired further lands for the erection of a shelter-workshop. This will not be a boarding school. For the benefit of the members of the committee—Mr. Carter in particular—I might mention the fact that in Ontario, at the moment, at the end of 1959 at least, there were 57 associations with 234 teachers, and over 1500 children being looked after. The provincial government grant is \$25 a day for average attendance.

We pioneered the very first brand new building in Canada, I believe, and I have never yet heard that disputed. An experimental school was built for the purpose. We can now, as an association, go into the sphere where we can look after some of these children who have passed 18 years of age, and we have a shelter-workshop and a centre where these older people can come and be looked after during the day.

Would a centre of this particular type, a new building, come under this particular grant; and would the federal government match the provincial government's payment towards a venture of this kind?

Mr. MONTEITH (*Perth*): Mr. Chairman, this is more educational, I believe, but I will ask Dr. Charron to comment on this, if he would.

Dr. CHARRON: Mr. Chairman, I think the way the honourable member described it would indicate that to a considerable extent it fits into the educational field rather than the health field. But the extent to which the facilities might relate to health or rehabilitation services, this might be a possible area of assistance. It would depend on the way the province assessed the project and considered whether it related to a health project warranting support, and forwarded it to the federal government.

Mr. KORCHINSKI: Would that apply also to an organization such as the Red Cross or the Shriners, or anybody who wanted to operate a hospital of that sort?

Dr. CHARRON: It would be necessary for the province to designate any voluntary agency as its agent in this field. Very often they do not do this. We have not been asked to assist, for example, a Shriner's hospital. It remains a private voluntary approach.

The CHAIRMAN: Mr. Anderson?

Mr. ANDERSON: The thought I had in mind was that we had considered the idea of a hospital for mentally retarded children in our particular area. This would definitely come within this particular approach. If our association decided to go ahead and interest the provincial government, you would definitely share in that matter?

Dr. CAMERON: I think this puts us on the spot, and we could not say yes or no till the province has had their opportunity to pass it on.

Mr. ANDERSON: I said, if the province was willing to go along, the federal government would share it?

Dr. CAMERON: It depends on the project. I cannot say "yes" categorically.

Mr. MONTEITH (*Perth*): That is, at this time.

The CHAIRMAN: Yes, Mr. Carter?

Mr. CARTER: My question was practically covered by Mr. Anderson, if I understood his question right. He asked if assistance could be received from the mental health grant towards an institution. My question was going to be: if a province decided to build a special institution for the care, welfare and training of retarded children, could they get assistance, if not under this grant, then under the construction grant?

Mr. MONTEITH (*Perth*): If it is a health facility, I will ask Dr. Wride to comment on it?

Dr. WRIDE: If in the provincial programming and planning for this it is definitely a health facility, then I can see areas where facilities might be provided. If it is purely an educational facility, there might be difficulties.

Mr. CARTER: How could you draw the line between what is health and what is training in the case of retarded children?

Dr. WRIDE: Each province has regulations under its public health act which allow it to designate a certain institution as being for health purposes, others for welfare, and others for educational purposes.

The CHAIRMAN: Gentlemen, we will have a look at professional training grants to assist in an extended program for the training of health and hospital personnel.

Any questions on this item? If not we can continue with public health.

Mr. CARTER: These professional training grants are not available to students?

Dr. CAMERON: Not undergraduate students.

Mr. CARTER: They are to graduates?

Dr. CAMERON: No, it depends on the nature of the training and how you use the word "undergraduate" or "graduate". It is not for university students in the ordinary sense, but is for people being trained for specific jobs in the health program of the province—whether they are doctors, nurses, sanitary inspectors, lab. technicians, and so on.

Mr. CARTER: This might be a hypothetical case, but let us take it. Supposing you have a case where a special health problem existed in some industry, or a mine, could a person be trained under this grant to carry out tests, say, for the safety of the personnel?

Dr. CAMERON: If the province came forward and they wanted to set up a division—continuing to consider your hypothetical situation—to supervise the health safety of a mine or an industry—and they needed certain technicians trained, then they could be, and very likely they would be, provided with funds for the training of those technicians for that purpose.

Mr. WINCH: Could I ask if this is where I ask the minister, on the medical rehabilitation, as to assistance on the question of narcotics?

Mr. MONTEITH (*Perth*): We do come, later, to an item for the administration of the Opium and Narcotic Drugs Act. I think maybe we could cover that angle of it at that time.

Mr. HORNER (*Jasper-Edson*): Under professional training assistance, I would like to ask the field that this has been particularly used for; and is this the reason for the increase?

I understand that it is primarily in the mental health field that this professional training assistance has been used. Is that correct?

Dr. CHARRON: It has been used in the field of public health generally, Mr. Chairman.

Dr. CAMERON: Do you ask for the classes of people who have been trained?

Mr. HORNER (*Jasper-Edson*): I wanted to know what particular field of health the grant has been used in particularly, in the past.

Dr. CAMERON: All fields of public health.

The CHAIRMAN: Public health research grant to assist in stimulating and developing public health research.

Mr. KORCHINSKI: I was wondering if you could briefly outline what type of work is common under this public health research, here. What type of requests come under this grant?

Dr. CHARRON: This covers a very broad field of applied medical research. It is research in the field of bacteriology, biochemistry; and it is research in the field of public health administration. There is a substantial part of this vote taken up by research in the field of cardiology, arthritis and rheumatism. Generally speaking, the diseases of major public health importance receive assistance for research under this grant.

Mr. KORCHINSKI: Would this go to hospitals or to provincial laboratories?

Dr. CHARRON: Most of the research under this grant is carried out in universities, but it could be carried out in hospitals or in other institutions in which they have research resources.

Mr. WINCH: Mr. Chairman, I have always been interested in the question of naturopathy, as far as the use of clinical hot springs, saline waters and hormone peats, and things of that nature are concerned.

A few years ago, your predecessor made the comment in the House of Commons that this matter was of interest to your department, and that a question was being asked of C. R. Best and Company, and some other institute, for the undertaking of research work in these matters.

Can I ask whether any progress was made, and whether this is being done?

Mr. MONTEITH (*Perth*): I think probably Dr. Cameron is familiar with that particular question, and I would ask him to answer.

Dr. CAMERON: My recollection is that the minister said that if the Province of Alberta, I think it was, would put forward projects for research undertakings in connection with the hot springs, they would be considered along with other projects, and along with the one we have been discussing.

Mr. WINCH: That must have been on some other occasion because this was a definite statement that it would be taken up with C. R. Best and Company and some other firm.

Dr. CAMERON: That is the rest of the question. The minister was referring at the time to Professor Charles Best of Toronto, and I think the matter was discussed with him. As far as I am aware, nothing further has happened.

Mr. WINCH: Mr. Chairman, I think we are losing a real opportunity with regard to the natural health resources of Canada, and I sincerely hope that he will take an interest in the matter.

I am convinced that Canada can be the health-giving nation of the world, if we only develop that resource.

Mr. HALES: In connection with the public health research, I see it is not a lot which is allocated to the provinces. Is there any liaison between the provinces and the federal government on this research work, or are we doing this research work federally and the provinces doing it on their own? They may be carrying out the very same type of research you are doing, and there is no liaison.

Dr. CAMERON: I think the perfect answer is that we spent two hours yesterday at the dominion council of health, with Dr. Layton, reviewing this program. All these programs are initiated in the province, and they come in and are considered by our technical advisers, who write their candid appraisals of the projects.

Those appraisals are considered by our advisory committee on research, and the result of this is reported back to the province through the dominion council of health.

This took place yesterday, and we had a very lively debate on several aspects of the policy relating to this problem.

Mr. HALES: Prior to yesterday was there any liaison?

Dr. CAMERON: Yes, these discussions take place twice a year.

Mr. HALES: You are satisfied that there has not been an overlapping in this research work?

Dr. CAMERON: I think that the practical answer to that is, no, there is no overlapping. But I think in research you have to remember that it is sometimes better to send two people to do the same job. You know what I mean? It is not really overlapping, but it is several approaches to the same thing; so I am not worried.

Mr. HALES: The complete answer to the question you put to Dr. Cameron, Mr. Winch, is, if you come to Alberta you get healthy.

Mr. WINCH: In the province of British Columbia we have the finest natural resources in the world, and we are not using them.

The CHAIRMAN: I believe, Mr. McGee, you have a point of order you wish to raise?

Mr. MCGEE: I am beginning to be a bore. I have two reports, one obtained last year in the estimates committee, on surveys conducted by the organization and methods research division, 1958. This year, in the house, I obtained a similar report for 1959. A third report was put forward by Dr. Davidson indicating the survey had taken place in 1959. The simple fact is this does not appear in either the 1958 or the 1959 report. On the first occasion I was told it was initiated in 1958, as shown in 1959. Now I am told the reverse situation, and I would like to know if somebody, somehow, can find out where there is a reference to this report, other than in Dr. Davidson's submission to this committee.

I do not suggest I am doubting its existence, but it seems to me it should appear in either of those two reports; and as far as I am concerned it appears in neither.

Mr. MONTEITH (*Perth*): May I take this under my personal consideration and come up with an answer, if at all possible?

The CHAIRMAN: That will be answered, Mr. McGee.

May I remind you, gentlemen, that we shall meet next Tuesday, and we shall close Item 255 at that time.

APPENDIX "A"

ORGANIZATION AND METHODS SURVEYS

On Tuesday, April 5, Mr. McGee, M.P. asked why the Civil Service Commission's tabled report appearing at page 507 of the minutes of the Estimates Committee meeting held on June 9, 1959 did not include Organization and Methods study No. 9 which was listed in the report tabled by Dr. Davidson at the Estimates Committee meeting held on March 15, 1960.

On inquiry from the Organization and Methods Branch of the Civil Service Commission they point out that study No. 9 was carried out in our Department in 1959, whereas the list tabled at last year's meeting was of studies carried out in 1958.

April 6, 1960

APPENDIX "B"

RADIATION HAZARDS

Question asked Tuesday, April 5, 1960.

Do we have reports of studies on persons exposed to radiation at Hiroshima and Nagasaki which would indicate any somatic or genetic effects?

Answer—Such studies have been made by the Atomic Bomb Casualty Commission of the National Research Council of the United States. Among survivors who were exposed to high levels of radiation there has occurred a significant increase in the incidence of leukaemia.

Among the children who were exposed *in utero* to radiation, some cases of microcephaly with mental retardation have been observed.

It is too early to expect firm evidence of any *genetic* effects.

APPENDIX "C"

MEMBERS OF ARMED FORCES (ALL SERVICES) ATTENDING COURSES
AT CIVIL DEFENCE COLLEGE

1951	.....	16	} Courses held at Connaught Rifle Range—College not yet established
1952	.....	11	
1953	.....	13	
1954	.....	74	
1955	.....	120	
1956	.....	262	
1957	.....	384	
1958	.....	748	
1959	.....	461	

APPENDIX "D"

APPROXIMATE NUMBER OF BEDS AND POTENTIAL BEDS
AVAILABLE OUTSIDE TARGET AREAS

Attached is a copy of a message which was sent to provinces with regard to the above-noted subject, and a table which has been prepared from the information obtained from the provinces.

It is apparent that the information available on this subject varies from province to province. It will be noted that no information was available from the province of Quebec and that in the case of New Brunswick there is no break-down of the number of beds available.

Most of these figures are approximate and should only be regarded as estimates. In order to obtain accurate material on this matter in most cases it will be necessary for provinces to conduct surveys and to analyze answers received.

It will be noted that some provinces have included beds available or which could be made available in mental hospitals, sanatoria, and military hospitals.

All have indicated that in order to convert accommodation such as schools into improvised or emergency hospitals they require additional health supplies and staff.

March 31, 1960.

Priority

EMO Ottawa		
EMO Vancouver	EMO Montreal	
EMO Edmonton	EMO Fredericton	Unclassified
EMO Regina	EMO Halifax	
EMO Winnipeg	EMO Charlottetown	
EMO Toronto	EMO St. John's	AD 10

1. Standing committee on estimates at present considering civil defence estimates Department National Health and Welfare. The committee has requested enumeration of number actual and potential hospital beds which are or could be made available outside target areas in event national emergency. This would include hospital facilities which could become available by means of crash expansion of existing hospitals and setting up of improvised hospital facilities in buildings such as schools and institutions.

2. Request you obtain above information through civil defence co-ordinator or other appropriate provincial source and forward EMO Ottawa if possible by four April since next meeting standing committee scheduled five April. Nil or partial reports are required if applicable.

J. C. Morrison 2-4324
Emergency Measures Organization

STANDING COMMITTEE

INFORMATION OBTAINED FROM PROVINCES AT REQUEST OF E.M.O.
 APPROXIMATE NUMBER OF BEDS AND POTENTIAL BEDS AVAILABLE OUTSIDE TARGET AREAS

Province	A	B	C	D	E	Other*	Total
Newfoundland.....	918	173	—	—	—	9,327*	10,418
Nova Scotia.....	3,084	3,264	2,148	—	135	2,075*	10,706
Prince Edward Island.....	765	190	—	—	—	5,255*	6,210
New Brunswick.....	3,300	—	—	—	—	—	3,300
Quebec.....	—	—	N O R E T U R N			—	—
Ontario.....	20,000	6,666	—	—	—	50,000*	76,666
Manitoba.....	1,880	—	3,640	2,075	125	—	7,720
Saskatchewan.....	6,834	3,750	3,190	662	—	1,000*	15,436
Alberta.....	7,085	7,085	—	—	—	7,200*	21,370
British Columbia.....	4,200	6,300	—	—	—	5,600*	16,100
TOTAL.....	48,066	27,428	8,978	2,737	260	80,457	167,926

A—General Hospitals

B—Add for crash expansion of Public General Hospitals

C—Mental Institutions

D—Sanitoria

E—Military Hospitals

*—Floor space available in buildings, staff and equipment unavailable.

HOUSE OF COMMONS

Third Session—Twenty-fourth Parliament

1960

STANDING COMMITTEE

ON

ESTIMATES

Chairman: ARTHUR R. SMITH, Esq.

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 11

TUESDAY, APRIL 12, 1960

Estimates of the Department of National Health
and Welfare 1960-61

WITNESSES:

The Honourable J. Waldo Monteith, Minister of National Health and Welfare; *assisted by* Dr. G. D. W. Cameron, Deputy Minister (Health); Dr. K. C. Charron, Director, Health Services Directorate; Dr. G. E. Wride, Principal Medical Officer, National Health Grants; and Dr. E. H. Lossing, Medical Officer, Health Insurance.



STANDING COMMITTEE ON ESTIMATES

Chairman: Arthur R. Smith, Esq.,

Vice-Chairman: Ernest J. Broome, Esq.,
and Messrs.

Argue,	Fairfield,	McGregor,
Anderson,	Fleming (<i>Okanagan-</i>	McIllraith,
Baldwin,	<i>Revelstoke</i>),	McMillan,
Benidickson,	Fortin,	McQuillan,
Best,	Gillet,	More,
Bissonnette,	Grafftey,	Parizeau,
Bourbonnais,	Hales,	Payne,
Bourdages,	Halpenny,	Pickersgill,
Bourget,	Hellyer,	Pugh,
Brassard (<i>Lapointe</i>),	Horner (<i>Jasper-Edson</i>),	Ricard,
Bruchési,	Howe,	Richard (<i>Kamouraska</i>),
*Campbell (<i>Lambton-</i>	Jorgenson,	Rouleau,
<i>Kent</i>),	Korchinski,	Skoreyko,
Cardin,	MacLellan,	Stewart,
Caron,	Martin (<i>Essex East</i>),	Stinson,
Carter,	McCleave,	Thompson,
Cathers,	McDonald (<i>Hamilton</i>	Vivian,
Clancy,	<i>South</i>),	Winch,
Coates,	McFarlane,	Winkler.
Crouse,	McGee,	
Dumas,	McGrath,	

J. E. O'Connor,
Clerk of the Committee.

*Replaced Mr. Pigeon on Friday, April 8, 1960

ORDER OF REFERENCE

FRIDAY, April 8, 1960.

Ordered,—That the name of Mr. Campbell (*Lambton-Kent*) be substituted for that of Mr. Pigeon on the Standing Committee on Estimates.

Attest.

L.-J. RAYMOND,
Clerk of the House.

MINUTES OF PROCEEDINGS

TUESDAY, April 12, 1960.
(12)

The Standing Committee on Estimates met at 11.04 a.m. this day. The Chairman, Mr. Arthur Smith, presided.

Members present: Messrs. Anderson, Best, Bissonnette, Broome, Campbell (*Lambton-Kent*), Cardin, Carter, Cathers, Crouse, Fairfield, Fortin, Hales, Halpenny, Horner (*Jasper-Edson*), Howe, Jorgenson, Korchinski, MacLellan, McCleave, McDonald (*Hamilton South*), McFarlane, McGee, McGrath, More, Parizeau, Payne, Pugh, Skoreyko, Stewart, Stinson, Thompson, Vivian, Winch and Winkler.—34

In attendance: The Honourable J. Waldo Monteith, Minister of National Health and Welfare; Dr. G. D. W. Cameron, Deputy Minister (Health); Dr. K. C. Charron, Director, Health Services; Dr. E. H. Lossing, Principal Medical Officer, Health Insurance; Dr. G. E. Wride, Principal Medical Officer, National Health Grants; and Miss O. J. Waters, Departmental Secretary.

The Chairman observed the presence of quorum and announced that Item 255—Civil Defence Health, Welfare and Training Services—would continue to stand until the Committee's next meeting on Tuesday, April 26th.

Answers to questions asked at previous meetings of the Committee were tabled for inclusion in the printed record of this day's proceedings. (*See appendices "A" to "E"*)

Item 246—To authorize General Health Grants—and the statutory item relating to Hospital Insurance and Diagnostic Services, were considered and Mr. Monteith, assisted by Doctors Cameron, Charron, Wride and Lossing, was questioned.

Item 246 was allowed to stand, and following the calling of Item 247—Indian and Northern Health Services—Operation and Maintenance—the Committee adjourned at 12.21 p.m. to meet again on Tuesday, April 26, 1960.

J. E. O'Connor,
Clerk of the Committee.

EVIDENCE

TUESDAY, April 12, 1960.
11:00 a.m.

The CHAIRMAN: Good morning, gentlemen. We have a quorum, so we can proceed. I would like to congratulate the committee on being so prompt: thank you, gentlemen.

We have a number of answer which we might table before we proceed with the item under review, I have one which was sent to me from the Minister of National Defence, in reply to a question by Mr. Hellyer. Mr. Hellyer is not here, so we will table it with the evidence. Have you any questions, Mr. Minister?

Mr. J. W. MONTEITH (*Minister of National Health and Welfare*): Yes, Mr. Chairman. Incidentally, I think we did table earlier a chart showing the members of the armed forces attending courses at civil defence college. I would like to substitute a different chart, because there are several of the armed forces who have attended courses of one or two days' duration which were not included in the previous report. I think the clerk has a copy of that.

Then, under the national health grants program, the amounts available and gross expenditures for the first 11 years of the program. Mr. Benidickson asked for that information.

Messrs. Horner and Cathers, I believe, asked for an estimated beds set-up, by class of hospital and by province, 1948 to 1958.

We have not Mr. Korchinski's question answered as yet. There was a request for an indication of the change in establishment in the last five years, I think it was. We have a report on this, which I think the clerk has.

On Mr. McGee's question of privilege the other day, I think it comes down to this, that if Mr. McGee had put this question on the order paper, "Have any surveys been carried out in the Department of National Health and Welfare during 1959", then the commission's reply would refer to study No. 9. Actually, I think your question was "requested"; but it was requested in 1958 and carried out in 1959. As I understand it, your question in 1958 referred to carried out and in 1959 it referred to requested. Therefore it was actually requested in 1958 and not included in the number carried out in 1958; but it was carried out in 1959 and not included in those requested in 1959. Do I make myself clear?

Mr. VIVIAN: That is not the point. Does he understand?

Mr. MONTEITH (*Perth*): Does that answer your question?

The CHAIRMAN: You have a full grasp of the situation, Mr. McGee?

Mr. MCGEE: Is the minister satisfied that the survey was actually made: that was the original point in asking the question?

Mr. MONTEITH (*Perth*): Yes.

The CHAIRMAN: Are there any further answers, Mr. Minister?

Mr. MONTEITH (*Perth*): I think not.

The CHAIRMAN: Before we proceed with the item I would like to make this reference, so that we still have the civil defence item, 255, open. As you recall, both Mr. Martin and Mr. Hellyer indicated a further desire to examine

the Minister of National Defence. We asked the minister to be with us this morning, and he agreed. Then Mr. Martin informed me that he would not be able to attend the committee because of other duties. I wonder if the committee could indicate whether they wish any further examination of this item, or can we close it?

Mr. WINCH: Mr. Chairman, I have just one question.

The CHAIRMAN: Therefore, you would like the item held open?

Mr. WINCH: Yes.

The CHAIRMAN: To whom would you like to address the question?

Mr. WINCH: To both the Minister of National Health and Welfare and the Minister of National Defence.

The CHAIRMAN: Will you be in a position to proceed, if we ask the Minister of National Defence to come back? I presume that all members here are prepared to do that?

Mr. MCGEE: How will we get to the Liberal members of the committee?

The CHAIRMAN: We will have to advise them that there will be a further opportunity for them to examine Mr. Pearkes and Mr. Monteith. I would like to impress upon the committee, however, that we would like to close this item.

Mr. WINCH: Do you mean, after the Easter recess, or today?

The CHAIRMAN: It will be following the Easter recess. Mr. Cardin, perhaps you could help us on this point. Are you aware whether or not any of your colleagues would like to carry on an examination of Mr. Pearkes on item 255, civil defence?

Mr. CARDIN: I am not aware of any.

The CHAIRMAN: We will hold the item open; and would you be good enough to indicate to your colleagues that there will be a further opportunity. That will be at the next meeting following the recess.

Would you turn to page 338, gentlemen. We were examining Mr. Monteith and Dr. Cameron under the item health services, general health grants, and you were taking them in rotation. However, since that time you have had distributed an address by Mr. Monteith, upon which you may also wish to ask some questions. Therefore, you may go back to the item of mental health, if you so desire.

Mr. WINCH: May I ask, Mr. Chairman, if the question I raised at our last meeting, regarding the research work being done on natural health resources, could also be held open, because my information is—and I will put this very nicely—that the answer was not in conformity with what occurred before. Could that be held open?

The CHAIRMAN: Which item is that?

Mr. WINCH: The item which deals with a reference to the C. R. Best research bureau. I have now had an opportunity of checking with the previous minister, and he said it was referred and federal money offered on it, which is not in conformity with the answer given me at the last meeting. I would like to have the previous minister present to deal with that question.

The CHAIRMAN: You mean, you wish to examine the previous minister?

Mr. WINCH: No; but the answer I was given at the last meeting does not conform to what the previous minister informed me was done.

The CHAIRMAN: Why do you not proceed with your examination now, Mr. Winch?

Mr. WINCH: I cannot, because the previous minister is not present, and he said he would like to make a statement on that matter. Therefore, may I ask that it also be held over?

The CHAIRMAN: Are there any further questions, gentlemen? Medical rehabilitation of crippled children. You dealt with public health research grant at the last meeting. Are there any questions on the paper which you had distributed to you on mental health?

Mr. VIVIAN: Mr. Chairman, I would like to ask if the Montreal school for crippled children receives any grant under this item: and if not, why not? Has there been any application?

Mr. MONTEITH (*Perth*): Is it a school?

Mr. VIVIAN: It is a school; it is also a rehabilitation center.

Mr. MONTEITH (*Perth*): Mr. Chairman, we would have to look through our list of grants in order to answer that.

Mr. VIVIAN: Supplementary, Mr. Chairman—

Mr. MONTEITH (*Perth*): I think that later on this morning we would probably be able to answer it.

Mr. VIVIAN: Perhaps I might know the terms of reference for making application for this type of grant, if none has been made. I would appreciate that.

Mr. MONTEITH (*Perth*): That will be answered at the same time.

Mr. BROOME: I just want to know, Mr. Chairman, whether this is the proper time to ask questions on contributions to the provinces under hospital insurance.

The CHAIRMAN: No. We are very close to it, but not yet, Mr. Broome.

Mr. STEWART: I was wondering, Mr. Chairman, if I could have a breakdown of the grants to New Brunswick appearing at page 338, at the foot of the page.

The CHAIRMAN: May we just wait until we reach that point, Mr. Stewart.

Mr. McGRATH: It has been tabled, has it not?

The CHAIRMAN: Has it been tabled? Mr. Stewart, if it has not been tabled, it will be tabled for you. Are there any further questions on medical rehabilitation, gentlemen?

Child and maternal health grants. Are there any questions in relation to this?

Mr. BROOME: Mr. Chairman, in regard to Mr. Stewart's question, would it be possible, instead of tabling the information for one province, to have the grants to the provinces under the various items here? Could that information be tabled for all provinces?

Mr. MONTEITH (*Perth*): Actually, those were tabled this morning. Under amounts available, and gross expenditures for the first 11 years of the program, each year is indicated for each province and each grant is covered in this table.

Mr. WINCH: Mr. Chairman, may I ask the minister a question in connection with the Northwest Territories and the Yukon, as follows: Could the minister explain what is the principle, and if there is any differentiation between grants to provinces which have their own legislation and grants to the Yukon and Northwest Territories, which have a tie-in on their councils with the federal government?

Mr. MONTEITH (*Perth*): There is actually no difference, but there is a little different arrangement in handling this. I would ask Dr. Charron to explain this.

Dr. K. C. CHARRON (*Director, Health Services Directorate, Department of National Health and Welfare*): In the grants to the Northwest Territories and to the Yukon, the "Other Health Grants" have been lumped together

to increase the flexibility of usage of grant funds, because it was appreciated that with the small population in these two territories, if you divided the funds between individual grants, it would not make for a realistic approach.

Mr. WINCH: May I ask another question, Mr. Chairman, on the same principle? Are the Yukon and Northwest Territories brought into the same relationship as provinces which have their own parliaments, on advisory councils? Are you making any provisions for enabling these territories to have any representation on the advisory councils, or the advisory committees?

Dr. G. D. W. CAMERON (*Deputy Minister (Health), Department of National Health and Welfare*): They are on some advisory bodies, but not on all.

Mr. WINCH: The point I am trying to make and to get an answer to is this: Because of their peculiar situation in relationship to the administration of legislation, when they are brought in under similar provisions as that applying to the provinces that have their own parliaments, will they then have their own representation on these councils?

Mr. MONTEITH (*Perth*): I would think so, Mr. Winch. Dr. Cameron will expand.

Mr. WINCH: In a couple of spheres that have now been brought in under the control of your department, they are not yet represented. Is it the intention to have them represented?

Dr. CAMERON: The situation here is different, because of the fact that the health agency acting for the territories and advising the Department of Northern Affairs and National Resources is our own Indian and northern health service in our own department. So you may say that the territories, in one sense, have a very close representation in the department and in handling of these affairs.

I understand it is the policy of the Department of Northern Affairs and National Resources that, as the territories assume more and more the general plan and administration of a province, they will take their place in committees, in the usual way.

Mr. WINCH: May I just ask one further question in the same vein? In view of what Dr. Cameron has said, will they be appointed under federal authority, or will the Yukon and Northwest Territories councils have the authority to name the representatives?

Dr. CAMERON: I should not like to answer that question specifically.

Mr. WINCH: May I ask this of the minister, because this is policy?

Mr. MONTEITH (*Perth*): The Department of Northern Affairs and the councils of the territories would have the appointment of a representative—for instance, on the hospital advisory board which we have at the moment set up, and had set up last autumn. We corresponded with the provinces and asked them to appoint one or two representatives. Of course, we are on hospitalization at the moment; actually, hospitalization insurance is what I am referring to. This is an example. But, of course, at that time there were only nine provinces operating under the agreement. Then, as a matter of fact, the other day we signed an agreement with the Northwest Territories. We expect that the Yukon will be in operation before the end of the year.

Mr. WINCH: Then will the council have the authority to make an appointment on the advisory board?

Mr. MONTEITH (*Perth*): I would say they should.

The CHAIRMAN: Are there any further questions on item 246, assistance to provinces?

Mr. HORNER (*Jasper-Edson*): Under the child and maternal health grant, I understand that some of this grant is used to set up poison control centers in various provinces. Do you have any idea what the grant is, roughly, to this particular project?

Mr. MONTEITH (*Perth*): I will ask one of the officials to explain how this operates, Dr. Horner.

Dr. G. E. WRIDE (*Principal Medical Officer, Health Grants Program*): I have not the figures in front of me, but there has been some assistance in several provinces towards the setting up of poison control centers as a community health service to the surrounding area, particularly in selected hospitals.

The CHAIRMAN: Do you have any further questions, Dr. Horner?

Mr. HORNER (*Jasper-Edson*): No.

Mr. VIVIAN: Mr. Chairman, I refer to the last annual report of the department, 1959. At page 41, under the heading of maternal deaths, in relation to this grant, there appears this passage, which I would like to read. These figures refer to 1957. We understand that most of these vital statistics are two years away at the time of publication. The passage reads as follows:

In 1957 there were 255 deaths of mothers in Canada. This represented a rate of 0.5 deaths per 1,000 live births. In 1947 there were 554 deaths and a rate of 1.5 deaths per 1,000 live births.

That is a considerable improvement over 1947. Then the statement is made:

Many of these maternal deaths are preventable. This is shown by maternal mortality studies which are being carried out in five provinces. For the second year haemorrhage was the leading cause of death; other important causes were toxemia and sepsis.

I realize, sir, that most of what is done at the level of the Department of National Health and Welfare is to assist provinces in carrying out their own programs; but I would like very much, if I could, to obtain information as to which five provinces are undertaking the study of haemorrhage, the relationship of blood transfusion services of the provinces to deaths by maternal haemorrhage, and the breakdown by provinces of these 255 deaths in 1957.

Mr. MONTEITH (*Perth*): We will obtain that information, Dr. Vivian.

Mr. WINCH: May I ask this further question. Could the minister inform this committee—because of the differentiation in administration between the provinces and the Yukon and Northwest Territories—as to whether, in matters like child and maternal health grants, any arrangement has been made by your department with the provinces adjacent—like British Columbia, Alberta and Saskatchewan—to take care of those in the Yukon and Northwest Territories who came under the situation of this assistance or aid? I presume there are no such establishments in the Yukon and Northwest Territories. If that is so, have any arrangements been made with the adjoining provinces?

Dr. CAMERON: Yes, there are some hospitals and nursing stations, within the territories. Is that what you refer to?

Mr. WINCH: No, I am thinking of the situation where, undoubtedly upon occasion, you have a similar situation as regards mothers and children and those who need assistance. Do you have all those available in the Yukon and Northwest Territories? If not, do you have an arrangement with the provinces that they will take them?

Dr. CAMERON: Usually we deal with these things, either in the territory at a centre like Whitehorse, or through nursing stations maintained under the Indian northern health service, or through other arrangements within the

territory. There are arrangements whereby certain cases are removed to one or other of the adjacent provinces; that is to say, mental cases, for example. They are brought out because there are no mental hospitals in the territories, and they are looked after in one of the provinces, by an arrangement.

Mr. WINCH: And retarded children, are they also brought out?

Dr. CAMERON: I cannot answer that; I do not know.

Mr. WINCH: Mr. Chairman, I am only after one point and one point only. That is, irrespective of where we live in Canada we are all Canadians, and if the pioneers in the north do not have available the adequacies and amenities that we have available, that the rest of Canada has, is there an arrangement whereby our fellow citizens in the Yukon and Northwest Territories are taken care of by the provinces?

Mr. MONTEITH (*Perth*): Mr. Chairman, I think it is safe to say that this is certainly uppermost in the minds of the department. While we are not discussing this directorate—it has to do with the Indian northern health services directorate—it takes in all of Canada actually, and I would like to point out that in 1946 there was an amount of about \$2½ million spent in this particular branch of the department. Today there is \$24 million being spent. These are expanded health services for all our residents in the northern part of Canada as well as Indians and Eskimos in the provinces.

Mr. WINCH: If the facilities are not available in the Yukon and Northwest Territories, then the federal government makes arrangements with one of the adjacent provinces?

Mr. MONTEITH (*Perth*): We bring them ourselves to some hospital, such as the Charles Camsell Hospital in Edmonton.

Mr. FAIRFIELD: I do not know where we are.

The CHAIRMAN: You are on pages 338 and 339. Have you a question?

Mr. FAIRFIELD: No, on health insurance.

Mr. CARTER: I would like to ask a question on child and maternal health grants. Does the Department of National Health and Welfare have any special arrangement with the Department of Veterans Affairs for services to veterans in this area?

Dr. CAMERON: Yes.

Mr. CARTER: Would it be asking too much to give a brief outline of them?

Dr. CAMERON: I am referring specifically to the Yukon, where I understand the medical officer in charge and superintendent of the hospital at Whitehorse acts as an official of the Department of Veterans Affairs and advises and looks after the D.V.A. cases. I believe that as far as hospitalization is concerned, most of them are brought down to one of the D.V.A. hospitals in the provinces. But they can be looked after at Whitehorse hospital if the D.V.A. people decide that is what they want.

The CHAIRMAN: If I may interrupt for a moment, for the benefit of any members who have recently come in, we are reviewing now, gentlemen, the item dealing with aid to the provinces, to the Northwest Territories and the Yukon Territory. If you will deal with those items, gentlemen?

Proceed, Mr. Carter.

Mr. CARTER: That answers my question.

The CHAIRMAN: Further questions? We are going to leave the item open—that is item 246—at the request of Mr. Winch.

We will go to item 247. You will find it at the top of page 340.

Mr. MONTEITH (*Perth*): No, I think hospital insurance comes first.

The CHAIRMAN: That is quite right. Health services—contributions to provinces under the Hospital Insurance and Diagnostic Services Act. That is at the top of page 340.

Mr. BROOME: Mr. Chairman, I would like to ask the minister whether certain press statements have been brought to his attention.

Mr. MONTEITH (*Perth*): I beg your pardon?

Mr. BROOME: I would like to ask the minister whether he has had brought to his attention certain press statements made in British Columbia, which arose out of the troubles local hospital boards were having when carrying out their program—being starved of finance. The minister of health in British Columbia blamed the slowness of payment to the hospital boards on the slowness with which this department remitted to the provinces.

I was wondering whether you had any information on that, and whether you might be able to table information as to how the province makes a requisition on you for funds, and what is the time lapse in the payment to the provinces—whether, in fact, this accusation is founded upon fact or not?

Mr. MONTEITH (*Perth*): Mr. Chairman, as a matter of fact, I have seen one of these press clippings to which Mr. Broome referred and, in fact, did receive a letter from the minister of health for the province indicating that they had rather an extended period to wait for their monthly cheques in payment of our portion of their hospital insurance for the previous month.

We had an analysis made from the time hospital insurance came into effect in British Columbia—on July 1, 1958—and we find that, for instance, the first claim for payment for the month of July, 1958 was received in Ottawa on August 25 and the cheque went out on September 3. The August claim was received on September 29, and the cheque went out on October 9. The September claim was received on November 5, and the cheque went out on November 13. For March, 1959, for instance, the claim was received in Ottawa on April 22, and the cheque went out on April 28. I have handed this information to the Honourable Mr. Martin, minister of health of the province, and I have had no further word regarding it.

Mr. WINCH: This is rather important to those of us from British Columbia. You are informing us that within a matter of a week or two weeks after you get the authority—

Mr. MONTEITH (*Perth*): The claim.

Mr. WINCH: —the request from the minister of health in Victoria, within a week or two weeks, they get their cheque?

Mr. MONTEITH (*Perth*): I would say within a week, in practically all cases. We frequently do not receive them promptly. For instance, we did not receive the January, 1959, claim until March 2. That went out on March 12.

Mr. BROOME: Would you repeat that, Mr. Minister? You did not receive the January, 1959 claim until . . . ?

Mr. MONTEITH (*Perth*): March 2.

Mr. BROOME: It took over a month?

Mr. MONTEITH (*Perth*): The cheque went out from here on March 12. These claims have to be processed through the department and the cheque issued; and in all cases the cheque has gone out in a period, I would say, of less than two weeks—and probably ten days at the most.

Mr. BROOME: In other words, your department processes these claims four times as fast as the provincial department does? They take over a month, and you take a week?

Mr. MONTEITH (*Perth*): I suppose there has to be a certain time-lag in the province to make up the claim.

Mr. WINCH: In other words, as far as the province of British Columbia is concerned, any delay in the sending of cheques is not the responsibility of the federal department, but is the responsibility of the province, in sending in its claims.

Mr. MONTEITH (*Perth*): By all means.

Mr. HORNER (*Jasper-Edson*): I would like to ask the minister—

Mr. BROOME: Could I ask a supplementary?

The CHAIRMAN: Proceed, Mr. Broome.

Mr. BROOME: Have you had any complaints from any other provinces—in other words, from anyone other than Mr. Martin?

Mr. MONTEITH (*Perth*): No, we have not had any complaints from other provinces.

Mr. HORNER (*Jasper-Edson*): I would like to ask the minister to comment on the question of the deterrent used in British Columbia and Alberta, and the deterrent the Saskatchewan government has used in the form of a charge, and the question of how much the charges these provinces made in their daily rate reduced the amount payable by the federal government to them?

Mr. MONTEITH (*Perth*): I do not know whether we have figures on that or not. I would ask Dr. Lossing of my department to answer that.

Dr. E. H. LOSSING (*Principal Medical Officer for Health Insurance, Department of National Health and Welfare*): This is a very difficult thing to assess. It is certainly argued that the imposition of an authorized charge does cut down on the hospital utilization. At the present time I do not think we can measure that in precise figures.

Mr. HORNER (*Jasper-Edson*): Are there any studies going on in relation to the other provinces that do not use them to see whether, in fact, these payments are a deterrent?

Dr. LOSSING: I think there will be figures available from the annual report of the hospitals. However, it would be a difficult thing to make a comparison between one province and another, because of other factors. At least, it will provide us with some basis, perhaps, to try and assess the effect of these authorized charges.

Mr. HALPENNY: How many provinces have deterrent charges?

Dr. LOSSING: Two: the provinces of British Columbia and Alberta. The Northwest Territories have recently introduced authorized charges in their program.

Mr. MONTEITH (*Perth*): Incidentally, in a return tabled some few days ago there was a chart as the in-patient services in the various provinces, the authorized charges, which Dr. Horner was referring to, the out-patient services, the waiting period for benefits, the method of provincially financing benefits, and this sort of thing, as they apply to each province.

Mr. WINCH: Could I ask the minister, under this vote, whether he could make a brief but, I hope, concise statement as to what is the position of his department as to what is a very heavy load in Vancouver, in particular, on out-patient services, as regards diagnostic services? The out-patient load in Vancouver General and, I think, the St. Paul hospital, is quite a heavy load. Do you contribute to the diagnostic services and assist on that basis?

Mr. MONTEITH (*Perth*): We can, under the act. It is up to the province to decide as to just how much of these services they choose to give on an out-patient basis.

Mr. WINCH: With regard to British Columbia—and I am referring specifically to my own city of Vancouver, the heavy load on the out-patient department, and I will say, in particular, the Vancouver General Hospital—do you assist with regard to diagnostic services?

Mr. MONTEITH (*Perth*): In British Columbia we do, on an out-patient basis, if it is for an emergency, within 24 hours of the emergency arising, and for minor surgical procedure. Under the act this may vary from province to province, according to the province's decision.

Mr. WINCH: Could I get from you—and this is what I want to get if I possibly can, and I do not want to put you on the spot—whether the decision as to whether you would pay your contribution on behalf of your department, on diagnostic services, on an out-patient basis, is decided on the province's own contract or agreement with you?

Mr. MONTEITH (*Perth*): That is correct.

Mr. WINCH: The province must make the decision?

Mr. MONTEITH (*Perth*): The province must make the decision.

Mr. FAIRFIELD: I have found lately that many hospitals have a great backlog of work, and this has increased a great deal since this hospital insurance has come in. Have you any figures on the amount of time lag on patients who are waiting for elective surgery and elective work done in hospitals, and how much it is increasing?

Mr. MONTEITH (*Perth*): I would have to ask one of the officials if that information is available. I do not know whether we have it or not.

Dr. LOSSING: We do not have precise information.

Mr. FAIRFIELD: Have you any approximate idea how much this has increased since the institution of this hospital insurance program?

Dr. LOSSING: We do have some information on waiting lists.

The CHAIRMAN: Could you speak up a little, Dr. Lossing?

Dr. LOSSING: I do have some information on the number of persons on a waiting list, but I might point out that this is a very difficult thing to assess. A hospital has, say, 500 patients waiting; but unless that list of waiting patients is reviewed frequently it is difficult to know how many of those patients may have been admitted to another hospital—

Mr. HALPENNY: —how many have died.

Dr. LOSSING: —how many no longer require admission. The bare number of patients means very little, without going into the exact circumstances of those patients.

Mr. WINCH: Could I ask a question there?

The CHAIRMAN: Are you through, Dr. Fairfield?

Mr. FAIRFIELD: No, but it is all right.

Mr. WINCH: I would like to ask the minister if there is any information available in this respect: many years ago, since B.C. introduced its hospital insurance coverage, it was discovered then that there was a longer bed-stay in hospitals. How have you found it since the introduction on a national basis of your contract with the provinces? Is there an increase of a long bed-stay in hospitals?

Mr. MONTEITH (*Perth*): Have we any figures on that, Dr. Charron?

Dr. CHARRON: I think it is too early with regard to the program to make an assessment of this nature. The provinces are obtaining this information, and we should, in the next year or so, have definite information with regard to trends in the length of stay. One should qualify any interpretation of this by the fact that we are also admitting institutions which are concerned with

the long-term patient care in addition to short-term stays. So you have this added factor, which may affect the programs in some of the provinces that had been operating, before the federal-provincial scheme, on the basis of programs chiefly related to acute cases.

The CHAIRMAN: I wonder if I could interject here. Dr. Lossing, in reply to Dr. Fairfield's question you said that really you had no information as to what the backlog was. It is probably understandable but, at the same time, there is not a city—and take my own as an example, and this is another which has not indicated through its municipal government that they are not faced with a hospital crisis. If this situation is true is it not perhaps advisable for the federal agency, together with the provincial government, to make a review and find out what this shortage is? Is not this information important in the development of federal policies?

Mr. MONTEITH (*Perth*): Actually, some of the provinces have been doing extensive studies in this respect—such as Ontario and Nova Scotia; and, I understand, Vancouver. The committee may recall that Manitoba, some few months ago, decided to make an overall provincial survey. I believe I am right in saying that they temporarily, at least, ceased the construction of new hospitals until they had completed this survey.

One of our officers—Dr. Willard, as a matter of fact—was asked to go out and assist them in an advisory capacity, which is part of what we feel is our role in this program.

Now I think we do keep on top of these provincial studies, but it is really up to the provinces who put in requests for hospital construction projects and so on, to make their decision as to what the situation is in the province.

Mr. WINCH: May I ask this question? This may seem rather strange coming from me, but I believe in efficiency. Might I ask whether I interpreted Dr. Cameron's statement correctly that it may be about a year before they can analyse as to whether or not—because of hospital insurance—the medical profession are keeping people in hospital longer than they did previously?

Dr. CAMERON: I think that the length of stay, or the average length of stay, in particular classes of hospitals is now known. But that is not quite the same thing as being able to form an opinion as to the influence of this new program on the length of stay, or on waiting lists.

Mr. WINCH: Is there any change in the length of stay between the time when you had to pay your own bill and now, when it is under a provincial or federal plan?

Dr. CHARRON: I believe from the preliminary information which we have that there has been very little overall change. In fact, in one instance—again, all these are preliminary figures—there was actually a reduction in the length of stay.

Mr. FAIRFIELD: I would like to ask if there are any administrative details so far as the administration of hospitals is concerned that the department handles or is responsible for? Let me put my question more clearly: does national health insurance have anything to do with the administration of hospitals?

Dr. CAMERON: I think in general, no. The regulation of hospitals, and the licensing of hospitals, is provincial business which we do not interfere with directly.

Now, you may be referring to whether they are closed hospitals or open hospitals. We have nothing to do with that and we have nothing to do with the arrangements they make for paying for pathology and radiology.

We have no ultimate say in whether or not they include pathology and radiology as out-patient services, and, as has been mentioned, that is a provincial decision.

We have nothing to say about their nursing school, if they happen to operate a nursing school. This is their own business.

The act includes provision for the federal government to share on a matching basis, broadly speaking, the costs of operating general hospitals, chronic hospitals, and convalescent hospitals. I do not know if I have answered your question.

Mr. FAIRFIELD: Do you not make investigations to ascertain how the money which the federal government puts in is being spent, and in checking to see if the administration is sound financially, and, for example, that they are not overpaying the radiologists in the diagnostic plans?

Dr. CAMERON: In the agreement with the provinces they have spelled out as part of the agreement the plan of administration and they include in their agreement an undertaking to report to us on their operation.

Mr. HALPENNY: When you say "they", you mean the provinces?

Dr. CAMERON: That is right.

Mr. FAIRFIELD: You have no right under the act to veto anything that they may do?

Dr. CAMERON: We have an audit of their accounts to check on the claims they are making. But I think your question is directed to the point that if they are doing something which would be regarded as completely unsound, if we have the right to say no, you cannot do it.

Mr. FAIRFIELD: Yes.

Dr. CAMERON: Without a legal opinion on it, I would think that our only recourse, our ultimate recourse, is to the agreement itself.

Mr. FAIRFIELD: And that agreement does not include any power to veto. I am thinking of a case which is becoming bothersome, such as the radiological fee in the diagnostic services.

Dr. CAMERON: I had better be careful what I say.

Mr. FAIRFIELD: There are no radiologists here.

Dr. CAMERON: I do not think we would undertake to regulate the fees or salaries paid to radiologists. I think that is something which should be looked after within the province.

Mr. HALPENNY: And pathologists?

Mr. HORNER (*Jasper-Edson*): I would like to ask what the officials feel about general overall out-patient services. These vary a great deal between province and province, and Alberta is the only one which does not provide any. Do you not feel that if additional out-patient services were provided by the various provinces it would cut down on the hospital work load for in-patients?

Dr. CAMERON: I do not know what the answer is. The act definitely includes provision for furnishing all these services on an out-patient basis, the thought being that this would decrease the pressure to put patients in hospital in order that they might obtain these services. That is what it is done for. But whether it will work or not, we will have to learn from experience.

Mr. MONTEITH (*Perth*): I think, as a personal opinion, if there were more out-patient services put in, there would be less demand for hospital beds.

Mr. HORNER (*Jasper-Edson*): But the emphasis has to come from the province?

Mr. MONTEITH (*Perth*): That is right.

Mr. BROOME: At the last meeting, Dr. Lossing stated that the cost of chronic beds would range from \$4 to \$9, whereas the cost of acute beds would range from \$15 to \$22.

Before that Dr. Wride stated as a rough approximation that in building a hospital the cost per bed would vary from \$20,000 a bed down to \$6,000 or \$7,000, depending on the facilities.

Where hospitals are operated through local boards, the whole emphasis is on the provision of general hospitals. This means—and I would assume that it is correct—that a great many chronic cases are taking up space which might have cost \$20,000 a bed, without the cost being paid at a higher rate per day for the services.

Does your department put any pressure on provincial governments to expand chronic hospitals, because local boards do not handle chronic hospitals as such?

The CHAIRMAN: Before you reply, I would like to remind our vice-chairman that this matter was dealt with at the last meeting rather extensively.

Mr. BROOME: Yes, but from a different point of view.

Mr. MONTEITH (*Perth*): We do not put pressure on the provinces to follow any particular procedure, as long as they wish to participate within the overall context of the federal act. The provinces are aware that this type of sharing can be taken advantage of, if they so wish.

The CHAIRMAN: Have you anything further, Mr. Broome—Mr. McFarlane?

Mr. MCFARLANE: I would like to point out a matter for clarification. This refers strictly to British Columbia and to article 2 of the memorandum of agreement made with British Columbia, which reads as follows:

2. The province will do all things and keep, observe and perform terms, provisions, covenants and agreements as set forth and provided in the Federal Act and this Agreement . . .

Now, if you will turn to schedule B, paragraph 1 (b) reads as follows:

(b) necessary nursing services . . .

And when you pick up the British Columbia hospital insurance general information, you will find on page 3 that it reads as follows:

In-patient benefits include standard ward accommodation with meals and general nursing services, and all other available hospital services which may include: . . .

I feel that in the agreement with British Columbia necessary nursing services should be regarded in this way: that if the patient requires a special nurse, it should be paid for.

Dr. LOSSING: The act specifies necessary nursing services, and it does not further define it. However, our definition of it, or our interpretation of it, is that these are nursing services which are required because of the medical condition of the patient.

Once the medical necessity for nursing services is established, then it is up to the hospital to decide how those nursing services are to be provided. They may be provided by the resources of the hospital from its own hospital staff, or, if such staff are not sufficient to meet that need, then additional nursing services could be provided.

Mr. MCFARLANE: I presume that if a doctor has authorized that special nursing services are required in the case of a very sick patient after an operation, would this not be included in this item of necessary nursing services?

Mr. FAIRFIELD: It would depend on the doctor.

Mr. MCFARLANE: In the British Columbia hospital insurance service general information bulletin it just specifies generally, and there is no question there about what we are getting.

Dr. LOSSING: It is certainly our interpretation that it is nursing as medically necessary which is to be provided; but how it is to be provided is up to the hospital.

Mr. WINCH: May I ask the minister a general question, but one which I think is rather important: is there any information available in his department—since they signed on behalf of the federal government a contract with the provinces for hospitalization—as to any alteration to the picture of those who previously needed hospitalization and could not pay for it, but who are now able to obtain hospital treatment or care?

Mr. MONTEITH (*Perth*): You mean as to the number of individuals?

Mr. WINCH: My point is this, and I think it is an important one: in view of the fact that the federal government now has reached a contractual agreement with the majority of the provinces on hospitalization, has your department obtained, or could it obtain from the medical associations, any indication as to the change in the health picture because of the people who previously required medical hospitalization and could not get it, but now, because of the new policy, are enabled to obtain it, and have obtained it?

Mr. MONTEITH (*Perth*): If I might answer in a rather general way also, I cannot help but be convinced that it has been of immeasurable assistance to the citizens of Canada, but it is hard to prove statistically, unless you know.

Mr. WINCH: Have you received from medical associations or from studies made in your department, any changes in the situation with respect to those requiring help and who are now getting it, in hospital beds?

Mr. MONTEITH (*Perth*): No. I would say that previously if a person required hospitalization and could not afford it, it was at least partially paid for, probably in some provinces at least, by the municipality and under certain relief programs, if I may put it that way.

Now in all the provinces the citizen pays by some manner of insurance scheme, either in the way of premium, or by hospital tax, or whatever it may be, in that he assists the province in paying their share of hospitalization generally.

I myself know of instances where people who would have been in hospital and would have been in a position to pay their own bills, but could ill afford it, now are covered by hospital insurance.

Mr. WINCH: May I put it this way: and I do hope this is my final question: am I correct in assuming that because of this policy of federal and provincial cooperation in hospitalization there are less postponed operations than there were previously?

Mr. HALPENNY: And no more waiting?

Mr. MONTEITH (*Perth*): There is hardly any waiting now.

Mr. WINCH: That is your impression?

Mr. MONTEITH (*Perth*): It is my impression that people who previously would have been a charge on the municipality are now taken care of. It is also my impression that people who would have faced very heavy hospital bills, perhaps ruinous bills previously, are now looked after by hospital insurance.

Mr. WINCH: That is good. Then you believe in our socialistic approach?

Mr. MONTEITH (*Perth*): I believe in hospital insurance.

Mr. WINCH: That is the socialistic approach.

Mr. PAYNE: I shall approach my question with some care, but it is done so merely because I am a layman asking questions in a highly professional field.

It is my understanding that these hospitals which receive aid and assistance are controlled by a board, a group of staff doctors. How are these staff doctors appointed, and why is it that they have authority and control as to admission of patients?

Does this not deny many citizens who are contributing through their tax dollars to the establishment of our hospital services, the services of the hospital which they most logically would prefer? Because these people did not have, in fact, a staff doctor, approved by a specific hospital, they would be denied admission.

What is the provision for control? Do you exercise control in any respect over the activities of the staffs? And what controls, if any, are exercised as to the appointment of those on the staff? My question has to do generally with the right of the individual to enter a hospital.

Mr. MONTEITH (*Perth*): If I may answer you in a broad sense, we do not see how the entry of any patient to a hospital could be determined other than on medical grounds. But I am going to leave any further details of this matter to Dr. Cameron to answer, to give you a clearer picture.

Mr. CAMERON: Well, Mr. Chairman, the regulation of hospitals is a provincial business. The approval of the bylaws of a hospital is usually done by the Department of Health of the province.

If a hospital has bylaws which establish a medical staff committee and give it certain authority, then, under those bylaws, it is exercising authority which comes from the province. Some hospitals, apparently for reasons which seem sufficient to them, are closed hospitals. Others are more open; but all of this is a matter of provincial regulations.

Mr. PAYNE: We are paying our grants to this hospital program. But do we not require a hospital to be open, so far as the medical society is concerned?

Dr. CAMERON: No. The regulations governing hospitals are provincial business, and we take no position in regard to it.

Mr. PAYNE: Does the minister feel that this is a fair approach? Does he feel that it at all times guarantees the public, who are the prime supporters of hospitals under this program, equity of treatment in the entrance to hospitals?

Mr. MONTEITH (*Perth*): If I may answer you in this way: health is a provincial matter to begin with; and as I stated in my opening remarks, this department has seen fit to assist the provinces where they so wish, under certain health grants, under the hospital insurance, and Diagnostic Services Act and so on.

But we do not wish to interfere in what are provincial matters, provided such projects—whatever they may be—whether health grants, or hospital insurance, are operated within the overall text of our act.

Mr. WINCH: It also means, I presume, that because we have these provincial medical associations which are completely within provincial jurisdiction, that if a doctor is registered and practices, and if he requires immediate hospitalization for one of his patients, that patient cannot get into hospital if his doctor is not a staff doctor at that hospital. So you cannot exercise any influence on behalf of that person?

Mr. MONTEITH (*Perth*): That is absolutely right, but I would like to expand my answer a wee bit by saying that practically all hospitals, as I understand it, have a medical committee which decides, where the hospital is crowded, on the emergency and on the priority of the case.

Mr. WINCH: But you have no influence whatsoever under circumstances where you have a large hospital with a medical staff, and in that hospital

they have allocated so many beds to such and such a use; and suppose there happens to be a vacant bed under that doctor; in that case one who is not on the staff cannot use that bed.

Do you have any influence there? It is a thing which happens quite often.

Mr. MONTEITH (*Perth*): I understand that it really does not happen, in that a doctor is not allocated so many beds. That is my understanding.

Mr. WINCH: I assure you that it does happen.

Mr. MONTEITH (*Perth*): My understanding is that admission to hospital is judged solely on priority of need by the admissions committee, which I mentioned earlier.

Mr. WINCH: Well, if that is your view, I must accept it. But since this is an important subject in health, would your department undertake an investigation as to the allocation of beds in hospitals, and as to whether or not certain doctors have priority on beds?

Mr. MONTEITH (*Perth*): If you wish to give our department a specific instance where the overall context of our act does not seem to be followed out, we would be glad to look into it.

Mr. PAYNE: Let us suppose a case where a patient has a certain medical doctor, a family doctor, or whatever terminology you wish to use; and that doctor wishes to enter his patient in a specific hospital, whether it be for proximity reasons or some other cause, and where that family doctor is not a staff doctor in that hospital. Would it not, in your opinion, be worth checking into to see what hardship is imposed on a patient by virtue of being forced to go to a secondary doctor who happens to be a staff doctor in that hospital in order to obtain admission?

Mr. WINCH: That is exactly my point.

The CHAIRMAN: Will you please let the minister reply?

Mr. MONTEITH (*Perth*): I feel that this is completely a provincial decision. However, as I mentioned earlier, if there is some instance where our act is not being lived up to, we would be glad to look into it.

Mr. PAYNE: I would like to refer to the problem raised by the hon. member and say that it is not an exceptional situation. It is apparently a common practice in our area, and it is a matter of great concern. It is a matter which is causing extreme hardship. It is the common practice.

Mr. WINCH: The common practice is right.

Mr. PAYNE: It is a matter of great concern.

Mr. MONTEITH (*Perth*): I think it is a matter of great concern if this is taking place. Personally, I feel that it puts quite a hardship on the patient if his family doctor cannot get him into hospital and he has to pay additional fees to other doctors to achieve that entry into hospital.

Mr. WINKLER: This may be the case in socialistic provinces, but it is not in the democratic provinces.

To proceed with my question on another matter; I am wondering what responsibility the minister's department takes in respect of the selection of nursing homes for medical care, or is this left entirely to the provinces under the insurance scheme?

Mr. MONTEITH (*Perth*): I will ask one of the officials to answer this question. I do know that the subject of nursing homes is receiving great consideration perhaps in more than one province and at least in the province of Ontario.

Dr. CHARRON: Several of the provinces, in this matter of selective nursing homes in the hospital insurance program, have put forward that certain of their nursing homes were capable of giving a hospital type of service and

that they could provide the services outlined in the federal act as a basic requirement. They put forward certain of their nursing homes, indicating the admission policy of these homes, the discharge policy, the type of staff and so forth, and the fact that they would be licensed under appropriate provincial legislation. With these requirements certain nursing homes have been listed as participating in the program.

Mr. WINKLER: But you do not play any part in the selection of these homes.

Dr. CHARRON: We discuss the type of nursing home the province will include. When these general features are included it is left to the province to select the nursing home.

Mr. WINKLER: In certain cases of medical care do you feel that the load on the general hospitals will be relieved in this way?

Dr. CHARRON: I think that this is part of the problem associated with long term patient care. With regard to this matter it is not necessarily a question of having a separate institution for long-term patient care. In some of the earlier questions there seems to have been this implication. In fact, some of the medical authorities who have had the most experience with this problem believe in long-term patient facilities being part of a general hospital, or if not part of a general hospital very closely associated with that hospital on a functional basis.

Mr. WINKLER: Therefore it is possible that the present thinking could be expanded to include more such homes if they are approved.

Dr. CHARRON: If they are capable of providing this level of service; and there is some doubt in respect of a substantial number of them.

Mr. WINKLER: At the present time how many provinces are participating in such a program of approving of nursing homes?

Dr. CHARRON: The province of Ontario is the only province.

Mr. WINCH: I think this is perhaps one of the finest points brought out. Would Dr. Charron care to enlarge on what he said. I understood him to say it is evident, from some of the best medical authorities, that the most efficient and medically correct arrangement is to have along with a hospital for acute patients, one for chronic patients so that if a patient has to be in hospital for a certain length of time and reaches a point where he does not require care as an acute patient but still requires hospitalization he would then be moved from the acute section to, let us call it, the chronic section where he would be cared for at much less expense. That is how I understood it. Is that right?

Dr. CHARRON: Mr. Winch, with regard to the care, I think it depends on the level and type of care which that particular patient needs. You might have a patient suffering from a long-term illness, but because of the nature of the treatment he requires it can only be provided in the active treatment general hospital. On the other hand you can have other cases which require a lower level of care.

Mr. WINCH: I am afraid I have not made my point quite clear. Something came to my attention about five years ago. If I may I will put it on a personal basis. When I suffered a number of fractures in one leg, for the first month I required acute hospital care. I had to stay in hospital another two or three months, but did not get the acute hospital care because I was in traction. Is it your intention that if you had a relationship in respect of hospital construction, at least in major centers, you could have the acute care hospital when required and the chronic one where the cost is far less, and that that would be an efficient medical recommendation.

Dr. CHARRON: I would not like to comment on this particular case, because Mr. Winch's doctor may have had reasons for keeping him in these particular facilities. However, the general principle of having associated with major active treatment general hospitals long-term patient care facilities is accepted by most medical authorities.

Mr. PAYNE: On a point of order; at the outset of this committee I understood we would be permitted to explore a line of questioning.

The CHAIRMAN: Yes.

Mr. PAYNE: I embarked on a field of questioning and I have not been given the opportunity to follow it through and develop it.

The CHAIRMAN: All you have to do is to indicate your wish to ask another question and you will be recognized.

Mr. PAYNE: The statement was made that the matter I was investigating was peculiar to British Columbia. In order to show the committee that this is not so, I would ask that we be provided with a table reporting on hospitals throughout Canada of 100 beds or more where there is a closed medical staff which does in fact control the operations of the hospital. I ask for that with a great deal of self confidence, because the matter I am pursuing is not at all a local matter.

Mr. MONTEITH (*Perth*): You are referring to a hospital which presumably has a closed staff before which a patient must eventually appear and pay a fee?

Mr. PAYNE: That is right.

Mr. MONTEITH (*Perth*): You are not referring to an admittance committee of doctors.

Dr. CAMERON: I want to clarify one point so that we can better understand Mr. Payne's question. I think the reference to uniqueness was to a point which Mr. Winch made that beds were being kept until—

Mr. PAYNE: No. I have no suggestion of that type.

Dr. CAMERON: If there is any situation where beds are being kept because of something of this kind I would certainly be interested in knowing about it because this is not good sound practice at all. However, I do not know what we could do about it.

On the other point of closed or open hospitals we will do what we can, probably through the hospital sources in the provinces, to get some figures.

Mr. BISSONNETTE: If I am correct, it seems to me that this has nothing to do with the federal government. The federal government has nothing to do with the rules in any provincial hospital.

Mr. MONTEITH (*Perth*): That is right.

The CHAIRMAN: Are there any further questions? If not, we will consider this item held open at the request of Mr. Winch.

Item stands.

Item 247 Operation and Maintenance including grants to hospitals and other institutions which care for Indians and Eskimos \$ 21,362,102

Mr. HALES: This is a very large branch in the Department of National Health and Welfare. I think it might be a good idea if the minister or one of his officials gave us a brief run down of the whole operation so that we might understand it more thoroughly.

Mr. MONTEITH (*Perth*): A complete statement was circulated to all the members.

Mr. HALES: I am sorry. That is right.

The CHAIRMAN: Perhaps the committee would like time to review the material which we have in respect of this, and as it is ten minutes to our adjournment time we might have a motion to adjourn.

May I remind you that our next meeting on April 26 will be in this room. I would also like to suggest that the members give some thought as to the next department they would like to have appear before the committee, not that we are near the end of this particular department, but rather that it would be of some help so that the chairman might discuss it with the house leader.

APPENDIX "A"

CIVIL DEFENCE

Survival Equipment

Major items of survival equipment which have already been received include:

- (a) Sufficient rescue kits to permit training in survival operations.
- (b) Radiac equipment consisting of:
Interim models low range survey meters and contamination meters.
Radiacmeters tactical dosimeter at approximately 50% of full scale.
Radiacmeters technical dosimeter and dosimeter chargers at between 25% and 50% of entitlement.

Major items of survival equipment on order include:

- (a) Additional quantities of rescue kits to equip both Regular and Militia to full scale. Delivery is expected to be completed by September 1, 1960.
- (b) Additional requirements of radiac equipment.
- (c) Special equipment vehicle kits such as water tank, repair and welding.
- (d) Food cooking equipment.
- (e) Air breathing apparatus.
- (f) Portable floodlights.
- (g) Communications equipment including the C42 radio set.

Major items of survival equipment for which procurement action will be initiated in 1960-61 include:

- (a) Auxiliary generators and cable.
- (b) Monitoring radiac sets.
- (c) Communications equipment
- (d) Data display equipment.

The Militia has been issued with sufficient rescue equipment such as rescue kits and radiac instruments to start training in their national survival role. Additional items of equipment will be issued when received.

Information regarding specific items of survival equipment

<u>Item</u>	<u>On Hand</u>	<u>Under Procurement</u>	<u>Procurement 1960-61</u>	<u>On Issue</u>
Radiacmeter Gamma Survey Model 1M108	Nil	1957	Nil	Nil
Radiacmeter Contamination	Nil	Nil	1516	Nil
<i>Note: Procurement completed of following items in lieu of Radiacmeter Contamination.</i>				
Radiacmeter Gamma Survey	507	Nil	Nil	507
Radiacmeter Beta-Gamma Survey	322	Nil	Nil	322
Radiacmeter Tactical Dosimeter (0-600R)	5944	Nil	Nil	5944
20 ton Crane with shovel attachment	12	5	Nil	12
Wireless set B70	29	Nil	16	29
Wireless set C42	Nil	Nil	2904	Nil
Wireless set 19	4097	Nil	Nil	1917
<i>Note: 1,006 sets are held in depot stocks and 1,174 in cadet pools.</i>				
Trailer Water 1½ ton equipment	Nil	343	Nil	Nil

APPENDIX "B"

The following supersedes the information tabled on Thursday, April 7 appearing at page 280 of the Committee's record of proceedings—Appendix "C".

MEMBERS OF ARMED FORCES (ALL SERVICES) ATTENDING COURSES
AT CIVIL DEFENCE COLLEGE

1951	16	} Courses held at Connaught Rifle Range—College not yet established
1952	11	
1953	13	
1954	74	
1955	120	
1956	262	
1957	384	
1958	748	
1959	646	
1960 Jan. 1 — Mar. 31 —	222	

In addition to the above there were military group visits of 1 or 2 days' duration for instructional purposes.

1956	94
1957	420
1958	331
1959	50
1960 Jan. 1 — Mar. 31 —	24

APPENDIX "C"
NATIONAL HEALTH PROGRAM

AMOUNTS AVAILABLE AND GROSS EXPENDITURES FOR THE FIRST ELEVEN YEARS OF THE PROGRAM

ALL PROVINCES

Grant	1948-49			1949-50			1950-51			1951-52			1952-53			1953-54		
	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%
Crippled children (1).....	500,000	103,916	21	515,944	187,467	36	516,300	243,504	47	516,300	350,320	68	519,898	398,126	76	519,898	449,214	86
Professional training (2).....	500,000	232,363	46	515,944	380,699	74	516,300	452,851	88	516,300	521,376	101	516,300	604,912	117	516,300	699,783	135
Hospital construction (3)....	13,000,000	2,223,357	17	13,334,629	6,804,359	51	13,343,800	6,897,352	52	13,343,800	9,166,473	69	13,366,819	10,543,946	79	6,856,884	9,114,164	133
Venereal disease (4).....	275,000	99,102	36	515,944	492,761	95	516,300	484,164	94	516,300	480,190	93	518,099	463,206	89	518,099	447,338	86
Mental health (5).....	4,000,000	439,128	11	4,122,171	1,927,702	47	5,156,100	2,644,826	51	5,156,100	3,724,402	72	6,203,652	4,546,039	73	6,203,652	5,193,141	84
Tuberculosis control (6)....	3,000,000	2,585,604	86	3,176,614	2,426,963	76	4,226,000	3,166,167	75	4,226,000	4,045,535	96	4,239,531	4,292,303	101	4,239,531	4,460,767	105
Public health research (7)...	100,000	42,539	42	205,148	149,098	73	308,000	231,234	75	410,700	313,545	76	512,900	437,105	85	512,900	436,654	85
Health survey (8).....	625,000	154,175	25	19,779	131,190	20	401	153,850	24	73,913	11	27,832	4	.....	.....	.....	.....	.....
General public health (9)....	4,395,300	781,534	18	5,276,000	2,080,685	39	6,086,300	2,907,731	48	6,910,500	3,604,651	52	7,085,501	3,892,608	55	7,215,000	5,081,778	70
Cancer control (10).....	3,500,000	866,640	25	3,590,093	1,135,337	32	3,592,600	1,693,107	47	3,592,600	2,042,092	57	3,598,795	2,127,277	59	3,598,795	2,363,487	66
Laboratory and radiological services (11).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	4,329,000	764,740	18
Medical rehabilitation (12)...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	500,000	58,522	12
Child and maternal health (13).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	500,000	114,341	23
Total	29,895,300	7,528,358	25	31,272,266	15,716,261	50	34,262,101	18,874,786	55	35,188,600	24,322,497	69	36,561,495	27,333,354	75	35,510,059	29,183,929	82

NOTE: Transfers of funds between grants in fiscal years 1951-59, are not included in the available column.—For the Northwest Territories and the Yukon Territory, in the fiscal years 1955-59, the amounts available for "Other Health Grants" were distributed by grant although the Orders-In-Council did not show this distribution.

Grant	1954-55			1955-56			1956-57			1957-58			1958-59			Total		
	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%
Crippled children (1).....	519,898	427,319	82	519,898	415,973	80	519,898	465,751	89	519,898	473,291	91	519,898	413,228	79	5,687,830	3,928,109	69
Professional training (2).....	516,300	655,781	127	516,300	536,171	104	516,300	515,626	99	516,300	565,708	109	516,300	617,425	119	5,662,644	5,782,695	102
Hospital construction (3)....	6,683,660	9,456,990	141	6,683,660	10,817,922	162	6,683,660	11,374,876	170	8,183,660	8,048,518	98	17,367,320	16,827,224	96	118,847,892	101,275,181	85

Venereal disease (4).....	518,099	438,883	85	518,099	433,828	84	518,099	466,020	90	518,099	456,241	88	518,099	443,181	85	5,450,237	4,704,914	86
Mental health (5).....	7,234,868	6,013,547	83	7,234,868	5,449,993	75	7,234,868	6,342,328	88	7,234,868	6,526,064	90	7,234,868	6,795,471	93	67,016,015	49,602,641	74
Tuberculosis control (6).....	4,239,531	4,239,282	99	4,239,531	4,119,449	97	4,239,531	4,275,379	101	4,239,531	3,839,907	90	4,239,531	3,781,532	89	44,305,331	41,232,888	93
Public health research (7)...	512,900	437,952	85	512,900	451,082	88	512,900	430,283	84	512,900	465,393	90	512,900	464,530	90	4,614,148	3,859,415	83
Health survey (8).....																645,180	540,960	83
General public health (9)....	7,390,500	5,317,565	72	7,597,500	5,582,520	73	7,800,500	6,040,234	77	7,985,000	6,316,539	79	8,294,500	7,231,668	87	76,036,601	48,837,513	64
Cancer control (10).....	3,598,795	2,642,919	73	3,598,795	2,810,200	78	3,598,795	3,248,817	90	3,598,795	3,433,466	95	3,598,795	3,378,688	93	39,466,858	25,742,030	65
Laboratory and radiological services (11).....	5,173,350	1,238,125	24	6,078,000	1,598,890	26	7,020,450	1,639,829	23	7,985,000	2,681,992	33	8,294,500	3,514,401	42	38,880,300	11,437,977	29
Medical rehabilitation (12)..	1,000,000	168,679	17	1,000,000	303,419	30	1,000,000	487,723	49	1,000,000	633,395	63	1,000,000	691,613	69	5,500,000	2,343,351	42
Child and maternal health (13).....	1,000,000	560,385	56	2,000,000	1,009,408	50	2,000,000	993,277	50	2,000,000	1,165,550	58	2,000,000	1,700,420	85	9,500,000	5,543,381	58
Total.....	38,387,901	31,597,427	82	40,499,551	33,528,855	83	41,645,001	36,280,143	87	44,294,051	34,606,064	78	54,096,711	45,859,381	84	421,613,036	304,831,055	72

NOTE: Transfers of funds between grants, in fiscal years 1951-59, are not included in the available column.—For the Northwest Territories and the Yukon Territory, in the fiscal years 1955-59, the amounts available for "Other Health Grants" were distributed by grant although the Orders-In-Council did not show this distribution.

(1) Revote of \$4,350, in fiscal year 1949-50, is not included in the available column.—The following transfers of funds were made: transferred from other grants: 1951-52—\$3,000; 1952-53—\$5,674; 1953-54—\$26,000; 1954-55—\$17,500; 1955-56—\$24,000; 1956-57—\$4,615;—transferred to: 1957-58—\$2,100; 1958-59—\$16,398.

(2) The following transfers of funds were made from other grants: 1951-52—\$148,403; 1952-53—\$212,650; 1953-54—\$326,100; 1954-55—\$284,000; 1955-56—\$153,237; 1956-57—\$107,527; 1957-58—\$170,243; 1958-59—\$200,982.

(3) Revote funds (funds committed in previous years but not expended) are not included in the available column: 1949-50—\$1,000,000; 1950-51—\$1,000,000; 1952-53—\$17,306,914; 1953-54—\$12,993,767; 1954-55—\$11,000,000; 1955-56—\$12,722,571; 1956-57—\$11,155,324; 1957-58—\$10,665,658; 1958-59—\$9,085,534.—Moreover, special revotes for the Northwest Territories and the Yukon Territory, are not included in the available column: 1954-55—\$46,038 (amounts available in fiscal years 1952-54); 1955-56—\$56,171 (amounts available in fiscal years 1952-55 less \$12,886); 1956-57—\$79,190 (amounts available in fiscal years 1952-56 less \$12,886); 1957-58—\$102,209 (amounts available in fiscal years 1952-57 less \$12,886); 1958-59—\$104,575 (amounts available in fiscal years 1952-58 less \$33,539—excluding their share of \$1,500,000 available under P.C. 1958-30/336 of March 4, 1958).

(4) Amounts available (\$228,069) and expended (\$226,207), during fiscal year 1948-49, under P.C. 1690 and carry-over from 1947-48, are not included in this table.—Revote of \$1,600, in fiscal year 1949-50, is not included in the available column.—The following transfers of funds were made: transferred from other grants: 1953-54—\$6,000; 1954-55—\$1,583; 1956-57—\$6,792;—transferred to: 1951-52—\$2,530; 1952-53—\$7,245; 1955-56—\$1,200; 1957-58—\$3,782; 1958-59—\$3,708.

(5) Revote funds: 1949-50—\$326,829; 1956-57—\$173,640; are not included in the available column.—The following transfers of funds were made: transferred from other grants: 1956-57—\$13,000; 1958-59—\$225,000;—transferred to: 1951-52—\$93,000; 1952-53—\$143,650; 1953-54—\$82,100; 1954-55—\$47,094; 1955-56—\$136,000; 1957-58—\$46,000.

(6) Revote funds: 1949-50—\$212,847; 1956-57—\$126,783; are not included in the available column.—The following transfers of funds were made: transferred from other grants: 1951-52—\$507,979; 1952-53—\$743,745; 1953-54—\$872,000; 1954-55—\$648,011; 1955-56—\$514,346; 1956-57—\$325,632; 1957-58—\$19,000;—transferred to: 1958-59—\$90,100.

(7) Revote of \$500, in fiscal year 1949-50, is not included in the available column.

(8) Amounts available unallotted by year.—Net expenditure: \$521,057.

(9) Revote funds: 1949-50—\$132,085; 1956-57—\$205,142; are not included in the available column.—Includes an amount of \$50, in fiscal year 1950-51, unallotted by province.—The following transfers of funds were made: transferred from other grants: 1956-57—\$106,074; 1957-58—\$293,482; 1958-59—\$257,354;—transferred to: 1951-52—\$395,521; 1952-53—\$656,500; 1953-54—\$716,069; 1954-55—\$684,500 1955-56—\$251,957.

(10) The following transfers of funds were made: transferred from other grants: 1956-57—\$13,480;—transferred to: 1951-52—\$168,331; 1952-53—\$154,674; 1953-54—\$252,000; 1954-55—\$137,000; 1955-56—\$51,000; 1957-58—\$29,500; 1958-59—\$81,400.

(11) Revote of \$67,120, in fiscal year 1956-57, is not included in the available column.—The following transfers of funds were made to other grants: 1953-54—\$115,000; 1954-55—\$60,000; 1955-56—\$1,000; 1956-57—\$510,930; 1957-58—\$390,900; 1958-59—\$488,905.

(12) The following transfers of funds were made: transferred from other grants: 1956-57—\$4,500;—transferred to: 1953-54—\$20,000; 1955-56—\$15,000; 1957-58—\$32,893; 1958-59—\$30,250.

(13) The following transfers of funds were made: transferred from other grants: 1957-58—\$22,450; 1958-59—\$27,425;—transferred to: 1953-54—\$44,931; 1954-55—\$22,500; 1955-56—\$235,426; 1956-57—\$70,690.

SOURCE: Joint Administrative Unit (HI & HGA)—June 1959.

NATIONAL HEALTH PROGRAM
 AMOUNTS AVAILABLE AND GROSS EXPENDITURES FOR THE FIRST TEN YEARS OF THE PROGRAM
FOR NEWFOUNDLAND

Grant	1949-50			1950-51			1951-52			1952-53			1953-54		
	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%
Crippled children (1).....	15,944	4,820	30	16,255	5,849	36	16,234	5,320	33	16,286	1,696	10	16,366	12,084	74
Professional training (2).....	15,944	11,334	71	16,255	13,983	86	16,234	23,903	147	16,286	13,687	84	16,366	13,792	84
Hospital construction (3).....	334,629	202,097	60	343,338	272,921	79	342,743	148,084	43	344,209	228,344	66	346,448	172,463	50
Venereal disease.....	15,944	15,944	100	16,255	16,255	100	16,234	16,234	100	16,286	16,286	100	16,366	16,366	100
Mental health (4).....	122,171	54,700	45	151,235	92,876	61	151,016	105,775	70	178,155	110,146	62	179,151	135,349	75
Tuberculosis control (5).....	176,614	150,800	85	220,283	147,380	67	214,766	196,767	92	212,151	201,816	95	216,884	191,214	88
Public health research.....															
Health survey (6).....	19,779	5,262	27	401	6,984	34		6,894	34		924	4			
General public health (7).....	132,400	117,195	88	156,600	111,696	71	177,500	191,086	108	182,459	210,157	115	187,000	183,542	98
Cancer control (8).....	90,093	45,415	50	92,438	54,309	59	92,278	41,746	45	92,673	40,730	44	93,275	50,988	55
Laboratory and radiological services (9).....													112,200	64,801	58
Medical rehabilitation (10).....													20,264		
Child and maternal health (11).....													25,382	13,817	54
Total.....	923,518	607,657	66	1,013,060	722,253	71	1,027,005	735,809	72	1,058,505	823,786	78	1,229,702	854,416	69

NOTE: Transfers of funds between grants, in fiscal years 1951-59, are not included in the available column.

Grant	1954-55			1955-56			1956-57			1957-58			1958-59			Total		
	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%
Crippled children (1).....	16,363	10,737	66	16,498	12,343	75	16,601	14,583	88	16,669	16,271	97	16,254	3,650	22	163,470	87,353	53
Professional training (2).....	16,363	14,370	88	16,498	14,842	90	16,601	19,210	116	16,669	24,838	149	16,254	16,734	102	163,470	166,693	101
Hospital construction (3)....	172,880	26,850	15	174,772	62,693	36	176,214	34,191	19	215,681	92,562	42	445,445	66,689	14	2,896,359	1,306,894	45
Venereal disease.....	16,363	16,363	100	16,498	16,498	100	16,601	16,498	99	16,669	16,601	99	16,254	16,254	100	163,470	163,299	99
Mental health (4).....	205,872	154,148	75	207,850	157,832	76	209,359	169,284	81	210,349	189,256	89	204,284	204,259	99	1,819,442	1,373,715	75
Tuberculosis control (5).....	215,674	230,501	107	214,364	240,759	112	216,130	270,853	125	214,239	201,774	94	206,890	115,594	55	2,107,995	1,947,458	92
Public health research.....																		
Health survey (6).....																20,180	20,064	99
General public health (7)....	191,500	177,708	93	199,000	208,159	105	206,000	246,827	120	212,000	235,485	111	213,000	259,347	121	1,857,459	1,941,202	104
Cancer control (8).....	93,248	52,820	57	94,268	53,118	56	95,046	53,136	56	95,556	53,735	56	92,430	15,183	16	931,305	461,180	49
Laboratory and radiological services (9).....	134,050	97,830	73	159,200	214,866	135	185,400	113,885	61	212,000	153,684	72	213,000	131,135	61	1,015,850	776,201	76
Medical rehabilitation (10)...	33,217	363	1	33,471	13,905	41	33,665	15,267	45	33,791	19,729	58	33,013	15,144	45	187,421	64,408	34
Child and maternal health (11).....	43,783	39,968	91	80,442	13,268	16	79,991	25,853	32	78,821	78,820	99	79,203	40,870	51	387,622	212,596	54
Total.....	1,139,313	821,658	72	1,212,861	1,008,283	83	1,251,608	979,587	78	1,322,444	1,082,755	81	1,536,027	884,859	57	11,714,043	8,521,063	72

NOTE: Transfers of funds between grants, in fiscal years 1951-59, are not included in the available column.

(1) The following transfers of funds were made to other grants: 1951-52—\$8,000; 1952-53—\$14,500; 1953-54—\$4,000; 1958-59—\$12,600.

(2) The following transfers of funds were made from other grants: 1951-52—\$9,000; 1956-57—\$5,000; 1957-58—\$11,000; 1958-59—\$3,000.

(3) Revote funds (funds committed in previous years but not expended) are not included in the available column: 1952-53—\$132,532; 1953-54—\$57,258; 1954-55—\$88,383; 1955-56—\$53,350; 1956-57—\$189,718; 1957-58—\$326,549; 1958-59—\$590,481.

(4) The following transfers of funds were made: transferred from other grants: 1957-58—\$5,000; transferred to: 1951-52—\$14,000; 1952-53—\$25,000; 1953-54—\$10,000; 1954-55—\$10,000; 1955-56—\$30,000; 1956-57—\$40,000.

(5) The following transfers of funds were made: transferred from other grants: 1951-52—\$15,000; 1952-53—\$14,500; 1953-54—\$12,000; 1954-55—\$34,000; 1955-56—\$48,000; 1956-57—\$91,038; 1957-58—\$22,000;—transferred to: 1958-59—\$84,000.

(6) Amount available unallotted by year.—Net expenditure: \$20,025.

(7) The following transfers of funds were made from other grants: 1951-52—\$38,000; 1952-53—\$65,000; 1953-54—\$40,000; 1954-55—\$16,000; 1955-56—\$23,000; 1956-57—\$81,962; 1957-58—\$41,000—1958-59—\$104,000.

(8) The following transfers of funds were made to other grants: 1951-52—\$40,000; 1952-53—\$40,000; 1953-54—\$38,000; 1954-55—\$40,000; 1955-56—\$40,000; 1956-57—\$40,000; 1957-58—\$41,000; 1958-59—\$72,500.

(9) The following transfers of funds were made: transferred from other grants: 1955-56—\$74,000; 1958-59—\$82,000;—transferred to: 1956-57—\$58,000; 1957-58—\$33,000.

(10) The following transfers of funds were made to other grants: 1955-56—\$15,000; 1957-58—\$5,000; 1958-59—\$16,300.

(11) The following transfers of funds were made to other grants: 1955-56—\$60,000; 1956-57—\$40,000; 1958-59—\$3,600.

NATIONAL HEALTH PROGRAM
 AMOUNTS AVAILABLE AND GROSS EXPENDITURES FOR THE FIRST ELEVEN YEARS OF THE PROGRAM
 FOR PRINCE EDWARD ISLAND

Grant	1948-49			1949-50			1950-51			1951-52			1952-53			1953-54		
	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%
Crippled children (1).....	7,473	5,000	67	7,356	5,000	68	7,310	3,191	44	7,308	3,294	45	7,358	14	1	7,406	1,927	26
Professional training (2).....	7,473	7,247	97	7,356	7,011	95	7,310	6,894	94	7,308	5,033	69	7,358	8,533	116	7,406	6,730	91
Hospital construction (3)....	97,308	38,228	39	94,020	36,164	38	92,740	87,216	94	92,685	55,535	60	94,083	44,912	48	47,623	16,780	35
Venereal disease (4).....	2,058	2,058	100	7,356	7,356	100	7,310	4,961	68	7,308	3,615	49	7,358	2,473	34	7,406	2,295	31
Mental health (5).....	53,257	34,664	65	52,302	34,021	65	59,098	18,268	31	59,077	31,762	54	66,862	43,197	65	67,454	51,048	76
Tuberculosis control (6)....	46,774	34,016	73	47,601	42,843	90	56,032	43,985	78	54,629	49,137	90	55,327	44,579	80	54,186	46,782	86
Public health research.....																		
Health survey (7).....	15,000	5,764	38		4,740	32		3,404	23		656	4		2,086	14			
General public health (8)...	32,900	23,777	72	37,200	36,555	98	42,300	38,826	92	48,000	77,060	160	49,871	80,129	161	51,500	49,003	95
Cancer control (9).....	26,198	5,009	19	25,313	10,582	42	24,969	9,365	37	24,954	9,306	37	25,330	8,070	32	25,688	8,799	34
Laboratory and radiological services (10).....																30,900	30,639	99
Medical rehabilitation (11).....																12,827		0
Child and maternal health (12).....																12,980	8,893	68
Total.....	288,441	155,763	54	278,504	184,272	66	297,069	216,110	73	301,269	235,407	78	313,547	233,993	75	325,376	222,896	68

Note: Transfers of funds between grants, in fiscal years 1951-59, are not included in the available column.

Grant	1954-55			1955-56			1956-57			1957-58			1958-59			Total		
	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%
Crippled children (1).....	7,422	3,327	45	7,297	7,297	100	7,303	11,727	160	7,137	13,037	182	6,848	5,999	87	80,218	59,813	74
Professional training (2).....	7,422	6,001	81	7,297	9,205	126	7,303	2,738	37	7,137	6,729	94	6,848	1,849	27	80,218	67,970	84
Hospital construction (3)....	47,847	55,947	117	46,108	122,555	266	46,192	22,537	49	52,824	40,960	77	103,519	141,713	136	814,949	662,547	81
Venereal disease (4).....	7,422	5,229	70	7,297	5,405	74	7,303	3,479	48	7,137	3,205	44	6,848	3,084	45	74,803	43,160	57
Mental health (5).....	75,058	58,897	78	73,239	66,836	91	73,327	71,413	97	70,900	74,382	104	66,665	66,664	99	717,239	551,152	76
Tuberculosis control (6).....	52,862	43,399	82	52,175	41,458	79	53,198	40,879	77	51,188	48,118	94	50,314	47,675	94	574,286	482,871	84
Public health research.....																		
Health survey (7).....																15,000	16,650	111
General public health (8)....	53,000	77,210	146	52,500	76,882	146	54,000	91,853	170	52,500	96,899	165	49,500	77,754	157	523,271	725,957	138
Cancer control (9).....	25,808	11,808	46	24,869	13,713	55	24,915	11,395	46	23,664	12,944	54	21,480	12,580	58	273,188	113,571	41
Laboratory and radiological services (10).....	37,100	0	0	42,000	0	0	48,600	29,922	61	52,500	24,500	46	49,500	49,500	100	260,600	134,561	51
Medical rehabilitation (11)...	16,425	0	0	16,192	0	0	16,203	0	0	15,892	0	0	15,348	14,398	93	92,887	14,398	15
Child and maternal health (12).....	16,269	13,686	84	22,827	13,709	60	22,210	14,163	64	21,953	14,582	66	21,979	15,207	69	118,218	80,240	67
Total.....	346,635	275,504	79	351,801	357,060	101	360,554	300,106	83	362,832	335,356	92	398,849	436,423	109	3,624,877	2,952,890	81

Note: Transfers of funds between grants, in fiscal years 1951-59, are not included in the available column.

(1) The following transfers of funds were made: transferred from other grants: 1956-57—\$4,615; 1957-58—\$5,900;—transferred to: 1951-52—\$4,000; 1952-53—\$6,000; 1954-55—\$3,500; 1958-59—\$848.

(2) The following transfers of funds were made: transferred from other grants: 1952-53—\$2,000; 1955-56—\$2,257;—transferred to: 1956-57—\$4,533; 1957-58—\$407; 1958-59—\$4,998.

(3) Revoke funds (funds committed in previous years but not expended) are not included in the available column: 1949-50—\$59,080; 1952-53—\$116,937; 1953-54—\$94,000; 1954-55—\$93,230; 1955-56—\$169,303; 1956-57—\$114,555; 1957-58—\$130,633; 1958-59—\$196,934.

(4) Amounts available (\$5,472) and expended (\$5,425), during fiscal year 1948-49, under P.C. 1690 and carry-over from 1947-48, are not included in this table.—The following transfers of funds were made to other grants: 1951-52—\$2,530; 1952-53—\$4,000; 1955-56—\$1,200; 1956-57—\$3,798; 1957-58—\$3,782; 1958-59—\$3,708.

(5) The following transfers of funds were made: transferred from other grants: 1957-58—\$4,500;—transferred to: 1951-52—\$24,000; 1952-53—\$14,000; 1954-55—\$13,500; 1955-56—\$2,000.

(6) Revoke of \$39,410, in fiscal year 1949-50, is not included in the available column.—The following transfers of funds were made to other grants: 1951-52—\$5,290; 1952-53—\$1,000; 1954-55—\$3,000; 1955-56—\$7,600; 1956-57—\$1,896; 1957-58—\$3,000; 1958-59—\$2,100.

(7) Amount available unallotted by year.—Net expenditure: \$15,000.

(8) Revoke of \$7,250, in fiscal year 1949-50, is not included in the available column.—The following transfers of funds were made from other grants: 1951-52—\$44,820; 1952-53—\$36,000; 1954-55—\$35,500; 1955-56—\$27,043; 1956-57—\$42,094; 1957-58—\$46,382; 1958-59—\$28,254.

(9) The following transfers of funds were made to other grants: 1951-52—\$9,000; 1952-53—\$13,000; 1954-55—\$14,000; 1955-56—\$11,000; 1956-57—\$13,520; 1957-58—\$10,500; 1958-59—\$8,900.

(10) The following transfers of funds were made to other grants: 1956-57—\$15,272; 1957-58—\$28,000.

(11) The following transfers of funds were made to other grants: 1957-58—\$4,893; 1958-59—\$950.

(12) The following transfers of funds were made to other grants: 1954-55—\$1,500; 1955-56—\$7,500; 1956-57—\$7,690; 1957-58—\$6,200; 1958-59—\$6,750.

NATIONAL HEALTH PROGRAM
AMOUNTS AVAILABLE AND GROSS EXPENDITURES FOR THE FIRST ELEVEN YEARS OF THE PROGRAM
FOR NOVA SCOTIA

Grant	1948-49			1949-50			1950-51			1951-52			1952-53			1953-54		
	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%
Crippled children (1).....	26,945	.....	0	26,913	16,635	62	26,715	4,199	16	26,676	19,277	72	25,920	3,718	14	25,591	22,493	88
Professional training (2).....	26,945	9,813	36	26,913	21,937	81	26,715	21,039	79	26,676	23,538	88	25,920	23,573	91	25,591	53,498	209
Hospital construction (3)....	642,857	91,874	14	641,963	125,472	19	636,359	334,489	52	635,281	351,102	55	614,098	467,218	76	301,923	542,918	180
Venereal disease (4).....	13,599	.....	0	26,913	26,913	100	26,715	26,689	99	26,676	26,676	100	25,920	25,920	100	25,591	25,591	100
Mental health (5).....	211,676	47,462	22	211,416	85,270	40	258,969	95,452	37	258,573	135,590	52	298,242	136,309	46	294,147	158,181	54
Tuberculosis control (6).....	182,585	163,117	89	180,659	172,286	95	230,049	223,822	97	225,118	221,344	98	218,946	253,596	116	207,978	265,470	128
Public health research (7).....	.....	.....	.....	.....	6,649	3	.....	5,140	2	.....	7,516	2	.....	20,699	4	.....	21,996	4
Health survey (8).....	33,399	5,010	15	.....	15,088	45	.....	5,044	15	.....	3,000	9	.....	2,496	7	.....	.....	.....
General public health (9)....	217,350	61,075	28	254,000	140,447	55	290,250	233,460	80	329,000	270,948	82	325,522	280,688	86	326,500	197,293	60
Cancer control (10).....	173,077	36,380	21	172,836	61,158	35	171,329	67,733	39	171,039	45,165	26	165,336	62,755	38	162,858	132,511	81
Laboratory and radiological Services (11).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	195,900	79,905	41
Medical rehabilitation (12).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	27,920	.....	0
Child and maternal health (13).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	29,264	16,485	56
Total.....	1,528,433	414,731	27	1,541,613	671,855	43	1,667,101	1,017,067	61	1,699,039	1,104,156	65	1,699,904	1,276,972	75	1,623,263	1,516,341	93

NOTE.—Transfers of funds between grants, in fiscal years 1951-59, are not included in the available column.

Grant	1954-55			1955-56			1956-57			1957-58			1958-59			Total			
	Available	Expended	%	Available	Expended	%													
Crippled children (1).....	25,401	16,241	64	25,133	13,639	54	24,890	23,906	96	24,796	16,653	67	24,193	20,428	84	283,173	157,189	55	
Professional training (2).....	25,401	36,807	145	25,133	39,914	159	24,890	24,527	98	24,796	31,367	126	24,193	30,743	128	283,173	316,756	111	
Hospital construction (3).....	299,268	426,625	142	295,531	275,026	93	292,122	236,040	81	354,286	279,170	78	734,044	320,112	43	5,447,732	3,450,046	63	
Venereal disease (4).....	25,401	24,664	97	25,133	19,666	78	24,890	34,013	137	24,796	24,796	100	24,193	24,193	100	269,827	259,121	96	
Mental health (5).....	338,101	224,496	66	334,191	234,007	70	330,625	298,021	90	329,253	300,934	91	320,440	305,440	95	3,185,633	2,021,162	63	
Tuberculosis control (6).....	201,389	233,400	116	196,498	235,164	120	196,489	236,459	120	189,612	189,612	100	187,965	187,965	100	2,217,288	2,382,235	107	
Public health research (7).....		23,073	4		27,111	5		30,582	6		28,706	5		32,707	6			204,179	4
Health survey (8).....																33,399		30,638	91
General public health (9).....	331,500	271,737	82	336,500	324,889	96	341,500	422,217	124	348,000	372,696	107	351,000	368,360	104	3,451,122	2,943,810	85	
Cancer control (10).....	161,419	102,568	63	159,403	159,403	100	157,564	179,564	114	156,856	178,856	114	152,314	152,314	100	1,804,031	1,178,407	65	
Laboratory and radiological services (11).....	232,050	135,965	58	269,200	182,200	68	307,350	136,616	44	348,000	292,332	84	351,000	340,338	96	1,703,500	1,167,356	68	
Medical rehabilitation (12).....	50,190	1,932	4	49,688	7,648	15	49,230	30,341	62	49,054	39,890	81	47,923	30,689	64	274,005	110,500	40	
Child and maternal health (13).....	50,351	44,344	88	93,378	43,159	46	91,218	61,779	68	89,761	95,559	106	88,955	95,931	107	442,927	357,257	80	
Total.....	1,740,471	1,541,852	88	1,809,788	1,561,826	86	1,840,768	1,714,065	93	1,939,210	1,850,571	95	2,306,220	1,909,220	82	19,395,810	14,578,656	75	

Note: Transfers of funds between grants, in fiscal years 1951-59, are not included in the available column.

- (1) The following transfers of funds were made: transferred from other grants: 1953-54—\$15,000; transferred to: 1957-58—\$8,000; 1958-59—\$2,950.
- (2) The following transfers of funds were made from other grants: 1953-54—\$37,100; 1954-55—\$20,000; 1955-56—\$22,480; 1956-57—\$7,060; 1957-58—\$6,750; 1958-59—\$6,550.
- (3) Revote funds (funds committed in previous years but not expended) are not included in the available column: 1949-50—\$141,204; 1952-53—\$1,067,475; 1953-54—\$562,667; 1954-55—\$775,468; 1955-56—\$641,372; 1956-57—\$797,194; 1957-58—\$701,337; 1958-59—\$982,031.
- (4) Amounts available (\$13,651) and expended (\$13,589), during fiscal year 1948-49, under P.C. 1690 and carry-over from 1947-48, are not included in this table.—The following transfers of funds were made from other grants: 1954-55—\$1,583; 1956-57—\$10,590.
- (5) The following transfers of funds were made to other grants: 1952-53—\$34,650; 1953-54—\$72,100; 1954-55—\$23,594; 1955-56—\$44,000; 1957-58—\$8,000; 1958-59—\$15,000.
- (6) The following transfers of funds were made from other grants: 1952-53—\$34,650; 1953-54—\$70,000; 1954-55—\$32,011; 1955-56—\$38,946; 1956-57—\$40,990.
- (7) Amount available unallotted by province.—See table for All Provinces.
- (8) Amount available unallotted by year.—Net expenditure: \$30,638.
- (9) The following transfers of funds were made: transferred from other grants: 1955-56—\$23,000; 1956-57—\$89,018; 1957-58—\$26,100; 1958-59—\$23,500; transferred to: 1953-54—\$50,000.
- (10) The following transfers of funds were made from other grants: 1956-57—\$22,000; 1957-58—\$22,000.
- (11) The following transfers of funds were made to other grants: 1954-55—\$30,000; 1956-57—\$146,658; 1957-58—\$42,000; 1958-59—\$4,000.
- (12) The following transfers of funds were made to other grants: 1957-58—\$3,000; 1958-59—\$16,000.
- (13) The following transfers of funds were made: transferred from other grants: 1957-58—\$6,150; 1958-59—\$7,900; —transferred to: 1955-56—\$40,426; 1956-57—\$23,000.

NATIONAL HEALTH PROGRAM
AMOUNTS AVAILABLE AND GROSS EXPENDITURES FOR THE FIRST ELEVEN YEARS OF THE PROGRAM
FOR NEW BRUNSWICK

Grant	1948-49			1949-50			1950-51			1951-52			1952-53			1953-54		
	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%
Crippled Children (1).....	22,142	19,934	90	22,150	22,147	99	22,172	22,171	99	21,989	36,976	168	21,590	31,182	144	21,392	35,366	165
Professional training (2).....	22,142	21,196	96	22,150	21,780	98	22,172	21,353	96	21,989	32,666	148	21,590	24,108	112	21,392	24,166	113
Hospital construction (3)....	508,282	3,285	1	508,515	64,813	13	509,087	53,752	10	503,977	276,879	55	492,783	469,179	95	243,203	55,862	228
Venereal disease (4).....	10,752	10,752	100	22,150	16,987	77	22,172	16,237	73	21,989	20,029	91	21,590	18,345	85	21,392	21,590	101
Mental Health (5).....	172,597	70,440	41	172,665	34,720	20	212,175	103,846	49	210,297	143,862	68	244,263	157,836	65	241,801	217,124	90
Tuberculosis control (6)....	142,598	130,985	92	140,510	122,425	87	186,717	99,609	53	188,868	273,868	145	187,254	142,884	76	184,837	182,447	99
Public health research (7).....					6,373	3		6,894	2		5,832	1		3,146	1		3,338	1
Health survey (8).....	27,454	5,127	19		13,824	50		7,049	26		1,454	5						
General public health (9)....	171,850	70,111	41	201,200	131,656	65	232,200	200,101	86	261,000	224,858	86	261,215	212,941	81	263,000	181,743	69
Cancer control (10).....	136,845	121,742	89	136,908	29,925	22	137,063	82,863	60	135,687	75,865	56	132,674	100,949	76	131,184	125,249	95
Laboratory and radiological services.....																157,800	157,800	100
Medical rehabilitation.....																24,435	8,803	36
Child and maternal health (11).....																31,767	19,461	61
Total.....	1,214,662	453,572	37	1,226,248	464,650	38	1,343,758	613,875	46	1,365,796	1,092,289	80	1,382,959	1,160,570	84	1,342,203	1,532,949	114

NOTE: Transfers of funds between grants, in fiscal years 1951-59, are not included in the available column.

Grant	1954-55			1955-56			1956-57			1957-58			1958-59			Total			
	Available	Expended	%	Available	Expended	%													
Crippled children (1).....	21,301	40,401	190	21,177	45,177	213	21,066	21,066	100	21,001	21,001	100	20,253	20,253	100	236,233	315,674	133	
Professional training (2).....	21,301	20,037	94	21,177	19,619	93	21,066	18,853	89	21,001	19,053	90	20,253	19,045	94	236,233	241,876	102	
Hospital construction (3).....	241,942	347,127	143	240,201	125,728	52	238,659	681,053	285	288,834	515,263	178	590,790	448,466	75	4,366,273	3,541,407	81	
Venereal disease (4).....	21,301	21,301	100	21,177	21,177	100	21,066	21,066	100	21,001	21,001	100	20,253	20,253	100	224,843	208,738	92	
Mental Health (5).....	278,126	278,126	100	276,304	276,304	100	274,691	274,691	100	273,735	273,735	100	262,783	262,583	99	2,619,437	2,093,267	79	
Tuberculosis control (6).....	183,331	183,331	100	180,623	170,302	94	175,728	169,667	96	170,220	170,220	100	165,392	165,392	100	1,906,078	1,811,130	95	
Public health research (7).....					5,572	1		8,308	2									39,463	1
Health survey (8).....																		27,454	100
General public health (9).....	268,000	210,049	78	273,500	223,896	82	279,000	251,292	90	284,500	255,336	89	282,500	272,477	96	2,777,965	2,234,460	80	
Cancer control (10).....	130,498	130,498	100	129,559	129,559	100	128,727	128,727	100	128,235	128,016	99	122,588	122,588	100	1,449,968	1,175,981	81	
Laboratory and radiological services.....	187,600	187,600	100	218,800	218,800	100	251,100	251,100	100	284,500	284,500	100	282,500	282,500	100	1,382,300	1,382,300	100	
Medical rehabilitation.....	42,491	12,864	30	42,257	16,901	40	42,050	29,650	70	41,928	41,928	100	40,522	40,522	100	233,683	150,668	64	
Child and maternal health (11).....	56,080	29,852	53	102,576	40,111	39	98,431	66,954	68	94,319	80,320	85	91,222	78,336	85	474,395	315,034	66	
Total.....	1,451,971	1,461,186	101	1,527,351	1,293,146	85	1,551,584	1,922,427	124	1,629,274	1,810,373	111	1,899,056	1,732,415	91	15,934,862	13,537,452	84	

NOTE: Transfers of funds between grants, in fiscal years 1951-59, are not included in the available column.

(1) The following transfers of funds were made from other grants: 1951-52—\$15,000; 1952-53—\$21,674; 1953-54—\$15,000; 1954-55—\$21,000; 1955-56—\$24,000.

(2) The following transfers of funds were made from other grants: 1951-52—\$12,000; 1952-53—\$3,245; 1953-54—\$5,000; 1954-55—\$5,000; 1955-56—\$3,500.

(3) Revoke funds (funds committed in previous years but not expended) are not included in the available column: 1952-53—\$948,700; 1953-54—\$675,250; 1954-55—\$1,117,129; 1955-56—\$963,746; 1956-57—\$1,335,021; 1957-58—\$1,314,660; 1958-59—\$838,872.

(4) Amounts available (\$11,529) and expended (\$11,288), during fiscal year 1948-49, under P.C. 1690 and carry-over from 1947-48, are not included in this table.—The following transfers of funds were made: transferred from other grants: 1953-54—\$6,000;—transferred to: 1952-53—\$3,245.

(5) The following transfers of funds were made to other grants: 1951-52—\$55,000; 1952-53—\$70,000.

(6) The following transfers of funds were made from other grants: 1951-52—\$85,000; 1952-53—\$105,000.

(7) Amount available unallotted by province.—See table for All Provinces.

(8) Amount available unallotted by year.—Net expenditure: \$27,454.

(9) The following transfers of funds were made to other grants: 1951-52—\$27,000; 1952-53—\$35,000; 1953-54—\$26,000; 1954-55—\$5,000.

(10) The following transfers of funds were made to other grants: 1951-52—\$30,000; 1952-53—\$21,674.

(11) The following transfers of funds were made to other grants: 1954-55—\$21,000; 1955-56—\$27,500.

NATIONAL HEALTH PROGRAM
AMOUNTS AVAILABLE AND GROSS EXPENDITURES FOR THE FIRST ELEVEN YEARS OF THE PROGRAM
FOR QUEBEC

Grant	1948-49			1949-50			1950-51			1951-52			1952-53			1953-54		
	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%
Crippled children.....	141,153	11,570	8	140,829	12,549	9	140,886	46,296	33	141,021	71,249	50	141,720	115,794	82	142,013	141,963	99
Professional Training (1).....	141,153	58,956	42	140,829	111,634	79	140,886	139,422	99	141,021	140,575	99	141,720	216,450	153	142,013	238,562	168
Hospital construction (2)....	3,842,650	1,103,243	29	3,833,580	2,632,242	69	3,834,924	2,053,292	53	3,838,720	2,050,491	53	3,858,316	2,287,271	59	1,929,904	3,012,450	156
Venereal disease (3).....	81,287	17,995	22	140,829	130,502	93	140,886	127,532	90	141,021	124,977	89	141,720	114,019	80	142,013	113,701	80
Mental health (4).....	1,140,846	8,490	1	1,138,212	699,351	61	1,434,982	992,963	69	1,436,378	1,247,977	87	1,741,751	1,443,849	83	1,745,395	1,619,291	93
Tuberculosis control (5)....	1,069,564	1,068,237	99	1,066,578	636,078	60	1,437,431	1,378,252	96	1,444,508	1,804,566	125	1,450,274	1,950,128	134	1,463,063	2,172,957	148
Public health research (6).....	7,050	7,050	100	23,282	23,282	100	27,684	27,684	100	71,022	71,022	100	123,478	123,478	100	215,167	215,167	100
Health survey (7).....	174,756	34,649	20	25,577	25,577	100	51,833	51,833	100	39,902	39,902	100						
General public health (8)....	1,299,200	76,486	6	1,516,800	460,800	30	1,749,150	679,693	39	1,988,000	813,777	41	2,045,220	834,997	41	2,087,000	977,458	47
Cancer control.....	1,034,560	170,418	16	1,032,118	246,069	24	1,032,491	646,083	62	1,033,513	951,404	92	1,038,788	885,472	85	1,040,994	927,380	89
Laboratory and radiological services.....																1,252,200	171,411	14
Medical rehabilitation.....																124,546	21,837	17
Child and maternal health (9).....																150,247		0
Total.....	8,925,169	2,557,094	29	9,009,775	4,978,084	55	9,911,636	6,143,051	62	10,164,182	7,315,940	72	10,559,509	7,971,458	75	10,219,388	9,612,177	94

NOTE: Transfers of funds between grants, in fiscal years 1951-59, are not included in the available column.

Grant	1954-55			1955-56			1956-57			1957-58			1958-59			Total			
	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	
Crippled children.....	141,796	136,239	96	141,790	136,390	96	142,244	134,083	94	142,459	139,212	97	140,867	91,817	65	1,556,778	1,037,162	66	
Professional training (1)....	141,796	174,854	123	141,790	105,568	74	142,244	97,900	69	142,459	87,143	61	140,867	132,483	94	1,556,778	1,503,548	96	
Hospital construction (2)....	1,926,964	2,728,730	142	1,926,880	3,324,008	172	1,933,224	3,649,459	189	2,366,453	1,092,083	46	4,975,184	6,915,013	138	34,266,799	30,848,282	90	
Venereal disease (3).....	141,796	107,175	75	141,790	105,112	74	142,244	114,044	80	142,459	109,364	76	140,867	92,781	65	1,496,912	1,157,202	77	
Mental health (4).....	2,041,034	1,618,148	79	2,040,945	1,717,504	84	2,047,583	1,815,931	89	2,050,726	1,939,038	94	2,027,428	2,070,862	102	18,845,280	15,173,404	80	
Tuberculosis control (5)....	1,478,701	1,977,456	134	1,490,895	1,920,209	129	1,499,236	1,689,664	113	1,505,811	1,434,575	95	1,502,272	1,498,020	99	15,408,333	17,531,042	113	
Public health research (6)....		204,824	40		202,646	39		179,075	35		197,840	38		190,245	37		1,442,313	31	
Health survey (7).....																	174,756	151,961	86
General public health (8)....	2,134,500	1,162,476	54	2,194,000	1,114,826	51	2,260,000	1,018,524	45	2,317,000	1,316,304	56	2,379,000	1,658,574	69	21,969,870	10,113,915	46	
Cancer control.....	1,039,361	1,000,827	96	1,039,315	1,021,443	98	1,042,738	987,251	95	1,004,358	1,044,342	99	1,032,346	1,026,308	99	11,410,582	8,906,997	78	
Laboratory and radiological services.....	1,494,150	182,547	12	1,755,200	231,705	13	2,034,000	231,828	11	2,317,000	492,439	21	2,379,000	1,379,104	57	11,231,550	2,689,034	23	
Medical rehabilitation.....	268,780	55,782	21	268,768	92,024	34	269,620	151,994	56	270,024	211,476	78	267,033	233,579	87	1,468,771	766,692	52	
Child and maternal health (9).....	330,009	282,190	85	683,187	144,092	21	682,168	199,470	29	672,943	245,359	36	668,050	583,947	87	3,186,604	1,455,058	45	
Total.....	11,138,887	9,631,248	86	11,824,560	10,115,527	85	12,195,301	10,269,223	84	12,971,692	8,309,175	64	15,652,914	15,873,633	101	122,573,013	92,776,610	75	

NOTE: Transfers of funds between grants, in fiscal years 1951-59, are not included in the available column.

(1) The following transfers of funds were made from other grants: 1951-52—\$15,025; 1952-53—\$100,000; 1953-54—\$130,000; 1954-55—\$54,000.

(2) Revote funds (funds committed in previous years but not expended) are not included in the available column: 1949-50—\$62,607; 1952-53—\$3,940,744; 1953-54—\$2,458,803; 1954-55—\$2,576,620; 1955-56—\$2,978,439; 1956-57—\$2,098,834; 1957-58—\$1,181,750; 1958-59—\$1,952,467.

(3) Amounts available (\$60,911) and expended (\$60,739), during fiscal year 1948-49, under P.C. 1690 and carry-over from 1947-48, are not included in this table.

(4) The following transfer of funds was made from other grants: 1958-59—\$150,000.

(5) The following transfers of funds were made from other grants: 1951-52—\$448,269; 1952-53—\$600,000; 1953-54—\$800,000; 1954-55—\$600,000; 1955-56—\$450,000; 1956-57—\$200,000.

(6) Amount available unallotted by province.—See table for All Provinces.

(7) Amount available unallotted by year.—Net expenditure: \$147,771.

(8) The following transfers of funds were made to other grants: 1951-52—\$463,294; 1952-53—\$700,000; 1953-54—\$930,000; 1954-55—\$654,000; 1955-56—\$350,000; 1956-57—\$200,000; 1958-59—\$150,000.

(9) The following transfer of funds was made to other grants: 1955-56—\$100,000.

NATIONAL HEALTH PROGRAM
AMOUNTS AVAILABLE AND GROSS EXPENDITURES FOR THE FIRST ELEVEN YEARS OF THE PROGRAM
FOR ONTARIO

Grant	1948-49			1949-50			1950-51			1951-52			1952-53			1953-54		
	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%
Crippled children.....	158,777	22,722	14	159,052	48,070	30	159,339	72,448	45	159,493	116,968	73	160,682	134,497	84	161,587	122,735	76
Professional training (1).....	158,777	68,664	43	159,052	87,814	55	159,339	120,049	75	159,493	166,989	105	160,682	174,474	108	161,587	213,872	132
Hospital construction (2).....	4,336,439	281,893	6	4,344,117	2,057,853	47	4,351,904	2,163,874	50	4,356,214	3,788,924	87	4,389,519	4,175,487	95	2,203,623	2,556,070	116
Venereal disease (3).....	91,732	29,384	32	159,052	157,678	99	159,339	150,819	95	159,493	146,068	91	160,682	147,787	92	161,587	130,138	80
Mental health (4).....	1,284,235	55,128	4	1,286,465	468,031	36	1,625,060	525,269	32	1,626,644	1,075,707	66	1,978,108	1,506,207	76	1,989,399	1,571,373	79
Tuberculosis control (5).....	740,751	711,424	96	743,841	568,734	76	1,011,174	472,236	47	1,007,900	654,547	65	1,010,878	781,150	77	1,014,167	647,353	64
Public health research (6).....		28,159	28		78,254	38		151,570	49		183,502	45		237,855	46		130,135	25
Health survey (7).....	196,570	52,791	27		22,373	11		38,641	20		16,119	8		17,779	9			
General Public health (8).....	1,466,150	101,893	7	1,718,800	417,332	24	1,984,950	591,367	30	2,256,000	676,656	30	2,326,801	860,517	37	2,383,000	1,601,137	67
Cancer control (9).....	1,167,503	56,750	5	1,169,570	174,346	15	1,171,679	206,829	18	1,172,839	242,780	21	1,181,806	256,329	22	1,188,638	346,062	29
Laboratory and Radiological services.....																1,429,800		0
Medical rehabilitation.....																140,792		0
Child and maternal health.....																114,611	20,694	18
Total.....	9,600,934	1,408,808	15	9,739,949	4,080,485	42	10,622,784	4,493,102	42	10,898,076	7,068,260	65	11,369,158	8,292,082	73	10,948,791	7,339,569	67

NOTE: Transfers of funds between grants, in fiscal years 1951-59, are not included in the available column.

Grant	1954-55			1955-56			1956-57			1957-58			1958-59			Total		
	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%
Crippled children.....	162,067	118,638	73	162,453	112,576	69	162,522	140,562	86	162,568	148,550	91	165,720	152,304	91	1,774,260	1,190,070	67
Professional training (1)....	162,067	278,907	172	162,453	227,048	140	162,522	234,338	144	162,568	267,452	164	165,720	266,743	160	1,774,260	2,106,350	118
Hospital construction (2)....	2,210,434	2,526,844	114	2,215,822	3,872,997	175	2,216,792	3,769,450	170	2,725,777	3,267,214	119	5,878,622	4,245,447	72	39,229,263	32,706,052	83
Venereal disease (3).....	162,067	125,809	78	162,453	130,178	80	162,522	135,095	83	162,568	139,604	85	165,720	144,451	87	1,707,215	1,437,011	84
Mental health (4).....	2,337,607	2,041,877	87	2,343,244	1,365,669	58	2,344,259	1,919,668	82	2,344,924	1,956,131	83	2,391,046	2,003,328	83	21,550,991	14,488,088	67
Tuberculosis control (5)....	1,008,273	660,884	65	1,013,261	583,844	58	1,024,461	907,806	89	1,030,452	800,030	77	1,048,405	817,472	77	10,653,563	7,605,480	71
Public health research (6)....		122,835	24		147,000	29		142,949	28		150,384	29		126,311	24		1,498,954	32
Health survey (7).....																196,570	147,703	75
General public health (8)....	2,448,500	1,598,208	65	2,523,000	1,728,401	68	2,591,500	1,986,329	77	2,653,500	1,791,594	67	2,811,000	2,145,431	76	25,163,201	13,498,865	53
Cancer control (9).....	1,102,258	498,582	42	1,195,165	566,886	47	1,195,688	970,934	81	1,196,031	1,100,564	92	1,219,809	1,181,807	96	13,050,986	5,601,869	42
Laboratory and radiological services.....	1,713,950		0	2,018,400		0	2,332,350		0	2,653,500		0	2,811,000	62,317	2	12,959,000	62,317	1
Medical rehabilitation.....	306,848		0	307,572		0	307,702	12,834	4	307,787	90,401	29	313,707	141,709	45	1,684,408	244,944	14
Child and maternal health..	251,505	43,162	17	527,523	422,374	80	532,141	271,493	51	539,732	217,960	40	544,772	461,151	84	2,510,284	1,436,834	57
Total.....	11,955,576	8,015,446	67	12,631,346	9,156,972	72	13,032,450	10,491,458	80	13,939,407	9,929,884	71	17,515,521	11,748,471	67	132,254,001	82,024,537	62

NOTE: Transfers of funds between grants, in fiscal years 1951-59, are not included in the available column.

- (1) The following transfers of funds were made from other grants: 1951-52—\$100,000; 1952-53—\$75,000; 1953-54—\$100,000; 1954-55—\$200,000; 1955-56—\$125,000; 1956-57—\$100,000; 1957-58—\$150,000; 1958-59—\$150,000.
- (2) Revote funds (funds committed in previous years but not expended) are not included in the available column: 1952-53—\$9,340,810; 1953-54—\$5,605,333; 1954-55—\$2,879,368; 1955-56—\$4,020,940; 1956-57—\$2,878,217; 1957-58—\$3,752,502; 1958-59—\$2,163,898.
- (3) Amounts available (\$67,491) and expended (\$66,437), during fiscal year 1948-49, under P.C. 1690 and carry-over from 1947-48, are not included in this table.
- (4) Revote of \$173,640, in fiscal year 1956-57, is not included in the available column.
- (5) Revote of \$126,783, in fiscal year 1956-57, is not included in the available column.
- (6) Amount available unallotted by province.—See table for All Provinces.
- (7) Amount available unallotted by year.—Net expenditure: \$147,703.
- (8) Revote of \$205,142, in fiscal year 1956-57, is not included in the available column.—The following transfers of funds were made to other grants: 1951-52—\$100,000; 1954-55—\$200,000; 1955-56—\$125,000; 1956-57—\$100,000; 1957-58—\$150,000; 1958-59—\$150,000.
- (9) The following transfers of funds were made to other grants: 1952-53—\$75,000; 1953-54—\$100,000.

NATIONAL HEALTH PROGRAM
AMOUNTS AVAILABLE AND GROSS EXPENDITURES FOR THE FIRST ELEVEN YEARS OF THE PROGRAM

FOR MANITOBA

Grant	1948-49			1949-50			1950-51			1951-52			1952-53			1953-54		
	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%
Crippled children.....	31,453	3,463	11	31,315	23,377	75	31,398	20,917	67	31,397	21,698	69	30,506	27,726	91	30,386	29,691	98
Professional training (1) ...	31,453	14,175	45	31,315	24,017	77	31,398	26,645	85	31,397	28,281	90	30,506	50,109	164	30,386	46,683	154
Hospital construction (2)....	769,151	209,822	27	765,301	356,350	46	767,577	497,195	65	767,551	407,816	53	742,576	490,924	66	368,966	493,952	134
Venereal disease (3).....	16,271	6,093	37	31,315	31,315	100	31,398	31,398	100	31,397	31,397	100	30,506	30,506	100	30,386	30,386	100
Mental health (4).....	248,350	23,971	10	247,232	62,439	25	307,214	90,588	29	307,205	145,917	47	355,408	236,717	67	353,911	289,285	82
Tuberculosis control (5) ..	187,998	72,162	38	187,830	94,640	50	246,222	111,180	45	244,752	149,600	61	240,542	213,854	89	238,326	182,424	76
Public health research (6) ..	.....	200	1	.....	6,517	3	.....	9,700	3	.....	10,285	2	.....	12,758	2	.....	9,583	2
Health survey (7) ..	38,979	5,948	15	.....	2,413	6	.....	21,426	55	.....	5,338	14	.....	.....	.....	.....	.....	.....
General public health (8)...	260,050	62,127	24	302,800	106,178	35	350,100	193,609	55	397,500	255,141	64	393,625	285,735	72	399,900	406,910	102
Cancer control (9) ..	207,079	38,336	18	206,042	42,111	20	206,657	57,886	28	206,651	78,862	38	199,926	137,028	68	199,021	131,622	66
Laboratory and radiological services (10) ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	239,400	72,539	30
Medical rehabilitation (11) ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	31,899	11,435	36
Child and maternal health (12) ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	30,579	.....	0
Total	1,790,784	436,297	24	1,803,150	749,357	41	1,971,964	1,060,544	54	2,017,850	1,134,335	56	2,023,595	1,485,357	73	1,952,260	1,704,410	87

NOTE: Transfers of funds between grants, in fiscal years 1951-59, are not included in the available column.

Grant	1954-55			1955-56			1956-57			1957-58			1958-59			Total			
	Available	Expended	%	Available	Expended	%													
Crippled children	30,113	29,769	99	30,001	29,768	99	29,967	29,944	99	29,815	29,815	100	28,738	28,738	100	335,089	274,906	82	
Professional training (1) ...	30,113	26,283	87	30,001	20,771	69	29,967	18,590	62	29,815	26,490	88	28,738	31,873	110	335,089	313,917	93	
Hospital construction (2)....	365,171	653,439	179	363,595	636,059	175	363,121	867,179	239	438,768	383,660	87	899,255	711,865	79	6,611,032	5,708,261	86	
Venereal disease (3)	30,113	30,113	100	30,001	30,001	100	29,967	29,967	100	29,815	29,815	100	28,738	28,738	100	319,907	309,729	96	
Mental health (4).....	407,050	299,970	74	405,402	312,851	77	404,906	364,093	90	402,693	345,475	85	386,935	335,825	86	3,826,306	2,507,131	65	
Tuberculosis control (5).....	235,482	181,189	77	231,249	185,433	80	228,217	213,504	93	227,211	220,866	97	224,368	195,596	87	2,492,197	1,820,448	73	
Public health research (6).....		18,830	4		13,332	2		16,489	3		15,494	3		25,361	4		138,549	3	
Health survey (7).....																	38,979	35,125	90
General public health (8) ...	404,500	317,113	78	414,000	334,168	81	424,500	336,106	79	432,000	397,089	91	430,000	489,399	113	4,208,075	3,183,475	75	
Cancer control (9).....	196,965	196,811	99	196,115	193,997	99	195,859	220,004	112	194,718	194,718	100	186,595	175,055	93	2,195,628	1,466,430	66	
Laboratory and radiological services (10).....	283,150	233,954	83	331,200	296,780	90	382,050	421,366	110	432,000	422,307	97	430,000	245,845	57	2,097,800	1,692,791	80	
Medical rehabilitation (11)...	59,040	22,568	38	58,829	41,265	70	58,765	59,302	101	58,481	58,310	99	56,458	56,371	99	323,472	249,251	77	
Child and maternal health (12).....	53,864	11,872	22	102,669	90,175	88	101,528	88,728	87	102,496	113,209	110	102,249	88,504	86	493,385	392,488	79	
Total.....	2,095,561	2,021,911	96	2,193,062	2,184,600	99	2,248,847	2,665,272	118	2,377,812	2,237,248	94	2,802,074	2,413,170	86	23,276,959	18,092,501	77	

NOTE: Transfers of funds between grants, in fiscal years 1951-59, are not included in the available column.

- (1) The following transfers of funds were made from other grants: 1952-53—\$25,000; 1953-54—\$25,000; 1958-59—\$10,000.
- (2) Revote funds (funds committed in previous years but not expended) are not included in the available column: 1950-51—\$315,067; 1952-53—\$968,280; 1953-54—\$602,194; 1954-55—\$719,866; 1955-56—\$732,183; 1956-57—\$667,188; 1957-58—\$575,512; 1958-59—\$229,630.
- (3) Amounts available (\$15,547) and expended (\$15,536), during fiscal year 1948-49, under P.C. 1690 and carry-over from 1947-48, are not included in this table.
- (4) The following transfers of funds were made to other grants: 1955-56—\$60,000; 1956-57—\$17,000; 1957-58—\$47,500; 1958-59—\$10,000.
- (5) The following transfers of funds were made to other grants: 1955-56—\$15,000; 1956-57—\$4,500.
- (6) Amount available unallotted by province.—See table for All Provinces.
- (7) Amount available unallotted by year.—Net expenditure: \$29,052.
- (8) The following transfers of funds were made: transferred from other grants: 1953-54—\$109,931; 1957-58—\$25,000; 1958-59—\$105,000—transferred to: 1952-53—\$25,000; 1956-57—\$28,000.
- (9) The following transfers of funds were made: transferred from other grants: 1956-57—\$45,000;—transferred to: 1953-54—\$25,000.
- (10) Revote of \$67,120, in fiscal year 1956-57, is not included in the available column.—The following transfers of funds were made: transferred from other grants: 1955-56—\$75,000;—transferred to: 1953-54—\$95,000; 1958-59—\$150,000.
- (11) The following transfer of funds was made from other grants: 1956-57—\$4,500.
- (12) The following transfers of funds were made: transferred from other grants: 1957-58—\$22,500; 1958-59—\$45,000;—transferred to: 1953-54—\$14,931.

NATIONAL HEALTH PROGRAM
AMOUNTS AVAILABLE AND GROSS EXPENDITURES FOR THE FIRST ELEVEN YEARS OF THE PROGRAM
FOR SASKATCHEWAN

Grant	1948-49			1949-50			1950-51			1951-52			1952-53			1953-54		
	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%
Crippled children (1).....	35,111	11,364	32	34,815	30,664	88	34,321	28,550	83	34,120	32,803	96	32,476	32,815	101	31,874	24,230	76
Professional training (2).....	35,111	12,095	34	34,815	30,762	88	34,321	31,589	92	34,120	28,895	85	32,476	29,997	92	31,874	22,739	71
Hospital construction (3)....	871,636	71,331	8	863,364	355,699	41	849,465	352,940	41	843,823	297,295	35	797,763	776,645	97	389,772	499,585	128
Venereal disease (4).....	18,438	2,141	12	34,815	28,496	82	34,321	32,779	95	34,120	33,132	97	32,476	29,258	90	31,874	30,647	96
Mental health (5).....	278,110	39,164	14	275,708	187,091	68	337,322	272,142	81	335,247	319,622	95	370,963	339,275	89	372,459	338,890	91
Tuberculosis control (6)....	173,787	170,924	98	172,922	165,588	96	228,043	182,040	80	229,819	194,819	85	225,407	216,002	96	226,535	236,523	104
Public health research (7)....		2,205	2		13,264	6		16,467	5		18,925	5		25,788	5		26,664	5
Health survey (8).....	43,506	18,067	42		19,095	44		2,681	6		550	1		3,149	7			
General public health (9)....	294,700	83,591	28	341,600	231,851	68	387,450	282,512	73	437,000	385,529	88	422,879	313,250	74	421,500	352,289	83
Cancer control.....	234,671	234,671	100	232,444	232,444	100	228,705	228,705	100	227,186	227,186	100	214,785	214,785	100	210,244	210,244	100
Laboratory and radiological services (10).....																252,900	154,483	61
Medical rehabilitation.....																33,134	4,042	12
Child and maternal health.....																32,895	30,830	94
Total.....	1,985,070	645,553	32	1,990,483	1,294,954	65	2,133,948	1,430,405	67	2,175,435	1,538,756	71	2,138,225	1,980,964	93	2,035,061	1,931,166	95

NOTE: Transfers of funds between grants, in fiscal years 1951-59, are not included in the available column.

Grant	1954-55			1955-56			1956-57			1957-58			1958-59			Total			
	Available	Expended	%	Available	Expended	%													
Crippled children (1).....	31,702	26,173	82	31,571	22,875	72	31,190	30,070	96	30,801	29,490	95	29,285	24,762	84	357,356	239,706	82	
Professional training (2).....	31,792	29,243	92	31,571	25,710	81	31,190	24,636	79	30,801	21,286	69	29,285	23,157	79	357,356	280,109	78	
Hospital construction (3).....	388,643	889,908	229	385,551	1,005,723	261	380,229	258,217	68	454,274	320,446	70	919,123	1,201,370	130	7,143,643	6,029,159	84	
Venereal disease (4).....	31,792	31,792	100	31,571	31,571	100	31,190	31,190	100	30,801	30,801	100	29,285	29,285	100	340,683	311,092	91	
Mental health (5).....	431,607	396,491	92	428,373	400,298	93	422,805	398,471	94	417,118	401,824	96	394,932	402,663	101	4,073,644	3,495,931	85	
Tuberculosis control (6).....	228,065	228,061	99	227,582	227,538	99	222,476	222,476	100	220,290	220,290	100	209,688	209,688	100	2,364,614	2,273,949	96	
Public health research (7).....		22,385	4		19,692	4		20,736	4		39,929	7		46,288	9		252,343	5	
Health survey (8).....																	43,506	43,542	101
General public health (9).....	430,500	373,347	87	439,000	388,673	88	444,500	416,624	94	448,500	502,575	112	439,500	436,833	99	4,507,129	3,767,074	83	
Cancer control.....	209,625	209,625	100	207,958	207,958	100	205,087	205,087	100	202,156	202,156	100	190,717	190,717	100	2,363,578	2,363,578	100	
Laboratory and radiological services (10).....	301,350	279,936	93	351,200	336,925	96	400,050	316,675	79	448,500	344,480	76	439,500	281,167	63	2,193,500	1,713,666	78	
Medical rehabilitation.....	62,192	41,588	67	61,777	57,987	94	61,063	57,987	95	60,333	53,999	89	57,485	48,653	84	335,984	264,256	78	
Child and maternal health.....	58,238	32,894	56	111,096	108,141	97	110,474	106,148	96	111,821	104,022	93	111,398	106,934	95	535,922	488,969	91	
Total.....	2,205,596	2,561,443	116	2,307,250	2,833,091	123	2,340,254	2,088,317	89	2,455,395	2,271,298	92	2,850,198	3,001,517	105	24,666,915	21,577,464	87	

NOTE: Transfers of funds between grants, in fiscal years 1951-59, are not included in the available column.

(1) Revote of \$3,100, in fiscal year 1949-50, is not included in the available column.—The following transfer of funds was made from other grants: 1952-53—\$1,000.

(2) The following transfer of funds was made from other grants: 1952-53—\$2,405.

(3) Revote funds (funds committed in previous years but not expended) are not included in the available column: 1952-53—\$1,307,969; 1953-54—\$1,676,750; 1954-55—\$831,563, 1955-56—\$1,355,740; 1956-57—\$1,206,856; 1957-58—\$920,981; 1958-59—\$1,237,865.

(4) Amounts available (\$17,007) and expended (\$16,948), during fiscal year 1948-49, under P.C. 1690 and carry-over from 1947-48, are not included in this table.

(5) Revote of \$23,700, in fiscal year 1949-50, is not included in the available column.—The following transfer of funds was made from other grants: 1958-59—\$22,000.

(6) The following transfers of funds were made: transferred from other grants: 1953-54—\$10,000;—transferred to: 1951-52—\$35,000; 1952-53—\$9,405.

(7) Amount available unallotted by province.—See table for All Provinces.

(8) Amount available unallotted by year.—Net expenditure: \$43,503.

(9) Revote of \$24,900, in fiscal year 1949-50, is not included in the available column.—The following transfers of funds were made: transferred from other grants: 1951-52—\$35,000; 1952-53—\$6,000; 1956-57—\$45,000; 1957-58—\$80,000; 1958-59—\$50,000;—transferred to: 1953-54—\$10,000.

(10) The following transfers of funds were made to other grants: 1956-57—\$45,000; 1957-58—\$80,000; 1958-59—\$72,000.

NATIONAL HEALTH PROGRAM
AMOUNTS AVAILABLE AND GROSS EXPENDITURES FOR THE FIRST ELEVEN YEARS OF THE PROGRAM
FOR ALBERTA

Grant	1948-49			1949-50			1950-51			1951-52			1952-53			1953-54		
	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%
Crippled children (1).....	34,372	.....	0	34,527	6,310	18	34,673	13,480	39	34,844	28,056	80	36,163	34,516	95	36,073	35,715	99
Professional training.....	34,372	15,616	45	34,527	29,663	86	34,673	32,077	92	34,844	33,219	95	36,163	19,394	54	36,073	29,418	81
Hospital construction (2)....	850,932	14,822	2	855,276	576,695	67	859,331	638,640	74	864,098	711,639	82	901,076	1,005,215	111	448,492	364,703	81
Venereal disease (3).....	18,001	12,088	67	34,527	34,527	100	34,673	34,263	99	34,844	34,844	100	36,163	34,939	97	36,073	32,935	91
Mental health (4).....	272,097	23,728	9	273,359	131,257	48	340,949	144,115	42	342,702	170,521	50	425,932	215,164	50	424,804	342,867	81
Tuberculosis control (5).....	183,203	24,648	13	184,577	252,002	136	246,053	179,455	73	247,505	220,001	89	254,892	241,001	94	252,439	252,439	100
Public health research (6)....	.....	.....	.....	.....	7,419	4	.....	12,060	4	.....	9,246	2	.....	.....	.....	.....	4,176	1
Health survey (7).....	42,592	15,883	37	.....	19,253	45	.....	3,953	9	.....	.....	.....	.....	719	2	.....	.....	.....
General public health (8)...	287,700	35,745	12	338,400	143,395	42	391,950	192,229	49	447,500	176,680	39	477,643	312,605	65	485,000	509,421	105
Cancer control.....	229,097	154,979	68	230,267	206,821	90	231,361	227,096	98	232,644	231,941	99	242,600	242,600	100	241,917	241,917	100
Laboratory and radiological services (9).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	291,000	.....	0
Medical rehabilitation (10)...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	36,620	8,265	22
Child and maternal health (11).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	34,273	.....	0
Total.....	1,952,366	297,509	15	1,985,460	1,407,342	71	2,173,663	1,477,368	68	2,238,981	1,616,147	72	2,410,632	2,106,153	87	2,322,764	1,821,856	78

NOTE: Transfers of funds between grants, in fiscal years 1951-59, are not included in the available column.

Grant	1954-55			1955-56			1956-57			1957-58			1958-59			Total		
	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%
Crippled children (1).....	35,343	12,000	33	36,626	12,000	33	36,604	36,604	100	36,628	36,628	100	37,368	37,368	100	394,221	252,677	64
Professional training.....	36,343	33,787	93	36,626	31,394	94	36,604	33,356	91	36,628	33,581	91	37,368	35,867	95	394,221	330,372	83
Hospital construction (2)....	452,288	807,646	178	456,250	977,193	214	455,933	861,673	189	561,160	629,169	112	1,212,949	1,139,342	93	7,917,785	7,726,737	97
Venereal disease (2).....	36,343	32,535	89	36,626	30,245	82	36,604	36,604	100	36,628	36,628	100	37,368	37,368	100	377,850	356,976	94
Mental health (4).....	498,194	389,335	78	502,340	418,764	83	502,007	432,156	86	502,362	462,931	92	513,192	540,699	105	4,597,938	3,271,537	71
Tuberculosis control (5).....	256,010	244,389	95	253,283	225,289	89	249,875	219,811	88	251,530	225,444	89	253,791	229,506	90	2,633,158	2,313,985	87
Public health research (6).....		6,825	1					633	1					13,395	2		53,754	1
Health survey (7).....																42,592	39,808	93
General public health (8)....	501,000	450,016	90	519,500	437,886	84	533,000	499,134	94	546,000	554,179	101	580,000	616,758	106	5,107,693	3,929,048	76
Cancer control.....	243,954	243,954	100	246,091	246,091	100	245,920	245,920	100	246,102	246,102	100	251,686	251,686	100	2,641,639	2,539,107	96
Laboratory and radiological services (9).....	350,700	21,330	6	415,600	35,983	9	479,700	30,017	6	546,000	482,394	88	580,000	492,641	84	2,663,000	1,062,365	39
Medical rehabilitation (10)..	70,740	9,374	13	71,272	21,838	31	71,229	67,199	94	71,274	42,334	59	72,665	29,647	40	393,800	178,657	45
Child and maternal health (11).....	66,253	38,283	58	131,199	114,216	87	135,168	118,677	88	138,766	132,498	95	139,853	95,539	68	645,512	499,213	77
Total.....	2,548,168	2,290,474	90	2,705,413	2,553,899	94	2,782,644	2,581,784	93	2,973,078	2,881,888	96	3,716,240	3,519,816	94	27,809,409	22,554,236	81

NOTE: Transfers of funds between grants, in fiscal years 1951-59, are not included in the available column.

- (1) The following transfer of funds was made from other grants: 1952-53—\$3,500.
- (2) Revote funds (funds committed in previous years but not expended) are not included in the available column: 1950-51—\$186,912; 1952-53—\$1,114,691; 1953-54—\$318,083; 1954-55—\$863,186; 1955-56—\$869,628; 1956-57—\$543,068; 1957-58—\$399,579; 1958-59—\$327,241.
- (3) Amounts available (\$16,666) and expended (\$16,585), during fiscal year 1948-49, under P.C. 1690 and carry-over from 1947-48, are not included in this table.
- (4) The following transfer of funds was made from other grants: 1958-59—\$48,000.
- (5) Revote of \$113,896, in fiscal year 1949-50, is not included in the available column.—The following transfer of funds was made to other grants: 1958-59—\$4,000.
- (6) Amount available unallotted by province.—See table for All Provinces.
- (7) Amount available unallotted by year.—Net expenditure: \$39,808.
- (8) The following transfers of funds were made: transferred from other grants: 1953-54—\$50,000; 1957-58—\$20,000;—transferred to: 1952-53—\$3,500.
- (9) The following transfer of funds was made to other grants: 1958-59—\$52,000.
- (10) The following transfers of funds were made to other grants: 1953-54—\$20,000; 1957-58—\$20,000.
- (11) The following transfers of funds were made to other grants: 1953-54—\$30,000; 1958-59—\$29,000.

NATIONAL HEALTH PROGRAM
AMOUNTS AVAILABLE AND GROSS EXPENDITURES FOR THE FIRST ELEVEN YEARS OF THE PROGRAM
FOR BRITISH COLUMBIA

Grant	1948-49			1949-50			1950-51			1951-52			1952-53			1953-54		
	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%
Crippled children.....	42,574	29,863	70	43,043	17,895	41	43,231	26,403	61	43,218	14,679	34	43,599	15,990	37	43,612	21,850	50
Professional training (1)....	42,574	24,601	58	43,043	34,747	81	43,231	39,799	92	43,218	38,277	88	43,599	44,587	102	43,612	50,323	115
Hospital construction (2)....	1,080,745	408,859	38	1,093,864	396,974	36	1,099,075	443,033	40	1,098,708	1,078,708	98	1,109,377	598,751	54	553,911	886,495	160
Venereal disease (3).....	22,862	18,591	81	43,043	43,043	100	43,231	43,231	100	43,218	43,218	100	43,599	43,599	100	43,612	43,612	100
Mental health (4).....	338,832	136,081	40	342,641	170,732	50	429,096	800,307	72	428,961	347,669	81	518,616	357,339	69	518,779	469,733	90
Tuberculosis control (5)....	272,740	210,091	77	275,482	221,567	80	363,996	328,208	90	368,135	280,886	76	370,329	239,438	65	367,585	275,714	75
Public health research (6)....		4,925	5		7,340	3		1,719	1		7,217	2		13,381	3		22,626	4
Health survey (7).....	52,744	10,936	21		3,565	7		12,835	24					679	1			
General public health (8)....	365,400	266,729	73	432,800	295,276	68	501,300	384,238	77	569,000	532,907	94	588,060	494,354	84	599,000	618,582	103
Cancer control (9).....	290,970	48,355	17	294,502	86,466	29	295,908	112,238	38	295,800	137,837	46	298,682	178,159	60	298,781	187,226	63
Laboratory and radiological services (10).....																359,400	33,162	9
Medical rehabilitation (11)....																42,877	4,140	10
Child and maternal health (12).....																34,849	4,161	12
Total.....	2,509,441	1,159,031	46	2,568,418	1,277,605	50	2,819,068	1,701,011	60	2,890,267	2,481,398	86	3,015,861	1,986,277	66	2,906,018	2,617,624	90

NOTE: Transfers of funds between grants, in fiscal years 1951-59, are not included in the available column.

Grant	1954-55			1955-56			1956-57			1957-58			1958-59			Total			
	Available	Expended	%	Available	Expended	%													
Crippled children.....	43,702	31,538	72	43,754	22,055	50	43,913	22,854	52	44,426	19,976	44	46,774	23,693	50	481,846	246,796	51	
Professional training (1).....	43,702	35,492	81	43,754	37,965	87	43,913	36,559	83	44,426	43,274	97	46,774	53,230	113	481,846	438,854	91	
Hospital construction (2)....	555,204	993,874	179	555,931	415,941	75	558,155	974,424	174	699,781	1,417,728	202	1,554,876	1,637,207	105	9,959,627	9,251,994	92	
Venereal disease (3).....	43,702	43,702	100	43,754	43,754	100	43,913	43,913	100	44,426	44,426	100	46,774	46,774	100	462,134	457,863	99	
Mental health (4).....	605,867	552,359	91	606,628	499,928	82	608,954	598,600	98	616,456	582,358	94	650,811	603,148	92	5,665,641	4,627,254	81	
Tuberculosis control (5)....	366,213	249,417	68	366,070	282,738	77	360,190	286,038	79	365,447	287,437	78	376,915	272,828	72	3,853,102	2,934,362	76	
Public health research (6).....		34,183	7		29,934	6		24,419	5		26,018	5		23,197	4		194,959	4	
Health survey (7).....																	52,744	28,015	53
General public health (8)....	615,000	657,416	107	633,000	726,280	115	652,500	742,220	114	676,500	767,598	113	743,500	872,040	117	6,376,060	6,357,640	99	
Cancer control (9).....	299,464	194,443	65	299,857	216,421	72	301,056	241,625	80	304,924	267,601	87	322,635	245,725	76	3,302,588	1,916,096	58	
Laboratory and radiological services (10).....	430,500	98,963	23	506,400	81,631	16	587,250	108,420	18	676,500	185,356	27	743,500	249,854	33	3,303,550	757,386	22	
Medical rehabilitation (11)...	84,561	24,208	29	84,658	51,851	61	84,957	63,149	74	85,920	75,328	87	90,330	80,901	89	473,303	299,577	63	
Child and maternal health (12).....	67,342	22,624	33	132,491	17,893	13	134,059	37,444	28	136,776	83,221	60	139,707	134,001	95	645,224	299,344	46	
Total.....	3,155,257	2,938,219	93	3,316,297	2,426,391	73	3,418,860	3,179,665	93	3,605,582	3,800,321	102	4,762,596	4,242,598	89	35,057,665	27,810,140	79	

NOTE: Transfers of funds between grants, in fiscal years 1951-59, are not included in the available column.

- (1) The following transfers of funds were made from other grants: 1951-52—\$12,378; 1952-53—\$5,000; 1953-54—\$29,000; 1954-55—\$5,000; 1957-58—\$2,900; 1958-59—\$36,430.
- (2) Revote funds (funds committed in previous years but not expended) are not included in the available column: 1950-51—\$47,231; 1952-53—\$1,368,776; 1953-54—\$943,429; 1954-55—\$1,055,187; 1955-56—\$937,870; 1956-57—\$1,324,673; 1957-58—\$1,362,155; 1958-59—\$566,115.
- (3) Amounts available (\$19,795) and expended (\$19,660), during fiscal year 1948-49, under P.C. 1690 and carry-over from 1947-48, are not included in this table.
- (4) The following transfers of funds were made from other grants: 1956-57—\$70,000; 1958-59—\$30,000.
- (5) Revote of \$35,615, in fiscal year 1949-50, is not included in the available column.—The following transfers of funds were made to other grants: 1953-54—\$20,000; 1954-55—\$15,000.
- (6) Amount available unallotted by province.—See table for All Provinces.
- (7) Amount available unallotted by year.—Net expenditure: \$20,103.
- (8) The following transfers of funds were made from other grants: 1951-52—\$76,953; 1953-54—\$100,000; 1954-55—\$123,000; 1955-56—\$150,000; 1956-57—\$176,000; 1957-58—\$205,000; 1958-59—\$209,600.
- (9) The following transfers of funds were made to other grants: 1951-52—\$89,331; 1952-53—\$5,000; 1953-54—\$89,000; 1954-55—\$83,000.
- (10) The following transfers of funds were made to other grants: 1953-54—\$20,000; 1954-55—\$30,000; 1955-56—\$150,000; 1956-57—\$246,000; 1957-58—\$207,900; 1958-59—\$292,905.
- (11) The following transfer of funds was made from other grants: 1958-59—\$3,000.
- (12) The following transfer of funds was made from other grants: 1958-59—\$13,875.

NATIONAL HEALTH PROGRAM

AMOUNTS AVAILABLE AND GROSS EXPENDITURES FOR THE FIRST SEVEN YEARS OF THE PROGRAM FOR THE NORTHWEST TERRITORIES

Grant	1952-53			1953-54			1954-55			1955-56		
	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%
Crippled children.....	2,256	178	8	2,256	1,160	51	2,256	2,256	100	2,256	1,853	82
Professional training.....											1,135	
Hospital construction (1).....	14,437		0	14,437	12,886	89	14,437		0	14,437		0
Venereal disease.....	1,128		0	1,128		0	1,128		0	1,128		0
Mental health.....	10,253		0	10,253		0	10,253		0	10,253		0
Tuberculosis control.....	8,484	2,808	33	8,484	2,397	28	8,484	2,208	26	8,484	1,668	20
Public health research (2).....					2,969	1		4,997	1		5,795	1
General public health.....	7,658	1,396	18	8,000		0	8,000	14,385	180	8,500	11,560	136
Cancer control.....	3,884	400	10	3,884	1,489	38	3,884	932	24	3,884	1,251	32
Laboratory and radiological services.....				4,800		0	5,600		0	6,800		0
Medical rehabilitation.....				2,439		0	2,970		0	2,970		0
Child and maternal health.....				2,018		0	4,036	375	9	8,072		0
Total.....	48,100	4,782	10	57,699	20,901	36	61,048	25,153	41	66,784	23,262	35

Note: The amounts available shown in the Orders-In-Council for "Other Health Grants", in the fiscal years 1955-59 were distributed by grant for the purposes of this table. The transfers of funds between grants, in fiscal years 1952-55, were not taken into account in this table.

Grant	1956-57			1957-58			1958-59			Total		
	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%
Crippled children.....	2,256	352	16	2,256	2,658	117	2,256	4,216	186	15,792	12,673	80
Professional training.....		4,314			4,495			5,701			15,645	
Hospital construction (1).....	14,437		0	16,155	10,263	63	33,455		0	121,795	23,149	19
Venereal disease.....	1,128		0	1,128		0	1,128		0	7,896		0
Mental health.....	10,253		0	10,253		0	10,253		0	71,771		0
Tuberculosis control.....	8,484	2,500	29	8,484	7,985	94	8,484	6,340	74	59,388	25,906	43
Public health research (2).....		7,092	1		7,022	1		7,026	1		34,901	1
General public health.....	9,000	16,939	188	9,000	26,784	297	9,500	34,695	365	59,658	105,759	177
Cancer control.....	3,884	5,040	130	3,884	4,432	114	3,884	4,725	121	27,188	18,269	67
Laboratory and radiological services.....	8,100		0	9,000		0	9,500		0	43,800		0
Medical rehabilitation.....	2,970		0	2,970		0	2,970		0	17,289		0
Child and maternal health.....	8,072		0	8,072		0	8,072		0	38,342	375	1
Total.....	68,584	36,237	53	71,202	63,639	89	89,502	62,703	70	462,919	236,677	51

NOTE: The amounts available shown in the Orders-in-Council for "Other Health Grants", in the fiscal years 1955-59 were distributed by grant for the purposes of this table. The transfers of funds between grants, in fiscal years 1952-55, were not taken into account in this table.

(1) Revote funds are not included in the available column: 1954-55—\$28,874 (amounts available in fiscal years 1952-54); 1955-56—\$30,425 (amounts available in fiscal years 1952-55 less \$12,886); 1956-57—\$44,862 (amounts available in fiscal years 1952-56 less \$12,886); 1957-58—\$59,299 (amounts available in fiscal years 1952-57 less \$12,886); 1958-59—\$73,736 (amounts available in fiscal years 1952-58 less \$12,886—excluding their share of \$1,500,000 available under P.C. 1958-30/336 of March 4, 1958).

(2) Amount available unallotted by province. See table for All Provinces.

NATIONAL HEALTH PROGRAM

AMOUNTS AVAILABLE AND GROSS EXPENDITURES FOR THE FIRST SEVEN YEARS OF THE PROGRAM FOR THE YUKON TERRITORY

Grant	1952-53			1953-54			1954-55			1955-56		
	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%
Crippled children.....	1,342		0	1,342		0	1,342		0	1,342		0
Professional training.....												
Hospital construction (1).....	8,582		0	8,582		0	8,582		0	8,582		0
Venereal disease.....	671	74	11	671	77	11	671	200	30	671	221	33
Mental health.....	6,099		0	6,099		0	6,099		0	6,099		0
Tuberculosis control.....	5,047	5,047	100	5,047	5,047	100	5,047	5,047	100	5,047	5,047	100
Public health research.....												
General public health.....	4,548	5,839	128	4,500	4,500	100	4,500	6,900	153	5,000	6,900	138
Cancer control.....	2,311		0	2,311		0	2,311	51	2	2,311	360	15
Laboratory and radiological services.....				2,700		0	3,150		0	4,000		0
Medical rehabilitation.....				2,247		0	2,546		0	2,546		0
Child and maternal health.....				1,135		0	2,270	1,135	50	4,540	2,270	50
Total.....	28,600	10,960	38	34,634	9,624	28	36,518	13,333	36	40,138	14,798	37

NOTE: The amounts available shown in the Orders-in-Council for "Other Health Grants", in fiscal years 1955-59, were distributed by grant for the purpose of this table. The transfers of funds between grants, in fiscal years 1952-55, were not taken into account in this table.

Grant	1956-57			1957-58			1958-59			Total		
	Available	Expended	%	Available	Expended	%	Available	Expended	%	Available	Expended	%
Crippled children.....	1,342		0	1,342		0	1,342		0	9,394		0
Professional training.....		605									605	
Hospital construction (1).....	8,582	20,653	241	9,667		0	20,058		0	72,635	20,653	28
Venereal disease.....	671	151	22	671		0	671		0	4,697	723	15
Mental health.....	6,099		0	6,099		0	6,099		0	42,693		0
Tuberculosis control.....	5,047	15,722	312	5,047	33,556	664	5,047	34,556	684	35,329	104,022	294
Public health research.....												
General public health.....	5,000	12,169	243	5,500		0	6,000		0	35,048	36,308	103
Cancer control.....	2,311	134	6	2,311		0	2,311		0	16,177	545	3
Laboratory and radiological services.....	4,500		0	5,500		0	6,000		0	25,850		0
Medical rehabilitation.....	2,546		0	2,546		0	2,546		0	14,977		0
Child and maternal health.....	4,540	2,568	56	4,540		0	4,540		0	21,565	5,973	27
Total.....	40,638	52,002	128	43,223	33,556	77	54,614	34,556	63	278,365	168,829	60

Note: The amounts available shown in the Orders-in-Council for "Other Health Grants", in fiscal years 1955-59, were distributed by grant for the purposes of this table. The transfers of funds between grants, in fiscal years 1952-55, were not taken into account in this table.

(1) Revote funds are not included in the available column: 1954-55—\$17,164 (amounts available in fiscal years 1952-54); 1955-56—\$25,746 (amounts available in fiscal years 1952-55); 1956-57—\$34,328 (amounts available in fiscal years 1952-56); 1957-58—\$42,910 (amounts available in fiscal years 1952-57); 1958-59—\$30,839 (amounts available in fiscal years 1952-58 less \$20,653—excluding their share of \$1,500,000 available under P.C. 1958-30/336 of March 4, 1958).

APPENDIX "D"

ESTIMATED BEDS SET UP BY CLASS OF HOSPITAL AND BY PROVINCE: 1948 AND 1958

Province	(a) Acute Treatment Beds			(a)(b) Chronic-Convalescent Beds			Mental Hospital Beds			(c) Tuberculosis Sanatoria and Units		
	1948	1958	Percent Increase	1948	1958	Percent Increase	1948	1958	Percent Increase	1948	1958	Percent Increase
Newfoundland.....	1,402	1,760	26	147	99	nil	650	915	41	(d)	622	N.A.
Prince Edward Island.....	468	642	37	0	49	N.A.	305	485	59	145	95	nil
Nova Scotia.....	2,588	3,370	30	26	46	77	2,781	2,760	nil	874	835	nil
New Brunswick.....	2,338	2,751	18	26	135	419	1,395	1,858	33	913	786	nil
Quebec.....	13,828	21,824	58	2,627	5,310	102	16,091	19,327	20	4,045	4,096	1
Ontario.....	18,302	26,483	45	2,090	5,468	162	17,008	22,640	33	4,308	4,196	nil
Manitoba.....	3,424	4,778	40	520	364	nil	3,203	3,804	19	1,253	955	nil
Saskatchewan.....	5,752	6,863	19	79	550	596	4,463	4,432	nil	871	714	nil
Alberta.....	5,637	7,800	38	160	687	329	3,337	4,669	40	751	935	25
British Columbia.....	6,056	8,154	35	1,039	2,295	121	4,690	6,301	34	1,352	1,161	nil
Ten Provinces(e).....	59,795	84,425	41	6,714	15,003	123	53,923	67,191	25	14,512	14,395	nil

(a) Excludes federal hospitals.

(b) Figures should be interpreted with caution because of changing interpretation of term "hospital" in particular provinces.

(c) Includes tuberculosis sanatoria and tuberculosis units in general hospitals.

(d) Not available.

(e) Excludes Northwest Territories and Yukon.

Estimates Prepared by Research and Statistics Division, Department of National Health and Welfare.

APPENDIX "E"

CHANGE IN ESTABLISHMENT—HEALTH BRANCH
DEPARTMENT OF NATIONAL HEALTH AND WELFARE

Fiscal year	Establishment	Change in Establishment from previous year		
		Indian and Northern Health Services	Other than Indian and Northern Health Services	Total
1956-57.....	3139	146	47	193
1957-58.....	3242	55	48	103
1958-59.....	3428	84	102	186
1959-60.....	3672	238	6	244
1960-61.....	3731	181	-122	59
Total.....		704	81	785

HOUSE OF COMMONS

Third Session—Twenty-fourth Parliament

1960

STANDING COMMITTEE

ON

ESTIMATES

Chairman: ARTHUR R. SMITH, Esq.

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 12

TUESDAY, APRIL 26, 1960

Estimates of the Department of National Health
and Welfare 1960-61

WITNESSES:

The Honourable J. Waldo Monteith, Minister of National Health and Welfare; *assisted by* Dr. K. C. Charron, Director, Health Services Directorate; Dr. P. E. Moore, Director, Indian and Northern Health Services Directorate; Mr. W. B. Brittain, Associate Director (Administration).

THE QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1960



STANDING COMMITTEE ON ESTIMATES

Chairman: Arthur R. Smith, Esq.,
Vice-Chairman: Ernest J. Broome, Esq.,

and Messrs.

Argue,	Fairfield,	McGregor,
Anderson,	Fleming (<i>Okanagan-</i>	McIlraith,
Baldwin,	<i>Revelstoke</i>),	McMillan,
Benidickson,	Fortin,	McQuillan,
Best,	Gillet,	More,
Bissonnette,	Grafftey,	Parizeau,
Bourbonnais,	Hales,	Payne,
Bourdages,	Halpenny,	Pickersgill,
Bourget,	Hellyer,	Pugh,
Brassard (<i>Lapointe</i>),	Horner (<i>Jasper-Edson</i>),	Ricard,
Bruchési,	Howe,	Richard (<i>Kamouraska</i>),
Campbell (<i>Lambton-</i>	Jorgenson,	Rouleau,
<i>Kent</i>),	Korchinski,	Skoreyko,
Cardin,	MacLellan,	Stewart,
Caron,	Martin (<i>Essex East</i>),	Stinson,
Carter,	McCleave,	Thompson,
Cathers,	McDonald (<i>Hamilton</i>	Vivian,
Clancy,	<i>South</i>),	Winch,
Coates,	McFarlane,	Winkler.
Crouse,	McGee,	
Dumas,	McGrath,	

J. E. O'Connor,
Clerk of the Committee.

MINUTES OF PROCEEDINGS

TUESDAY, April 26, 1960.
(13)

The Standing Committee on Estimates met at 11.10 a.m. this day. The Chairman, Mr. Arthur Smith, presided.

Members present: Messrs. Campbell (*Lambton-Kent*), Carter, Cathers, Fairfield, Hales, Halpenny, Horner (*Jasper-Edson*), Howe, McCleave, McDonald (*Hamilton South*), McFarlane, Parizeau, Payne, Smith (*Calgary South*), Stinson, Thompson, Vivian, Winch and Winkler.—19

In attendance: The Honourable J. Waldo Monteith, Minister of National Health and Welfare; Dr. G. D. W. Cameron, Deputy Minister (Health); Dr. G. F. Davidson, Deputy Minister (Welfare); Dr. K. C. Charron, Director, Health Services; and Miss O. J. Waters, Departmental Secretary, *from the Directorate of Northern Health Services:* Dr. P. E. Moore, Director; Mr. W. B. Brittain, Associate Director; and Dr. J. S. Willis, Co-ordinator of Public Health Services.

The Chairman observed the presence of quorum and tabled for inclusion as appendices to the record of this day's proceedings answers to questions asked at previous meetings; (*See Appendices A, B, C and D*).

Item 246—To authorize General Health Grants—was again considered, and following the questioning of Mr. Monteith and Dr. Charron, was adopted.

Item 255—Civil Defence Health, Welfare and Training Services—was again called, and adopted.

Item 247—Indian and Northern Health Services—Operation and Maintenance—was called and Mr. Monteith, assisted by Dr. Moore and Mr. Brittain, was questioned.

At 12.30 p.m. the Committee adjourned to meet again on Thursday, April 28, 1960.

J. E. O'Connor,
Clerk of the Committee.

EVIDENCE

TUESDAY, April 26, 1960.
11.00 a.m.

The CHAIRMAN: Good morning, gentlemen. We have a quorum, so we can proceed. I trust that you have enjoyed your holiday and that you are now coming back for a rest after your vacation.

Gentlemen, as you recall, at the last meeting we held two items open for further questions. One was at the request of Mr. Winch. Item 255, under the heading of civil defence health, welfare and training services, was also kept open.

I would like, with your approval, to close these after Mr. Winch has addressed a question to the minister concerning item 246.

We have also a number of replies in answer to questions. Any of these, of course, can be read orally, in the event that a member so desires. Otherwise we will have them tabled as part of the evidence.

Mr. Winch, would you like to proceed with item 246; I believe you have a question for the minister.

Mr. WINCH: My question of the minister at the last meeting had relationship to the federal basis of aid to provinces on chronic hospitals, and I understand from our last meeting that the minister was going to have his department make inquiries on this matter. The situation that prompts the question is this. As a result of the technical conferences held last fall between your department and the provinces, has any request come from the province of British Columbia, (1) for financial aid on the establishment of chronic hospitals; and (2) on the matter of chronic beds, which I understand is covered under the hospitalization plan? Is that correct?

If so, have any provinces taken advantage of the federal aid, and has the province of British Columbia asked for any federal aid on chronic beds under the hospitalization plan?

Hon. J. W. MONTEITH (*Minister of National Health and Welfare*): Mr. Chairman, this is possible under the Hospital Insurance and Diagnostic Services Act. The provinces may request that chronic hospitals be included for financial assistance from us, under the act.

We had a communication from British Columbia; I think it was a year ago last March. It was approximately a little over a year ago. Their communication appeared to indicate some misunderstanding in the exact application of chronic hospitals under the act. As a consequence, this was discussed in great detail at the technical conference held in the autumn of 1959, so that there would be no possible chance of any further misunderstanding.

Since then we have had no request from British Columbia for assistance for chronic hospitals.

Mr. WINCH: Have you had any requests from other provinces, and have they been accepted?

Mr. MONTEITH (*Perth*): There have been, from other provinces. I cannot name them offhand. Perhaps Dr. Charron could mention the exact provinces where chronic hospitals are considered for assistance.

Dr. K. C. CHARRON (*Director, Health Services Directorate, Department of National Health and Welfare*): Mr. Chairman, the hospitals that are included

under the hospital insurance and diagnostic services program are listed in a schedule to the agreement which is signed between the federal government and the province concerned. The lists of hospitals, with regard to most provinces, include practically all of the acute chronic and convalescent hospitals in the particular province.

Mr. WINCH: But not in British Columbia?

Dr. CHARRON: I beg your pardon, sir?

Mr. WINCH: But not from British Columbia? You are not making any grants, nor have you been requested to make grants to the province of British Columbia?

Mr. MONTEITH (*Perth*): No, there has not been any request from British Columbia.

Mr. WINCH: Have you had any request from British Columbia for financial aid on the construction of chronic hospitals?

Mr. MONTEITH (*Perth*): Yes, I would certainly expect that we have had, on the construction. I do not say we have had any recently.

Mr. WINCH: I mean, since your technical conference of last fall, when everything, I understand, was cleared away?

Dr. CHARRON: We would have to look that up.

Mr. MONTEITH (*Perth*): My answer, actually, was referring specifically to assistance in the operation of chronic hospitals.

Mr. WINCH: You have had none from British Columbia?

Mr. MONTEITH (*Perth*): No.

The CHAIRMAN: Shall item 246 close, then, gentlemen?

Item agreed to.

The CHAIRMAN: May I refer you to item 255, gentlemen. You will recall that on two occasions we have had the Minister of National Defence on call, without further questions. Shall this item carry?

Mr. MCFARLANE: I have a question in connection with this item, Mr. Chairman. I would like to explore this a bit further. The inference has been made—at least, that is the way I have taken it—that in the case of an emergency the army is now in a position to take over. Is that correct?

Mr. MONTEITH (*Perth*): Yes, in a contaminated area.

Mr. MCFARLANE: Would the information be available of how many army units there are, say between Vancouver and Calgary—civil defence units?

The CHAIRMAN: This is a matter which would have to be answered, of course, by the Minister of National Defence. Would you like that information, Mr. McFarlane?

Mr. MCFARLANE: I would, Mr. Chairman, because at the present time I only know of one between Vancouver and Calgary. I understand there are several in Vancouver; and we have one in Kimberley, which is the only other one that I know of. We are sitting there in a position which is very vulnerable, I believe, and I feel we should explore this a bit further, because I think that in the case of an emergency there should be somebody who should take this matter over. I questioned this before, and I cannot see where the answer has been given, as yet.

The CHAIRMAN: I wonder, Dr. Davidson, if you would like to comment on this?

Dr. G. F. DAVIDSON (*Deputy Minister of Welfare*): This is not in my field, but I seem to recall that in the evidence which was given on previous occasions

the Minister of National Defence did give some information as to the number of mobile units that were being organized for civil defence purposes.

It might take me a minute to find out where that is in the evidence, but my recollection is that he referred to figures of 25 and 44.

The CHAIRMAN: That is in Proceedings No. 7, page 208. That does not itemize their exact location, Mr. McFarlane.

Dr. DAVIDSON: Yes, Mr. Chairman, your reference to page 208 is the one I was thinking of. It does list there the number in the various commands; not in any more precise way. It lists the number of mobile support columns, by commands, as of December, 1959. The number given here is 44; eight in the eastern command, eight in the Quebec command, 14 in central command and 14 in western command.

Mr. McFARLANE: The western command would cover what territory, sir?

Mr. WINCH: Alberta and British Columbia.

The CHAIRMAN: I believe that is correct. Is that satisfactory, Mr. McFarlane?

Mr. McFARLANE: I think, Mr. Chairman, we should take this a bit further, to find out exactly where we stand in the case of an emergency. We have our local command out there, and at the present time, if the army is taking over, I think we should know, or they should know exactly what the score would be in the case of an emergency.

The CHAIRMAN: The Chair will be only too happy to co-operate with you, of course.

Mr. McFARLANE: Fine.

The CHAIRMAN: The difficulty we have is that on each occasion I have asked if there are further questions of the minister, there have been none. Do I understand, then, that you would like the Minister of National Defence to come back; and have you a series of questions for him, or do you wish to obtain certain information and have it filed?

We will provide either for you, keeping in mind that we wish, of course, to co-operate with our witnesses as well.

Mr. McFARLANE: I would like to hear how the committee feels about it. They might have some suggestions on the matter too, Mr. Chairman.

Mr. HALPENNY: The suggestion I have for Mr. McFarlane is this. The committee on defence estimates will be opening up not too far hence, and possibly, in order to let you close the item now, this question could be answered there.

Mr. PAYNE: Inasmuch as the minister could file the locations, no doubt, and the headquarters of the various support columns, I see no reason to bring a busy man back before the committee. The information is readily available.

The CHAIRMAN: This would be the third occasion that we have, in effect, cried "Wolf" and asked the minister to come back. You will recall that we had him for a few minutes, and ran out of questions. Then we asked him again, and had no questions for him.

Mr. CARTER: What Mr. McFarlane was seeking was just the chain of command—who takes over, and how they take over. That would depend on the emergency itself; where the emergency was. All Mr. McFarlane wants to know, I think, is the procedure that would be followed in the case of an emergency, so that the army could take over from the civil authorities.

The CHAIRMAN: Is that what you want, Mr. McFarlane, or do you want the specific locations of the mobile units in the western command?

Mr. McFARLANE: I do not want to hold these estimates up; but what are you going to do in the case where there is no army militia unit there?

Mr. MONTEITH (*Perth*): They are mobile.

Mr. MCFARLANE: Even if they are mobile, it is going to take a long time to get a unit from Vancouver into any of the distressed areas, especially in the interior.

Mr. PAYNE: Mr. Chairman, I think the locations would answer Mr. McFarlane's question. There are other units at Kelowna, Penticton and Revelstoke, in the interior. Surely, if the locations were filed, that should answer his question.

The CHAIRMAN: May I suggest this, Mr. McFarlane. We will provide the more detailed information for you. We will close the item now, and if you have further questions I am quite certain the committee would be happy to reopen the item, if you are not satisfied with the answers. Would that be satisfactory?

Mr. MCFARLANE: That is fine.

The CHAIRMAN: You would like, specifically the locale of the units in the western command?

Mr. MCFARLANE: Yes.

The CHAIRMAN: This information will be filed. Shall the item carry?

Mr. McDONALD (*Hamilton South*): Mr. Chairman, I asked Mr. Bryce some questions, and he was going to prepare a document in answer. This has not yet been done.

He indicated at the time that he would have to take some time in doing this, and it might be after Easter. I am quite prepared to accept it, if he just files the answer with you.

The CHAIRMAN: All right. Do I make the point, gentlemen, that there is no rush to close the item, if you would prefer to keep it open? I am just trying to tidy things up a little bit. If you think it would be advantageous to hold it open, that will be done. Do you wish the item carried?

Item agreed to.

The CHAIRMAN: All right, gentlemen. You are, then on item 247, and I think we might ask Dr. Moore, the director of Indian and northern health services, to please come before us. Thank you, Dr. Davidson, and welcome back.

Item 247, gentlemen. The details are to be found on page 340. The general item is on page 50. Are there any questions, gentlemen?

INDIAN AND NORTHERN HEALTH SERVICES

Item No. 247. Operation and maintenance including grants to hospitals and other institutions which care for Indians and Eskimos \$ 21,362,102

Mr. FAIRFIELD: Mr. Chairman, I would like to ask the witness this question through you. There are quite a number of doctors on permanent salaries looking after Indians. Their emolument is not very great, but they are not full-time; they are general practitioners. They have to fill out forms. Despite the fact that they are getting salaries and that there are extras for these various items such as surgery, and so on, they have to fill out these forms—I think, in quadruplicate—and it practically requires a full-time girl, if they are busy, or a full-time clerk.

I was just wondering what is the purpose of these continual forms? Every time a patient comes in, they have to be written up twice and the form sent in to the department. I would like to know the purpose of the forms.

Mr. MONTEITH (*Perth*): I think we will call on Dr. Moore to answer this and give the details, or the mechanics of how this works.

Dr. P. E. MOORE (*Director, Indian and Northern Health Services*): Mr. Chairman, we have three main methods of employing medical officers throughout the country. The first is, a full-time man appointed through the Civil Service Commission; the second is, a part-time man on straight salary, appointed through the Civil Service Commission; and the third class—and this is the one I think Dr. Fairfield refers to—is a designated physician, that is a physician who is designated by the minister to render medical attention in a certain area. When the name of the physician is given to us in the department, we negotiate with him, usually to try to get him to accept what we call a limited account. That is, say there is a band of three hundred Indians adjacent to a town. We have a formula we work out, and we think the total work for the year should amount to about this figure. Then the doctor submits monthly accounts on a standard monthly account form, in which he records the diagnosis, whether he made the call at his office, at the hospital or at the home of the patient, the mileage incurred, and the number of visits. We also try to get from him particulars, if possible, as to the approximate age of the patient.

There are several reasons for collecting this information. The first is the identification of the patient, and his name and his band number are recorded there. These details are referred to the superintendent of the Indian agencies, to establish whether or not this person is a registered Indian. Secondly, we ask the fee charged, so that in the total, he would have to show to us that he was doing the amount of work that is within these limits. If he does not do up to the amount of the work, we would not pay him. If he does what he has taken on, then he is paid. It is more or less, a loose contract.

The other purpose of these forms is for us to try to gain some statistics on morbidity. We have had a dearth of information on this, and these forms are designed for that purpose. They are all analyzed, and we have been accumulating very valuable statistics on morbidity amongst Indians.

Mr. FAIRFIELD: That satisfies some of the points. You have, then, quite a number of people who have to correlate these vast numbers of forms which come in from a great number of doctors? This is a worry to the doctors although it is a very simple form, as you say. Has there been no variation? As far as I can recall, this same type of form has been used for many, many years. Is there no possibility of having it simplified, so it can be put through an I.B.M. machine, or something like that?

Dr. MOORE: Mr. Chairman, in headquarters, here, we have a statistician, and I think that he has three assistants on his staff. This information is run down and coded. It goes through two other processes. The first is that it goes to the Indian agent or superintendent for identification of this man as a registered member of the band. Secondly, it goes to the accounts section for payment. Then it goes to our statistician. Those are the steps that are used. This form was revised within the last year.

Mr. FAIRFIELD: Have you any figures to give about the number of doctors who would, because of the fees that are paid, get less than, say, their \$200 or \$300 a month that was agreed to on this loose contract?

Dr. MOORE: We have about 1,200 doctors on this account system across the country. It is the exception if they do not make up to and over the amount of the agreement.

Mr. HALPENNY: Do you ever have any doctor who does not reach that point? Have you had one in the last twelve months, say?

Dr. MOORE: On the 12-month period, I would say, "No." But many months he might be a way below what his monthly sum would be, but then there might be an epidemic of, say, influenza, and then he would have a heavy account.

Mr. HALPENNY: When you made the last contract, you were safe in your estimate?

Dr. MOORE: Yes.

The CHAIRMAN: I wonder if you might show us—and this, perhaps, would be helpful to the committee—where in the estimates the amount for payment of these fees is included?

Dr. MOORE: In the estimates it will be on page 343:

Hospital, doctors' and other professional and special services.

The amount for 1960, this year, is \$7,549,000. This includes all payments to hospitals, sanatoria, the amounts we pay on premiums for hospital insurance, mental hospitals, and fees for doctors and dentists. This covers anyone who is not included in a classified position who does a service.

Mr. WINCH: On the question of payments to hospitals, is that on a contract basis, or do you pay the going rate of the hospital?

Dr. MOORE: Mr. Chairman, in each instance we negotiate a rate with the hospital. This is more particularly applicable now to sanatoria, because practically all the Indians are insured. In any province where insurance is in effect the Indians are insured, and we have arranged the payment of premiums.

Mr. WINCH: How do you do it in a case like the province of British Columbia, where there is no premium rate, and it is all based on the sales tax?

Dr. MOORE: We pay nothing except the co-insurance.

Mr. WINCH: You say you pay nothing except the co-insurance. That is \$1 a day. Your department pays nothing beyond that \$1 a day? Is that on the basis that the Indians buy the same as everybody else and, therefore, they are paying on a 5 per cent sales tax?

Dr. MOORE: When premiums were in effect we paid the premiums for them, but when the premium was abolished the Indian pays the sales tax and is entitled to the same benefits.

Mr. CARTER: Is Labrador included in this service?

Dr. MOORE: Mr. Chairman, there was a special agreement with the province of Newfoundland, after confederation, where the Indian and northern health services assumed responsibility for the health of the Indians and Eskimos in Labrador for a 10-year period only.

Mr. CARTER: Only the Indians, or are the Eskimos covered?

Dr. MOORE: Yes, sir.

Mr. HORNER (*Jasper-Edson*): According to a quick calculation the average per capita cost of the health services is about \$170. How does that compare with the rest of the people in the country, taking as a basis the 185,000 Indian and Eskimo population?

Dr. MOORE: The per capita expenditure for the year 1958-59, the fiscal, averaged out at \$110 per capita. This includes expenditures on active treatment, case finding, public health care and health education, transportation to and from treatment centres—a good percentage of this goes into air costs and travel from remote areas—and maintenance of all our facilities, and capital expenditures on new construction and equipment, but excluding special grants to hospitals.

I do not believe there is in existence a comparative figure for the average citizen of Canada, because in any survey that is made the actual expenditure on doctor, hospital and drugs was all that was ever covered. This includes also dental services, specialists' services, supplying of eye glasses, and surveys for school sight-saving. The complete service.

Mr. HALPENNY: Supplementary to Dr. Fairfields' question on the expenditures, \$7,549,000: Where would the vote be for the people who work out these statistics? How much does it cost to check on this \$7,549,000? How many people do you have, and how much does it cost? Further, are you getting any new information? This year is the pattern the same as last year, and the year before? That is three questions, actually.

Dr. MOORE: Mr. Chairman, the total administrative staff for all of the country and our administration is divided. We have a central staff at headquarters consisting of 47 people. We have five regions, each with a regional superintendent and a staff. They vary from about 15 to 22 in the five regions. Then there are, supplementary to those, zonal offices. This gives us a total administrative staff of 150, which is about 5.9 per cent of our total staff.

Mr. HALPENNY: But you do not have that staff broken down, as to how many of these people are used just to check the \$7,549,000, do you?

Dr. MOORE: Which?

Mr. HALPENNY: I mean, is the whole of these 150 people you are talking about used to check the expenditure of \$7,549,000, or do they have other duties?

Dr. MOORE: No, sir, they would have many other duties.

Mr. HALPENNY: Then you have not a breakdown as to the staff that is necessary just to check these forms that these medical men send in to you?

Dr. MOORE: There would be four in our statistical division. These forms would also go through the accounts section, which handles not only doctors' accounts, but hospital accounts and, in fact, all the administration of the total vote; the financial administration of the total vote.

The CHAIRMAN: Mr. Halpenny's question, in effect, is, whether or not you have made an assessment of the actual cost to obtain the information of which you have spoken. You have not made any assessment of that cost?

Dr. MOORE: No.

Mr. HALPENNY: That is one point; and the second, through Dr. Moore, Mr. Chairman, is: You are making these doctors fill out these reports to get certain information. Are you uncovering any new information? In the last fiscal year has there been any change from two years ago? Is this form too complex? Is the medical man spending too much time filling out a rather complex form so you can get information that you never use?

Dr. MOORE: I would say, sir, that we are just in the process now of collecting statistics that we feel are of value. That is one aspect of it. There are several more uses for the form than the information that he records, which is diagnosis and other pertinent facts. Also we can collect information about the amount of sickness there is across the country. I think in our annual report you will see tables and graphs showing the morbidity amongst Indians as compared to the rest of Canada. Actually, I do not believe we ask any more information from the doctor than he records from his private patient. He must keep a record and submit a bill. We are asking for a very short record, and are asking him to submit an account to us. We are trying to prepare a form as compact as possible.

The CHAIRMAN: I wonder if the chair might ask you this: From this information you must, of course, be able to assess the relative health of the Indians; and also I note the amount of money we are spending for the year is some \$600,000, more in this item. If you take the next item it is considerably less. Do we draw any conclusion from this? Could you, perhaps, for the benefit of the committee, make any general statement?

We hear a number of press reports about the general health conditions. In relation to previous years, would you like to give us any information

whether we are gaining, whether we are losing, or whether the situation is satisfactory?

Mr. WINCH: This is in the main the same question, and could I ask in that same regard: In the far north, amongst the Eskimos—where there is not, I understand very much in the way of medical attention—how do you handle that? And in view of your studies—and this, I think, ties in with your question, Mr. Chairman—what is the general health of the Indians and, in particular of the Eskimos, and are there indications of any new problems developing?

Mr. MONTEITH (*Perth*): If the committee would turn to page 3 of the statement that was put in your boxes—actually, I think, it is some two or three weeks ago now—on page 2 you will see there are a few remarks on the state of health of the Indians. On page 3 there are a few facts pointed out. There you will find that almost 1,500,000 days of hospital care are provided annually for Indians, of which about 500,000 are provided in hospitals operated by the directorate.

Mr. WINCH: Are the Eskimos included in that?

Mr. MONTEITH (*Perth*): They are down below, on the same page.

The CHAIRMAN: That is quite right, and this is the disadvantage of having a week in one's constituency. Could you elaborate, Dr. Moore? Are you referring to this item of hospital, doctors and other professional and special services? There is actually a decrease this year.

Mr. MONTEITH (*Perth*): He was referring to the overall estimate.

Mr. WINCH: In view of your question, I think perhaps we could have a comment on the statement on page 2, on the health of the Eskimo, which, I think, is rather serious. Also perhaps you could explain as to why the death rate of the Eskimos is nearly twice that of the Indians. That is the point I am after.

Dr. MOORE: On page 2 under Eskimo health—this is a statement which the minister distributed—that I could probably enlarge on a bit.

When we took over the Eskimo work in 1945, certainly the major problem was tuberculosis. We organized these mass surveys throughout the Eskimo population. There are four in progress at the present time. This is where we fly in equipment, in most parts of the Arctic. There is one portion covered by the annual eastern Arctic patrol of the government ship, *C. D. Howe*. We do get comprehensive coverage from year to year and we immediately evacuate tubercular Eskimos. At one time we had almost 10 per cent of the total Eskimo population in hospital.

What has been remarkable in medical circles is the fact that we have not much higher reactivation or breakdown from these cases that have been sent back than is present in the normal population leaving the sanatorium or hospital. We have brought down the death rate from tuberculosis to where it is not our major concern any longer. But we do have a very heavy problem in infant mortality.

Mr. WINCH: It is fantastic that in a modern country you report 23 per cent of your Eskimo babies die before reaching the age of one.

Dr. MOORE: Yes, and until the north changes and the way of life changes, I do not see much hope for survival—not for “survival,” but for a very marked lessening of this very high toll. These people live a very rugged life. These babies are born out on the Arctic coast, miles from anyone. We have done a recent study of all the Eskimo babies born in 1953, for five years. We know the ages at which they died. It points up the fact that under these conditions there is going to have to be a very high mortality toll. It is beyond the resources of any health department to put midwives or doctors

out in igloos in the Arctic coast. We are increasing our number of nursing stations, and we are trying to bring more of these people into nursing stations for confinements. This year we are going to open two or three more I think. At each place we have these installations, and even though they may be 150 miles from the camps—and they are not settlements, but camps on the ice, where these people go out to catch seals—the people can come in, and they are gradually being educated to seek more help.

Mr. WINCH: Have you given any thought to training Eskimo women as midwives in order to bring down the mortality rate?

Dr. MOORE: We are attempting training programs in every one of our hospitals, and as rapidly as they are educated to the point where they can assimilate the training, we are attempting to train them. We have had an Eskimo graduate nurse working for us. We have had quite a few of these girls who have been in a sanatorium. They have taken extra training and gone back home. However, we cannot do much training with the Eskimo in his primitive state, without our language, and illiterate.

The CHAIRMAN: Would you care to add a word to that, Mr. Monteith?

Mr. MONTEITH (*Perth*): I believe there was a map distributed along with this report on Indian and northern health services. I think I might mention that Drs. Cameron, Moore and myself made a tour last autumn of some of these hospitals and nursing stations in the western Arctic zone, which is known as the foothills district.

I myself recall very distinctly a nursing station at Tuktoyaktuk on the Arctic ocean. It is manned by a nurse, who certainly must be very dedicated to work within this area. However, she has living quarters and a sick bay, or whatever you want to call it, in the one building at Tuktoyaktuk. These nursing stations are spotted elsewhere. However, I believe this is the most northerly one. She is in possession of very modern equipment; it is good equipment, and I think she is in a position to give very good service in this area.

Mr. WINCH: Mr. Minister, do you mean to say—and I gathered this from the remarks of Dr. Moore—that after all our years—almost centuries—of Canadian responsibility our native Eskimos are still illiterate and untrained?

Mr. MONTEITH (*Perth*): As Dr. Moore mentioned earlier this morning, this department only took over the responsibility of the health of the Eskimos in 1945. I think I might point out that the total estimate for Indian and northern health services in 1946 was something in the neighbourhood of \$2½ million. This has been increasing practically every year. This year it is something like \$24 million all told. Now, these have been increasing expenditures in connection with the health of the Indian and the Eskimo.

Mr. WINCH: I appreciate the fact that your department took over only in 1945. This is 1960. Is the minister or Dr. Moore in a position to say what progress has been made in 15 years in regard to illiteracy, health and training?

Mr. MONTEITH (*Perth*): Yes, there are figures; I gave them in a speech the other night. However, I am not going to give you a copy of that speech.

Mr. WINCH: I am not interested in propaganda; I am interested just in the facts.

Mr. MONTEITH (*Perth*): Well, it was set out in this report that was delivered some two or three weeks ago. This concerns Indians; I will deal with Eskimos later.

Tuberculosis, which ranked second as the cause of Indian deaths in 1951, stood eighth in 1957. It is a significant fact that the death rate

for Indians by tuberculosis last year was lower than the death rate for tuberculosis for whites at the end of World War II.

In other words, it was lower last year for Indians than for whites at the end of World War II.

This represents an achievement when one considers the death rate for Indians in 1946 stood at 580 per 100,000. Today it is roughly 40 per 100,000 population.

Now, I did have similar figures in connection with the Eskimos.

The CHAIRMAN: While these are being obtained, perhaps Dr. Vivian could proceed.

Mr. VIVIAN: I have a supplementary question in connection with the health of Eskimos.

May I, through you, ask Dr. Moore if there has been any change in the pattern in relation to the mortality rate in the younger age group among the Eskimo population? I think at one time a major portion of the deaths which occurred, occurred in the second and third year rather than in the first year. My recollection of this may be incorrect, but I believe there was a problem of nutrition when the child had been weaned. I am wondering if it is still existent.

My second question is this: are the figures for the mortality rate of Eskimos published and, if so, where? The same applies in respect of Indians, who are not part of the normal vital statistics procedure in the Canada year book.

Is anything known about the incidence of diabetes mylites among the Eskimo population?

Dr. MOORE: To answer the last question first, diabetes in Eskimos is probably rare, as a careful search of records has failed to turn up a single authenticated case.

Mr. VIVIAN: That is the statement which I expected. Is that true of very recently?

Dr. MOORE: Yes. I think Dr. Vivian asked this question at the first meeting, in connection with the general statement. We made a careful search of all our records and we could not find a single case recorded.

The death rate for Eskimos per 1,000 population is 20.3; for registered Indians it is 10.3, and for the general population it is 8.2.

From tuberculosis—and this is for all Canada; and these rates are estimated on per 100,000 population—the figure is 7.1. These figures I am giving you now are 1957 figures.

Mr. VIVIAN: From where are they coming? What is the source?

Dr. MOORE: From the vital statistics section of the Department of National Health and Welfare, and from the dominion bureau of statistics.

Mr. VIVIAN: Then they are published separately?

Dr. MOORE: These figures will be found in our 1958 annual report. The figure is 7.1 for all of Canada. For tuberculosis it is 42 per 100,000 for Indians, and the preliminary figures for 1959 show that figure decreased to 34. In connection with Eskimos, the figure in 1957 was 134.2, and that figure is very considerably reduced for 1959.

Mr. VIVIAN: This is in connection with tuberculosis.

Dr. MOORE: Yes. Do you wish the infant mortality?

Mr. VIVIAN: No, Mr. Chairman, I do not want to take the time of the committee. If these are broken down by diagnosis, by leading causes of death, I can get them. My question concerned the mortality rate of the young Eskimo.

Twenty-three per cent of all Eskimo babies born died before they reached the age of one year. Is this an increasing problem, or is it one in which the two-year-old is showing an improvement? Is there an improvement in the mortality rate in the two and three-year-old, because of nutritional improvement?

Dr. MOORE: In this five-year study of all Eskimo babies born in the year 1953, the following figures are set forth: total live births, 421; total deaths, 105—and this is in a five-year period.

Mr. VIVIAN: That is within the five-year period?

Dr. MOORE: Yes.

Mr. VIVIAN: In each year?

Dr. MOORE: No. Of the 421, 105 were dead by 1958; and of those, 86 died within the first year of life. Seventy-two of those deaths occurred within the first six months, with only 14 in the second six months. The leading cause—in fact, practically all, died from chest complications—pneumonia, influenza, and sometimes after a measles epidemic goes through they get pneumonia very rapidly.

Mr. VIVIAN: And my last question: is the nutritional state of the Eskimo improving?

Dr. MOORE: The nutritional state of the Eskimo is really a cause for concern at the present time because of the change of life of the Eskimo. I am referring to the ones who are changing from living on native food, whose state of nutrition is good if they get enough to eat. It is not the quality; it is the quantity. I am referring to those people who become wage earners and go to a wage economy. We are endeavouring now to put on an educational campaign for them. We are putting out a pamphlet printed in a syllabic language for the eastern Arctic and in the other type of Eskimo language they use in the western Arctic. We are trying to educate them. Also, our field nurses are putting on a special effort in connection with the wage-earning Eskimo, because they deteriorate very rapidly.

Mr. CARTER: I would like to follow up Dr. Vivian's line of questioning. Do you have any statistics on the incidence of cancer in Eskimos and Indians as compared with the rest of Canada?

Dr. MOORE: In connection with Indians and Eskimos—and this will concern chiefly Indians—cancer, neoplasms generally are the eighth cause of death. They stand eighth, whereas in the general population of Canada they stand second.

Mr. CARTER: Then, you do not have the percentage.

Could I ask a question about this northern survey. Do you have it broken down into areas? Could you compare the statistics of one area with another?

Dr. MOORE: Yes, we can by regions. We have figures for the various surveys. The case for T.B. now is about one per cent in the western Arctic and about 3 per cent in the eastern Arctic; and that has come down from 12 per cent fifteen years ago.

Mr. CARTER: From the general health standpoint, do you have any comparative figures between Labrador and the other northern parts of Canada?

Dr. MOORE: No, we have not those figures. However, I believe it would be possible to obtain them. I might explain to the committee that our medical work in Labrador is carried out, with our assistance, chiefly by the Grenfell mission, and some by the Newfoundland department of health. They give assistance in connection with some of the surveys.

Mr. CARTER: Is this agreement of which you spoke with the Grenfell mission or the provincial government?

Dr. MOORE: The provincial government.

Mr. CARTER: Can you say when it expires?

Dr. MOORE: I think it has four more years.

Mr. MONTEITH (*Perth*): I would like to say a couple of words in reply to Mr. Carter.

I recall having placed on my desk in the fall of 1957 a log—and that is what I mean; it is just a very factual report of one of these survey teams in the western Arctic area in the spring of 1957. I remember one particular statement that was made in this log, which was prepared by the survey team which had made the trip. They had gone into a place called Backs river, which is west of Hudson bay and practically on the Arctic ocean. The thing that stood out most in my mind was that this particular area and community of Eskimos had had practically no contact with the white man, and the health of the Eskimos at Backs river was the best that they found in their survey.

Dr. MOORE: Not a single case of tuberculosis.

Mr. FAIRFIELD: I would like to return to these forms. Are there any doctors on fee for service basis?

Dr. MOORE: Most of our doctors are on fee for service; but in the case of the majority, where it is a designated position, we make this arrangement of what we call a limited fee for service. That is, he has a limit on his entire year's work.

Mr. FAIRFIELD: How do the fees that you pay on that basis compare with the fees paid by medical services insurance programs?

Dr. MOORE: I would say that they would average out at about 70 per cent of average schedule, but somewhat higher than provincial or municipal sources pay for indigents from public funds.

Mr. FAIRFIELD: Has there been any change in the fees during the past ten years?

Dr. MOORE: Yes.

Mr. FAIRFIELD: Up or down?

Dr. MOORE: Up.

The CHAIRMAN: Have you a supplementary question, Dr. Horner?

Mr. HORNER (*Jasper-Edson*): Yes, it is along the same lines.

The CHAIRMAN: Continue.

Mr. HORNER (*Jasper-Edson*): I am concerned about the Indians in north-western Alberta who, according to the government, are not registered, particularly in the Jasper and Edson area. A number of Indians were supposed to be on a reserve at Rocky Mountain house, but have not stayed there. Apparently these Indians are not the responsibility of your department. Is that correct?

Mr. MONTEITH (*Perth*): Are you familiar with this?

Dr. MOORE: Yes, the O'Cheise Indian. There was a band of Indians in between Rocky Mountain house and Jasper, who refused for many years to sign a treaty. A few years ago they did sign a treaty, but there is still a tag end that refuses to accept a treaty, or consider themselves as treaty Indians. I am aware of the case to which Dr. Horner refers. I might tell you, Dr. Horner, that it is under investigation, and if we can establish these people as bona fide Indians we will accept the accounts. We have two tracked down, but there is a third one which we cannot find. However, it is still under examination.

Mr. HORNER (*Jasper-Edson*): There is not only the O'Cheise band in that area; there is an Iroquois band at Cache Creek north of Edson, which is in the same general category. In that area there are a great number of Indians who, for all intents and purposes, do not live on reservations, and yet any medical care they receive is given by the hospitals and the doctors in those areas—unless they can collect from you. They have difficulty collecting from the provincial government.

Dr. MOORE: Mr. Chairman, this is an old problem. We can legally pay only for a registered member of an Indian band, and these are people who have taken a script or become enfranchised and left the reserve.

The CHAIRMAN: Have you a question, Mr. Stinson?

Mr. STINSON: Yes. My question concerns what the minister said a few minutes ago concerning the area near Hudson bay where he said the Eskimo community had very little to do with the white folk. Also, I believe he said that in this particular community there was a very high standard of health and, by implication at least, he left the impression that in other places where there has been a greater contact with the white communities the health standards were not as satisfactory as in that community. I am wondering if it is fair to say that in the areas which have been most closely associated with white settlement, development and industry the conditions of the Eskimo community, in the matter of health, are less satisfactory than in areas where they have had no connection, or very little connection, with the coming of the white man. I would hope that is not so.

Mr. MONTEITH (*Perth*): Possibly Dr. Moore could expand on this. However, first of all, I do not think I said that the standard of health at Backs river was actually high, but this survey report did point out that it was a higher standard—the highest standard of health they had found in the north. I would be inclined to say that I received somewhat the same impression in reading this report as Mr. Stinson apparently did from hearing me repeat this statement. In so far as comparing the actual standards of health in settlements where the Eskimo is in close contact with the white man, and in a place such as Backs river, I am going to leave it to Dr. Moore—but I think it is obvious.

Dr. MOORE: I think it would be fair to answer your question in this way: those who were alive are a pretty hardy outfit. They had not become infected with tuberculosis. This was primarily a tuberculosis survey, and it was quite simple for our people to find this group who were free from tuberculosis. However, that does not mean they had not had a shockingly high incidence of mortality. It could not be anything else but that. When they get sick they die. The ones who survived were hardy. Your question would necessitate a lengthy reply, because when you change an aborigine from the stone age and bring him over the long bridge to civilization, he obtains a lot of shocks on the way over.

Mr. HALPENNY: Could Dr. Moore tell us whether they use any radiologists or pathologists on the fee for service plan?

Dr. MOORE: Mr. Chairman, in general when an Indian goes to hospital he is always covered with an all-inclusive rate, and is in as a public ward patient. In that case the pathologist, the radiologist, and the various services in the hospital are included in the hospital rate, and the hospital makes their own statement for these people.

Mr. HALPENNY: Do you always use hospitals that provide their own services?

Dr. MOORE: As far as possible we use teaching hospitals; but we do occasionally get bills from these specialists, and we have a schedule of fees

according to which we pay those bills. It is considerably lower than the tariff set by the provincial medical associations.

Mr. HALPENNY: You have not been able to make arrangements with radiologists and pathologists?

Dr. MOORE: No, we do not make any arrangement with them, except that a number of radiologists like to go with the eastern Arctic patrol, and we pay them a stipend of so much per month to take the trip and to meet their expenses.

Mr. MONTEITH (*Perth*): Actually, the directorate operates some 22 hospitals covering 22,000 beds, 38 nursing stations with 150 beds, 27 clinics, and 76 health centres scattered all across Canada.

We visited the Charles Camsell hospital in Edmonton this past autumn. All cases requiring hospital treatment are pretty well brought to the Charles Camsell hospital.

Mr. HALPENNY: I realize that. I was just wondering.

Mr. MONTEITH (*Perth*): To our own hospital, that is.

Mr. HALPENNY: I wondered about the fees paid for the services of radiologists and pathologists, and what possibly might have been the most you paid to one man during the last fiscal year?

Dr. MOORE: Supplementing the information I gave to Mr. Halpenny I would say that in some of our larger institutions, such as the Camsell hospital we have an arrangement with the radiologists and pathologists where we engage them for so many half days per month, on the same schedule that D.V.A. pays, at so much per half day as consultants.

Mr. FAIRFIELD: The figures show that there has been an enlargement in the staff of about 181 personnel, and of those only 21 are nurses. Have you found any difficulty in getting nurses or field nurses for these specific establishments?

Dr. MOORE: I think, considering everything and with the shortage of nurses across the country, we have been remarkably successful. They are always in short supply, but we have managed to get our spots covered despite the continual shortage.

Mr. FAIRFIELD: Your starting salary is \$2700 for nurses.

Dr. MOORE: I think it is \$3300 now?

Mr. MONTEITH (*Perth*): There has been an increase for nurses since this was drawn up.

Mr. FAIRFIELD: Have you considered at all putting nurses on each reservation?

Dr. MOORE: That would depend entirely on the size of the reservation. They vary from six to 6,000 across the country. In places where there are 400 or more, we can afford a nurse. But if it is less than that number, then one nurse may have the responsibility for three or four reservations.

Mr. FAIRFIELD: When these nurses do not reside on the reservation, and if there are no health facilities on the reserve, have you attempted to set up units?

Dr. MOORE: That will vary greatly depending on the location. The minister gave you the figures a moment ago of the number of nurses stationed on reserves.

Mr. MONTEITH (*Perth*): It was 38. There is for instance a hospital at Hobbema, 60 to 70 miles south of Edmonton.

The CHAIRMAN: Are there any further questions?

Mr. FAIRFIELD: In my particular area there is one nurse who handles about two reserves, and they are both about 500.

Dr. MOORE: We know that there is too much to do, and we have a position for a second nurse, but it is unfilled at the present time.

Mr. FAIRFIELD: Is this very noticeable across the country?

Dr. MOORE: We are spread fairly thin, I must say.

Mr. FAIRFIELD: As far as nurses are concerned?

Dr. MOORE: Yes.

Mr. MONTEITH (*Perth*): I think Dr. Moore mentioned that there are about 70 unfilled positions at the moment.

Mr. HALES: I have a question supplementary to those of Dr. Fairfield.

Dr. Fairfield mentioned that the staff showed an increase of 181 people. What has brought that about?

The CHAIRMAN: May I interrupt? Dr. Horner, you are a very valuable member of the committee by the nature of your profession and your presence; so could you not stay with us for just a few minutes more?

Mr. HALES: Why was there this increase of 181 people? Why was it necessary?

Dr. MOORE: I think most of the increase was caused by the new hospital at Inuvik. I think that will take it up.

Mr. HALES: They would take up practically all the 181?

Dr. MOORE: There is an 80 bed hospital at Inuvik to provide services to all the inhabitants. This also includes not only the in-patients, but all our out-patients, and it requires a staff of 102.

Then we had an increase at the Whitehorse hospital of 17; and we had an increase in staff of 31 at the Charles Camsell hospital.

Several of these positions will go to the smaller hospitals. It is actually not a real increase but rather a tidying up. We were employing people on a casual basis, and as we get the positions established we get them into a position where they are eligible for pension, and become regular contributors to superannuation.

Mr. MONTEITH (*Perth*): It might be pointed out that there were several of these casual positions which have now been made permanent.

Dr. MOORE: Yes; the casuals are brought into the regular established positions. All this increase at the hospitals that form the rest of this group are in that category.

The reason we have had so many casuals and carried so many casuals is that it is our policy, where possible, to employ Indians if they are capable of filling the position. But they come and they go. They may work for a few days, and about the time you get their papers processed, you will find they have gone somewhere else. So you use a casual payroll rather than an established position, because it takes a month or two to get the documentation.

Mr. WINCH: I would like to ask Dr. Moore three questions, and then come back to the Eskimo question.

In the very fine resume which the minister supplied to us, on the subject of Indian and northern health services directorate, I refer to page 2, near the bottom, where it says:

Twenty-three per cent of all Eskimo babies born die before they reach the age of one year, most of them victims of a rugged way of life where only the hardy can survive.

I wonder if Dr. Moore, from his records, could tell us, of these 23 per cent of Eskimo babies who die before the age of one year, what is the major cause of death?

Dr. MOORE: Pneumonia.

Mr. WINCH: Secondly, with the high mortality rate amongst the young, do your records show at all any cases of death amongst the young—or of the old—because of the lack of food, and from what I understand used to be the policy—from my reading—of the very young, male or female, being left out to die, or put out to die? And third, when you buy your drugs for both Indians and Eskimos, do you buy them through tender, or do you buy at wholesale?

Dr. MOORE: To answer your first question, I have already given you the leading cause of death to all these infants as being chest complications, pneumonia and influenza particularly. The second highest cause of death with the Eskimos right across the line is accidents.

Mr. WINCH: Are those under one?

Dr. MOORE: No, not under one: they are in all age groups. The third part of the question is practically unknown now. I have not heard of a case in recent years of what the Eskimo call the “long sleep”, where if they could not look after a person, they just sealed them up in an igloo, went off and left them to have a “long sleep”. But there have been no authenticated cases of that in recent years.

The R.C.M.P. immediately investigate such cases, and they would take action, unless it was sheer necessity that caused it. Also, if we heard of such cases, there would be an immediate dispatch of an aircraft to take supplies and aid to such places as fast as we heard of it.

The other part of your question referred to drugs. All our drugs, except the odd prescription that the doctor writes for a patient to take to a drug store, are bought on tender at wholesale prices. We use the central medical stores; D.V.A. and ourselves operate jointly. It is under D.V.A. The tenders go out for drugs in their pharmaceutical names, and the low tender, provided the standard is there, is accepted.

Mr. WINCH: Could Dr. Moore, or the minister tell us whether you believe that you are receiving full, or nearly full statistics on births and deaths amongst the Eskimos?

Dr. MOORE: I would say that they have improved greatly in the last two, three or four years. The thing that led to far better statistics was the registering of all the Eskimo families for family allowances. Both the R.C.M.P. and the Department of Northern Affairs collect these statistics; and they are forwarded and analyzed. There has been a very marked improvement.

Mr. WINCH: If they understand the meaning of family allowances, how does it come about that they do not understand illiteracy and health training?

The CHAIRMAN: Are there any other questions, gentlemen?

Mr. FAIRFIELD: I have a question on the matter of drugs. On what policy do you supply drugs to medical officers, schools—ordinary Indian schools—and nursing stations?

I want to broaden this a little. Why I ask is because I have had complaints that they could not get other than, say, aureomycin or the very expensive antibiotics, and could not be supplied with such cheaper things as sulpha or mixtures of sulpha and penicillin.

Dr. MOORE: That would be a local breakdown, because our policy is to supply a broad assortment of drugs commonly used. There is a committee. We follow very closely what the medical people do in the National Defence

Medical Corps; and D.V.A. policy, as to quality, quantity and assortment of drugs that are supplied. Certainly we would not want to see aureomycin used in a place where sulpha would do just as well.

These drugs are put in the hands of the dispensers—very often lay dispensers—and we have a publication, a guide, to lay dispensers. In that, these drugs are clearly numbered, the number to be used and the dosage of each drug supplied. Those details are there, to be used by the lay dispensers, for such things as aspirin and cough syrup and the usual run of what you might call household remedies.

Mr. HALPENNY: We hope they can read.

Dr. MOORE: We hope the lay dispensers that are teaching schools can.

Mr. FAIRFIELD: Then the decision to supply these drugs is not made by application of the doctor concerned, who often dispenses these drugs? He gets them willy-nilly, in other words, whether he would desire a larger number of, say, penicillin tablets, which are vastly cheaper than the specific drugs?

Dr. MOORE: We have a drug catalogue that is put in the hands of anyone who is ordering or handling our drugs. That lists the various preparations that can be obtained. These are vetted by officers who are familiar with the numbers of people who will be requiring these drugs, and if there are exorbitant quantities, they are cut down.

Also, if a doctor treating a case requires any particular drug for that particular case, we will not interfere in the relationship between a doctor and his patient.

Mr. HALPENNY: In general, they can have anything they want? They can have it as long as it is in the vocab.?

Dr. MOORE: Yes.

Mr. HORNER (*Jasper-Edson*): Mr. Chairman, I have some questions with regard to construction. Is that under this item? I want, specifically, to know the status of the hospital at Whitehorse.

The CHAIRMAN: That comes under the next item. Are there any further questions on item 247?

Mr. WINCH: I have only one question, Mr. Chairman—I am sorry—because of the statement made by Dr. Moore about information that is received about an Eskimo group or band location which requires aid, which is immediately sent.

I assume that the information that comes to you is not your immediate responsibility. That is the responsibility, I presume, of the Department of Northern Affairs and National Resources? It is not your responsibility to send aid?

Dr. MOORE: It is, healthwise. It is our responsibility, and we work in very close co-operation with Northern Affairs.

Mr. WINCH: It is lack of food that is the responsibility of the Department of Northern Affairs and National Resources?

Dr. MOORE: Yes; and in such instances there is probably also sickness. In such cases we would send out a nurse, medical officer and supplies.

Mr. WINCH: Is there any committee between your department and the Department of Northern Affairs on this? Is there a committee which deals with that?

Dr. MOORE: Yes.

Mr. WINCH: What is the committee, and how is it set up?

Dr. MOORE: The members of the committee are, from our side, Mr. Willis, who is the general superintendent of northern health services, and Mr. Brittain, who is the associate director of Indian and northern health services. On

the Northern Affairs side there is the deputy commissioner, Mr. Brown, and other officers.

Mr. WINCH: Are there regular meetings, or do you just meet in the event of an emergency being known? Are there regular meetings?

Dr. MOORE: In an emergency we would not wait for a meeting; we would act. Either department would act in an emergency, and we would figure out—

Mr. WINCH: That answers my question. What is the purpose, and how does this committee function, outside of an emergency?

Dr. MOORE: The purpose of the committee is to sort out difficulties that have occurred in the past and to establish policy on how to handle these difficulties if they come up again. For instance, with the Northwest Territories, on all health matters we have a cost sharing formula and they pay a certain percentage of costs that are non-native—that is, non-Indian and non-Eskimo—for public health services that are given. That is based on population.

The CHAIRMAN: Shall item 247 carry?

Mr. HALES: There are two items on page 343 that I want to inquire about. One item here is for \$25,000 for overtime, which did not appear last year. Why is that appearing this year?

My next question has to do with the travelling expenses of this department, which, between the two items here, adds up to over \$1 million. I think it is such a large expenditure that we should have some very careful examination of it.

Mr. WINCH: At the same time, Mr. Chairman, on the same basis, could we be told whether any use is made of R.C.A.F. planes, which I understand go to the north a great deal? And if not, why not?

Mr. MONTEITH (*Perth*): Dr. Moore, can you answer that?

Dr. MOORE: I believe that Mr. Brittain, the associate director, deals with this matter. Perhaps he would answer.

Mr. W. B. BRITAIN (*Associate director, (Administration) Indian and Northern Health Services*): Mr. Chairman, there are civil service commission provisions for overtime. Overtime is paid to certain classes of employees. I am not entirely familiar with this, but previously overtime was liquidated by time off. Now, after a certain length of time—I believe it is a year—overtime can be paid to clerical classes and certain others.

Mr. HALES: I think we had better have an explanation from the civil service commission on this particular item, so that we can understand it a little more fully.

The CHAIRMAN: I am inclined to agree. Mr. Brittain has given us the information within his territory, but I think a somewhat more detailed explanation is necessary.

Dr. MOORE: I could enlarge slightly on that. Here, again, we are short of staff. We are never up to our complement. If people worked over their 40-hour week and had to take holidays in lieu, I think it penalized both them and the department.

We have been making representations for a long time to have this principle established that overtime could be paid.

Mr. MONTEITH (*Perth*): We will be glad to get a statement on this, Mr. Hales.

The CHAIRMAN: Perhaps in the circumstances, gentlemen, it might be possible to adjourn at this point without closing the item.

Mr. WINCH: Could we perhaps have the information prepared as to whether any use is made of the R.C.A.F., and how much?

Mr. MONTEITH (*Perth*): Yes.

Mr. HALES: Also, Mr. Chairman, there is the question that I asked in regard to the over \$1 million expenditure on travelling. Could we have the information of how many cases were involved in these travelling expenses, so it could be broken down into the cost per person as to what it cost to transport one of these cases?

The CHAIRMAN: Gentlemen, I am going to remind you that during the course of our examination today until this last question was asked we have been dealing—and I think usefully—with the principle of the item under consideration, the mechanics and details of it. I would like to remind you, however, that as in the past it also is our responsibility to make a careful review of the expenditures contained in this vote and in the other items ahead of us. I am sure you will review it in that light.

APPENDIX "A"

FEDERAL GRANTS ASSISTANCE TO THE MONTREAL
SCHOOL FOR CRIPPLED CHILDREN

Reply to a question asked by Mr. Vivian on April 12, 1960.

In the course of Departmental discussions with the provinces, concerning the provincial health programmes and requests for federal assistance under the National Health Grants for 1960-61, the Province of Quebec made a preliminary inquiry regarding the possible submission of a project to provide assistance for the Montreal School for Crippled Children in an amount of approximately \$14,000.

The matter is under study, both in the province and in the Department, and it is expected that a formal submission of project will be made by the province at an early date, subject to the funds available and the terms of the appropriate grant.

APPENDIX "B"

HOSPITALS—CLOSED STAFFS

Reply to Mr. Payne's question of April 12, concerning the number of hospitals in Canada of 100 beds or more which have closed staffs. The following information, based on the Annual Return of Hospitals for the year 1958, has been obtained from the Dominion Bureau of Statistics.

At the end of 1958 there were in Canada 296 public general and allied special hospitals (that is to say, excluding federal hospitals, private proprietary hospitals, and all mental institutions and tuberculosis sanatoria) with 100 beds or more. Of this total 250 were general hospitals and 46 were special hospitals (i.e., chronic, convalescent, maternity, and the like).

Of the 250 general hospitals, 37 had closed medical staffs and a further 31 were closed in respect of their standard wards but open in respect of their private and semi-private rooms. Of the 46 special hospitals, 16 had closed medical staffs and another 7 were closed in respect of their standard wards but open in respect of their private and semi-private rooms. Taking the two groups together, therefore, there were 53 hospitals which were completely closed in respect of their medical staffs and 38 others which were closed in their wards and open in their private and semi-private rooms.

APPENDIX C

MATERNAL DEATHS

Reply to questions asked by Mr. Vivian on April 12th, 1960

Dr. Vivian referred to Page 41 of the Annual Report, Department of National Health and Welfare for the fiscal year ending March 31st, 1959. He quoted the Sections on Page 41 of the report dealing with maternal deaths and asked three questions:

1. The names of the five provinces carrying out mortality studies are:

Nova Scotia
Ontario
Manitoba
Saskatchewan
Alberta

2. There were 255 deaths of mothers in Canada in 1957 and a provincial breakdown is as follows:

MATERNAL DEATHS AND RATES BY PROVINCE (1957) CANADA

—	Canada	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Yukon	N.W.T.
1957..... Numbers	255	20	21	13	5	115	55	10	5	12	15	1	2
1957..... Rate per 1,000 live births.	0.5	1.3	0.7	0.7	0.3	0.8	0.4	0.4	0.2	0.3	0.4	2.0	2.2

3. As to arrangements for blood transfusion services, the Canadian Red Cross Society has now established blood transfusion services in all Canadian provinces. They state "Out-of-the-way hospitals rely a great deal on regular shipments of "O" negative blood as well as serum albumen from the transfusion depot. Other blood substitutes are on hand to be used in emergencies while blood of a specific type is being obtained". Because of the fact that haemorrhage associated with pregnancy is less predictable than blood loss associated with major surgery and other medical emergencies there are unique problems involved in ensuring that an adequate supply of blood or blood substitutes for obstetric emergencies is available in all hospitals and at all times.

APPENDIX D

LIST OF HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT BY PROVINCE OR TERRITORY
FROM MAY 1, 1948 TO APRIL 7, 1960

SYMBOLS USED ARE:

B.E.—Bed equivalents (selected training, laboratory, x-ray and other service areas)

N.B.—Nurses' residence beds

I.B.—Internes residence beds

NOTE:—1. A bed includes: acute, chronic, convalescent, mental, tuberculosis beds and new-born bassinets (3 equal 1 adult bed)

2. Renovation projects under the new terms inaugurated as of January 1, 1958 are listed separately at the close of the report for each province.

APRIL 7th, 1960.

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF NEWFOUNDLAND
APRIL 1, 1949—APRIL 7, 1960

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Carbonear			
Red Cross Community Hospital.....	21 3.616 B.E. 4 N.B.	26,616.67	26,616.67
Channel			
Cottage Hospital.....	27 8.023 B.E. 3 N.B.	35,330.24	35,330.24
Come-by-Chance			
Cottage Hospital.....	1.346 B.E. 4 N.B.	3,346.67	3,346.67
Corner Brook			
West Coast Sanatorium.....	227 10,538 B.E.	184,526.82	184,526.82
Western Memorial Hospital.....	113½ 38 N.B.	88,521.32	88,521.32
Englee			
Englee Nursing Station.....	2 0.540 B.E. 1 N.B.	3,040.00	3,040.00
Fogo			
Fogo Cottage Hospital.....	6 1.772 B.E. 3 N.B.	8,049.82	8,049.82
Hamilton Valley Village			
Nursing Station.....	2½ 0.440 B.E. 1 N.B.	3,000.00	3,000.00
Jackson's Arm			
Nursing Station.....	3 0.783 B.E. 1 N.B.	4,283.33	4,283.33
Lamaline			
Lamaline Nursing Station.....	3.538 B.E.	3,538.00	3,538.00

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF NEWFOUNDLAND
APRIL 1, 1949—APRIL 7, 1960—Concluded

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
La Scie			
Nursing Station.....	3 0.783 B.E. 1 N.B.	4,283.33	4,283.33
North West River			
International Grenfell Association.....	25 2.690 B.E. 3 N.B.	33,193.33	33,193.33
Old Perlican			
Old Perlican Cottage Hospital.....	24 11 N.B. 4.596 B.E.	50,264.72	50,264.72
Roddickton			
International Grenfell Association.....	7½ 1.706 B.E. 2 N.B.	10,040.00	10,040.00
St. Alban's			
St. Alban's Clinic.....	5.897 B.E.	3,200.00	2,300.00
St. Anthony			
St. Anthony Sanatorium.....	54 4.690 B.E. 12 N.B.	89,690.00	89,690.00
St. John's			
St. John's Sanatorium.....	116	57,110.52	57,110.52
Grace Hospital.....	98 20 N.B. 14.363 B.E.	129,729.12	129,729.12
St. John's General Hospital.....	94.843 B.E.	181,736.58	88,202.26
St. Clare's Mercy Hospital.....	100 N.B. 10.930 B.E.	87,718.24	87,718.24
Hospital for Mental & Nervous Diseases.....	316 13.600 B.E.	448,531.83	448,531.83
St. Patrick's Mercy Home.....	49 4.683 B.E.	78,183.33	78,183.33
Springdale			
Springdale Cottage Hospital.....	27 4.184 B.E. 3 N.B.	32,386.84	32,386.84
Stephenville Crossing			
Stephenville Cottage Hospital.....	2 2.903 B.E. 2 N.B.	5,903.33	5,903.33
Trapassey			
Trepassey Nursing Station.....	5.900 B.E. 1 N.B.	6,400.00	6,400.00
Twillingate			
Notre Dame Bay Dental Clinic.....	4.030 B.E. 2 N.B.	5,030.00	5,030.00
Total.....	1,123½ 212 N.B. 207.024 B.E.	1,583,654.04	1,490,119.72

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF NEWFOUNDLAND
APRIL 1, 1957—APRIL 7, 1960

RENOVATION PROJECTS

Location and Name	Estimated	Amount
	Amount of Federal Grant	Expended to April 7, 1960
	\$	\$
Old Perlican Old Perlican Cottage Hospital.....	16,253.33	16,253.33
Total.....	16,253.33	16,253.33

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF PRINCE EDWARD ISLAND
MAY 1, 1948—APRIL 7, 1960

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Alberton			
Western Memorial Hospital.....	54 $\frac{3}{4}$ 14 N.B. 5.793 B.E.	89,700.25	8,280.25
Charlottetown			
Charlottetown Health Centre.....	7.320 B.E.	5,996.27	5,996.27
Charlottetown Hospital.....	108 127 N.B. 14.293 B.E.	211,975.67	211,975.67
Falconwood Hospital.....	86 4.790 B.E. 33 N.B.	150,942.60	150,942.60
Prince Edward Island Hospital.....	87 $\frac{3}{4}$ 0.460 B.E.	152,920.00	152,920.00
Montague			
King's County Memorial Hospital.....	4 9 N.B.	8,500.00	8,500.00
O'Leary			
Community Hospital.....	29 1.050 B.E.	30,050.00	30,050.00
Summerside			
Prince County Hospital.....	128 $\frac{1}{2}$ 6.070 B.E.	158,554.65	158,554.65
Prince County Hospital (Nurses' Home).....	5 6.106 B.E. 54 N.B.	38,106.67	38,106.67
Tyne Valley			
Stewart Memorial Health Centre.....	8	8,000.00	8,000.00
Total.....	510 $\frac{1}{4}$ 45.882 B.E. 237 N.B.	854,746.11	773,326.11

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF PRINCE EDWARD ISLAND
APRIL 1, 1957—APRIL 7, 1960

RENOVATION PROJECTS

Location and Name	Estimated	Amount
	Amount of Federal Grant	Expended to April 7, 1960
	\$	\$
Alberton		
Western Memorial Hospital.....	13,147.33	—
Total.....	13,147.33	—

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF NOVA SCOTIA
MAY 1, 1948—APRIL 7, 1960

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Advocate			
Bayview Memorial Red Cross Hospital.....	4	3,608.81	3,608.81
Amherst			
Highland View Hospital.....	14 $\frac{3}{4}$ 16 N.B. 1,066 B.E.	18,616.56	18,616.56
Antigonish			
St. Martha's Hospital.....	111	122,000.00	122,000.00
Baddeck			
Victoria County Memorial Hospital.....	35 $\frac{3}{4}$	17,358.01	17,358.01
Berwick			
Western King's Memorial Hospital.....	28 $\frac{1}{2}$	28,333.33	28,333.33
Brookside			
Nova Scotia Institute.....	64	74,761.11	74,761.11
Canso			
Eastern Memorial Hospital.....	10 $\frac{1}{2}$	5,471.83	5,471.83
Cole Harbour			
Halifax County Mental Hospital.....	212	300,000.00	300,000.00
Dartmouth			
Nova Scotia Hospital.....	336 29,070 B.E.	533,080.00	533,080.00
Glace Bay			
Glace Bay General Hospital.....	10	10,000.00	10,000.00
St. Joseph's Hospital.....	0.476 B.E.	293.12	293.12
Guysboro			
Guysboro Memorial Hospital.....	15	15,000.00	15,000.00
Halifax			
Children's Hospital.....	106 5,530 B.E. 109 N.B. 77 $\frac{1}{2}$	177,530.00	177,530.00
Grace Maternity Hospital.....	7,666 B.E.	85,000.00	63,750.00
Halifax Infirmary.....	24 N.B.	18,000.00	—
Pathological Institute.....	103,670 B.E.	27,340.00	—

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF NOVA SCOTIA
MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
<i>Halifax—Continued</i>			
Provincial Polio Clinic.....	62	27,770.47	27,770.47
Victoria General Hospital.....	67		
	165.538 B.E. 442 N.B.	315,570.24	315,570.24
Dental Building—Dalhousie University.....	15.000 B.E.	15,000.00	11,250.00
<i>Kentville</i>			
Blanchard Fraser Memorial Hospital.....	21	21,000.00	21,000.00
Nova Scotia Sanatorium.....	16		
	13.231 B.E.	31,300.39	4,837.05
<i>Liverpool</i>			
Queen's General Hospital.....	41½	41,666.66	41,666.66
<i>Lunenburg</i>			
Fisherman's Memorial Hospital.....	28 N.B.	21,000.00	—
Lunenburg Hospital.....	38½	38,666.66	38,666.66
<i>Middle Musquodoboit</i>			
Musquodoboit Valley Memorial Hospital.....	9½	5,349.12	5,349.12
<i>Middleton</i>			
Soldiers Memorial Hospital.....	82		
	17.586 B.E.	199,173.33	—
<i>Musquodoboit Harbour</i>			
Twin Oaks Memorial Hospital.....	11	11,000.00	11,000.00
<i>Neil's Harbour</i>			
Buchanan Memorial Hospital.....	17	17,000.00	17,000.00
<i>New Glasgow</i>			
Aberdeen Hospital.....	251		
	159 N.B. 25.220 B.E. 4 I.B.	414,540.00	414,540.00
<i>North Sydney</i>			
St. Elizabeth's Hospital.....	188½	188,333.33	188,333.33
<i>Sheet Harbour</i>			
Eastern Shore Memorial Hospital.....	28½	17,161.16	17,161.16
<i>Sherbrooke</i>			
St. Mary's Hospital.....	13	10,113.09	10,113.09
<i>Sydney</i>			
St. Rita's Hospital.....	178	199,000.00	199,000.00
Sydney City Hospital.....	153½	153,666.66	153,666.66
<i>Sydney Mines</i>			
Harbour View Hospital.....	49½	49,666.66	49,666.66
<i>Sydney River</i>			
Cape Breton County Hospital.....	340	510,000.00	510,000.00
<i>Truro</i>			
Colchester County Hospital.....	60	60,000.00	60,000.00
<i>Westmount</i>			
Point Edward Hospital.....	200	22,004.67	22,004.67
<i>Windsor</i>			
Payzant Memorial Hospital.....	45½	45,666.66	45,666.66

APPENDIX D—Continued

 HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
 CONSTRUCTION GRANT FOR THE PROVINCE OF NOVA SCOTIA
 MAY 1, 1948—APRIL 7, 1960—Concluded

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Yarmouth			
Yarmouth General Hospital.....	184 $\frac{2}{3}$ 28,607 B.E.	426,546.68	—
Total.....	3,083 412,660 B.E. 778 N.B. 4 I.B.	4,457,588.55	3,534,065.20

 HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
 CONSTRUCTION GRANT FOR THE PROVINCE OF NOVA SCOTIA
 APRIL 1, 1957—APRIL 7, 1960

RENOVATION PROJECTS

Location and Name	Estimated	Amount	
	Amount of Federal Grant	Expended to April 7, 1960	
		\$	\$
Canso			
Eastern Memorial Hospital.....	2,626.67	1,230.00	
Halifax			
Children's Hospital.....	2,082.50	2,082.50	
Pathological Institute.....	52,500.00	—	
Lunenburg			
Fisherman's Memorial Hospital.....	1,916.61	1,916.61	
Tatamagouche			
Lillian Fraser Memorial Hospital.....	300.00	—	
Total.....	59,425.78	5,229.11	

 HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
 CONSTRUCTION GRANT FOR THE PROVINCE OF NEW BRUNSWICK
 MAY 1, 1948—APRIL 7, 1960

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Bathurst			
Bathurst Community Health Centre.....	3,300 B.E.	6,600.00	—
Hotel Dieu de St. Joseph.....	20	15,162.26	15,162.26
Campbellton.....			
Hotel Dieu de St. Joseph.....	82 $\frac{2}{3}$ 17,450 B.E.	99,605.24	74,703.90
Provincial Hospital.....	725 13,000 B.E.	1,135,500.00	841,875.00
Restigouche and Bay Chaleur Soldier's Memorial Hospital	70 N.B. 112 $\frac{2}{3}$ 6,603 B.E.	206,759.93	26,886.60
Chatham			
Mount St. Joseph Hospital.....	91	73,676.88	73,676.88
Hotel Dieu Hospital.....	85 11,933 B.E.	91,327.50	91,327.50

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF NEW BRUNSWICK
MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Dalhousie			
St. Joseph Hospital.....	104 $\frac{1}{2}$ 11.250 B.E.	115,590.00	115,590.00
East Saint John			
St. John Tuberculosis Hospital.....	33 12.156 B.E. 58 N.B.	75,770.00	75,770.00
Fredericton			
Polio Clinic and Health Centre.....	79 40.499 B.E.	159,000.00	159,000.00
Forest Hill Rehabilitation Centre.....	20 20.280 B.E.	48,691.80	48,691.80
Queen's Sunbury West Memorial.....	9.054 B.E.	5,576.12	5,576.12
Victoria Public Hospital.....	129 7.000 B.E.	165,000.00	*148,583.33
Minto			
Minto Hospital Co. Ltd.....	23 0.800 B.E.	23,800.00	23,800.00
Moncton			
Hotel Dieu de l'Assomption.....	97 $\frac{1}{2}$ 16.746 B.E. 13 N.B.	120,913.32	120,913.32
Moncton Hospital.....	241 $\frac{1}{2}$ 55.433 B.E. 120 N.B.	342,110.00	342,110.00
Regional Laboratory.....	28.500 B.E.	28,500.00	28,500.00
Newcastle			
Miramichi Hospital.....	86 5.286 B.E.	179,086.67	*111,786.67
North Head			
Grand Manan Red Cross Output Hospital.....	6 $\frac{1}{2}$	6,666.66	6,666.66
Perth			
Hotel Dieu de St. Joseph.....	45 $\frac{1}{2}$ 4.306 B.E.	49,640.00	49,640.00
Plaster Rock			
Tobique Valley Hospital.....	26 2.053 B.E. 12 N.B.	34,053.33	34,053.33
Richibucto			
Richibucto Community Health Centre.....	2.250 B.E.	4,000.00	—
Sackville			
Sackville Memorial Hospital.....	37 6.850 B.E.	48,514.07	31,908.42
Saint John			
Evangeline Maternity Hospital.....	19 $\frac{1}{2}$ 1.493 B.E.	22,986.66	22,986.66
Provincial Laboratory.....	83.333 B.E.	83,333.33	83,333.33
Saint John Tuberculosis Control Centre.....	7.496 B.E.	6,878.00	6,878.00
Saint John General Hospital.....	300 $\frac{1}{2}$ 71.396 B.E. 118 N.B.	449,379.46	449,379.46
Saint Joseph's Hospital.....	233 $\frac{1}{2}$ 55.443 B.E.	284,365.27	284,365.27
St. Stephen			
Charlotte County Hospital.....	141 6.750 B.E.	147,750.00	147,750.00

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF NEW BRUNSWICK
MAY 1, 1948—APRIL 7, 1960—Concluded

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Stanley Stanley Memorial Hospital.....	13	7,065.13	7,065.03
Sussex Kings County Memorial Hospital.....	7	4,326.83	4,326.83
The Glades Jordan Memorial Hospital.....	6 36 N.B.	14,658.61	14,658.61
Tracadie Hotel Dieu St. Joseph Hospital.....	39 $\frac{3}{4}$ 32 N.B.	55,077.67	55,077.67
Vallee Lourdes Vallee Lourdes Sanatorium.....	86	83,638.90	83,638.90
Woodstock Carleton Memorial Hospital.....	81 16,216 B.E. 53 N.B.	110,796.66	100,796.66
Total.....	2,972 $\frac{1}{4}$ 512 N.B. 516,876 B.E.	4,305,800.30	3,686,478.31

* Includes expenditures for renovation projects listed at the close of the report.

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF NEW BRUNSWICK
APRIL 1, 1957—APRIL 7, 1960

RENOVATION PROJECTS

Location and Name	Estimated	Amount
	Amount of Federal Grant	Expended to April 7, 1960
	\$	\$
Campbellton Restigouche and Bay Chaleur Soldier's Memorial Hospital.....	30,600.00	—
Chatham Hotel Dieu de Saint Joseph.....	52,666.66	52,666.66
Fredericton Victoria Public Hospital.....	47,166.66	*
Moncton Hotel-Dieu de l'Assomption.....	3,059.72	3,059.72
Newcastle Miramichi Hospital.....	41,000.00	*
Sackville Sackville Memorial Hospital.....	8,021.00	4,010.50
Saint John Saint John General Hospital.....	33,333.33	—
Total.....	215,847.37	59,736.88

* Expenditures included with construction projects.

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF QUEBEC
MAY 1, 1948—APRIL 7, 1960

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Amos			
Hotel Dieu d'Amos.....	235	196,723.02	196,723.02
Athabaska			
Hotel Dieu d'Athabaska.....	94 N.B.	47,000.00	47,000.00
Arvida			
Saguenay General Hospital.....	75 $\frac{1}{2}$ 19,966 B.E.	171,672.44	171,672.44
Beauceville-Ouest			
Hopital St. Joseph.....	53	45,026.55	45,026.55
Blanc Sablon			
Hopital Notre Dame de Lourdes.....	23	16,759.10	16,759.10
Bordeaux			
Hopital St. Joseph des Convalescentes.....	120 48 N.B.	189,896.02	189,896.02
Buckingham			
Hopital St. Michel.....	149 8,500 B.E. 2 N.B.	187,000.00	187,000.00
Cap aux Meules, Ile-de-la-Madeleine			
Hopital Notre-Dame-de-la-Garde.....	82 8 N.B. 13,153 B.E.	196,306.67	—
Cap-de-la-Madeleine			
Hopital Cloutier.....	129	139,500.00	139,500.00
Cartierville			
Hopital du Sacre-Coeur.....	79	17,567.37	17,567.37
Sanatorium Prevost.....	80 22,700 B.E.	142,706.67	142,706.67
Chandler			
Hopital de la Providence.....	56 $\frac{1}{2}$	56,333.33	56,333.33
Charny			
Hopital Notre Dame de Charny.....	61 $\frac{1}{2}$	61,666.66	61,666.66
Chicoutimi			
Hotel Dieu St. Vallier.....	359 123,859 B.E. 502 N.B.	1,043,595.03	898,432.12
Coaticook			
Ste. Catherine Laboure Hospital.....	95 5,473 B.E. 11 N.B.	105,973.33	105,973.33
Dolbeau			
Hotel Dieu du Sacre-Coeur.....	70 11,820 B.E. 16 N.B.	89,820.00	89,820.00
Drummondville			
Hopital Ste. Croix.....	228	193,914.30	193,914.30
Gaspe			
Sanatorium de Gaspe.....	344	414,689.04	414,689.04

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF QUEBEC
MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Grand'mere Hopital Lafleche.....	125½	115,913.32	115,913.32
Harrington Harbour Harrington Hospital (Grenfell).....	20½	23,666.66	23,666.66
Hauterive Hotel Dieu de Hauterive.....	165½ 17,910 B.E. 44 N.B.	205,583.34	205,583.34
Hull Hopital du Sacre-Coeur.....	249 43,860 B.E. 59 N.B.	394,715.04	394,715.04
Huntingdon Huntingdon County Hospital.....	15 0.880 B.E.	15,880.00	15,880.00
Joliette Hopital St. Eusebe.....	171½	109,116.02	109,116.02
Hopital St. Charles.....	1,475 61 N.B.	2,622,173.39	1,966,630.05
Jonquiere Hotel Dieu Notre-Dame de l'Assomption.....	247 28,737 B.E. 16 N.B.	284,909.67	284,909.67
Lac Edouard Sanatorium du Lac Edouard.....	22	5,314.65	5,314.65
Lachine Lachine General Hospital.....	48 2,132 B.E.	50,132.00	50,132.00
Lac Megantic St. Joseph Hospital.....	120½ 30 N.B. 1 I.B. 24,996 B.E.	313,910.00	—
L'Annonciation Hopital des Laurentides.....	786	1,529,985.12	1,147,488.84
La Sarre Hopital St. Francois.....	130½ 7 N.B. 8,963 B.E.	161,294.70	161,294.70
La Tuque Hopital St. Joseph.....	345½ 43,496 B.E.	678,316.23	22,656.23
Les Escoumains St. Alexandre Hospital.....	12 3,770 B.E. 5 N.B.	25,390.07	25,390.07
Levis Hotel Dieu de Levis.....	306 108,146 B.E.	814,053.34	29,000.00
Loretteville St. Ambroise de Loretteville.....	98	98,000.00	73,500.00

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF QUEBEC
MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated Amount of Federal Grant	Amount Expended to April 7, 1960
		\$	\$
Louiseville			
Hopital Comtois Inc.....	81 $\frac{2}{3}$ 4,786 B.E.	86,453.32	86,453.32
Macamic			
Sanatorium de Macamic.....	207	291,138.82	291,138.82
Magog			
Hopital la Providence.....	139 $\frac{2}{3}$ 67 N.B. 4 I.B. 53,786 B.E.	436,346.67	218,173.33
Maria			
Hopital Notre Dame de Chartres.....	114 $\frac{2}{3}$ 8,662 B.E. 101 N.B.	230,104.74	168,354.74
Mastai (Quebec)			
Hopital St. Michel Archange.....	2,435	3,778,418.93	3,778,418.93
Matane			
Hopital du St. Redempteur.....	159	140,720.05	140,720.05
Mont-Joli			
Sanatorium St. Georges.....	298	264,617.20	264,617.20
Mont Laurier			
Hopital Notre Dame de Ste. Croix.....	65 33 N.B.	89,750.00	65,000.00
Montmagny			
Hotel Dieu de Montmagny.....	154 $\frac{1}{3}$	154,333.33	154,333.33
Montreal			
Allan Memorial Institute (Royal Victoria Hospital).....	50 13,670 B.E.	88,666.66	88,666.66
Catherine Booth Mother's Hospital.....	29 1,542 B.E.	30,541.67	30,541.67
Clinique B.C.G. de Montreal Inc.....	121 5,130 B.E.	143,633.33	143,633.33
Herbert Reddy Memorial Hospital.....	35 N.B. 26 $\frac{1}{3}$	24,482.90	24,482.90
Hôpital General Fleury Inc.....	291 47,093 B.E. 8 I.B.	676,186.67	—
Hôpital Jean Talon Inc.....	496 $\frac{1}{3}$ 72,235 B.E. 26 N.B.	979,065.83	614,822.48
Hôpital La Visitation.....	14 I.B. 46 4 N.B. 3,420 B.E.	74,420.00	55,815.00
Hôpital Maisonneuve.....	568 $\frac{2}{3}$ 128,766 B.E.	815,578.31	815,578.31
Hôpital Ste-Jeanne d'Arc.....	345 N.B. 351 $\frac{1}{3}$ 66,163 B.E. 33 N.B.	452,118.85	452,118.85
Hôpital St.-Joseph des Convalescentes.....	66 14 N.B.	142,500.00	—
Hôpital Sanatorium St. Joseph.....	519	631,141.32	631,141.32
Hôtel-Dieu de Montréal Hospital.....	64 N.B. 4,870 B.E.	35,338.22	35,338.22

APPENDIX D—Continued

 HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
 CONSTRUCTION GRANT FOR THE PROVINCE OF QUEBEC
 MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Montreal—Cont'd			
Institut Bruchési Inc.....	15,000 B.E.	15,000.00	15,000.00
Institut Marie Clarac.....	209		
	5,250 B.E.	428,500.00	—
Jewish Hospital of Hope.....	70	105,000.00	105,000.00
Jewish General Hospital.....	304½		
	163,597 B.E.	593,871.88	*865,877.41
Julius Richardson Convalescent Hospital.....	144	216,000.00	216,000.00
l'Assistance Maternelle.....	15,000 B.E.	15,000.00	15,000.00
Montreal Children's Hospital.....	395		
	299,966 B.E.		
	162 N.B.	775,966.67	775,966.67
Montreal Convalescent Hospital.....	30	41,107.34	41,107.34
Montreal General Hospital.....	615		
	512,773 B.E.		
	292 N.B.	1,368,192.72	*1,283,406.47
Montreal Neurological Institute.....	130		
	27,880 B.E.	222,880.00	222,880.00
Montreal Protestant Hospital.....	146		
	8,313 B.E.	262,847.65	262,847.65
Notre-Dame Hospital.....	964½		
	376,623 B.E.		
	115 N.B.	1,409,956.66	1,057,467.49
Notre-Dame de la Merci.....	118		
	104 N.B.		
	30,753 B.E.	351,333.34	—
Pavillon de l'Institut du Rhumatisme (Hôtel-Dieu de Montréal).....			
	225		
	159,056 B.E.		
	353 N.B.	468,188.02	468,188.02
Queen Elizabeth Hospital.....	147 ¾		
	67,965 B.E.	505,785.66	*477,757.32
Rehabilitation Institute.....	111		
	16 N.B.		
	132,556 B.E.	499,000.00	249,500.00
Retraite St. Benoît.....	111		
	4 N.B.		
	15,630 B.E.	235,092.55	235,092.55
Royal Edward Laurentian Hospital.....	100		
	36,640 B.E.		
	19 N.B.	196,140.00	196,140.00
Royal Victoria Hospital.....	515		
	171,372 B.E.	966,439.67	376,066.67
St. Frances Xavier Cabrini Hospital.....	186½		
	11 I.B.		
	57,623 B.E.	448,286.51	244,143.25
Ste. Justine Hospital.....	948¾		
	458,548 B.E.		
	564 N.B.		
	41 I.B.	1,874,936.02	1,874,936.02
St. Mary's Hospital.....	141		
	75 N.B.		
	77,198 B.E.	306,150.00	306,150.00
Murdockville			
Murdockville Hospital.....	23		
	9,826 B.E.	65,653.33	32,826.66
Nicolet			
Hôpital du Christ-Roi.....	20	12,451.62	12,451.62
Noranda			
Hôpital Youville.....	153	34,863.76	34,863.58

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF QUEBEC
MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7 1960
		\$	\$
Ormstown			
Barrie Memorial Hospital.....	67 $\frac{3}{4}$ 32 N.B.	87,666.66	87,666.66
Quebec			
Clinique de la Ligue Antituberculeuse.....	30.733 B.E.	31,751.12	31,751.12
Hopital de l'Enfant-Jesus.....	245 $\frac{3}{4}$ 20.343 B.E.		
Hopital Notre-Dame de la Recouvrance.....	261 N.B. 29	368,791.31	368,791.31
Hopital du St. Sacrement.....	261 178 N.B.	20,466.46	20,466.46
Hopital St. Francois d'Assise.....	159.836 B.E. 36 I.B.	983,753.12	497,876.56
Hotel Dieu de Quebec.....	211 N.B. 32.830 B.E.	218,956.42	164,217.31
Hotel Dieu du Sacre-Coeur de Jesus.....	374 164.723 B.E.	824,110.11	624,457.56
Jeffery Hale's Hospital.....	174 37.070 B.E.	422,140.00	—
Quebec General Hospital.....	199 $\frac{3}{4}$ 44.940 B.E.	298,276.66	298,276.66
Notre-Dame de l'Esperance Hospital.....	108 N.B. 217	325,500.00	325,500.00
	2 N.B. 11.543 B.E.	12,543.33	12,543.33
Rimouski			
Hopital St. Joseph.....	249 $\frac{3}{4}$ 48.600 B.E. 114 N.B.	221,158.67	221,158.67
Riviere des Prairies			
Institut Medico-Pedagogique du Mont Providence.....	1.269	1,549,225.06	1,549,225.06
Roberval			
Hopital Ste. Elizabeth.....	592	888,000.00	888,000.00
Hotel Dieu St. Michel.....	28 N.B. 43	18,709.26	18,709.26
Ste. Agathe-des-Monts			
Mount Sinai Sanatorium.....	26	39,000.00	39,000.00
Hopital de Ste. Agathe.....	30 0.490 B.E.	60,980.00	45,735.00
Ste. Anne des Monts			
Hopital Ste. Anne des Monts.....	21	21,000.00	21,000.00
St. Eleuthere			
Hopital St. Joseph du Lac.....	7 $\frac{1}{4}$ 1 N.B.	7,833.33	7,833.33
St. Ferdinand			
Hopital St. Julien.....	413	619,500.00	619,500.00
Ste. Foy			
Hopital Laval.....	213 20 N.B. 156.106 B.E.	485,606.67	485,606.67
St. Georges-Ouest			
Hotel Dieu Notre-Dame de Beauce.....	193 $\frac{1}{4}$ 48 N.B.	227,705.97	212,893.47

APPENDIX D—Continued

 HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
 CONSTRUCTION GRANT FOR THE PROVINCE OF QUEBEC
 MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Ste. Germaine Sanatorium Begin	325	282,732.20	282,732.20
St. Hilaire Foyer Dieppe	90	148,310.92	100,310.92
St. Hyacinthe Hopital St. Charles	13.013 B.E.	13,013.33	13,013.33
Hotel Dieu de St. Hyacinthe	82	123,000.00	123,000.00
St. Jean Hopital St. Jean	51 1.113 B.E.	52,113.33	52,113.33
St. Jerome Hotel Dieu de St. Joseph	266 $\frac{2}{3}$ 102 N.B. 22.356 B.E.	386,620.77	386,620.77
Le Foyer St. Jerome	212 10 N.B.	353,036.37	288,394.86
St. Joseph d'Alma Hotel Dieu du Christ-Roi d'Alma	246 $\frac{2}{3}$ 29.797 B.E. 135 N.B.	365,287.86	365,287.86
St. Louis de Courville Hopital St. Augustin	141 14 N.B. 17.286 B.E.	327,073.33	81,768.33
St. Raymond Hopital St. Raymond	27 5 N.B. 3.693 B.E.	65,136.67	65,136.67
Shawinigan Falls Hopital Ste. Therese	148	148,000.00	148,000.00
Shawville Pontiac Community Hospital	57 11 N.B.	33,309.20	31,246.70
Sherbrooke Hopital d'Youville	166	249,000.00	249,000.00
La Societe de Rehabilitation Inc.	174	151,946.92	151,946.92
Sherbrooke Hospital	142 $\frac{2}{3}$	142,666.66	142,666.66
Hopital General St. Vincent de Paul	2 175 N.B. 47.446 B.E.	230,143.34	57,535.83
Sorel Hopital General de Sorel	112	69,608.30	69,608.30
Hotel Dieu de Sorel	217 16 N.B.	72,087.87	72,087.87
Hopital Richelieu Inc.	31 3.400 B.E.	29,312.23	29,312.23
Sweetsburg Brome-Missisquoi-Perkins Hospital	96 8.000 B.E.	104,000.00	104,000.00

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF QUEBEC
MAY 1, 1948—APRIL 7, 1960—Concluded

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Three Rivers			
Hopital Sanatorium Cooke.....	174	136,158.20	136,158.20
Hopital St. Joseph.....	62 N.B. 13,853 B.E.	65,273.78	48,955.33
Hopital Ste-Marie.....	374½ 11,450 B.E. 57 N.B.	241,091.45	241,091.45
Val d'Or			
Hopital St. Sauveur.....	104 46 N.B.	127,358.07	127,358.07
Verdun			
Verdun Protestant Hospital.....	250 26 N.B. 38,490 B.E.	596,480.00	—
Ville La Salle (Montreal)			
Hopital General.....	147¾ 6 I.B. 47,616 B.E.	395,066.68	—
Ville Marie			
Hopital Ste. Famille.....	50 33 N.B.	66,500.00	66,500.00
Ville St. Laurent (Montreal)			
Hopital Notre-Dame de L'Esperance.....	102	42,500.00	42,500.00
Ville St. Michel (Montreal)			
Hopital St. Michel.....	72 12,143 B.E.	154,575.91	154,575.91
Wakefield			
Gatineau Memorial Hospital.....	27¾ 2,166 B.E. 12 N.B.	35,833.44	35,833.44
Windsor Mills			
St. Louis de Windsor Inc.....	39½ 8,923 B.E.	96,513.34	*89,760.01
Total.....	27,166¾ 5,087 N.B. 4,528,012 B.E. 121 I.B.	44,785,127.44	35,330,611.34

* Includes expenditures for renovation projects listed at the close of the report.

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF QUEBEC
APRIL 1, 1957—APRIL 7, 1960

RENOVATION PROJECTS

Location and Name	Estimated Amount of Federal Grant	Amount Expended to April 7, 1960
	\$	\$
Cap aux Meules, Ile-de-la-Madeleine		
Hopital Notre-Dame-de-la-Garde.....	80,787.50	—
Cartierville		
Hopital du Sacre-Coeur.....	535,731.16	—
Chicoutimi		
Hotel Dieu St. Vallier.....	181,700.00	—
La Tuque		
Hopital St. Joseph.....	125,110.00	—
Maria		
Hopital Notre Dame de Chartres.....	22,500.00	—
Montreal		
Hopital General Fleury Inc.....	7,500.00	—
Hopital Notre-Dame-de-la-Merci.....	572,666.67	—
Hopital St. Joseph des Convalescentes.....	35,000.00	—
Hotel Dieu de Montreal.....	56,566.66	28,000.00
Jewish General Hospital.....	474,830.00	*
Montreal General Hospital.....	43,575.00	*
Queen Elizabeth Hospital.....	441,750.00	*
Retraite St-Benoit.....	19,402.06	19,402.06
Royal Victoria Hospital (Women's Pavilion).....	36,666.67	—
St. Mary's Hospital.....	76,393.33	76,393.33
Noranda		
Hopital Youville.....	4,307.60	4,307.60
St. Georges-Ouest		
Hotel Dieu Notre-Dame de Beauce (Nurses' Residence).....	7,333.33	—
Sherbrooke		
Hopital General St. Vincent de Paul.....	32,000.00	32,000.00
Verdun		
Verdun Protestant Hospital.....	433,333.33	—
Windsor Mills		
Hopital St-Louis de Windsor.....	23,166.67	*
Total.....	3,210,319.98	160,102.99

* Expenditures included with construction projects.

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF ONTARIO
MAY 1, 1948—APRIL 7, 1960

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Ajax			
Ajax and Pickering General Hospital.....	50 5,350 B.E. 19 N.B.	70,040.58	70,040.58
Almonte			
Rosamond Memorial Hospital.....	46 $\frac{2}{3}$ 6,067 B.E.	105,466.66	—
Arnprior			
Arnprior and District Memorial Hospital.....	66 $\frac{2}{3}$ 17,293 B.E.	167,920.00	125,940.00
Atikokan			
Atikokan General Hospital.....	16 12 N.B.	22,000.00	22,000.00
Red Cross Hospital.....	15	15,000.00	15,000.00
Aurora			
Ontario Hospital.....	185	229,219.77	229,219.77
Bancroft			
Red Cross Outpost Hospital.....	25 $\frac{2}{3}$	17,104.27	17,104.27
Barrie			
Royal Victoria Hospital.....	97 $\frac{1}{3}$ 85 N.B. 4,113 B.E.	143,383.64	143,383.64
Barry's Bay			
St. Francis Memorial Hospital.....	39 4,980 B.E.	87,960.00	21,990.00
Belleville			
Belleville General Hospital.....	116 31 N.B. 53,920 B.E.	226,971.84	192,054.22
Blind River			
St. Joseph General Hospital.....	36 $\frac{2}{3}$ 4,410 B.E.	41,076.67	41,076.67
Bowmanville			
Memorial Hospital.....	56 $\frac{2}{3}$	56,666.66	56,666.66
Bracebridge			
Memorial Hospital.....	4,516 B.E.	4,516.66	4,516.66
Brampton			
Peel Memorial Hospital.....	44 24 N.B.	56,000.00	56,000.00
Brantford			
Brant Sanatorium.....	5 16 N.B.	15,500.00	15,500.00
Brantford General Hospital.....	403 63,759 B.E.	750,863.86	750,863.86
St. Joseph's Hospital.....	171 $\frac{1}{3}$ 32,040 B.E. 25 N.B.	215,873.33	213,053.33

APPENDIX D—Continued

 HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
 CONSTRUCTION GRANT FOR THE PROVINCE OF ONTARIO
 MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Brockville			
General Hospital.....	252½ 39.673 B.E. 95 N.B.	569,414.88	*447,427.38
Ontario Hospital.....	180	270,000.00	270,000.00
St. Vincent de Paul Hospital.....	59¾ 15.570 B.E.	109,216.59	109,216.59
Burk's Falls			
Red Cross Outpost Hospital.....	24¾	24,666.66	24,666.66
Burlington			
Joseph Brant Memorial Hospital.....	258½ 43.266 B.E. 5 I.B.	605,450.00	150,823.33
Campbellford			
Memorial Hospital.....	70¾ 2.701 B.E.	85,541.77	85,541.77
Carleton Place			
Carleton Place and District Memorial Hospital.....	36½ 2.810 B.E.	39,079.99	39,079.99
Chapleau			
Lady Minto Hospital.....	29 0.883 B.E. 9 N.B.	34,383.33	34,383.33
Chatham			
Public General Hospital.....	229½ 31.246 B.E.	421,916.66	155,243.33
St. Joseph's Hospital.....	87 15 N.B. 7.996 B.E.	201,243.33	150,932.50
Chesley			
Chesley and District Hospital.....	24½	12,155.42	12,155.42
Clinton			
Public Hospital.....	30¾ 20 N.B. 4.256 B.E.	29,924.04	29,924.04
Cobourg			
General Hospital.....	90½ 4.091 B.E.	181,863.85	181,863.85
Cochenour			
Margaret Cochenour Memorial Hospital.....	6 N.B.	3,000.00	3,000.00
Cochrane			
Lady Minto Hospital.....	40¾ 10.466 B.E.	60,633.33	60,633.33
Collingwood			
General and Marine Hospital.....	34½ 9 N.B. 3.230 B.E.	42,063.33	42,063.33
Cooksville			
South Peel Hospital.....	133¾ 20.733 B.E.	215,361.87	215,361.87

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF ONTARIO
MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Cornwall			
General Hospital.....	92 $\frac{3}{4}$ 48 N.B.	90,415.82	90,415.82
Hotel Dieu Hospital.....	256 $\frac{3}{4}$ 45.236 B.E.	362,093.33	272,177.49
Dryden			
District General Hospital.....	64 8.796 B.E. 21 N.B.	83,296.67	83,296.67
Dunnville			
Haldimand War Memorial Hospital.....	54 $\frac{3}{4}$ 4.993 B.E. 12 N.B.	64,875.91	64,875.91
Elliot Lake			
St. Joseph's General Hospital.....	129 $\frac{1}{2}$ 20 N.B. 20.226 B.E.	306,740.11	230,055.08
Englehart			
Englehart and District Hospital Inc.....	17 $\frac{1}{2}$	34,666.67	26,000.00
Red Cross Outpost Hospital.....	14	4,528.23	4,528.23
Espanola			
General Hospital.....	40 10.750 B.E. 4 N.B.	52,751.33	52,751.33
Exeter			
South Huron and District Hospital.....	38 $\frac{1}{2}$ 5.113 B.E. 21 N.B.	55,697.24	55,697.34
Fergus			
Groves Memorial Hospital.....	60 $\frac{3}{4}$ 23.532 B.E.	112,836.65	102,624.98
Fort Erie			
Douglas Memorial Hospital.....	4 10 N.B.	9,000.00	9,000.00
Fort Frances			
La Verendrye Hospital.....	61 $\frac{3}{4}$ 12.447 B.E.	74,113.32	74,113.32
Fort William			
Fort William Sanatorium.....	44	59,341.98	59,341.98
McKellar General Hospital.....	269 $\frac{1}{2}$ 148 N.B. 135.810 B.E.	542,320.86	505,940.86
Galt			
South Waterloo Memorial Hospital.....	243 47.003 B.E. 69 N.B.	329,301.38	329,301.38
Goderich			
Alexander General and Marine Hospital.....	72 $\frac{1}{2}$ 6.690 B.E.	73,675.13	73,675.13

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF ONTARIO
MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Gravenhurst			
Muskoka Hospital for Treatment of Tuberculosis.....	35	52,500.00	52,500.00
Grimsby			
West Lincoln Memorial Hospital.....	38 $\frac{3}{4}$ 12 N.B.	44,666.66	44,666.66
Guelph			
Guelph General Hospital.....	174 $\frac{3}{4}$ 50.450 B.E. 103 N.B.	269,403.33	269,403.33
St. Joseph's Hospital.....	201 $\frac{3}{4}$ 12.850 B.E.	323,517.38	269,017.38
Haileybury			
Misericordia Hospital.....	61 $\frac{3}{4}$ 0.280 B.E.	59,419.33	59,419.33
Haliburton			
Red Cross Hospital.....	8 N.B.	4,000.00	4,000.00
Hamilton			
Chedoke General and Children Hospital.....	96 30.543 B.E.	253,086.67	*182,376.66
General Hospital.....	563 50.188 B.E.	738,193.30	720,439.13
Health Centre.....	15.000 B.E.	15,000.00	15,000.00
Mountain Sanatorium.....	64 42 N.B.	110,961.12	110,961.12
St. Joseph Hospital.....	152 4.273 B.E. 19 N.B.	165,773.33	165,773.33
St. Peter's Infirmary.....	88	132,000.00	132,000.00
Hanover			
Hanover Memorial Hospital.....	42 4.340 B.E.	56,340.00	56,340.00
Hawkesbury			
Notre Dame Hospital.....	21 1.103 B.E.	22,103.33	22,103.33
St. Coeur de Marie Hospital.....	51 $\frac{3}{4}$ 4.010 B.E. 7 N.B.	59,176.66	59,176.66
Huntsville			
District Memorial Hospital.....	21	27,000.00	27,000.00
Red Cross Hospital.....	30 $\frac{3}{4}$	20,488.68	20,488.68
Ingersoll			
Alexandra Hospital.....	65 $\frac{3}{4}$	65,333.33	65,333.33
Iroquois Falls			
Anson General Hospital.....	46 $\frac{3}{4}$ 19.816 B.E. 11 N.B.	71,983.33	71,983.33

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF ONTARIO
MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Kemptville			
Kemptville District Hospital.....	36 $\frac{3}{4}$ 4 N.B. 8,680 B.E.	93,693.33	70,269.99
Kenora			
General Hospital.....	14	14,000.00	14,000.00
St. Joseph's Hospital.....	11 N.B.	5,500.00	5,500.00
Kincardine			
General Hospital.....	44 $\frac{3}{4}$ 5,813 B.E. 19 N.B.	80,373.34	*54,524.11
Kingston			
Hotel-Dieu Hospital.....	61 176 N.B. 12 I.B.	158,000.00	155,750.00
General Hospital.....	268 $\frac{3}{4}$ 75,512 B.E. 54 N.B.	588,788.67	*453,084.98
Ongwanada Sanatorium.....	2 10 N.B.	8,000.00	8,000.00
Ontario Hospital.....	530 85,920 B.E.	953,063.85	714,797.88
St. Mary's on the Lake Hospital.....	210	228,211.41	228,211.41
Kirkland Lake			
Kirkland and District Hospital.....	60 2,363 B.E.	124,726.66	93,544.99
Kitchener			
Freeport Sanatorium.....	7 N.B.	3,500.00	3,500.00
Kitchener-Waterloo Hospital.....	372 $\frac{3}{4}$ 32,703 B.E.	450,159.06	450,159.06
Leamington			
Leamington District Memorial Hospital.....	109 7,960 B.E.	176,920.00	*170,995.98
Lindsay			
Ross Memorial Hospital.....	137 14,036 B.E.	302,073.33	*161,036.66
Little Current			
St. Joseph's General Hospital.....	21	21,000.00	21,000.00
London			
Beck Memorial Sanatorium.....	94 50 N.B.	166,000.00	166,000.00
Parkwood Hospital for Incurables.....	56 12 N.B.	86,035.51	86,035.51
St. Joseph's Hospital.....	391 27,196 B.E. 23 N.B.	556,196.66	556,196.66
Victoria Hospital.....	662 160,411 B.E.	962,515.13	936,545.13
Woodeden Hospital.....	20	8,081.22	8,081.22

APPENDIX D—Continued

 HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
 CONSTRUCTION GRANT FOR THE PROVINCE OF ONTARIO
 MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Manitouadge Manitouadge General Hospital.....	36 $\frac{3}{4}$ 3.670 B.E. 11 N.B.	88,923.33	88,923.33
Markdale Centre Grey General Hospital.....	52 1.383 B.E.	71,720.16	71,720.16
Matheson Bingham Memorial Hospital.....	34 $\frac{3}{4}$ 8.720 B.E. 10 N.B.	48,060.00	48,060.00
Meaford General Hospital.....	62 13 N.B. 0.800 B.E.	96,769.89	96,769.89
Midland St. Andrew's Hospital.....	75 8.150 B.E.	106,650.00	106,650.00
Milton Milton District Hospital.....	64 12.843 B.E.	153,686.67	115,265.00
Minden Red Cross Hospital.....	9 $\frac{3}{4}$ 1.320 B.E. 2 N.B.	11,653.33	11,653.33
Mount Forest Louise-Marshall Hospital.....	20 14 N.B.	23,574.18	23,574.18
New Liskeard New Liskeard and District Hospital.....	47 $\frac{3}{4}$ 5 N.B.	50,166.66	50,166.66
Newmarket York County Hospital.....	74 $\frac{3}{4}$ 8.542 B.E.	82,876.66	82,876.66
Newtonbrook St. John's Convalescent Hospital.....	184 52 N.B.	285,904.41	285,904.41
Niagara Falls Greater Niagara General Hospital.....	349 $\frac{3}{4}$ 69.568 B.E. 65 N.B.	569,849.89	543,508.39
Niagara-on-the-Lake Niagara Hospital.....	31 $\frac{3}{4}$ 16 N.B. 2.800 B.E.	41,614.17	41,614.17
Nipigon Red Cross Outpost Hospital.....	25 $\frac{3}{4}$	15,028.58	15,028.58
North Bay Civic Hospital.....	111 $\frac{3}{4}$ 3.820 B.E.	115,486.66	115,486.66
St. Joseph's General Hospital.....	116 25.329 B.E. 12 N.B. 4 I.B.	153,446.32	153,446.32
Ontario Hospital.....	730 148 N.B.	1,169,000.00	876,750.00

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF ONTARIO
MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Oakville			
Oakville-Trafalgar Hospital.....	190 $\frac{1}{2}$ 19.406 B.E.	209,740.00	209,740.00
Orangeville			
Lord Dufferin Hospital.....	81 $\frac{3}{4}$ 10.846 B.E.	92,263.63	92,263.63
Orillia			
Ontario Hospital.....	220	330,000.00	330,000.00
Soldier's Memorial Hospital.....	53 $\frac{3}{4}$ 5.172 B.E. 28 N.B.	72,659.56	72,659.56
Oshawa			
General Hospital.....	222 $\frac{3}{4}$ 30.073 B.E.	266,726.39	266,726.39
Ottawa			
Civic Hospital.....	476 $\frac{1}{2}$ 103.323 B.E.	990,355.80	783,727.47
General Hospital.....	502 $\frac{1}{2}$ 44.770 B.E. 54 I.B.	623,436.22	623,436.22
Perley Hospital.....	117 36 N.B.	192,500.00	192,500.00
Royal Ottawa Sanatorium.....	135 27 N.B.	216,000.00	216,000.00
St. Louis Marie de Montfort Hospital.....	251 $\frac{1}{2}$ 38.312 B.E. 28 N.B.	302,581.67	302,581.67
St. Vincent Hospital.....	422 32 N.B. 40.193 B.E.	687,281.82	677,233.49
Salvation Army Grace Hospital.....	58 $\frac{1}{2}$ 9.026 B.E.	67,360.00	67,360.00
Owen Sound			
General and Marine Hospital.....	142 4 N.B. 19.770 B.E.	185,017.06	185,017.06
Palmerston			
General Hospital.....	30 $\frac{3}{4}$ 3.000 B.E. 3 N.B.	35,166.67	35,166.67
Paris			
Willett Hospital.....	36 $\frac{1}{2}$ 16 N.B.	44,333.32	44,333.32
Parry Sound			
St. Joseph's Hospital.....	39 20 N.B.	49,000.00	49,000.00
General Hospital.....	88 21.096 B.E.	216,273.12	162,724.79

APPENDIX D—Continued

 HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
 CONSTRUCTION GRANT FOR THE PROVINCE OF ONTARIO
 MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Pembroke			
Cottage Hospital.....	59 8.786 B.E.	78,673.69	78,673.69
General Hospital.....	144 24.323 B.E. 58 N.B.	197,323.33	197,323.33
Penetanguishene			
General Hospital.....	71½ 9.400 B.E.	91,069.99	91,069.99
Peterborough			
Civic Hospital.....	395½ 49.620 B.E.	606,944.50	253,844.50
St. Joseph's Hospital.....	75½ 22 N.B.	86,333.33	86,333.33
Perth			
Great War Memorial Hospital.....	88 8.260 B.E.	192,520.00	*58,963.33
Petrolia			
Charlotte Eleanor Englehart Hospital.....	50½ 2.096 B.E.	98,333.33	*54,666.66
Picton			
Prince Edward County Hospital.....	65 7.700 B.E.	145,400.00	109,050.00
Port Arthur			
General Hospital.....	136½ 22.165 B.E. 47 N.B.	247,505.34	247,505.34
Ontario Hospital.....	306	459,000.00	459,000.00
St. Joseph General Hospital.....	224½ 110 N.B. 43.213 B.E.	555,760.00	446,866.66
Port Colborne			
General Hospital.....	89½ 5.790 B.E. 19 N.B.	93,881.92	93,881.92
Port Loring			
Red Cross Outpost Hospital.....	8.806 B.E.	8,806.00	8,806.00
Port Perry			
Community Memorial Hospital.....	32 1.710 B.E.	33,645.39	33,645.39
Rainy River			
Red Cross Outpost Hospital.....	15½	15,666.66	15,666.66
Red Lake			
Red Cross Hospital.....	6 5 N.B.	10,630.66	10,630.66
Renfrew			
Victoria Hospital.....	33	45,177.00	45,177.00
Richards Landing			
St. Joseph Island Hospital.....	2	2,000.00	2,000.00

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF ONTARIO
MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
St. Catharines General Hospital.....	236½ 70.441 B.E. 84 N.B.	406,775.06	406,775.06
Hotel Dieu Hospital.....	171 36.610 B.E. 25 N.B.	220,595.98	220,595.98
Niagara Peninsula Sanatorium.....	21 10.640 B.E.	42,140.00	42,140.00
St. Mary's Memorial Hospital.....	65½ 1.026 B.E.	93,319.61	*67,959.61
St. Thomas St. Thomas-Elgin General Hospital.....	349½ 28.130 B.E. 125 N.B.	582,516.66	582,516.66
Sarnia General Hospital.....	197½ 35.513 B.E. 85 N.B.	306,180.00	306,180.00
St. Joseph's Hospital.....	170½ 37.980 B.E.	378,161.67	283,621.25
Sault Ste. Marie General Hospital.....	87 6.590 B.E. 32 N.B.	109,665.04	109,665.04
Plummer Memorial Hospital.....	115½ 27.425 B.E. 75 N.B.	223,243.34	223,243.34
Scarborough General Hospital.....	384 53.309 B.E. 60 N.B. 10 I.B.	690,540.00	584,799.16
Seaforth Scott Memorial Hospital.....	27	9,379.27	9,379.27
Simcoe Norfolk General Hospital.....	68 5.683 B.E.	73,683.33	73,683.33
Sioux Lookout General Hospital.....	57½ 3.202 B.E. 12 N.B.	67,798.52	67,798.52
Smiths Falls Ontario Hospital.....	2,145 141 N.B.	3,007,174.19	3,007,174.19
St. Francis General Hospital.....	64½ 9.388 B.E.	101,344.64	101,344.64
Smiths Falls Public Hospital.....	36 8.080 B.E.	89,319.97	89,319.97

APPENDIX D—Continued

 HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
 CONSTRUCTION GRANT FOR THE PROVINCE OF ONTARIO
 MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Smooth Rock Falls Smooth Rock Falls Hospital.....	17	17,000.00	17,000.00
Southampton Saugeen Memorial Hospital.....	38 $\frac{2}{3}$ 2 N.B. 1,633 B.E.	29,873.82	29,873.82
Stratford General Hospital.....	211 $\frac{2}{3}$ 25 N.B. 39,482 B.E.	296,033.76	296,033.76
Strathroy General Hospital.....	5	3,222.74	3,222.74
Sturgeon Falls St. Jean de Breboeuf Hospital.....	15 N.B. 4,076 B.E.	11,117.86	11,117.86
Sudbury Sudbury-Algoma Sanatorium.....	155 55 N.B.	260,000.00	260,000.00
General Hospital.....	313 $\frac{2}{3}$ 26,533 B.E. 31 N.B.	374,199.99	374,199.99
Memorial Hospital.....	262 $\frac{2}{3}$ 38,036 B.E. 16 N.B.	312,549.99	312,549.99
St. Joseph's Hospital.....	93 N.B.	27,956.70	27,956.70
Tillsonburg Soldiers' Memorial Hospital.....	87 17 N.B.	95,500.00	95,500.00
Toronto Baycrest Hospital.....	87 7,233 B.E.	137,733.33	137,733.33
Daughters of the Empire Hospital for Convalescent Children.....	32 N.B.	16,000.00	16,000.00
General Hospital.....	650 279,389 B.E. 229 N.B.	1,033,505.94	791,991.77
Home for Incurable Children.....	11	16,500.00	16,500.00
Hospital for Sick Children.....	619 30,000 B.E. 329 N.B.	788,716.01	732,466.01
Lyndhurst Lodge.....	24	36,000.00	36,000.00
New Mount Sinai Hospital.....	422 $\frac{2}{3}$ 82,233 B.E.	495,033.94	495,033.94
Northwestern General Hospital.....	132 $\frac{1}{2}$ 23,740 B.E. 4 I.B.	153,073.33	150,073.33
Ontario Cancer Institute.....	95 242,080 B.E.	337,080.00	252,810.00

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF ONTARIO
MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Toronto (cont'd)			
Ontario Hospital.....	141		
Our Lady of Mercy Hospital.....	58.710 B.E.	234,022.52	234,022.52
Queensway General Hospital.....	32	48,000.00	48,000.00
	160 $\frac{3}{4}$		
	29.092 B.E.		
Runnymede Hospital.....	48 N.B.	218,366.66	218,366.66
Salvation Army Grace Hospital.....	4.220 B.E.	4,226.66	4,266.66
	112 $\frac{3}{4}$		
	12.440 B.E.	261,555.06	196,166.29
St. Joseph's Hospital.....	308 $\frac{3}{4}$		
	156 N.B.	266,583.06	266,583.06
St. Michael's Hospital.....	539 $\frac{3}{4}$		
	50.980 B.E.		
	131 N.B.	669,148.67	669,148.67
Toronto East General and Orthopaedic Hospital.....	404 $\frac{3}{4}$		
	73.556 B.E.		
	69 N.B.		
	61 I.B.	886,318.46	706,304.22
Toronto Rehabilitation Centre.....	73.466 B.E.	146,933.33	—
Toronto Western Hospital.....	258		
	52.295 B.E.		
	167 N.B.		
	60 I.B.	503,318.86	361,635.53
Women's College Hospital.....	184		
	56.103 B.E.		
	215 N.B.	357,603.33	357,603.33
Trenton			
Memorial Hospital.....	84 $\frac{3}{4}$	67,215.19	67,215.19
Uxbridge			
Cottage Hospital.....	31 $\frac{3}{4}$		
	4.180 B.E.	49,602.95	37,202.21
Walkerton			
County of Bruce General Hospital.....	6 $\frac{3}{4}$		
	7.353 B.E.	28,040.00	*28,530.00
Wallaceburg			
Sydenham District Hospital.....	87		
	8.800 B.E.	95,800.00	95,800.00
Welland			
Welland County General Hospital.....	315		
	76.138 B.E.		
	2 I.B.	759,179.12	570,306.61
Weston			
Humber Memorial Hospital.....	154 $\frac{3}{4}$		
	24.306 B.E.		
	8 N.B.	182,639.99	182,639.99
Toronto Hospital for Treatment of Tuberculosis.....	45	67,500.00	67,500.00
Wiaraton			
Red Cross Outpost Hospital.....	24 $\frac{3}{4}$	24,666.66	24,666.66
Willowdale			
North York Branson Hospital.....	185 $\frac{3}{4}$		
	39.112 B.E.		
	111 N.B.	406,360.35	310,699.10
St. Bernard's Convalescent Hospital.....	53	108,039.82	108,039.82
Winchester			
Winchester and District Memorial Hospital.....	92		
	0.840 B.E.	132,602.62	*91,179.28

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF ONTARIO
MAY 1, 1948—APRIL 7, 1960—Concluded

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Windsor			
East Windsor Hospital.....	124	186,000.00	186,000.00
Essex County Sanatorium.....	25 N.B.	12,500.00	12,500.00
Hotel-Dieu St. Joseph Hospital.....	208 $\frac{3}{4}$		
	36 N.B.	226,666.66	226,666.66
Metropolitan General Hospital.....	243		
	38,443 B.E.	299,453.33	299,453.33
Salvation Army Grace Hospital.....	2		
	139 N.B.	71,500.00	71,500.00
Wingham			
General Hospital.....	53		
	35 N.B.		
	8,229 B.E.	91,772.61	91,772.61
Woodstock			
General Hospital.....	82		
	19,856 B.E.	101,856.66	101,856.66
Ontario Hospital.....	568	915,947.22	686,960.41
Total.....	27,971 $\frac{3}{4}$		
	3,747.784 B.E.		
	4,713 N.B.		
	212 I.B.	43,765,860.13	38,611,514.95

* Includes expenditures for renovation projects.

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF ONTARIO
APRIL 1, 1957—APRIL 7, 1960

RENOVATION PROJECTS

Location and Name	Estimated	Amount
	Amount of Federal Grant	Expended to April 7, 1960
	\$	\$
Barrie		
Royal Victoria Hospital.....	455.00	455.00
Brantford		
Brantford General Hospital.....	6,253.83	4,690.38
Brockville		
Brockville General Hospital.....	6,000.00	*
Cobourg		
Cobourg District General Hospital.....	28,333.33	21,249.99
Haileybury		
Misericordia Hospital.....	45,192.00	33,894.00
Hamilton		
Chedoke General and Children's Hospital.....	111,666.67	*
Hamilton General Hospital.....	36,666.66	—
Institute of Physical Medicine and Rehabilitation.....	16,200.00	12,150.00
Mountain Sanatorium.....	135,949.60	135,949.60

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF ONTARIO
APRIL 1, 1948—APRIL 7, 1960—Concluded

* RENOVATION PROJECTS

Location and Name	Estimated Amount of Federal Grant	Amount Expended to April 7, 1960
	\$	\$
Kincardine Kincardine General Hospital.....	18,963.08	*
Kingston Kingston General Hospital.....	92,980.85	*
Leamington Leamington District Memorial Hospital.....	33,368.00	*
Lindsay Ross Memorial Hospital.....	20,000.00	*
Meaford Meaford General Hospital.....	1,634.14	—
Niagara-on-the-Lake Niagara Hospital.....	18,043.33	9,021.66
Orillia Orillia Soldiers' Memorial Hospital.....	1,625.00	1,625.00
Ottawa Ottawa General Hospital.....	11,350.97	6,570.52
Perth Great War Memorial Hospital.....	43,333.33	*
Peterborough Civic Hospital.....	55,889.67	—
Petrolia Charlotte Eleanor Englehart Hospital.....	11,000.00	*
St. Mary's St. Mary's Memorial Hospital.....	3,333.33	*
Sarnia St. Joseph's Hospital.....	56,333.33	28,166.66
Smiths Falls Smiths Falls Public Hospital.....	65,000.00	48,750.00
St. Francis General Hospital.....	8,333.33	—
Toronto Riverside Hospital.....	98,633.33	73,975.00
St. Joseph's Hospital.....	4,133.33	—
St. Michael's Hospital.....	24,920.00	12,460.00
Toronto General Hospital.....	121,496.37	36,094.02
Toronto Western Hospital.....	121,725.66	32,376.66
Walkerton County of Bruce General Hospital.....	10,000.00	*
Winchester Winchester District Memorial Hospital.....	30,833.33	*
Total.....	1,239,647.47	457,428.49

*Expenditures included with construction projects.

APPENDIX D—Continued

HOSPITAL AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF MANITOBA
MAY 1, 1948—APRIL 7, 1960

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Altona Altona Hospital.....	29	9,469.49	9,469.49
Arborg Arborg Memorial Nursing Unit.....	14½ 3 N.B. 6.830 B.E.	35,243.33	*28,765.83
Ashern Siglunes Hospital.....	9 5 N.B. 4.000 B.E.	15,500.00	15,500.00
Baldur Baldur Medical Nursing Unit.....	8	8,000.00	8,000.00
Beausejour Beausejour Hospital.....	26 2.280 B.E.	28,280.00	28,280.00
Benito Benito Medical Nursing Unit.....	11½	11,333.33	11,333.33
Birch River Birch River Medical Nursing Unit.....	11½	11,333.33	11,333.33
Birtle Birtle District Hospital.....	30 15 N.B. 14.300 B.E.	63,150.64	*56,313.33
Boissevain Boissevain Hospital.....	10	730.10	730.10
Brandon Assiniboine Hospital.....	31.040 B.E.	62,080.00	—
Brandon General Hospital.....	19	14,576.73	14,576.73
Brandon Hospital for Mental Diseases.....	104	89,846.02	89,846.02
Carberry Fox Memorial Hospital.....	17 3 N.B. 0.533 B.E.	19,033.33	19,033.33
Carman Carman District Hospital.....	46½	46,666.66	46,666.66
Carthwright Carthwright Medical Nursing Unit.....	7½ 1.580 B.E.	9,248.00	9,248.00
Crystal City Crystal City Hospital.....	18 8 N.B. 5.756 B.E.	27,756.67	27,756.67
Dauphin Dauphin General Hospital.....	17 N.B.	8,500.00	8,500.00
Dauphin Health Centre.....	12.618 B.E.	8,358.88	8,358.88
Deloraine Deloraine District Hospital.....	22½ 9 N.B. 6.343 B.E.	33,176.66	33,176.66

APPENDIX D—Continued

HOSPITAL AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF MANITOBA
MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Elkhorn Elkhorn Municipal Hospital.....	9 4 N.B.	11,000.00	11,000.00
Emerson Emerson Medical Nursing Unit.....	11½ 2 N.B. 2,666 B.E.	15,000.00	15,000.00
Erickson Erickson Medical Nursing Unit.....	16 4 N.B. 1,540 B.E.	28,099.84	*24,560.00
Fisher Branch Fisher Branch Outpost Hospital.....	12	12,000.00	12,000.00
Flin Flon Flin Flon General Hospital.....	57 29 N.B.	71,195.75	71,195.75
Gilbert Plains Gilbert Plains Hospital.....	12	12,000.00	12,000.00
Gladstone Gladstone District Hospital.....	25 9 N.B. 2,248 B.E.	28,737.60	28,737.60
Glenboro Glenboro Medical Nursing Unit.....	24½ 14 N.B. 5,986 B.E.	35,820.00	*32,320.00
Grandview Grandview District Hospital.....	19 8 N.B. 7,290 B.E.	30,290.00	30,290.00
Hamiota Hamiota District Hospital.....	31 2,648 B.E.	33,648.00	33,648.00
Hartney Hartney Hospital.....	5 3 N.B. 1,386 B.E.	7,886.67	7,886.67
Killarney Killarney District General Hospital.....	30	5,720.41	5,720.41
McCreary McCreary Medical Nursing Unit.....	9½	9,333.33	9,333.33
MacGregor North Norfolk-MacGregor Hospital.....	6½ 3 N.B. 4,200 B.E.	12,033.33	12,033.33
Manitou Manitou Medical Nursing Unit.....	9 2,200 B.E.	11,200.00	11,200.00
Melita Wilson Memorial Hospital.....	19½ 8 N.B. 7,293 B.E.	30,626.66	30,626.66

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF MANITOBA

MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Minnedosa			
Minnedosa District Hospital.....	28 $\frac{1}{2}$ 14 N.B.	35,070.88	35,070.88
Morden			
Morden District Hospital.....	62 6 N.B. 5,366 B.E.	91,366.66	91,366.66
Morris			
Morris District Hospital.....	57 $\frac{1}{2}$ 16 N.B. 14,000 B.E.	109,832.66	23,666.66
Neepawa			
Neepawa District Hospital.....	38 3,644 B.E.	41,644.00	41,644.00
Ninette			
Manitoba Sanatorium.....	18 15 N.B.	27,343.00	27,343.00
Notre-Dame de Lourdes			
Notre-Dame Hospital.....	9 $\frac{1}{2}$ 5 N.B. 2,067 B.E.	13,900.00	13,900.00
Pilot Mound			
Pilot Mound Community Health Centre.....	9	9,000.00	9,000.00
Pine Falls			
Pine Falls Hospital.....	18 1 N.B. 1,200 B.E.	19,700.00	19,700.00
Portage La Prairie			
Manitoba School for Mentally Defective Persons.....	541 65 N.B.	543,652.00	531,680.08
Portage District Hospital.....	98 $\frac{1}{2}$ 16 N.B. 8,486 B.E.	114,820.00	114,820.00
Reston			
Reston Medical Nursing Unit.....	17 $\frac{1}{2}$ 4 N.B. 6,666 B.E.	35,783.33	*23,391.72
Rivers			
Riverdale Hospital.....	24 $\frac{1}{2}$ 9 N.B. 9,500 B.E.	74,416.67	55,812.51
Roblin			
Roblin District Hospital.....	32 5 N.B.	34,500.00	34,500.00
Roland			
Roland Medical Nursing Unit.....	5 2 N.B.	5,311.86	5,311.86
Rosburn			
Rosburn Medical Nursing Unit.....	21 5 N.B.	23,500.00	23,500.00

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF MANITOBA
MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Ste. Anne			
Ste. Anne Medical Nursing Unit.....	9 $\frac{1}{2}$ 4 N.B.	14,526.66	14,526.66
St. Boniface			
St. Boniface Hospital.....	565 $\frac{3}{4}$ 84 N.B. 80,972 B.E.	701,639.66	701,639.66
St. Claude			
St. Claude Medical Nursing Unit.....	14 $\frac{3}{4}$ 7 N.B. 4,300 B.E.	22,466.67	22,466.67
St. Pierre			
De Salaberry Municipal Hospital.....	23 $\frac{1}{2}$ 5 N.B. 6,446 B.E.	32,166.66	32,166.66
Ste. Rose du Lac			
Ste. Rose du Lac Hospital.....	82 4,450 B.E.	85,300.00	85,300.00
Sandy Lake			
Sandy Lake Hospital.....	5 2 N.B. 4,000 B.E.	10,000.00	10,000.00
Selkirk			
Selkirk General District Hospital.....	71 $\frac{1}{2}$ 27 N.B. 11,750 B.E.	96,583.33	96,583.33
Selkirk Hospital for Mental Diseases.....	252 33 N.B.	338,971.15	338,971.15
Shoal Lake			
Shoal Lake District Hospital.....	10 $\frac{1}{2}$ 12 N.B. 2,900 B.E.	42,189.85	42,189.85
Souris			
Souris District Hospital.....	37 12 N.B. 9,763 B.E.	55,852.04	55,852.04
Steinbach			
Bethseda Hospital.....	33 22 N.B.	44,000.00	44,000.00
Stonewall			
Rockwood-Stonewall Medical Nursing Unit.....	9 $\frac{1}{2}$ 4 N.B. 5,000 B.E.	16,333.33	16,333.33
Swan Lake			
Lorne Memorial Medical Nursing Unit.....	13 $\frac{1}{2}$ 5 N.B. 6,266 B.E.	22,100.00	22,100.00
Swan River			
Swan River District Hospital.....	33 $\frac{3}{4}$ 4,200 B.E.	37,866.66	37,866.66

APPENDIX D—Continued

 HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
 CONSTRUCTION GRANT FOR THE PROVINCE OF MANITOBA
 MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Teulon			
Hunter Memorial Hospital.....	23 10 N.B. 8.390 B.E.	36,393.33	36,393.33
The Pas			
St. Anthony's Hospital.....	1.892 B.E.	3,785.33	1,892.66
Treherne			
Victoria South Norfolk Treherne Hospital.....	21 9 N.B. 7.370 B.E.	45,089.31	45,089.31
Viriden			
Viriden District Hospital.....	37½ 9 N.B. 5.727 B.E.	47,560.00	47,560.00
Vita			
Vita Memorial Hospital.....	1 6 N.B. 3.283 B.E.	7,280.00	7,280.00
Wawanesa			
Wawanesa Medical Nursing Unit.....	5 10.002 B.E.	16,518.42	16,518.42
Whitemouth			
Whitemouth Hospital.....	12 0.746 B.E.	12,746.00	12,746.00
Winkler			
Bethel Hospital.....	11 31 N.B.	25,857.47	25,857.47
Winnipeg			
Central Laboratory.....	26.303 B.E.	26,303.33	26,303.33
Central Tuberculosis Clinic.....	3 1.166 B.E.	5,666.67	5,666.67
Child Guidance Clinic.....	53.220 B.E.	100,000.00	—
Children's Hospital.....	267 147 N.B. 102.643 B.E.	480,390.00	*440,580.00
Concordia Hospital.....	61½ 72 N.B. 5.000 B.E.	124,404.54	70,404.54
Grace Hospital.....	75½ 26.776 B.E.	196,777.89	147,583.41
King Edward Hospital.....	22	33,000.00	33,000.00
Misericordia Hospital.....	313 76 N.B. 30.596 B.E.	396,887.88	396,887.88
Municipal Hospitals—Hydrotherapy Unit.....	9.406 B.E.	9,406.67	9,406.67
Princess Elizabeth Hospital.....	182	208,000.00	208,000.00
Psychopathic Hospital.....	26 3.800 B.E.	59,600.00	59,600.00

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF MANITOBA
MAY 1, 1948—APRIL 7, 1960—Concluded

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Winnipeg—Cont'd			
Victoria Hospital.....	96 72 N.B. 12,966 B.E.	144,966.67	144,966.67
Winnipeg General Hospital.....	558½ 225 N.B. 196,012 B.E.	933,616.50	933,616.50
Total.....	4,534 1,201 N.B. 819,011 B.E.	6,470,961.84	6,014,496.35

* Includes expenditures for renovation projects listed at the close of the report.

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF MANITOBA
APRIL 1, 1957—APRIL 7, 1960
RENOVATION PROJECTS

Location and Name	Estimated	Amount
	Amount of Federal Grant	Expended to April 7, 1960
	\$	\$
Arborg		
Arborg Memorial Nursing Unit.....	5,333.33	*
Birtle		
Birtle District Hospital.....	986.23	*
Erickson		
Erickson Medical Nursing Unit.....	1,091.78	*
Glenboro		
Glenboro Medical Nursing Unit.....	2,000.00	*
Morris		
Morris District Hospital.....	6,666.00	*
Neepawa		
Neepawa District Hospital.....	652.98	652.98
Reston		
Reston Medical Nursing Unit.....	2,000.00	*
St. Boniface		
St. Boniface Hospital.....	19,370.51	19,370.51
Winnipeg		
Children's Hospital.....	10,200.00	*
Misericordia Hospital.....	46,591.65	38,174.98
Psychopathic Hospital.....	37,000.00	18,500.00
Winnipeg General Hospital.....	157,445.97	93,852.48
Total.....	289,338.45	170,550.95

* Expenditures included with construction projects.

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF SASKATCHEWAN
MAY 1, 1948—APRIL 7, 1960

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Arborfield			
Arborfield Union Hospital.....	9½ 5 N.B. 1.380 B.E.	14,463.33	13,525.83
Arcola			
Brock Union Hospital.....	15½ 6.470 B.E.	41,635.65	41,635.65
Assiniboia			
Assiniboia Union Hospital.....	21	15,444.51	15,444.51
Avonlea			
Municipal Medical Centre.....	1.810 B.E.	2,166.00	2,166.00
Balcarres			
Balcarres Union Hospital.....	34½	30,000.00	30,000.00
Bengough			
Bengough Union Hospital.....	15 1.980 N.E.	16,980.00	16,980.00
Big River			
Big River Union Hospital.....	24 1.073 B.E.	34,950.60	27,125.60
Birch Hills			
Birch Hills Memorial Hospital.....	15	15,000.00	15,000.00
Borden			
Borden Municipal Hospital.....	1.340 B.E.	1,340.00	1,340.00
Cabri			
Cabri Union Hospital.....	7½	4,000.00	4,000.00
Canora			
Canora Union Hospital.....	40 1.240 B.E.	37,890.56	*37,890.56
Carlyle			
Health Centre.....	2.956 B.E.	5,913.00	5,913.00
Carrot River			
Carrot River Union Hospital.....	10	10,000.00	10,000.00
Central Butte			
Central Butte Union Hospital.....	10 7 N.B. 5.930 B.E.	28,525.00	28,525.00
Climax			
Climax Bracken Union Hospital.....	12 8 N.B.	5,631.15	5,631.15
Coronach			
Coronach Union Hospital.....	14 6 N.B.	15,000.00	14,250.00
Cut-Knife			
Cut-Knife Union Hospital.....	7	7,000.00	7,000.00
Cupar			
Cupar Union Hospital.....	16½ 6.370 B.E.	37,873.33	37,873.33

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF SASKATCHEWAN
MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Davidson			
Davidson Union Hospital.....	20½ 10 N.B. 2,550 B.E.	30,250.00	26,500.00
Delisle			
Delisle Union Hospital.....	17	4,308.05	4,308.05
Dinsmore			
Dinsmore Union Hospital.....	11½ 1,636 B.E.	25,540.00	19,155.00
Eatonia			
Eatonia Union Hospital.....	11	10,000.00	10,000.00
Elrose			
Elrose Union Hospital.....	9	5,000.00	5,000.00
Estevan			
St. Joseph's General Hospital.....	40½ 8,876 B.E.	48,000.00	48,000.00
Eston			
Eston Union Hospital.....	27 4,504 B.E.	31,000.00	31,000.00
Fillmore			
Fillmore Union Hospital.....	10	10,000.00	10,000.00
Foam Lake			
Foam Lake Union Hospital.....	31	18,449.11	18,449.11
Fort Qu'Appelle			
Fort Qu'Appelle Health Centre.....	4,816 B.E.	4,816.67	4,816.67
Fox Valley			
Fox Valley Medical Clinic.....	3,233 B.E.	3,100.00	3,100.00
Gainsborough			
Gainsborough Union Hospital.....	10 14 N.B.	13,750.00	12,750.00
Gull Lake			
Union Hospital.....	20 2,110 B.E.	43,000.00	32,250.00
Herbert			
Herbert Morse Union Hospital.....	27 1,166 B.E.	21,446.40	18,091.95
Hodgeville			
Hodgeville Union Hospital.....	8	8,000.00	8,000.00
Hudson's Bay			
Union Hospital.....	16 2,833 B.E.	34,960.00	34,960.00
Humboldt			
St. Elizabeth's Hospital.....	83½ 13,770 B.E.	97,436.67	97,436.67
Ile a la Crosse			
St. Joseph's Hospital.....	37½ 14 N.B. 2,383 B.E.	67,526.00	67,526.00

APPENDIX D—Continued

 HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
 CONSTRUCTION GRANT FOR THE PROVINCE OF SASKATCHEWAN
 MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Indian Head			
Indian Head Union Hospital.....	30 2.674 B.E.	25,000.00	25,000.00
Invermay			
Invermay-Canora Union Hospital.....	17 $\frac{3}{4}$ 1.483 B.E.	18,655.48	18,655.48
Ituna			
Ituna Union Hospital.....	15	15,000.00	15,000.00
Kamsack			
Kamsack Union Hospital.....	42 21 N.B.	56,009.16	50,506.87
Kelvington			
Kelvington Union Hospital.....	4 N.B. 5.226 B.E.	6,000.00	5,250.00
Kerrobot			
Union Hospital.....	36 $\frac{3}{4}$ 2.916 B.E.	73,973.00	55,479.75
Kincaid			
Kincaid Union Hospital.....	8 7 N.B.	10,500.00	10,500.00
Kindersley			
Kindersley Union Hospital.....	42 $\frac{3}{4}$ 2.442 B.E.	40,000.00	40,000.00
Kinistino			
Kinistino Union Hospital.....	16 1.296 B.E.	15,000.00	15,000.00
Kipling			
Kipling Memorial Union Hospital.....	14 11 N.B. 8.760 B.E.	28,260.00	16,880.00
Kyle			
Kyle White Bear Union Hospital.....	8	5,000.00	5,000.00
Lafleche			
Lafleche Union Hospital.....	9 $\frac{1}{2}$ 1.550 B.E.	8,000.00	6,000.00
Laloche			
St. Martin's Hospital.....	5	5,000.00	5,000.00
Lampman			
Lampman Union Hospital.....	1.756 B.E.	1,750.00	1,750.00
Langenburg			
Langenburg-Churchbridge Union Hospital.....	33 $\frac{3}{4}$ 1.666 B.E.	35,333.34	35,333.34
Lanigan			
Lanigan Union Hospital.....	7.004 B.E.	3,000.00	3,000.00
Leader			
Union Hospital.....	15 N.B.	11,250.00	11,250.00
Leoville			
Leoville Union Hospital.....	13 0.300 B.E.	23,000.00	17,250.00

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF SASKATCHEWAN
MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Lemberg Lemberg Health Centre.....	2,353 B.E.	2,353.33	2,353.33
Lipton Lipton Health Centre.....	2,620 B.E.	2,620.00	2,620.00
Lloydminster Lloydminster Hospital.....	30 49 N.B. 2,896 B.E.	46,807.00	42,657.25
Luseland Health Centre.....	3,480 B.E.	4,366.00	2,183.33
Lucky Lake Lucky Lake Union Hospital.....	14½ 7 N.B.	17,250.00	17,250.00
Maidstone Maidstone Union Hospital.....	15 8 N.B.	19,000.00	19,000.00
Mankota Mankota Union Hospital.....	7 N.B.	5,250.00	3,937.50
Maryfield Maryfield Memorial Union Hospital.....	7 1,092 B.E.	4,450.85	4,450.85
Meadow Lake Meadow Lake Union Hospital.....	22	16,909.17	16,909.17
Melfort Geriatric Centre.....	150	225,00.00	225,000.00
Melfort Union Hospital.....	77½ 16 N.B. 0,716 B.E.	112,433.00	45,000.00
Melville St. Peter's Hospital.....	68 13,743 B.E.	163,486.67	—
Midale Midale Union Hospital.....	7	4,500.00	4,500.00
Milden Milden Union Hospital.....	11½ 1,566 B.E.	12,900.00	12,900.00
Montmartre Union Hospital.....	8 2,760 B.E.	9,000.00	9,000.00
Moose Jaw Moose Jaw General Hospital.....	35	35,000.00	35,000.00
Providence Hospital.....	64½ 36,846 B.E.	173,723.00	7,610.00
Moose Jaw Union Hospital.....	120 22,863 B.E.	123,700.00	123,700.00
Saskatchewan Training School.....	1,248	1,872,000.00	1,872,000.00

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF SASKATCHEWAN
MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Moosomin			
Moosomin Union Hospital.....	27½ 12,320 B.E.	32,583.33	32,583.33
Morse			
Herbert-Morse Health Clinic.....	3,850 B.E.	3,850.00	3,850.00
Mossbank			
Sutton-Lake Johnston Union Hospital.....	19	10,000.00	10,000.00
Neilburg			
Neilburg Union Hospital.....	11 3 N.B. 1,340 B.E.	13,840.00	12,630.00
Newdorf			
Newdorf Union Hospital.....	8,330 B.E.	5,000.00	5,000.00
Nipawin			
Nipawin Union Hospital.....	25 5,763 B.E.	30,763.33	30,763.33
Nokomis			
Nokomis Union Hospital.....	8 2,350 B.E.	10,350.00	10,350.00
North Battleford			
Notre Dame Hospital.....	97	35,000.00	35,000.00
Provincial Health Centre.....	14,706 B.E.	29,413.30	22,059.98
Saskatchewan Hospital.....	120	156,622.66	153,622.66
Outlook			
Outlook Union Hospital.....	18	5,000.00	5,000.00
Oxbow			
Oxbow Union Hospital.....	10	10,000.00	10,000.00
Pangman			
Pangman Union Hospital.....	5	1,500.00	1,500.00
Paradise Hill			
Paradise Hill Union Hospital.....	3¾ 0,768 B.E.	8,870.00	8,870.00
Preeceville			
Preeceville Union Hospital.....	19	10,000.00	10,000.00
Prince Albert			
Holy Family Hospital.....	45 N.B.	22,500.00	22,500.00
Victoria Union Hospital.....	127 4,382 B.E.	180,836.76	143,336.76
Rabbit Lake			
Rabbit Lake Union Hospital.....	11½ 5 N.B. 1,836 B.E.	30,089.33	25,826.00
Radville			
Radville Community Hospital.....	23 13 N.B.	13,000.00	13,000.00

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF SASKATCHEWAN
MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated Amount of Federal Grant	Amount Expended to April 7, 1960
		\$	\$
Redvers			
Redvers Union Hospital.....	7½ 8 N.B. 4,816 B.E.	16,150.00	16,150.00
Regina			
Civic Health Centre.....	20,816 B.E.	5,000.00	5,000.00
Grey Nun's Hospital.....	185½	75,000.00	75,000.00
Provincial Geriatric and Rehabilitation Centre.....	243 81,116 B.E.	445,616.00	445,616.00
Provincial Laboratory.....	15,000 B.E.	89,817.74	67,363.31
Regina General Hospital.....	260 32 N.B. 13,490 B.E.	152,300.00	145,850.00
Rockglen			
Rockglen Union Hospital.....	8 5 N.B. 1,030 B.E.	9,500.00	9,500.00
Rose Valley			
Rose Valley Union Hospital.....	22½ 1,143 B.E.	46,953.33	23,476.66
Rosthern			
Rosthern Union Hospital.....	24½ 12 N.B. 5,080 B.E.	36,358.78	36,358.78
St. Walburg			
St. Walburg Union Hospital.....	11½ 1,470 B.E.	13,136.00	9,852.00
Saltcoats			
Saltcoats and District War Memorial Hospital.....	9	2,000.00	2,000.00
Sandy Bay			
Sandy Bay Hospital.....	3,084 B.E.	2,188.44	2,188.44
Saskatoon			
MacNeil Clinic.....	9,114 B.E.	6,832.40	6,832.40
St. Paul's Hospital.....	38 30 N.B. 7,110 B.E.	42,110.00	42,110.00
Saskatoon City Hospital.....	92 96 N.B. 50,583 B.E.	116,813.44	116,813.44
University Hospital.....	409 272 N.B. 30,000 B.E.	603,188.49	603,188.49
Seman's			
Seman's Health Centre.....	2,333 B.E.	2,353.00	2,353.00
Shaunavon			
Shaunavon Union Hospital.....	17½ 8 N.B. 7,456 B.E.	28,790.00	28,790.00

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF SASKATCHEWAN
MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated Amount of Federal Grant	Amount Expended to April 7, 1960
		\$	\$
Shellbrook Shellbrook Union Hospital.....	36 6 N.B. 4.103 B.E.	30,381.00	30,381.00
Smeaton Smeaton Union Hospital.....	10	10,000.00	10,000.00
Southey Southey and District Health Centre.....	1 6.910 B.E.	7,953.33	5,964.99
Spalding Spalding Union Hospital.....	9	4,000.00	4,000.00
Swift Current Swift Current Union Hospital.....	193½ 78 N.B. 13.282 B.E.	259,436.49	241,424.83
Theodore Theodore Union Hospital.....	14 N.B.	4,000.00	4,000.00
Tisdale Ste. Therese Hospital.....	58	98,000.00	16,000.00
Turtleford Riverside Memorial Union Hospital.....	21½	21,666.66	21,666.66
Unity Unity Union Hospital.....	10 N.B.	5,000.00	5,000.00
Uranium City Uranium City Union Hospital.....	35½ 23 N.B. 7.316 B.E.	45,000.00	45,000.00
Vanguard Vanguard Union Hospital.....	6 N.B.	3,000.00	3,000.00
Wadena Wadena Union Hospital.....	1.446 B.E.	1,446.67	1,446.67
Wakaw Wakaw Union Hospital.....	11½ 4.273 B.E.	10,000.00	10,000.00
Waldeim Waldeim Hospital.....	9	3,000.00	3,000.00
Watrous Watrous Union Hospital.....	32 16 N.B.	27,830.67	24,830.67
Watson Union Hospital.....	12 N.B.	9,000.00	9,000.00
Weyburn Saskatchewan Hospital.....	39 244 N.B.	180,500.00	157,000.00
Weyburn Union Hospital.....	84 13 N.B. 5.370 B.E.	91,146.60	91,146.60
Whitewood Whitewood-Moosomin Union Hospital.....	13 1.110 B.E.	20,000.00	15,000.00

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF SASKATCHEWAN
MAY 1, 1948—APRIL 7, 1960—Concluded

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Wilkie Wilkie Union Hospital.....	37 5.476 B.E.	84,953.33	63,714.99
Wolseley Wolseley Memorial Union Hospital.....	10 $\frac{1}{2}$ 0.990 B.E.	10,000.00	10,000.00
Wynyard Wynyard Union Hospital.....	19 10 N.B.	18,964.76	18,964.76
Yorkton Yorkton Union Hospital.....	164 $\frac{1}{2}$ 19.526 B.E.	368,386.66	—
Zenon Park Hopital Notre Dame de l'Assomption.....	9 0.430 B.E.	8,000.00	8,000.00
Total.....	5,444 $\frac{1}{2}$ 1,170 N.B. 585.952 B.E.	7,655,868.53	6,544,446.70

* The expenditure figure should read \$34,921.78 as an amount of \$1,728.78 was paid to the Norquay Canora Union Hospital and the refund was deducted from the Canora Union Hospital.

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF SASKATCHEWAN
APRIL 1, 1957—APRIL 7, 1960

RENOVATION PROJECTS

Location and Name	Estimated	Amount
	Amount of Federal Grant	Expended to April 7, 1960
	\$	\$
Macklin St. Joseph's Hospital.....	1,236.00	—
Moose Jaw Providence Hospital.....	16,666.00	—
Saskatoon Saskatoon City Hospital.....	70,800.00	—
Total.....	88,702.00	—

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF ALBERTA
MAY 1, 1948—APRIL 7, 1960

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Athabasca			
Athabasca Municipal Hospital.....	47½		
	10 N.B.	52,333.33	52,333.33
Banff			
Mineral-Springs Hospital.....	53½		
	20 N.B.	51,000.00	51,000.00
Barrhead			
St. Joseph's Hospital.....	66½	50,000.00	50,000.00
Bassano			
Bassano Municipal Hospital.....	33½	33,666.67	33,666.67
Beaverlodge			
Beaverlodge Municipal Hospital.....	12		
	10 N.B.	16,250.00	16,250.00
Bentley			
Bentley Municipal Hospital.....	12½	12,333.33	12,333.33
Berwyn			
Berwyn Municipal Hospital.....	11½	11,666.66	11,666.66
Blairmore			
Crows Nest Pass Municipal Hospital.....	74	45,211.06	45,211.06
Bonnyville			
St. Louis Hospital.....	33	23,500.00	23,500.00
Bow Island			
Bow Island Municipal Hospital.....	23½		
	11 N.B.	29,166.67	29,166.67
Brooks			
Brooks Municipal Hospital.....	38½	38,333.33	38,333.33
Calgary			
Alberta Crippled Children's Hospital.....	156	234,000.00	234,000.00
Bethany Auxiliary Hospital.....	58	87,000.00	—
Calgary General Hospital.....	747½		
	310 N.B.		
	66.666 B.E.	897,541.66	692,541.66
Cancer Clinic Building.....	52.483 B.E.	66,610.00	—
Central Alberta Sanatorium.....	15	22,500.00	22,500.00
Holy Cross Hospital.....	101		
	256 N.B.	215,448.20	215,448.20
Lutheran Chronic Hospital.....	41	61,500.00	61,500.00
Salvation Army Grace Hospital.....	62½		
	2 N.B.	53,500.00	53,500.00
Scarborough Health Clinic.....	5.830 B.E.	5,836.67	5,836.67
Camrose			
Bethany Chronic Hospital.....	50	75,000.00	75,000.00
Rosehaven Hospital.....	152	228,000.00	228,000.00
St. Mary's Hospital.....	56	36,836.60	36,836.60

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF ALBERTA
MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Cardston Cardston Municipal Hospital.....	45½	45,666.67	45,666.67
Carmangay Little Bow Municipal Hospital.....	15 1,553 B.E.	15,000.00	15,000.00
Claresholm Claresholm Municipal Hospital.....	19 19 N.B.	28,500.00	28,500.00
Claresholm Chronic Hospital.....	32	48,000.00	48,000.00
Provincial Auxiliary Mental Hospital.....	59	88,500.00	88,500.00
Coaldale Coaldale Community Hospital.....	15½	15,666.67	15,666.67
Cold Lake John Neil Hospital.....	30½	28,750.00	28,750.00
Coronation Coronation Municipal Hospital.....	30	30,000.00	—
Didsbury Didsbury Municipal Hospital.....	14½	11,000.00	11,000.00
Drayton Valley Drayton Valley Municipal Hospital.....	23½ 11 N.B.	27,083.33	25,708.33
Drumheller Drumheller Municipal Hospital.....	70½	70,666.66	70,666.66
Eckville Eckville Municipal Hospital.....	13	13,000.00	13,000.00
Edmonton Aberhart Memorial Sanatorium.....	299	448,500.00	448,500.00
Cerebral Palsy Clinic.....	7,396 B.E.	7,396.67	7,396.67
Eastercroft Health Clinic.....	11,323 B.E.	8,490.00	8,490.00
Edmonton General Hospital.....	203	203,000.00	203,000.00
Gray House Auxiliary Hospital.....	50 3,233 B.E.	75,000.00	—
Lutheran Convalescent Hospital.....	72	108,000.00	108,000.00
Misericordia Hospital.....	113	98,250.00	98,250.00
Royal Alexandra Hospital.....	190½ 382 N.B. 58,376 B.E.	477,425.83	405,613.33
St. Joseph's Chronic Hospital.....	77 6,370 B.E.	120,277.50	120,277.50
South Side Health Clinic.....	11,146 B.E.	11,146.67	11,146.67
University of Alberta Hospital.....	662½ 110 N.B. 76 I.B.	686,770.82	659,416.66
Woodcroft Health Clinic.....	12,600 B.E.	10,320.00	10,320.00

APPENDIX D—Continued

 HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
 CONSTRUCTION GRANT FOR THE PROVINCE OF ALBERTA
 MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Elk Point Elk Point Municipal Hospital.....	29	29,000.00	29,000.00
Fairview Fairview Municipal Hospital.....	28½	28,333.33	28,333.33
Fort MacLeod MacLeod Municipal Hospital.....	38½ 13 N.B.	37,919.34	37,919.34
Fort Vermillion St. Theresa Hospital.....	32	32,000.00	32,000.00
Galahad St. Joseph's Hospital.....	29	21,750.00	21,750.00
Glendon Glendon Municipal Hospital.....	10½	10,333.33	10,333.33
Grande Prairie Grande Prairie Municipal Hospital.....	126½ 1,706 B.E.	149,333.33	74,333.33
Hanna Hanna Municipal Hospital.....	17	17,000.00	17,000.00
High River High River Municipal Hospital.....	29½	29,666.67	29,666.67
Hinton Hinton Municipal Hospital.....	30½ 12 N.B. 2,680 B.E.	36,333.33	27,249.99
Hythe Hythe Sub Hospital.....	10	5,838.30	5,838.30
Innisfail Innisfail Municipal Hospital.....	4½ 1,950 B.E.	5,416.66	*5,916.66
Lac La Biche St. Catharine's Hospital.....	40½	30,500.00	30,500.00
Lacombe Lacombe Municipal Hospital.....	33½	33,333.35	33,333.35
Lamont Archer Memorial Hospital.....	69 71 N.B. 20,466 B.E.	95,841.44	82,528.94
Lethbridge Lethbridge Municipal Hospital.....	223½ 130 N.B.	288,333.33	288,333.33
St. Michael's Hospital.....	83 115 N.B.	105,988.50	105,988.50
Lloydminster Lloydminster Hospital.....	28	39,500.00	36,500.00
Magrath Magrath Municipal Hospital.....	28½	28,666.66	28,666.66

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF ALBERTA
MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Manning			
Manning Municipal Hospital.....	19 $\frac{3}{4}$ 2,133 B.E.	14,750.00	14,750.00
McLennan			
Sacred Heart Hospital.....	41 $\frac{3}{4}$	41,666.66	41,666.66
Medicine Hat			
Medicine Hat Municipal Hospital.....	265 $\frac{1}{4}$ 106 N.B.	252,000.00	252,000.00
Myrnam			
Myrnam Municipal Hospital.....	23 $\frac{3}{4}$	17,750.00	17,750.00
Olds			
Olds Municipal Hospital.....	22	19,500.00	19,500.00
Oliver (Edmonton)			
Provincial Mental Institute.....	372	430,475.35	430,475.35
Peace River			
Peace River Municipal Hospital.....	103	105,333.33	26,000.00
Picture Butte			
Picture Butte Municipal Hospital.....	28 10 N.B.	33,000.00	16,500.00
Pincher Creek			
St. Vincent's Hospital.....	37 $\frac{1}{4}$	37,333.33	37,333.33
Ponoka			
Ponoka Municipal Hospital.....	25 $\frac{3}{4}$	25,666.66	25,666.66
Provincial Mental Hospital.....	276 133 N.B.	238,387.17	185,887.17
Provost			
Provost Municipal Hospital.....	16	16,000.00	16,000.00
Raymond			
Provincial Auxiliary Mental Hospital.....	10	5,749.31	5,749.31
Red Deer			
Deerhome Hospital.....	381	539,155.73	539,155.73
Provincial Training School.....	446 9,630 B.E.	406,412.19	406,412.19
Red Deer Municipal Hospital.....	171 $\frac{3}{4}$ 51 N.B.	197,166.66	67,000.00
Rimbey			
Rimbey Municipal Hospital.....	32 $\frac{3}{4}$ 2,223 B.E.	25,283.67	18,117.00
Three Way Hospital.....	28	40,698.80	40,698.80
Rocky Mountain			
Rocky Mountain House Municipal Hospital.....	17	17,000.00	17,000.00
St. Paul			
St. Theresa Hospital.....	82 11,976 B.E.	82,000.00	—
Spirit River			
Holy Cross Hospital.....	30 $\frac{3}{4}$ 7,656 B.E.	22,250.00	22,250.00

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF ALBERTA
MAY 1, 1948—APRIL 7, 1960—Concluded

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Stettler			
Stettler Convalescent Hospital.....	32	48,000.00	48,000.00
Stettler Municipal Hospital.....	34 $\frac{3}{4}$	34,666.66	34,666.66
Taber			
Taber Municipal Hospital.....	48 $\frac{3}{4}$	48,666.66	48,666.66
Three Hills			
Three Hills Municipal Hospital.....	28 $\frac{3}{4}$	10,648.58	10,648.58
Tofield			
Tofield Municipal Hospital.....	15	11,250.00	11,250.00
Trochu			
St. Mary's Hospital.....	18	18,000.00	18,000.00
Two Hills			
Two Hills Municipal Hospital.....	11 7 N.B.	8,250.00	8,250.00
Vegreville			
Vegreville General Hospital.....	25 $\frac{3}{4}$ 59 N.B. 9,283 B.E.	69,916.66	69,916.66
Vermillion			
Vermillion Municipal Hospital.....	22 $\frac{3}{4}$ 23 N.B.	28,500.00	28,500.00
Viking			
Viking Municipal Hospital.....	25	25,000.00	25,000.00
Vulcan			
Vulcan Municipal Hospital.....	24 $\frac{3}{4}$	24,333.33	24,333.33
Wainwright			
Wainwright Municipal Hospital.....	35 26 N.B.	31,095.33	31,095.33
Westlock			
Immaculata Hospital.....	54	54,000.00	54,000.00
Wetaskiwin			
Wetaskiwin Community Hospital.....	13	13,000.00	13,000.00
Whitelaw			
Hotel Dieu of St. Joseph Hospital.....	34	51,000.00	51,000.00
Total.....	7,623 $\frac{3}{4}$ 1,897 N.B. 76 I.B. 306,679 B.E.	9,092,638.65	8,060,924.49

* Includes expenditures for renovation project listed at the close of the report.

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF ALBERTA
APRIL 1, 1957—APRIL 7, 1960

RENOVATION PROJECT

Location and Name	Estimated	Amount
	Amount of Federal Grant	Expended to April 7, 1960
	\$	\$
Innisfail		
Innisfail Municipal Hospital.....	1,000.00	*
Total.....	1,000.00	*

* Expenditures included with construction projects.

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF BRITISH COLUMBIA
MAY 1, 1948—APRIL 7, 1960

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Abbotsford			
Matsqui-Sumas Abbotsford General Hospital.....	40 7,933 B.E.	47,933.33	47,933.33
Alert Bay			
St. George's Hospital.....	48½	33,099.68	33,099.68
Alexis Creek			
Alexis Creek Red Cross Outpost Unit.....	3	3,000.00	3,000.00
Armstrong			
Armstrong-Spallumcheen Health Centre.....	2,790 B.E.	2,790.00	2,790.00
Ashcroft			
Lady Minto Hospital.....	17	17,000.00	17,000.00
Bella Bella			
R. W. Large Memorial Hospital.....	2 3 N.B.	3,001.61	1,500.00
Bella Coola			
Bella Coola General Hospital.....	13 N.B.	9,750.00	9,750.00
Blue River			
Blue River Red Cross Outpost Unit.....	3	1,063.62	1,063.62
Burnaby			
Burnaby Community Health Centre.....	15,000 B.E.	11,250.00	11,250.00
Burnaby General Hospital.....	288 32,236 B.E.	520,275.86	520,275.86
Child Guidance Centre and Day Hospital.....	15,000 B.E.	15,000.00	15,000.00
Burns Lake			
Burns Lake General Hospital.....	38 5,330 B.E.	86,660.00	43,330.00
Burns Lake Health Centre.....	7,563 B.E.	7,563.00	7,563.00

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF BRITISH COLUMBIA
MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Campbell River			
Campbell River and District General Hospital.....	65 $\frac{3}{4}$		
	15 N.B.		
	9,123 B.E.	82,290.00	82,290.00
Castlegar			
Castlegar and District Hospital.....	37 $\frac{1}{2}$		
	4,590 B.E.	54,391.51	54,391.51
Chemainus			
Chemainus General Hospital.....	1	968.93	968.93
Chilliwack			
Chilliwack General Hospital.....	112		
	30 N.B.		
	16,786 B.E.	306,201.61	306,201.61
Comox			
St. Joseph's General Hospital.....	4	2,533.57	2,533.57
Creston			
Creston Valley Hospital.....	35		
	3,823 B.E.	38,823.33	38,823.33
			8,357.49
	11,143 B.E.	11,143.33	
Dawson Creek			
Dawson Creek Health Centre.....	17,343 B.E.	15,000.00	11,250.00
	77		
	12 N.B.		
	7,920 B.E.	175,840.00	46,210.00
Duncan			
King's Daughter's Hospital.....	20	9,192.52	6,931.48
Enderby			
Enderby General Hospital.....	21 $\frac{1}{2}$	21,333.33	21,333.33
	2,600 B.E.	2,600.00	2,600.00
Essondale			
Provincial Mental Hospital.....	592		
	92 N.B.		
	45,270 B.E.	746,346.20	746,346.20
Fernie			
Fernie Memorial Hospital.....	45 $\frac{3}{4}$	45,666.66	45,666.66
Ganges			
Lady Minto Gulf Islands Hospital.....	23		
	8 N.B.		
	2,590 B.E.	32,324.39	32,324.39
Golden			
Golden General Hospital.....	26		
	8 N.B.		
	3,400 B.E.	62,800.00	48,100.00
Grand Forks			
Grand Forks Gyro Community Health Centre.....	6,420 B.E.	6,420.00	6,420.00
Greenwood			
Greenwood Centennial Health Centre.....	6,100 B.E.	5,000.00	5,000.00

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF BRITISH COLUMBIA
MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Haney			
Maple Ridge Health Centre.....	10.239 B.E.	10,473.33	10,473.33
Maple Ridge Hospital.....	72 $\frac{3}{4}$ 9.296 B.E.	87,261.43	87,261.43
Hazelton			
Wrinch Memorial Hospital.....	8	8,000.00	8,000.00
Hope			
Fraser Canyon Hospital.....	30 $\frac{3}{4}$ 5 N.B. 2.916 B.E.	61,130.83	61,130.83
Hudson Hope			
Red Cross Outpost Nursing Station.....	2	2,000.00	2,000.00
Invermere			
Windermere District Hospital.....	27 8 N.B. 1.933 B.E.	32,933.33	32,933.33
Kamloops			
Kamloops Health and Welfare Centre.....	12.357 B.E.	11,743.18	11,743.18
Kelowna			
Community Health Centre.....	4.333 B.E.	740.00	740.00
Kelowna General Hospital.....	70 18.301 B.E.	88,155.29	88,155.29
South Okanagan Health Centre.....	14.260 B.E.	14,260.00	14,260.00
Keremeos			
Similkameen Health Centre.....	2.920 B.E.	2,923.33	2,923.33
Kimberley			
Kimberley and District General Hospital.....	75 20.823 B.E.	148,153.34	37,038.33
Kitimat			
Kitimat General Hospital.....	128 $\frac{3}{4}$ 57 N.B. 42.703 B.E.	373,490.01	214,432.50
Ladner			
Ladner Community Health Centre.....	3.570 B.E.	3,570.00	3,570.00
Ladysmith			
Ladysmith General Hospital.....	37 $\frac{3}{4}$ 5.090 B.E.	42,756.67	42,756.67
Langford			
Colwood Health and Centre, Saanich and South Vancouver Health Unit.....	3.666 B.E.	3,666.66	—
Langley			
Langley Office Boundary Health Unit.....	8.583 B.E.	8,583.33	8,583.33
Lillooet			
Lillooet Sub-Office.....	1.934 B.E.	1,934.00	1,934.00
Lillooet District Hospital.....	19 $\frac{3}{4}$ 10 N.B. 2.726 B.E.	52,286.68	52,286.68

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF BRITISH COLUMBIA
MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Lone Butte			
Lone Butte Red Cross Outpost Unit.....	3	1,509.25	1,509.25
Maillardville			
Coquitlam Sub-Office Simon Fraser Health Unit.....	3,920 B.E.	2,769.12	2,769.12
McBride			
McBride & District Centennial Health Centre.....	3,956 B.E.	3,720.00	3,720.00
Mission City			
Mission Memorial Hospital.....	16	1,133.17	1,133.17
Rotary Health Centre.....	8,136 B.E.	8,136.67	8,136.67
Murrayville			
Langley Memorial Hospital.....	53	33,385.60	33,385.60
Nanaimo			
Nanaimo Community Health Centre.....	17,683 B.E.	15,000.00	15,000.00
Nelson			
Kootenay Lake General Hospital.....	110 12 N.B.		
	26,040 B.E.	241,044.67	241,044.67
Mount St. Francis Infirmary.....	98	147,000.00	147,000.00
New Westminster			
The Woodlands School.....	781 99 N.B.	1,073,651.26	1,073,651.26
Royal Columbian Hospital.....	272 214 N.B.		
	30,276 B.E.	343,992.59	206,715.92
St. Mary's Hospital.....	175 $\frac{3}{4}$ 6 N.B.		
	20,026 B.E.	242,723.82	242,723.82
Simon Fraser Health Unit.....	15,000 B.E.	15,000.00	15,000.00
North Surrey			
Surrey Memorial Hospital.....	114 $\frac{3}{4}$ 6,643 B.E.	193,009.82	144,757.36
North Vancouver			
North Vancouver General Hospital.....	34 4,770 B.E.	37,389.17	37,389.17
Lions Gate Hospital.....	336 51,726 B.E.	775,453.33	190,410.00
Oliver			
Oliver Community Health Centre.....	4,120 B.E.	4,126.66	4,126.66
Pemberton			
Pemberton Health Centre.....	2,140 B.E.	2,410.00	2,410.00
Penticton			
Penticton Hospital.....	142 $\frac{3}{4}$ 23 N.B.		
	21,400 B.E.	175,573.34	175,573.34
Penticton (East)			
Penticton Health Centre.....	15,000 B.E.	15,000.00	15,000.00

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF BRITISH COLUMBIA
MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Port Alberni			
West Coast General Hospital.....	127 $\frac{1}{2}$ 19.260 B.E.	146,593.33	146,593.33
Port Alberni Health Centre.....	13.000 B.E.	13,000.00	13,000.00
Port Coquitlam			
Provincial Mental Health Services.....	288	458,683.71	458,683.71
Pouce Coupe			
Pouce Coupe Community Hospital.....	27 $\frac{3}{4}$ 12 N.B.	28,195.75	28,195.75
Powell River			
Powell River General Hospital.....	53 $\frac{1}{2}$ 32 N.B. 4.686 B.E.	74,019.99	74,019.99
Prince George			
Prince George Community Health Centre.....	17.126 B.E.	15,000.00	15,000.00
Prince George & District Hospital.....	148 $\frac{1}{2}$ 40 N.B. 17.726 B.E.	362,120.01	271,590.01
Prince Rupert			
Prince Rupert General Hospital.....	54	25,377.43	25,377.43
Princeton			
Princeton General Hospital.....	2	2,132.98	2,132.98
Qualicum Beach			
Central Vancouver Island Unit, Qualicum Office.....	3.500 B.E.	3,500.00	3,500.00
Queen Charlotte City			
Skidegate Inlet General Hospital.....	23 $\frac{3}{4}$ 7 N.B. 1.497 B.E.	28,663.67	28,663.67
Quesnel			
G. R. Baker Memorial Hospital.....	56 $\frac{3}{4}$ 16 N.B. 4.266 B.E.	68,933.34	68,933.34
Quesnel Health Centre.....	10.883 B.E.	11,100.00	11,100.00
Revelstoke			
Revelstoke Health Centre.....	3.640 B.E.	3,640.00	3,640.00
Richmond			
Richmond Health Unit.....	13.960 B.E.	13,960.00	13,960.00
Rossland			
Rotary Health Centre.....	4.963 B.E.	4,963.33	4,963.33
Salmon Arm			
Salmon Arm General Hospital.....	64 $\frac{3}{4}$ 6.980 B.E.	134,674.54	102,351.21
Salmon Arm Health Centre.....	5.070 B.E.	5,070.00	5,070.00
Smithers			
Bulkley District Hospital.....	45 4.473 B.E.	49,473.33	49,473.33
Smithers Health Centre.....	5.133 B.E.	5,133.33	5,133.33

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF BRITISH COLUMBIA
MAY 1, 1948—APRIL 7, 1960—Continued

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Squamish Squamish General Hospital.....	8 N.B.	3,585.50	3,585.50
Stewart Stewart General Hospital.....	9 2 N.B. 1,430 B.E.	11,430.00	11,430.00
Summerland Summerland General Hospital.....	1	1,000.00	1,000.00
Summerland Health Centre.....	11,516 B.E.	11,516.66	11,516.66
Terrace Terrace District Hospital.....	2 0,613 B.E.	811.67	811.67
Tofino Tofino General Hospital.....	19 9 N.B. 2,473 B.E.	28,223.34	28,223.34
Trail Trail-Tadanac Hospital.....	176 32,140 B.E.	208,146.67	208,146.67
Trail Kinsmen Health Centre.....	17,216 B.E.	15,000.00	15,000.00
Ucluelet Central Vancouver Island Health Unit Office.....	1,760 B.E.	1,760.00	1,760.00
Vancouver Child Guidance Clinic.....	2,600 B.E.	916.36	916.36
Community Health Centre (Provincial Health Building).....	145,906 B.E.	145,905.85	145,905.85
Vancouver General Hospital.....	889 $\frac{1}{2}$ 407 N.B. 212,404 B.E.	1,393,341.52	1,111,521.45
Grace Hospital.....	57 $\frac{1}{2}$ 6,606 B.E.	123,022.96	*145,754.80
Health and Welfare Building.....	15,000 B.E.	11,250.00	11,250.00
Vancouver Holy Family Hospital.....	52	78,000.00	78,000.00
Metropolitan Health Committee Health Unit.....	85,422 B.E.	51,000.00	47,250.00
Mount St. Joseph's Hospital.....	58 9 N.B.	74,500.00	74,500.00

APPENDIX D—Continued

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE PROVINCE OF BRITISH COLUMBIA
MAY 1, 1948—APRIL 7, 1960—Concluded

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Vancouver—Conc.			
Pearson Tuberculosis Hospital.....	319	478,500.00	478,500.00
St. Paul's Hospital.....	38 87 N.B. 23 I.B.	91,140.08	91,140.08
St. Vincent Hospital.....	148 $\frac{3}{4}$	148,666.67	148,666.67
Student University Hospital.....	26	26,000.00	26,000.00
Vancouver Preventorium.....	70	121,290.21	121,290.21
Western Society for Physical Rehabilitation.....	40 50.200 B.E.	110,206.67	110,206.67
Vanderhoof			
Nechako Valley Health Clinic.....	5.217 B.E.	5,217.00	5,217.00
St. John's Hospital.....	14 N.B.	8,350.59	8,350.59
Vernon			
Vernon Jubilee Hospital.....	117 $\frac{3}{4}$	115,658.35	115,658.35
Vernon Centennial Health Centre.....	22.700 B.E.	15,000.00	15,000.00
Victoria			
Queen Alexandra Solarium for Crippled Children.....	72 28.910 B.E.	162,150.96	162,150.96
Royal Jubilee Hospital.....	57 20.543 B.E.	78,026.73	78,026.73
St. Joseph's Hospital.....	265 41.110 B.E.	290,824.12	290,824.12
Victoria Health and Welfare Centre.....	15.000 B.E.	11,250.00	11,250.00
Victoria Nursing Home.....	104	156,000.00	156,000.00
Whalley (North Surrey)			
Whalley Health Centre.....	15.986 B.E.	15,000.00	15,000.00
White Rock			
White Rock General Hospital.....	48 2.970 B.E.	50,970.00	50,970.00
White Rock Centennial Health Centre.....	13.383 B.E.	14,086.67	14,086.67
Williams Lake			
War Memorial Hospital.....	15	13,911.53	13,911.53
Williams Lake Health Centre.....	14.200 B.E.	14,716.57	14,716.57
Total.....	7,581 1,258 N.B. 23 I.B. 1,521.184 B.E.	12,203,963.78	10,575,902.09

* Includes expenditures for renovation project listed at the close of the report.

APPENDIX D—Continued

 HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
 CONSTRUCTION GRANT FOR THE PROVINCE OF BRITISH COLUMBIA
 APRIL 1, 1957—APRIL 7, 1960

RENOVATION PROJECTS

Location and Name	Estimated	Amount
	Amount of Federal Grant	Expended to April 7, 1960
	\$	\$
Kelowna Kelowna General Hospital.....	1,436.67	—
New Westminster Royal Columbian Hospital.....	4,230.24	750.00
Prince Rupert Prince Rupert General Hospital.....	3,731.28	3,731.28
Vancouver Grace Hospital.....	83,704.67	*
Victoria Royal Jubilee Hospital.....	11,300.78	—
Total.....	104,403.64	4,481.28

*Expenditures included with construction project.

 HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
 CONSTRUCTION GRANT FOR THE NORTHWEST TERRITORIES
 APRIL 1, 1952—APRIL 7, 1960

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Aklavik All Saints Hospital.....	15	12,886.00	12,886.00
Hay River H. H. Williams Memorial Hospital.....	7 5 N.B. 0.763 B.E.	10,263.33	10,263.33
Total.....	22 5 N.B. 0.763 B.E.	23,149.33	23,149.33

 HOSPITAL AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
 CONSTRUCTION GRANT FOR THE NORTHWEST TERRITORIES
 APRIL 1, 1957—APRIL 7, 1960

RENOVATION PROJECT

Location and Name	Estimated	Amount
	Amount of Federal Grant	Expended to April 7, 1960
	\$	\$
Hay River H. H. Williams Memorial Hospital.....	466.66	—
Total.....	466.66	—

APPENDIX D—Concluded

HOSPITALS AND HEALTH FACILITIES ASSISTED UNDER THE HOSPITAL
CONSTRUCTION GRANT FOR THE YUKON TERRITORY
APRIL 1, 1952—APRIL 7, 1960

Location and Name	Beds	Estimated	Amount
		Amount of Federal Grant	Expended to April 7, 1960
		\$	\$
Mayo			
Mayo General Hospital.....	16 5 N.B. 2.153 B.E.	20,653.33	20,653.33
Total.....	16 5 N.B. 2.153 B.E.	20,653.33	20,653.33

HOUSE OF COMMONS

Third Session—Twenty-fourth Parliament

1960

STANDING COMMITTEE

ON

ESTIMATES

Chairman: ARTHUR R. SMITH, Esq.

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 13

THURSDAY, APRIL 28, 1960

Estimates of the Department of National Health
and Welfare 1960-61

WITNESSES:

The Honourable J. Waldo Monteith, Minister of National Health and Welfare; *assisted by* Dr. G. D. W. Cameron, Deputy Minister (Health); Dr. P. E. Moore, Director, Indian and Northern Health Services Directorate; Dr. R. G. Ratz, Principal Medical Officer, Medical Advisory Services; and Dr. C. A. Morrell, Director, Food and Drug Directorate.

THE QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1960

STANDING COMMITTEE ON ESTIMATES

Chairman: Arthur R. Smith, Esq.,

Vice-Chairman: Ernest J. Broome, Esq.,
and Messrs.

Argue,
Anderson,
Baldwin,
Benidickson,
Best,
Bissonnette,
Bourbonnais,
Bourdages,
Bourget,
Brassard (*Lapointe*),
Bruchési,
Campbell (*Lambton-
Kent*),
Cardin,
Caron,
Carter,
Cathers,
Clancy,
Coates,
Crouse,
Dumas,

Fairfield,
Fleming (*Okanagan-
Revelstoke*),
Fortin,
Gillet,
Grafftey,
Hales,
Halpenny,
Hellyer,
Horner (*Jasper-Edson*),
Howe,
Jorgenson,
Korchinski,
MacLellan,
Martin (*Essex East*),
McCleave,
McDonald (*Hamilton
South*),
McFarlane,
McGee,
McGrath,

McGregor,
McIlraith,
McMillan,
McQuillan,
More,
Parizeau,
Payne,
Pickersgill,
Pugh,
Ricard,
Richard (*Kamouraska*),
Rouleau,
Skoreyko,
Stewart,
Stinson,
Thompson,
Vivian,
Winch,
Winkler.

J. E. O'Connor,
Clerk of the Committee.

MINUTES OF PROCEEDINGS

THURSDAY, April 28, 1960.

(14)

The Standing Committee on Estimates met at 9.45 a.m. this day. The Chairman, Mr. Arthur Smith, presided.

Members present: Messrs. Anderson, Benidickson, Best, Bissonnette, Campbell (*Lambton-Kent*), Carter, Cathers, Crouse, Dumas, Grafftey, Halpenny, Horner (*Jasper-Edson*), Howe, Jorgenson, MacLellan, McCleave, McFarlane, McGrath, More, Parizeau, Payne, Ricard, Skoreyko, Smith (*Calgary South*), Winch and Winkler—26.

In attendance: The honourable J. Waldo Monteith, Minister of National Health and Welfare; Dr. G. D. W. Cameron, Deputy Minister (Health); Dr. P. E. Moore, Director, Indian and Northern Health Services Directorate; Dr. C. A. Morrell, Director, Food and Drug Directorate; Dr. R. G. Ratz, Principal Medical Officer, Medical Advisory Services; and Miss O. J. Waters, Departmental Secretary.

The Chairman observed the presence of quorum and again called for consideration Item 247—Indian and Northern Health Services—Operation and Maintenance.

Dr. Moore answered questions asked at the previous meeting of the Committee and tabled for inclusion as appendices to this day's record two replies. (*See Appendices A and B*).

Following further questioning of Dr. Moore, Item 247 was adopted.

Item 248—Indian and Northern Health Services—Construction or Acquisition of Buildings, etc.—was called and Doctors Cameron and Moore were questioned.

At 10.00 a.m., Mr. Smith being called from the room, Mr. Halpenny assumed the Chair.

Item 248 was adopted.

Item 249—Medical Advisory, Diagnostic, and Treatment Services—was called and Mr. Monteith, assisted by Doctors Cameron and Ratz, was questioned.

At 10.15 a.m. Mr. Smith again assumed the Chair.

Item 249 was adopted.

Item 250—Administration of the Food and Drugs and the Proprietary or Patent Medicine Acts—was called and Doctors Cameron and Morrell were questioned.

At 11.03 a.m. the Committee adjourned to meet again on Tuesday, May 3, 1960.

J. E. O'Connor,
Clerk of the Committee.

EVIDENCE

THURSDAY, April 28, 1960.

9.30 a.m.

The CHAIRMAN: Good morning. We now have a quorum and we shall proceed. You are on item 247. Are there any further questions on item 247? Before we proceed we have one or two replies to questions.

Hon. J. W. MONTEITH (*Minister of National Health and Welfare*): There is an explanation here for the item for overtime, and another short memorandum on unit cost of admission to hospital. I think Dr. Moore will speak to these matters.

Dr. P. E. MOORE (*Director, Indian and Northern Health Services Directorate*): Mr. Chairman, I believe there were a series of questions asked just as we were closing, which had to do with primaries for staff travel and patient travel.

Under these items, primary for staff travel, \$456,000, was increased 14 per cent over last year, by \$56,000.

The purpose of this vote is for the routine travel of public health nurses, field medical officers, dental officers, supervisors, and these include the operation of 150 motor vehicles and several boats. Routine travel includes the travel of field doctors and nurses visiting native homes and schools in carrying out a preventive health and treatment program. It includes the cost of flying medical staff into areas of epidemics or other medical disasters and the cost of case finding and health surveys. In the absence of hospital dieticians,—only three hospitals employ dieticians—regional dieticians visit hospitals to ensure adequate food service and provide assistance; they also visit Indian residential schools for the same purpose. Eight maintenance supervisors travel from field offices to ensure reasonable maintenance standards and to carry out repairs on field unit buildings. They supervise construction of small units in areas where D.P.M. cannot secure any tender or a reasonable tender; for example, Pangnirtung, tender \$123,300; our cost \$37,374.

Mr. WINCH: That is the result of glorious free enterprise.

Dr. MOORE: This vote also covers the cost of removal of professional staff when they have to be sent into remote areas, and the removal charges for staff at isolated posts, the storage of household effects of the staff, when they have to store a portion of their furniture.

These three items amount to \$115,000 or 25 per cent of this primary; and then there is annual holiday leave for the staff at isolated posts. They have to pay a minimum of \$85 per married couple, and \$50 per single person and the vote pays the balance of the cost of their return trip.

An item where I feel we do not spend nearly enough for our professional staff is that of convention travel, and attendance at professional meetings. I think we are probably the most niggardly in this of any professional people. We just have not the money available to get enough of our people to professional meetings, to keep up their proper contacts with their own professional groups. Any of the ordinary hospitals or provincial associations outnumber us at any meetings we get to.

The positions which require more or less continuous travel are: 182 field nurses, 33 field doctors, 26 dentists, 8 maintenance supervisors, 4 dieticians, 21 nursing supervisors, and 15 others, including sanitarians and x-ray survey staff, making a total of 289.

One of the reasons for the increase which will take 9 per cent of this primary is moving staff into the new hospital at Inuvik; that is, staff and their personal effects.

The committee might be interested in just a very few comparative costs of surveys. I might say on the surveys in the north, while they are primarily case finding, for x-raying the remote population to detect new cases of tuberculosis, we also give diphtheria toxoid pertussis and Salk vaccines for polio. We carry out a general health inspection and usually an eye specialist goes along and a dentist. We average out the costs of these surveys per patient seen.

In Keewatin district last year the average cost of examining these people who travel in by air was \$7.24 each. In the east Arctic patrol, that is the medical party that goes up each year by boat, the total cost averaged \$9.83. Where we can get in by car—most of the Yukon survey was done by car—that runs at about \$1.00. Yellowknife is \$1.75, and Mackenzie, \$2.29. The most costly one is in the central Arctic—where we set up a station at Cambridge bay and radiate out to the coast—and cost \$20.50 per patient.

When you compare that to going to a doctor's office in the city here to get the same type of things done—x-rays, full medical examination, probably dental services and inoculations—we do not think the cost is too bad. Those surveys come out of these primaries, except salaries. Travelling costs are the main item.

Under this next item that was questioned, we tabled a reply on transportation of patients, escorts, travelling expenses, and other staff.

There was a question asked as to the average cost of getting a patient to hospital. In the report tabled I believe this works out at \$6.43, but to demonstrate the value of this figure I will quote one instance of a case where we received a message here about 3 a.m. that we knew was authentic. There was a woman hemorrhaging and we were asked would we authorize an aircraft to go and get her. It was unable to land at Churchill, also there was no blood available there, and the aircraft came through and landed at Mont Joli. The cost of that flight was \$3,500, but it saved the woman's life, and we still had to get her back home.

I have here a series of wires of epidemics that occurred this winter at Coppermine.

In part, one reads:

We have now 190 cases, including 14 white adults and 8 white children. Only 6 natives unaffected.

We had to send about four charters in there at an average cost of \$800 apiece. We flew in doctors, nurses and supplies. These costs are high, but when we get these calls for mercy flights we have to go, and find out the price later.

I believe Mr. Winch asked a question regarding the use of the air force. The air force search and rescue, on emergency, will always go, provided there are not commercial aircraft available. Under present regulations we have to certify to the air force there is not a commercial operator that can make the trip, and we have to pay the air force for their flying. Those are regulations we work under with the air force.

The CHAIRMAN: Thank you, Dr. Moore.

Are there any questions resulting from the remarks of Dr. Moore?

Mr. WINCH: This comes under policy, and I will have to ask the minister.

This is on the subject of the regulation which says that the R.C.A.F. cannot assist if there is a commercial plane available. Why?

Mr. MONTEITH (*Perth*): Well, Mr. Winch, I do not think there is any doubt this is simply to encourage private airlines that have flights in these areas. The Royal Canadian Air Force does not refuse us, but at the same time it is not felt they should be in competition with private business.

Mr. WINCH: There is no consideration taken of the taxpayers' money spent on a public service?

Mr. MONTEITH (*Perth*): Yes, I would say we consider the taxpayers' money all the time.

Mr. HALPENNY: Mr. Minister, is it not possible the air force have other things to do?

Mr. MONTEITH (*Perth*): Yes, I would assume that to be correct.

The CHAIRMAN: Further questions, gentlemen? Shall item 247 carry?

Item agreed to.

Item 248. Construction or acquisition of buildings, works, land and equipment \$ 1,786,600

Mr. HORNER (*Jasper-Edson*): Mr. Chairman, I would like to ask the director what the status of the Whitehorse hospital is at the moment, when it was completed, and what has been their fullest complement to date?

Mr. MONTEITH (*Perth*): I think Dr. Moore has some figures on this.

Dr. MOORE: I can quote them from memory, I think. The Whitehorse hospital has been open now since April 3, 1959. It is a 120-bed hospital. It was built as a joint project between the Department of National Defence, the Department of National Health and Welfare and the Yukon territorial government, all contributing to the capital cost. It was designed as a 120-bed hospital. We have opened only about 100 beds. There was some change in National Defence policy which resulted in the withdrawal of a number of troops stationed there at the time it was planned. We started out and ran for several months with an occupancy of between fifty and sixty. I have a month-by-month daily record here, and in February the highest number that had been admitted was 91 patients, at one time. It has been running about an average of 70 patients, but we have been up as high as 91.

Mr. HORNER (*Jasper-Edson*): What was the total cost?

Dr. MOORE: The total cost of the hospital was \$3,130,054. The boilerhouse and laundry cost \$745,000. When you add architects' fees, stand-by generators and staff buildings, the total cost was \$4,129,216.

Mr. HORNER (*Jasper-Edson*): Is there any plan to use part of that hospital, or to make more use of it as an Indian affairs hospital, for Indians and Eskimos?

Dr. MOORE: It will serve the Indian and Eskimo population of the Yukon. We could not receive patients from outside the Yukon there. There are a few come up from British Columbia, south of Watson Lake and Telegraph Creek.

Mr. CATHERS: For a 120-bed hospital is not that exorbitant, \$4 million?

Dr. MOORE: No, not when you add the cost of all the ancillary buildings, the laundry and nurses' home—the various things we had to put in—and in that area.

Mr. BENIDICKSON: How much was the amount of the residence, that would not normally apply to another hospital?

Dr. MOORE: The total cost of the hospital, without the ancillary buildings, was \$3,130,054.

Mr. BENIDICKSON: I mean, the residences you referred to?

Dr. MOORE: The extra cost of the residences was—I have not a clear figure on that, but we could break it down.

The CHAIRMAN: If the committee would excuse me, I have to leave for a few minutes, and I have asked Mr. Halpenny if he will assume the chair.

The ACTING CHAIRMAN: Any further questions?

Mr. HORNER (*Jasper-Edson*): I would like to enquire about the proposed establishment at Edmonton, the Charles Camsell hospital. What is the number of beds proposed in that hospital?

Dr. MOORE: This hospital is still very much in the planning stage. The present old redwood buildings and central buildings—which were a former Jesuit college purchased by the U.S. Army—during their occupancy, is 500 beds. We are running an average 420 patients there at the present time. It is a difficult place to operate in that it is at least a quarter of a mile from the end of one ward to the superintendent's office. We are planning an approximately 350-bed hospital there. There is increasing use of the non-tuberculous facilities.

This will be the key hospital for all our work through the Mackenzie district, the Yukon, and the whole of the province of Alberta. We know that 350 beds will not handle our patient load, but we believe we can arrange care elsewhere for people we cannot handle there.

Mr. HORNER (*Jasper-Edson*): There is a close association between this hospital and the university medical school?

Dr. MOORE: Yes, we use the consulting staff from the university medical school. We do teaching clinics, the nurses and the medical students in this hospital.

Mr. HORNER (*Jasper-Edson*): I believe it is of particular importance to the university?

Dr. MOORE: Yes, and it is of particular importance to us, too, because it serves as an excellent training ground for our own staff, in the way of refresher courses, where they are under university auspices.

The ACTING CHAIRMAN: If you originally had a 500-bed hospital and are planning a 350-bed hospital, is that due to tuberculosis being down?

Dr. MOORE: That is correct. Our T.B. case load is falling rapidly.

The ACTING CHAIRMAN: Are there any further questions on the Charles Camsell hospital?

Item agreed to.

Item 249. Medical advisory, diagnostic, and treatment services \$ 3,863,807

The ACTING CHAIRMAN: Have you any comment on that, Mr. Minister?

Mr. MONTEITH (*Perth*): No, I have nothing to say, particularly. Maybe Dr. Cameron could say something. Incidentally, Dr. Ratz is coming up to the table and will be prepared to answer any questions you have concerning him.

Dr. Cameron might give a brief outline of just what this entails.

Dr. G. D. W. CAMERON (*Deputy Minister, Department of National Health and Welfare*): This covers federal government operations. It covers immigration quarantine, the sick mariners service, the civil service health division and civil aviation medical division. It is a sub-directorate under the charge of Dr. Ratz, who is sitting on my right.

The ACTING CHAIRMAN: Dr. Ratz, would you like to tell us, possibly first, about your civil service function?

Incidentally, Dr. Ratz has been in Ottawa some years, and during the war he was one of the most beloved men in the Royal Canadian Army Medical Corps.

Mr. MONTEITH (*Perth*): And comes from western Ontario.

The ACTING CHAIRMAN: Would you like to explain to the committee the work of the department on the civil service health side?

Dr. R. G. RATZ (*Principal Medical Officer, Medical Advisory Services*): The civil service health division is an attempt to provide for government em-

ployees an occupational health service that meets the standards of modern industrial practice. At the moment it is confined to the Ottawa area, as far as services to government employees are concerned. However, we do provide an advisory service to the government that covers questions of medical fitness or the health of their employees, or their working environment any place in Canada where they have a problem.

Mr. WINCH: Could I ask whether you handle or have anything to do with this new plan of medical insurance, medical care for civil servants?

Dr. RATZ: No, sir. We do not provide treatment of any description, except emergency medical treatment sufficient to keep the man on the job.

Mr. CARTER: What about diagnostic services?

Dr. RATZ: Yes.

Mr. CARTER: If an employee is not feeling well, he can find out what is wrong with him?

Dr. RATZ: Yes, through the diagnostic service.

The ACTING CHAIRMAN: Any further questions, Mr. Carter?

Mr. CARTER: No, thank you.

The ACTING CHAIRMAN: Would you like to explain, possibly, your work in the mariners service?

Dr. RATZ: The sick mariners service provides a treatment medical service for sick mariners at certain Canadian ports; that is, the Maritime ports. The service is an old one, antedating confederation, when it was run by the province of New Brunswick, and it was inherited by the federal government. It has been operated by this department ever since.

The service is provided on the basis that each vessel entering a port pays a port due, a levy, on the basis of tonnage; and in return for that payment all the crew members of a vessel that has so paid port dues are entitled to free treatment for the calendar year for which dues are paid.

Mr. WINCH: Does this only apply on the Maritime ports, or is it now in effect on the St. Lawrence seaway ports, on the lakes?

Dr. RATZ: Only as far as the port of Montreal.

Mr. WINCH: In view of the rapidly developing, and of the future rapidly developing use of the St. Lawrence seaway, is there any anticipation of including the ports on the Great Lakes?

Mr. MONTEITH (*Perth*): Maybe I had better answer this question. This whole matter is under consideration, actually. It may be recalled that Public Accounts have, from time to time, mentioned this has been quite an expense to the government, that the fees received do not come close to meeting the expense involved. We have been looking at this matter. Due to the fact that hospitalization has come in in the provinces we have felt that a further look should be taken, or some experience should be gained rather than making any adjustment or doing anything about the situation immediately. We are quite aware of the fact it costs money. The loss has been cut in half, approximately, since hospitalization has come in. There are still the medical services which we supply, and this is being looked at.

It is appreciated that at the moment this does not go beyond the port of Montreal, and it is also appreciated that as time goes on there may be some indication that an extension is required. As yet, there has not been any suggestion, or it has not been brought to our notice that this should be provided beyond the port of Montreal.

Mr. CARTER: Could I ask this: Is the department responsible for the transportation of mariners who have to leave their ships and have to get back?

Dr. RATZ: The act provides the mariners shall be delivered at the port for treatment. If a mariner is taken under treatment in a port and it is discovered that he requires treatment beyond what can be provided at that place, he may be transported at the department's expense to other suitable facilities for further treatment. But it is the mariner's responsibility to get to the point, in the first place.

Mr. CARTER: After the treatment is completed, and when he wants to get back to his ship or his home port, who looks after those transportation problems?

Dr. RATZ: That is his own, or the owner's responsibility.

Mr. CARTER: The company's?

Dr. RATZ: Yes.

The ACTING CHAIRMAN: If a mariner is in an accident and you clear him with a permanent disability, is he covered? I know this does not come under your department, but is he covered under workmen's compensation? On second thought, he could not be; that is under provincial jurisdiction. Who looks after him, then?

Dr. RATZ: I believe certain classes of mariners are covered by workmen's compensation on the west coast and, to a certain extent, on the east coast; but they come under the Merchant Seamen Compensation Act when they are not covered by compensation of the ordinary type in the province.

Mr. CATHERS: What is the set-up in this case: Say a ship comes in from Sweden to Montreal and on board is a man who is either hurt or ill, what is the procedure? Have you your own set-up there, or do they use the facilities otherwise provided?

Dr. RATZ: The facilities of general hospitals, and things like that. The master of the vessel brings that man to the sick mariners clinic; or if he wishes to send him to some other facility for treatment he must first contact the port medical officer and get approval of the alternative treatment he wishes the man to have.

The ACTING CHAIRMAN: Are there any further questions on sick mariners?

Mr. CATHERS: Mr. Chairman, I want to follow that up. What is the situation in other countries of the world: do they provide this service?

Dr. RATZ: As far as we know, Canada is the only country in the world that provides this service.

The ACTING CHAIRMAN: Under medical advisory services there is civil aviation medical division. What does that cover exactly, Dr. Ratz?

Dr. RATZ: The civil aviation medical division acts as an advisory medical service to the Department of Transport. It is largely concerned with the physical standards of flying personnel and ground crew who must meet physical requirements approaching those of flying personnel.

The ACTING CHAIRMAN: Are there any other questions on civil aviation?

Mr. BENEDICKSON: We see the men listed under the Department of Transport. Are the salaries paid by the Department of National Health and Welfare?

Dr. RATZ: They are under this department for salaries and administration.

Mr. CARTER: Mr. Chairman, I would like to revert to the previous question.

The ACTING CHAIRMAN: Sick mariners?

Mr. CARTER: My question is regarding the treatment that we have here. We have a little clinic here in parliament. Does that come under your department?

Dr. RATZ: No.

Mr. CARTER: That is separate?

Dr. RATZ: That is under the authority of the Speaker of the House.

The ACTING CHAIRMAN: We have covered civil aviation medical division; we have covered sick mariners' service. Immigration medical service, Dr. Ratz?

Dr. RATZ: The immigration medical service, again, is an advisory service to the Department of Citizenship and Immigration on the medical status of immigrants and other persons who are seeking entry to Canada, either on a temporary or permanent basis.

The ACTING CHAIRMAN: Are there any further questions on item 249?

Mr. PAYNE: Mr. Chairman, I have a question in connection with the immigration service. We will say that an immigrant from the United Kingdom is seeking entry into Canada. What is the procedure as to medical examinations? Whom do they go before, and how are these people appointed? How are their qualifications assessed?

Dr. RATZ: We have a permanent medical examining staff in England. We have about five or six offices, including London, Liverpool, Glasgow, and so on.

When a person desires to emigrate to Canada, he contacts an officer of the Department of Citizenship and Immigration, who then refers him to the nearest local examining office, where he secures his medical examination and other documentation which is necessary for the issuing of a visa.

Mr. PAYNE: Within the United Kingdom, are the medical qualifications exactly the same as they are for continental Europe, or not?

Dr. RATZ: You mean the medical requirements?

Mr. PAYNE: Yes, the medical requirements.

Dr. RATZ: The same standards are used throughout the service for classifying people.

Mr. PAYNE: What procedure do you adopt to see that these standards do maintain an equal treatment?

Dr. RATZ: That is laid down in instructions to our own medical staff and in indoctrination courses for our staff when they first start out.

Mr. PAYNE: Do you undertake any check to see that these standards are reasonably adhered to?

Dr. RATZ: We have a chief medical officer in London whose responsibility it is to visit the various offices throughout continental Europe and the British Isles periodically to see that these standards are being met.

All the medical examination reports that are issued in Europe come through the London office, where they are scrutinized, which ensures a standard type of medical assessment and treatment.

Mr. PAYNE: There is one specific instance that comes to my mind. I will not name it. However, it comes under the category of a former T.B. patient with healed lesions showing in the lung? What are your requirements in a case of this nature?

Dr. RATZ: Where there is any doubt, the films and the documents in a case of that type are forwarded to Ottawa, where they go through what we call a pre-screening process. There they are examined carefully by consultants and specialists in that field. The final decision is made here in Ottawa.

Mr. PAYNE: How many years do you require for clearance of that T.B.?

Mr. MONTEITH (*Perth*): Incidentally, Mr. Chairman, very recently—I think it was just before the Easter recess—I made an announcement to the House that this period had been reduced from two years to one year.

Mr. PAYNE: On what basis, Mr. Minister, are these standards set?

Mr. MONTEITH (*Perth*): I will let Dr. Ratz answer that.

Dr. RATZ: You mean, on what basis was the decision made to shorten the period from two years to one year?

Mr. PAYNE: Yes.

Dr. RATZ: That was taken after observation over a period of years of people who had been certified in that way. Then there was careful discussion with tuberculosis authorities of this country, and particularly with the Canadian tuberculosis association.

Mr. PAYNE: What leads you to think that more stringent regulations are required for immigrants than are required for entry into Canada under other programs?

Dr. RATZ: I am not sure that I understand your question.

Mr. PAYNE: What I am getting at precisely is this. Why do we have the public told today by one agency of government that tubercular refugees can be brought into Canada, with modern treatment, on a safe basis, and yet the United Kingdom emigrant desiring entry into Canada can be denied, under the standards set on this program?

Mr. MONTEITH (*Perth*): Mr. Chairman, I think the special project which has been undertaken this year is because of world refugee year. It was a joint effort by many countries, to assist in depleting these camps in Europe where people have been for years because of tuberculosis. And this special project was undertaken in conjunction with the provinces.

These refugees were brought into Canada, and the provinces cooperate with the federal government in providing cure when they get here. Our department works on the ordinary, regular immigration. As was mentioned earlier, we did have a two-year waiting period; but as Dr. Ratz has mentioned, after consultation with the tuberculosis association, and over years of experience, it is now felt that a one-year waiting period, for ordinary immigration, is in order.

Mr. PAYNE: If a patient comes forward whose plates show healed lesions, you then cause him to wait one year, for medical reasons?

Mr. MONTEITH (*Perth*): For ordinary immigration.

Mr. PAYNE: And if at the end of that one year he comes up for re-examination and another plate shows the same healed lesions and no further activity, do you say, "Wait another year", or do you say "Fine, that is acceptable"?

Mr. MONTEITH (*Perth*): It simply has to show inactive—am I right in that?

Dr. CAMERON: I think, Mr. Chairman—to get this in perspective—the waiting is to have two plates at an interval of time which you can compare, in order to see whether or not in fact it is a healed or arrested lesion, or whether it is a progressing lesion. The purpose is to find out whether it is on-going tuberculosis, or cured.

Mr. PAYNE: In other words, if one plate is clear, and one year later another plate is taken, you make your decision based on that?

Dr. CAMERON: Yes.

Mr. PAYNE: Why, then, is there a record of immigrants through the Liverpool office who have waited for a period of six years—if there is a two-year waiting period—when it has been satisfactorily substantiated through our Canadian medical authorities at that point that the T.B. was inactive after the first series of two checks?

Dr. CAMERON: It has to be remembered that our advice on the physical condition of the respective immigrant is only part of the evidence on which the decision is taken as to whether or not he can come.

Mr. PAYNE: We will confine this specifically to the T.B. case.

Dr. CAMERON: Well, he cannot have been cured; it must have been active.

Mr. HALPENNY: Dr. Cameron, is it possible that the new deputy minister of immigration might clear up all these inequalities?

The CHAIRMAN: Are there any other questions, gentlemen?

Dr. CAMERON: Mr. Chairman, if there is a specific case, we would be glad to discuss it with you.

Mr. BENIDICKSON: When I was in Vienna in November I noticed that, attached to the Canadian embassy, there was a medical attaché. I do not think that is typical of our staff in Europe, and I was wondering why that is so.

Dr. RATZ: Some of the officers have the rank and are designated as medical attachés; but not in all cases. That is a decision made by the Department of External Affairs.

Mr. BENIDICKSON: I have looked over the booklet of the Department of External Affairs and I do not find such a person attached to other embassies.

Dr. RATZ: It is their affair.

The CHAIRMAN: Are there any further questions on item 249?

Mr. MORE: I was wondering about the disappearance in this item of several positions. Is that due to the closing of hospitals?

Mr. MONTEITH (*Perth*): Yes, we closed Park Savard hospital, and the province took over that hospital. Perhaps you might like to speak to Dr. Bissonnette about it. He knows all about it.

Mr. BENIDICKSON: I am not quite satisfied. It occurred to me that it could be because of the previous Hungarian refugee activity which, I think, flowed through Vienna.

Dr. RATZ: I cannot answer that question. We would like to have all our medical officers—our senior medical officers and all these officers—have the rank of medical attaché, and we have recommended it regularly to the Department of External Affairs. But for reasons of their own they do not grant that status to all medical staff wherever they might be posted.

Mr. BENIDICKSON: So you might have someone doing medical work at an embassy who is not accredited to that embassy?

Dr. RATZ: He would be accredited to the embassy but not as a medical attaché.

Mr. BENIDICKSON: Is it understood in fact that a man may be accredited to an embassy, and that he may work elsewhere as an employee of the Department of National Health?

Dr. RATZ: That is correct. He might be in the same building, and he might be working in a separate building; but he is still attached to the Canadian staff at that post.

Mr. CATHERS: Is this medical attaché used for immigration purposes? What is his job? Is he doing several things at the same time?

Dr. RATZ: He acts as a departmental adviser to the Department of Citizenship and Immigration, and on occasion he may advise the high commissioner or ambassador on other matters of health which might concern the high commissioner.

Mr. CARTER: Is he a Canadian national citizen?

Dr. RATZ: Yes, they are all Canadians.

The CHAIRMAN: Does the item carry?

Mr. BEST: I have a brief matter which comes under this item. I was looking at the number of various positions here, such as clerks and so on, and I

find that in some categories the dollar figures in some cases do not jibe with the sterling figures; the conversion is not exact between sterling and dollars.

Is the sterling figure in the United Kingdom based on cost of living, or something which makes it reasonably different, perhaps two-thirds of the dollar figure in Canada?

On page 345 half way down the page you mention where there is a clerk 3, and the first one has a figure of \$3,150 to \$3,600 in the United Kingdom, and £723 to £903; and that United Kingdom figure is approximately two-thirds of the dollar basis.

Dr. RATZ: There is a simple conversion into Canadian currency from sterling, and vice versa.

Mr. BEST: Perhaps my arithmetic is wrong.

Mr. MONTEITH (*Perth*): What exactly is your question?

Mr. BEST: Why is it not a simple conversion? I do not think it is a simple conversion, a dollars to sterling conversion. And I wonder why for the same category of position the figure is not simply a dollar-stirling conversion?

Mr. MONTEITH (*Perth*): You mean clerk 3, \$3,150 to \$3,600, clerk 3, United Kingdom, £723 to £903, and why does £723 not equal \$3,150?

Mr. BEST: Yes.

Mr. MONTEITH (*Perth*): I am told that they are paid the going rate in London.

Dr. RATZ: There are a lot of employees in our offices abroad who are natives of the country where the office is located and they are paid the going rate for the particular country. It might be Vienna or in this case, it is London; but there would be a conversion to the same rank here in Canada.

Mr. CARTER: There are two separate scales.

Mr. BEST: I wonder whether it is based on the country where the work is being done.

Dr. RATZ: That is right, it is the going rate.

The CHAIRMAN: Shall the item carry?

Item agreed to.

Item 250. Administration of the Food and Drugs and the Proprietary or Patent
Medicine Acts \$ 1,984,777

Mr. MONTEITH (*Perth*): Now, Mr. Chairman, at the same time that we put into the mail boxes of the members of the committee a statement on Indian Affairs, we also included one on the food and drug directorate.

The CHAIRMAN: I wonder if I might not thank Dr. Ratz on behalf of the committee for appearing before us. We greatly appreciated it.

Mr. MONTEITH (*Perth*): Would Dr. Morrell please come up to the head table. Dr. Morrell is head of the food and drug directorate, and as I mentioned, we put a statement concerning this item, and the activities of this branch, in the mail boxes of the members of the committee.

Perhaps you would like to have Dr. Morrell briefly outline verbally the functions of this branch.

Dr. C. A. MORRELL (*Director, Food and Drug Directorate*): Mr. Chairman, the food and drug directorate has the statutory function of administering and enforcing two pieces of legislation, the Food and Drugs Act of Canada, and the Proprietary or Patent Medicine Act.

The Food and Drugs Act is a law which was passed to protect consumers from health hazards and fraud and deception in the use and sale of foods and drugs, medical devices and cosmetics.

The Proprietary or Patent Medicine Act is a special piece of legislation which provides for the registration of so-called secret formulae remedies. They are secret in that the total composition is not listed on the label. The department of course knows the total composition, and by means of an advisory board or committee it decides whether it is suitably safe, and whether the advertising and so on is correct.

The Food and Drugs Act covers all foods, drugs, and medical devices which are sold in Canada, whether made here or imported from some other country.

Its main features are to see that they fall within the limits of standards and of advertising standards, and sometimes methods of sale. For example, the sale of certain drugs is limited to prescription only. The organization is set up with laboratory services, inspection services, office and administrative services.

The inspectors check samples, inspect manufacturing plants of foods and drugs, and advise the industry how they can meet the requirements of the law. The laboratories examine samples, by analysis or other means, to determine if they are up to the standard that is declared for them.

The methods of enforcement are warnings, usually—advice and warnings—prosecutions, seizures and refusal of entry, at customs if it comes from abroad and does not meet the requirements.

We have laboratories in five places outside of Ottawa; Vancouver, Winnipeg, Toronto, Montreal and Halifax. There are also inspectoral offices in 21 other cities of Canada—usually the larger towns and cities.

The administration is divided into five regions, each reporting to the regional headquarters that I have mentioned. The scientific work is a variety and is biological, chemical and physical.

The CHAIRMAN: Thank you, Doctor.

Mr. CARTER: Do you collaborate with universities in the analysis of drugs?

Dr. MORRELL: No, we have very little collaboration in that field, i.e., in analysis of drugs.

Mr. CARTER: You have separate facilities available for that?

Dr. MORRELL: Yes.

Mr. McGRATH: How closely do you cooperate with the medical profession in declaring a product safe for domestic consumption? Also, may I ask this question? Are there times when your decision is contrary to medical opinion?

Dr. MORRELL: We have an advisory committee. There are two committees: there is one to advise on the Proprietary or Patent Medicine Act, and there is one to advise on drug standards under the Food and Drugs Act.

In the case of the first one, the advisory board on the Proprietary or Patent Medicine Act, the committee consists of two members of the medical profession and two members of the pharmaceutical profession, with myself as chairman. This committee advises as to whether it is proper and safe to admit a drug for registration under the Proprietary or Patent Medicine Act.

The other committee, the one that advises on drug standards under the Food and Drugs Act, consists of members of the medical profession—there are four—members of the pharmaceutical profession and representatives of the Canadian pharmaceutical manufacturers' association. Dr. Cameron is chairman, and I am deputy chairman.

These committees meet when necessary, but usually once or twice a year. They advise on standards of new drugs. There is a subcommittee to the Drug Advisory Committee which consists of a member of the medical profession and a member of the pharmaceutical profession, with myself as chairman. That subcommittee advises as to whether a drug should be on the prescription list.

Mr. McGRATH: That was not entirely the line of questioning that I had in mind. Perhaps I should give you a case in point. There is a preparation, a mixture, on the market now which gives a man a suntan without having to go to Florida. Medical opinion is that this could have damaging effects on the user, yet it has been cleared by your board.

I am talking about a toilet preparation, an after-shave lotion, which darkens the skin.

Dr. MORRELL: I know the product under discussion, Mr. Chairman. This product is a cosmetic, and we have not the same statutory authority over cosmetics as we have over new drugs.

When drugs are new, either in principle, substance, or in method of use, they must be submitted to us prior to their marketing so that we have every opportunity to examine the information provided by the manufacturer as to their safety, effectiveness, and controls that will be used in producing them. We have not that authority over cosmetics.

But this product you mention is now being studied by our own people and we are getting advice about it—from Washington, for one thing, where they are also studying this. We ourselves have not yet been convinced that it is dangerous. We have had no representations from the medical profession of Canada or any other country that it is dangerous, and I would be very interested in having any information that would substantiate any claims for danger.

Mr. CARTER: There is quite a controversy going on in the United States due to this investigation of the price of drugs. One of the defences that they put up for the high prices is that brand names drugs are superior to others.

Can you make any comment on that? Does your laboratory find that the different products meet your standards, without the brand names, or are they equivalent?

Dr. CAMERON: Mr. Chairman, I think the answer to that is that all products on the market are under surveillance, and any product which does not meet the recognized standards is withdrawn, under the authority of the act.

Mr. CARTER: There is no way for an inferior product to get on the market in Canada without having the sanction of your inspection?

Dr. CAMERON: As Dr. Morrell has explained, if it is a new drug, it cannot be put on the market until Dr. Morrell and his staff have had an opportunity to examine it and consult other experts about it.

Mr. CARTER: But once a drug has been established and has got on the market, how do you then ensure that the standards of that drug are not lowered?

Dr. CAMERON: By a process of supervision, very much like the operation of a police department. You cannot examine every lot of every drug put on the market; you could never maintain a staff or support the expense of an operation like that. But what you do is keep an eye on the market, knowing from experience where you are likely to find weak spots. You keep an eye on those. I think that is the fairest way I can explain the supervision.

Mr. CARTER: With regard to these multiple-vitamin pills that are getting so common, have you done any special work on them?

Dr. MORRELL: Mr. Chairman, we are constantly taking samples of pharmaceutical preparations—including multi-vitamin and mineral preparations—from the market. These are being examined chemically and biologically to see whether they meet the statement that is on the label—so many units, or milligrams, of this vitamin or that. These are checked quite frequently.

Mr. CARTER: Do you accept samples from private individuals?

Dr. MORRELL: Do you mean, for analysis?

Mr. CARTER: Yes.

Dr. MORRELL: Yes, we would examine a sample from a private individual; but I do not think we could take legal action on the basis of that sample. We would, if we found anything wrong with it, have to go and get another sample through our official inspection channels so that it could be proved in court that nothing could have happened to the sample.

The CHAIRMAN: Before recognizing Mr. Winch, might I perhaps ask the minister a question, enlarging on Mr. McGrath's question. You left an impression, at least with the Chair, when you said you did not have statutory control over cosmetics. Could I ask the minister if at any time he felt this was necessary.

Mr. MONTEITH (*Perth*): I think it might be safe to say that so far as cosmetics are concerned it might be a little dangerous.

The CHAIRMAN: I would think so. The answer is no.

Dr. MORRELL: I would not want you to think we have no statutory control over cosmetics; we do. The law, however, does not require that a new cosmetic be submitted to us prior to marketing. It does require that a new drug be submitted to us prior to marketing.

Mr. WINCH: As you know, a member of parliament receives a good many grievances. There is one on which perhaps the doctor could offer some explanation. I have received a number of complaints—I could put it that way—about people, whether or not it is medically correct, having the psychological belief they are receiving a benefit from taking a certain pharmaceutical preparation. If there is a pharmaceutical preparation which it is legal to dispose of or sell in another country, which is not recognized in Canada but which has been permitted to come in from the United States direct to the person—and in this connection there are two preparations of which I know—these persons who believe they are getting aid from these preparations no longer can get them. Therefore, what they do now—and I know this is a fact—is that they make some arrangement with someone close to the border in the United States. For example, the preparation is sent by the manufacturer to that individual across the border then the Canadian citizen makes a trip across the border, picks it up from his friend, brings it back, and uses it. I know that is taking place in Vancouver. I may as well mention Vancouver, because that is where I come from. They think this is distinctly unfair.

There is also a preparation which, up until a few months ago, came from Europe where, I am told, it has a very high status; and the people here who were using and able to get that preparation cannot get it now. Would you say whether or not that is under your jurisdiction, whether it is necessary that it must not go on sale in Canada and whether or not it is necessary for those few who do believe it is of assistance to be denied the opportunity of receiving it. I cannot answer that question. I hope you can.

Mr. MONTEITH (*Perth*): I have a great deal of correspondence in connection with complaints in respect of this. The answer which I have to give—I do not say there are too many preparations—is that they must not come in and are not for sale here. We have reason to believe they may even be injurious. Dr. Morrell might have something to add.

Dr. MORRELL: Mr. Chairman, our inspectors do look at what we would call private shipments of drugs coming from abroad for a number of reasons. I do not know the preparations to which Mr. Winch is referring. There are, however, certain drugs which are sold on prescription only in Canada. Barbituates would be one. If we saw a preparation containing barbituates coming

to a private person we might well stop it. Of course you understand the situation in respect of narcotics. There are other drugs on the market other than barbituates which also are on the prescription list. These can be sold in Canada only on prescription. We have had to interfere with some private shipments of prescription drugs. I know we do allow the majority of private shipments to private individuals unless there is some specific reason for not doing so. If I knew the names of the drugs I could look into it.

Mr. WINCH: If there happens to be a battle, let us say between the official A.M.A. and the medical practitioner who disagrees with the A.M.A.'s decision as to whether or not something is beneficial, and it is not a narcotic or barbituate, why would it be stopped?

For example, in the United States or in Europe there is one in relation to certain aspects of cancer treatment. If there are a few individuals in Canada who believe they can get aid from this why should they be denied? If there is a good reason, then of course we want to hear it. Should they be denied if they think they are getting help?

The CHAIRMAN: Is this not in the field of medical opinion?

Mr. WINCH: Yes. There is, however, medical opinion on both sides of this. For example, you have Hoxsey. A good many people swear by that treatment in the United States and in Canada.

Mr. MONTEITH (*Perth*): I will let Dr. Morrell answer in respect of the particular prescription you mentioned, but I think it is safe to say that if it is on a doctor's prescription it would ordinarily come in.

Dr. MORRELL: Mr. Chairman, perhaps I need not elaborate on the Hoxsey situation; but it is a preparation which a great many persons think is useless for the purpose and it is being used for a disease which is listed in schedule "A" to the act which no one can advertize or recommend treatment for, to the public—that is cancer. We would not permit that to be sold in Canada to the general public or advertized to the general public in Canada.

Mr. WINCH: Why can it not be brought in by a private individual?

Dr. MORRELL: It could be brought in if the doctor of the patient gave a prescription for it.

Mr. WINCH: The Canadian doctor?

Dr. MORRELL: Yes; if it was sent to the doctor we would not interfere.

Mr. BEST: To what degree is there cooperation between your division and similar divisions in other countries, let us say the United States, in assessing the value of new drug preparations? Perhaps that is too general a question. However, what is the variation in standards as between those set in Canada and those set in the United States? Are there many discrepancies or is there much variation in respect of what is approved there and would be approved in Canada?

Dr. MORRELL: The new drug requirements in the United States are very very similar to the new drug requirements in Canada. They are so similar that we find that people who have submitted a drug to Washington can send us a copy of the information and it nearly always is acceptable to us. There is very little difference in the basic principle. In Washington they may have four or five hundred new drugs a year to register and we have about two hundred at the present. So they do have more submitted there than we do here. From the standpoint of parity between the United States and Canada in our requirements, I think they are almost identical. Other countries do not have quite similar regulations. They do in France, but they are not the same as ours. In the United Kingdom I do not think they have anything comparable to our new drug requirements.

Mr. BEST: Under what section of the act do the regulatory powers of the

division come into play when something is sent through the mails from the United States to Canada? You mentioned it is quite possible for a doctor to receive something which is not perhaps normally approved by your division. Do the customs officials stop a shipment in the mail which is reasonably bulky if it does not appear on a certain list? Do you have a specific regulation to cover that?

Dr. MORRELL: The authority for it is in the act, that a drug must meet the standard. We have authority for labelling and we have authority to make regulations for prescriptions.

This applies to imports as well as to domestic products.

Now, authority is also given in the regulations for an inspector to hold an import shipment until he can be satisfied that the product, be it food or drug, meets the requirements of the Food and Drugs Act and the regulations in all respects. So he has authority to hold it; and when he has a report from the analyst that it does not meet these requirements, the authority is there to exclude its entry.

We have inspectors at the larger ports, and we have arrangements with the customs inspectors to inform us when shipments of drugs come in.

If we have no inspector close by, they will be held for a day or two until our inspector can get to the port. Our inspector, however, does the examination of the packages to see what they are.

Mr. HALPENNY: Dr. Morrell, there is one thing which puzzles me. Suppose a new chemical or drug has just gone through the machinery in Washington, and it has been accepted down there. Why must this new drug or chemical have to go through the same machinery in Canada—machinery which is very similar to that in Washington—at expense to the department, when that new drug or chemical has been accepted in Washington possibly six months before?

Dr. MORRELL: My job is just to administer the Canadian act, and the Canadian act requires that this new drug be submitted. I suppose if we accepted it from the United States, then other countries would expect us to do the same thing for them. But the expense is not too great. It is just that of obtaining a copy of the material, which is sent to us from Washington. It is as cheap as that. It is a copy of the report of the clinical, pharmaceutical and chemical work which has been done at Washington, and they make use of the same data and information.

Mr. HALPENNY: Do they not do some clinical work down here?

Dr. MORRELL: No, not always. We are trying to encourage European countries to do some clinical work in Canada, but they do not have to, and some of them do not. It is very useful for us to be able to send someone over to talk to those who have actually carried on these tests, rather than to have to rely entirely on written reports. Therefore, we like to have someone in Canada who has done this clinical work.

Mr. HALPENNY: I do not quite get the picture yet. I have in mind a diuretic which has recently been accepted by your department in Canada. It was approved two years ago in the United States as being safe; yet before we could bring it on the market here, we had to arrange for a clinical investigation, and it cost, roughly, \$500, which the public is going to have to pay at some time. I was wondering is we might not take the benefit here of clinical work that has been done, let us say, in a country such as the United States where the standards are as high as ours. I am not kicking. I am just wondering.

Mr. MONTEITH (*Perth*): Well, I suppose, Mr. Chairman, it might be said that if you do this in the case of the United States, you would be expected to do it for any other country.

Mr. HALPENNY: It could be.

Mr. MONTEITH (*Perth*): And the Food and Drug Act is there to be administered.

Mr. HOWE: Mr. Chairman, I wonder if Dr. Morrell could tell us if it is his department which inspects the meat, poultry, and other things brought into the country, or if not, what department does it?

Mr. MONTEITH (*Perth*): Yes.

Dr. MORRELL: We do it for certain purposes, but not for grading. For example, we have examined a lot of poultry brought into this country to make sure that estrogenic substances were not used in raising that poultry, and that type of thing. We have done it quite frequently.

Mr. HOWE: I understand that at the present time our poultry cannot be exported to the United States. There is some difficulty in connection with it. Can you tell us what that difficulty is?

Dr. MORRELL: I was not aware that there was a ban on importation of Canadian poultry into the United States. I believe that would be a matter for the Department of Agriculture. There might be some endemic in poultry, but it has nothing to do with our branch.

Mr. HOWE: How close does your branch work with the Department of Agriculture in a situation of that type?

Mr. MONTEITH (*Perth*): Very closely.

Dr. MORRELL: I have not heard about this situation.

Mr. HOWE: I was informed about it last week, and I wondered if it was true or not.

Mr. MONTEITH (*Perth*): We shall try to find out about it for the next meeting.

The CHAIRMAN: I suggest that you talk with the Department of Agriculture at the same time. Are there any further questions?

Mr. HOWE: There is one other question. I was wondering about the advertisements you see concerning certain drugs and treatments and things like that. Does your department check on the authenticity of these advertisements?

Mr. MONTEITH (*Perth*): Yes, we have done so frequently from both sides of the picture. We have received complaints about false advertising, all of which we check; and we also have the power to go into a store and take a can off the shelf to check the ingredients as to the label, or at least as to the contents, and so on. If this is as advertised, then of course there is no action required.

Very recently we were in consultation with the packaging industry and various firms in the labeling business with a view to trying to come up with a list of regulations concerning labeling which would be reasonable, and which would also give the purchaser a clear picture of what he was getting. Perhaps Dr. Morrell might have something to add to that.

Mr. WINCH: May I ask a supplementary question. I read in the newspaper some time ago that a very well known product had been ordered by court order to drop from their advertising that it was good as liver pills, because, after study in the United States, it was found that it had no beneficial effect on the liver whatsoever.

When I was in Vancouver during the Easter recess I happened to see a television program, and I noticed that it was still being advertised in Canada as a liver pill. Is it legal in Canada, when it has been declared illegal in the United States with respect to the same product?

The CHAIRMAN: Have you tried it?

Mr. WINCH: No, my liver is in pretty good shape.

Dr. MORRELL: What Mr. Winch has said is true, that they have an injunction or some method to prevent the use of the word liver in Carters Little Liver Pills, which is the product I think you have in mind, in the United States. But we have not taken action here.

Carters Little Liver Pills have been on the market for "umpteen" years under that name, and they have been accepted. We did not think it was worth while to change.

Mr. WINCH: But this was found to be misleading advertising.

Dr. MORRELL: It is a misleading name in a sense, but I presume they are laxatives, nothing but laxatives, and we have not required them to strike out the word liver.

The CHAIRMAN: I think this might be an appropriate note on which to adjourn. I know there are further questions, but we shall adjourn now until Tuesday at 11:00 o'clock.

APPENDIX "A"

UNIT COSTS OF ADMISSIONS TO HOSPITAL—1957

The Department was asked to provide the average cost of transporting a patient to hospital. Recognizing that actual costs vary widely from the average, the average in 1957, was \$6.43. Due to hospital insurance and the consequent loss of statistics, 1957 was the fiscal year in which complete patient movement data were available.

APPENDIX "B"

OVERTIME

The Department was asked to provide some detail respecting an item of \$25,000 for overtime.

Estimates have always included an amount in the Salaries Vote for overtime. This year Treasury Board requested that a separate item for overtime of office staff be shown in Estimates. The amount provided, \$25,000 also provides for overtime of operating staff.

\$2,200 (1468 hours \times \$1.50 per hour) is provided for *office staff*.

Sections 85 and 86 of the Civil Service Regulations were changed, effective April 1, 1959, to provide that overtime not liquidated at the end of a 12 month period may be paid for in cash.

\$22,800 is provided to pay for overtime of *operating staff*.

BASIS OF PAYMENTS

Office Worker—Overtime is earned on an hour for hour basis. For each 7 hours' overtime worked, the employee is paid 1/22 of his monthly salary rate.

Operating Employees are usually those with trades. The classes are defined by the Civil Service Commission and include nurses, hospital attendants and lab. technicians. They work a 40 hour week. These classes are credited with 1½ hours for each hour of overtime worked, and if not given time off by the end of the month following the month in which the overtime was worked are paid in cash for the overtime earned.

PURPOSE

It is frequently necessary for employees in hospitals to work considerable amounts of overtime because of vacant positions, illness and vacations.

HOUSE OF COMMONS

Third Session—Twenty-fourth Parliament

1960

STANDING COMMITTEE
ON
ESTIMATES

Chairman: ARTHUR R. SMITH, Esq.

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 14

TUESDAY, MAY 3, 1960

Estimates of the Department of National Health
and Welfare 1960-61

WITNESSES:

The Honourable J. Waldo Monteith, Minister of National Health and Welfare; *assisted by* Dr. C. A. Morrell, Director, Food and Drug Directorate; Dr. K. C. Charron, Director, Health Services Directorate; Mr. R. E. Curran, Legal Advisor; and Mr. R. C. Hammond, Chief, Division of Narcotic Control.



STANDING COMMITTEE ON ESTIMATES

Chairman: Arthur R. Smith, Esq.,

Vice-Chairman: Ernest J. Broome, Esq.,

and Messrs.

Argue,	Fairfield,	McGregor,
Anderson,	Fleming (<i>Okanagan-</i>	McIlraith,
Baldwin,	<i>Revelstoke</i>),	McMillan,
Benidickson,	Fortin,	McQuillan,
Best,	Gillet,	More,
Bissonnette,	Grafftey,	Parizeau,
Bourbonnais,	Hales,	Payne,
Bourdages,	Halpenny,	Pickersgill,
Bourget,	Hellyer,	Pugh,
Brassard (<i>Lapointe</i>),	Horner (<i>Jasper-Edson</i>),	Ricard,
Bruchési,	Howe,	Richard (<i>Kamouraska</i>),
Campbell (<i>Lambton-</i>	Jorgenson,	Rouleau,
<i>Kent</i>),	Korchinski,	Skoreyko,
Cardin,	MacLellan,	Stewart,
Caron,	Martin (<i>Essex East</i>),	Stinson,
Carter,	McCleave,	Thompson,
Cathers,	McDonald (<i>Hamilton</i>	Vivian,
Clancy,	<i>South</i>),	Winch,
Coates,	McFarlane,	Winkler.
Crouse,	McGee,	
Dumas,	McGrath,	

J. E. O'Connor,
Clerk of the Committee.

MINUTES OF PROCEEDINGS

TUESDAY, May 3, 1960.

(15)

The Standing Committee on Estimates met at 11.05 a.m. this day. The Chairman, Mr. Arthur Smith, presided.

Members present: Messrs. Anderson, Argue, Bissonnette, Broome, Campbell (*Lambton-Kent*), Cathers, Crouse, Fairfield, Fortin, Grafftey, Hales, Halpenny, Howe, Jorgenson, Korchinski, Martin (*Essex East*), McCleave, McDonald (*Hamilton South*), McFarlane, McGee, McGrath, McGregor, More, Parizeau, Payne, Ricard, Skoreyko, Smith (*Calgary South*), Stewart, Vivian, Winch and Winkler.—(32)

In attendance: The Honourable J. Waldo Monteith, Minister of National Health and Welfare; Mr. R. E. Curran, Legal Advisor; Mr. R. C. Hammond, Chief, Division of Narcotic Control; Dr. K. C. Charron, Director, Health Services Directorate; Dr. C. A. Morrell, Director, Food and Drug Directorate; and Miss O. J. Waters, Departmental Secretary.

The Chairman again called for consideration of Item 250—Administration of the Food and Drugs and the Proprietary or Patent Medicine Acts—and Mr. Monteith, assisted by Doctors Charron and Morrell, answered questions relating to, among other things, the control of barbiturates, regulations governing the packaging of confectioneries and the use of Diethylstilbesterol in poultry and animals intended for human consumption.

Item 250 was adopted.

Item 251—Administration of the Opium and Narcotic Drugs Act—was called and Mr. Monteith, assisted by Messrs. Curran and Hammond, was questioned.

At 12.35 p.m. the Committee adjourned to meet again on Thursday, May 5, 1960.

J. E. O'Connor,
Clerk of the Committee.

EVIDENCE

TUESDAY, May 3, 1960.
11.00 a.m.

The CHAIRMAN: Good morning, gentlemen. We have a quorum, so we can proceed.

You have under consideration item 250, Administration of the Food and Drugs and the Proprietary or Patent Medicine Acts.

We have before us, as you recall, in addition to the minister, Dr. Morrell and Dr. Charron.

Before looking at the item itself, I believe we have one or two questions to be answered. Mr. Minister, have you those answers?

Hon. J. W. MONTEITH (*Minister of National Health and Welfare*): There was a question asked by Mr. Howe at the last meeting. I think the question was: "Is the importation of Canadian poultry into the United States banned by the United States?"

The answer would be that we have been informed by members of the Department of Agriculture that: (1) a small amount of Canadian poultry is exported from Canada to the United States; and, (2) the reasons that more poultry is not exported to the United States are: (a) economic, (b) the United States Department of Agriculture has not yet accepted in all detail the inspection carried out in Canada.

Mr. HOWE: In other words, that would mean they feel their inspection of food of this type coming into Canada is better than ours?

Dr. C. A. MORRELL (*Director, Food and Drug Directorate*): It need not necessarily all be better. There may be some things about labelling, and there may be technical differences they would insist on that are not on Canadian poultry. I was not told the details which were being objected to, or which were still under discussion, so I cannot answer that definitely.

Mr. CATHERS: Is it a fact or is it true that your department do not inspect chicken that are cut up? Many of these come in as breasts, legs, and things like that; but you do inspect the whole chicken?

Dr. MORRELL: Our inspection is not that of the Department of Agriculture. We are not inspecting poultry for grades. We are inspecting really for health reasons in this case, and our main interest is in the use of diethylstilbesterol in fattening poultry. There is not much use in inspecting parts because you cannot find traces of it in the parts, but you can find traces in the neck of the bird, and this is the main thing we are looking for when we import poultry from the United States.

The CHAIRMAN: I might remind you that on the completion of the items we will return to the first item, which was held open, for a general examination of all matters related to the department. It might be advisable for you to be in a position to carry on your questioning at that time.

In a moment I am going to recognize Mr. McCleave, but perhaps the Chair might open the questioning, Mr. Minister, on an article which has appeared in a number of Canadian dailies, in which it states that barbiturate addiction is believed on the increase.

This story states that while there are some 3,500 addicts of the better-known drugs—such as morphine and heroin, and so on—a great number of

people are still receiving various pills, such as tranquilizers and pep pills within Canada.

It occurred to me you might want to comment on that story and expand on it, as to how serious it is and whether you are satisfied you have adequate control. I believe it comes under this item.

Mr. MONTEITH (*Perth*): Yes, tranquilizers come under this item.

A few months ago, during the latter part of 1959, in the middle of 1959, the lists of tranquilizers on prescription by doctors were completely re-studied, and after consultation with medical advisers we came to a revised list which was then put on prescription, which included as I understand it—and, possibly, Dr. Morrell can expand on this—all those drugs which were felt by the medical profession to come within this field.

Mr. WINCH: Could I ask the minister whether we could get information as to the line of demarcation between your department and the provincial? I believe the provincial have the authority of a publication, of what I think is called the pharmacopoeia. Where is the line of demarcation? Can you have any jurisdiction on the pharmacopoeia of a province by saying such things cannot be sold, or they can only be sold on a prescription?

Dr. MORRELL: Mr. Winch, there is no pharmacopoeia in Canada, either on a provincial or national scale, in the usual sense that there is an official book of drugs such as they have in the United States.

The division of interest between the provinces and the federal government in the drug field is in the fact the provincial governments each have a provincial pharmacy act. I think the function of the pharmacy act is mainly to regulate the practice of pharmacy in the province. It relates to the educational standards and the qualifications to practise, to be licensed as a practising pharmacist. You must get your licence through the provincial pharmacy committees, whether they be called colleges or associations. There is a body of legislation in each province to support that.

Mr. WINCH: I seem to remember, in the years I spent in the B.C. legislature, there were changes made on 14 occasions in the B.C. pharmacopoeia, what was known as that.

Dr. MORRELL: I would not say about that, I do not know.

The provincial pharmacy legislation also has authority over the sale of drugs. For example, a drug can be sold in a drug store only, unless otherwise exempted by the provincial pharmacy act. I think each provincial pharmacy act has a poisons schedule, which means that a drug must be signed for, before it can be purchased.

Some, but not all, provinces in their pharmacy act have a list of prescription drugs, drugs that can only be sold on the prescription of a medical practitioner, dentist or veterinarian. They define who may prescribe. The federal government also has made a prescription list. On the other hand, there are no prescription lists in some of the provinces.

There is no real conflict between, let us say, the province of British Columbia pharmaceutical law, in their prescription lists, and ours. They have on their list all we have, plus other drugs which they see fit to add to the lists.

Mr. WINCH: I am very grateful doctor, but this now leads me to this question: I understand there are some provinces that do not have a prescription list. Am I correct on that?

Dr. MORRELL: Yes.

Mr. WINCH: This being policy, perhaps the minister may have to answer, but is it possible, under the authority of the federal government, to issue—the only term I know is, a “pharmacopoeia,” and you call it “a prescription list”?

Dr. MORRELL: Yes.

Mr. WINCH: It will then give a general guide and be law in all of Canada, if you have that power. Has that been considered?

Mr. MONTEITH (*Perth*): As I understand it, this list which was arrived at during 1959, after consultation with the medical profession, is in force across Canada.

Mr. WINCH: That is, whatever is issued by the federal government of necessity is in force all across Canada?

Mr. MONTEITH (*Perth*): Yes.

Mr. WINCH: What is the differentiation, or is there any, in the provinces that have no prescription list as we have it in B.C.?

Dr. MORRELL: In those provinces where there is no prescription list we would do all the enforcement work on prescription drugs. In provinces that have a prescription list, they also do some enforcement work in respect to their own law.

Mr. WINCH: I hope I am not keeping you too long—

Mr. MONTEITH (*Perth*): No.

Mr. WINCH: Irrespective of whether they have their own prescription list or not, am I correct in the assumption that the R.C.M.P. control those matters all across Canada?

Dr. MORRELL: No, the R.C.M.P. have no interest in that.

Mr. WINCH: Only on narcotics?

Dr. MORRELL: Yes, only on narcotics.

The CHAIRMAN: This is the story written by Gordon Donaldson, which appeared in the Canadian Press across Canada. The relevant part is this:

Known heroin and morphine addicts in Canada total 3,500, and the unknown might bring the total to 5,000.

There are at least five times as many barbiturate pill addicts. Nobody knows how many addicts to pep pills and tranquilizers.

The heading of that article is:

Barbiturate addiction believed on increase.

There has been some concern throughout the years over this problem, and the minister gave a reply and suggested you might want to elaborate on it.

Are you satisfied within the department—and this is in relation to Mr. Winch's question—everything is being done to keep this to the absolute minimum, on a prescription basis? Is there any area in which perhaps some tightening up should still be conducted?

Mr. MONTEITH (*Perth*): I think it might be pointed out, as I understand this question, that so-called pep pills, or whatever one might wish to call them, can be made out of various innocent ingredients. These can be concocted by an individual simply by getting some very innocent ingredients and putting them together. I have heard the expression used, something about one or two things you can buy any place.

Maybe Dr. Morrell would have more to say on this technical point.

Mr. WINCH: At the same time, when Dr. Morrell is answering the point raised by the minister and by yourself, sir, perhaps he could say whether we have any control, on a federal basis, of the very matter now under discussion, of barbiturates or goof pills, which I am sorry to say cause us some trouble in British Columbia, when you can buy some of these, what might be called, tranquilizers, and then they mix them with the beer, which gives a reaction which is absolute dynamite, and leads to an awful lot of problems. Do we have any control over that at all?

Dr. MORRELL: Mr. Chairman, there is a basic difference between the Food and Drugs Act and the Narcotic Drug Control Act, in that there is no crime under the Food and Drugs Act over the possession of a drug which you may have obtained without prescription. It is not a crime to have in your possession a barbiturate, for example, which you cannot account for by having received it through the legal channels, by prescription.

All those drugs are on prescription now. For a good many years barbiturates have been on our federal Food and Drugs Act prescription lists, and others too. All the known tranquilizers and additional sedatives were put on in 1959, after consultation with the Canadian medical association and the Canadian pharmaceutical association. At present we have what is becoming a rather extensive list.

Our enforcement procedures are limited by the authority given in our law. Our first step was to find out how many of the pharmacists were selling these without prescription. This we have done, and we are continuing to look into this problem. That is one thing we can do. Where we find a drug being sold without prescription we can take action against the seller of that drug. But what you are talking about is something different, I think.

Somehow or other, drugs get into illicit circulation, perhaps in the underworld. We are aware of some of this because we have had contacts with the Royal Canadian Mounted Police, and some prosecutions have been made under the Food and Drugs Act—one quite recently, in which a prison guard, I think in one of the prisons in Quebec, was found to have a large number of barbiturate capsules which he was, I presume, selling to the prisoners. I think that he was convicted and found guilty of illegal sale. The crime was "sale without prescription," so that was carried out under the Food and Drugs Act. I think it would not be possible to prosecute that man for having a large number of capsules in his possession, on that basis alone. It is very difficult for us, with our type of inspector, to enter the underworld and find out from whence these are coming. This is our main concern at the present time: From where do these come?

So far we have not been able to locate the source of this illicit supply—whether it is stolen, or bought, or somehow or other comes into their possession.

Mr. WINCH: Do I understand that all tranquilizers are now under a prescription basis?

Dr. MORRELL: Yes, "tranquilizer" is rather a loose term, but after deciding with the medical association and the pharmaceutical association what is a tranquilizer and sedative, we have put these all under prescription on the federal list.

The CHAIRMAN: Now the chairman has learned to pronounce the word, do you want to comment on "barbiturates"?

Mr. MONTEITH (*Perth*): How do you pronounce it—"barbiturates"?

I would like to say one thing further, and that is that the addiction aspect of this problem is now being studied by a sub-committee on alcoholism and addiction, and this is being included in this study by the sub-committee. The sub-committee has been set up by the advisory committee on mental health, which is an advisory committee to the department.

The CHAIRMAN: Yes, Mr. Halpenny?

Mr. HALPENNY: I was going to ask Dr. Morrell, through you, if it might be advisable to print in our records the list of P.R. items, so that Mr. Winch and these others would know exactly what is on it, at some future date?

Mr. MONTEITH (*Perth*): Yes.

Dr. MORRELL: We can provide it. Of course, the names are technical names.

Mr. HALPENNY: I meant more in groupings, if you know what I mean. As you know, there are five different types of tranquilizers.

Dr. MORRELL: Yes.

Mr. BROOME: Mr. Chairman, I have some news clippings from the *Vancouver Province*.

The CHAIRMAN: Does it concern the same question?

Mr. BROOME: No.

The CHAIRMAN: Then we will come back to you in a moment.

Mr. Winch is next.

Mr. WINCH: I would like, perhaps, not to direct this question straight to the doctor but, perhaps to the doctors of the committee. I think it is a very serious problem. Has any study been made of what can be bought in drug stores, without prescription,—and I use the term goof pills, which are mixed with our cosmic problem. Has there been any study made of that? Perhaps the members on the committee will know the pills a lot better than I do. I do not remember their exact names. On more than one occasion it has come to my attention that there are items that can be bought and used for that purpose. If so, is it possible, or should they be put on the restricted list that you mentioned?

Dr. MORRELL: My answer to that is that I do not think they should. You could go on indefinitely. I have heard the names of some of the drugs that have been used in connection with beer and other drinks by teenagers and others, and I think it would be an imposition to put them on prescription. After all, there is a big use for some of these, when used properly—are quite safe. Because a few people abuse it, I do not see that we should restrict the sale of these.

Mr. WINCH: Is it possible to have the names of those drugs included?

Dr. MORRELL: Well, as soon as you name them everybody runs around and gets them.

Mr. McCLEAVE: Mr. Chairman, my question concerns the Food and Drug Act and its administration, particularly in the labelling of confectionery, which comes under the act. I have received protests from the candy manufacturers in my own riding that the regulations, while they are appropriate for packages of cornflakes, tend to destroy the aesthetic value of the boxes of candy.

I would like your comments on this subject and your suggestions as to whether there could be some separate recommendations for this industry, which would remedy this situation.

Mr. MONTEITH (*Perth*): Before Dr. Morrell answers your question, I would like to point out that I also have had representations.

Some little time ago we undertook to revise the regulations, in consultation with the packaging industry generally, with a view to coming to an understanding on weight content and this sort of thing, so that the public could not be misled.

In regard to the candy industry particularly, I do not have any recollection of direct dealings, but perhaps Dr. Morrell could say something further on that.

Dr. MORRELL: Mr. Monteith and Mr. Chairman; we have had a meeting with the officers and representatives of the confectionery association in Canada on this point. They have made representations directly to us.

The whole matter was discussed with the food associations. I think 28 separate individual food associations were circulated with the proposed regulations. In some cases we discussed it with them individually, and in others, in groups.

There were some candy manufacturers whose labels certainly were not clearly marked for example, in terms of net contents. A chocolate bar of two ounces or over must have a declaration of the net contents. In the case of some of these you really have to look a long time in order to find out how much weight is contained in the bar. We consider that chocolate bars and other products should be labelled clearly, conspicuously and prominently in a position where the consumer can readily find out, without searching among other printed matter, the net contents.

I think this is a proper thing for us to do. I realize that this resulted in the requiring of a lot of labels to be changed—some of them needed to be changed; others were not so bad. However, in order to get uniformity in this we also have asked them to change. I do not see why a chocolate manufacturer—if it is a chocolate manufacturer of which you are thinking, because other things are included in the term “confectionery”—should be exempt. I would like to say that we have made some administrative concessions in terms of these fancy large boxes, where you buy the boxes as well as the chocolates. In such cases, in order not to destroy or injure the aesthetic beauty of the cover, we have allowed the information to be put on the bottom.

Mr. McCLEAVE: My main complaint concerned the large boxes. I was not thinking of chocolate bars. Has this step been taken recently?

Dr. MORRELL: No. Perhaps we had better get this clearly. I am referring to the large boxes, with the picture of the parliament buildings on them, with a ribbon, where you are buying the box. We felt that those boxes were specialty boxes, and we allowed it on the bottom. However, if you buy a five-pound box of ordinary candy, which you see in the shops every day, we do not exempt those. It was just the specialty boxes. I hope I have made myself clear on that.

The CHAIRMAN: Is there anything further?

Mr. McCLEAVE: The complaint I have received is that while it is generally good practice to print the weights on the top side of the box, the manufacturer says that in some cases the size of the type is too large for the message; in other words, there should be more intermediate ranges in regard to the size and type for the specific boxes.

Dr. MORRELL: I think we made four sizes of type, depending on the size of the main panel of the label. As the size of the label grew, the size of the declaration of net contents grew with it; and when you have a big box the type is fairly large. We, as well, have received some complaints about it, but we felt we had to maintain the principle or we would be back just where we were. As soon as you say, in one case that you can make it a little less, you then have others saying: you did it for them; let us have it.

Mr. McCLEAVE: Would it not be possible to separate this industry from the general food industry, and devise between the department and the industry some more satisfactory regulations as to this type size.

Dr. MORRELL: As I said, we at the beginning did consult all of the food industries or, at least, got opinions from them before these regulations were sent to Mr. Monteith for consideration.

Mr. McCLEAVE: I do not want to pursue this subject except to ask: is it not possible to treat these people somewhat separately, since they are not primarily in the business of selling food?

Mr. MONTEITH (*Perth*): Mr. McCleave, I understand that the regulations including all food packaging, but they were only arrived at after many consultations and meetings, and after an opportunity had been given to the industries to present their case. I know that many months were involved in

the drawing up of these. There were several consultations and meetings held. I do not know that we could just dissociate the confectionery end of the food business and consider it separately; but certainly I will be glad to look into the matter.

The CHAIRMAN: Are there any further questions in the same area?

Mr. WINCH: I would like to ask Dr. Morrell whether there is an order of his department, or if one has been contemplated, in connection with chocolate bars and chocolates, as to whether or not it is a pure chocolate or synthetic flavouring. I notice on some bars it says "pure chocolate"; others, it does not. If it is not pure chocolate, should it not be on the label that it is a synthetic flavouring?

In connection with the same question, I have noticed, and it has been brought to my attention—and I say this because personally I do not eat candy—that it says there is a certain amount of cream in that bar. With the price of cream, it is just not possible to sell the bar with that amount of cream in it. Is any check ever made on this sort of thing?

Dr. MORRELL: I do not think we have ever analyzed a bar for the percentage of butter fat in it. We have analyzed them for the amount of cocoa fat and chocolate. I think there is real chocolate in all chocolate bars. I have no doubt about that. I do not think there is a synthetic chocolate. However, flavourings come under a different category, and in the confectionery trade we are not severe in our regulations as to the declaration of flavours.

The CHAIRMAN: Mr. Hales is next.

Mr. HALES: I think it was about six years ago when they changed the regulations concerning the red wavy lines on packages of bacon. Since that time we have had many devious forms of packaging of bacon, many of which were worse than others. Has the consumer association group registered any complaints about the present-day method of packaging?

Dr. MORRELL: Recently—and I think it was in December—a meeting was held in Toronto with the representatives of the meat packers council and the consumers association of Canada to review the subject of bacon wraps. We have had complaints from the consumers association and from some individual in regard to the method of wrapping bacon which is now practised. At that time it was agreed that the meat packers council would study this matter, and come forward with some suggestions in regard to a more suitable wrapping. To date we have not heard from the meat packers council.

Mr. HALPENNY: In regard to minor administrative decisions, where is the line of demarcation between a minor and a major? Do you, in your division of the department, make the minor decisions in regard to things about which we have been talking, or does everything go over the minister's desk?

Mr. MONTEITH (*Perth*): I think, Mr. Chairman, that I might answer that in this way. The administration of this branch of the department is handled by Dr. Morrell. This is generally under consultation with the senior officials in the department, such as my deputy minister, and so on. For argument sake, if industry is quite satisfied—maybe not completely satisfied, but they have come to a reconciliation of thinking—some change in regulations probably will come to my desk for consideration and authorization.

I am glad to point out that any industry in Canada can always come through my door, if they have a particular complaint. I have seen many, and I am very anxious to receive individual complaints, if there are such. Generally speaking, I think the administrative conditions are ironed out before they come to me.

Mr. BROOME: Mr. Chairman, I would like Dr. Morrell's comments on some statements made during the first part of the year in news stories of the *Vancouver Province*. They arose through interviews with a Mr. Jules Gilbert. One of the remarks made—and it has to do with the government—reads as follows:

The unlawful administration of the Patent Act pertaining to food and drugs is the key to the whole monopoly in drug manufacturing today, for it allows the unlawful patenting of drugs.

How can drugs be patented, if it is unlawful to do so. Is he referring to our act or, perhaps to the American drug act—or, would you care to comment?

Dr. MORRELL: Mr. Chairman, I do not think Mr. Gilbert was referring in any way to the Food and Drug Act; he was talking about patents and infringements of patents on existing drugs. I do not quite know what he meant by referring to packages, unless he meant that we allow them to be sold—I do not know.

Mr. HALPENNY: Do you know if Mr. Gilbert is a Canadian?

Mr. BROOME: No, he is not. The United States story says that he came from New York.

In regard to research, he also had this to say, in reply to the drug company claims that their brand names are the result of costly research, imbued with quality control—and it says that Mr. Gilbert countered with great candor:

The CHAIRMAN: From what are you reading?

Mr. BROOME: From the *Vancouver Province*, under date of approximately January 30 or February 1.

For one thing, there is no research being done by the big Canadian companies. I know of no research in Canada on drugs.

By quality, they mean that they are complying with a mutually agreed standard that permits them a 30 per cent flaw.

And it goes on to explain it, saying:

Actually, the tablet can legally have 15 per cent less or 15 per cent more than the prescribed dosage.

Would you care to comment on that?

The CHAIRMAN: I would prefer if you would ask the witness a question, if you have a question, rather than have him comment on it.

Mr. BROOME: All right; I will ask whether that is true, to his knowledge.

Mr. WINCH: Mr. Chairman, I have a question, which is along the same line. Is it true that the administration of your department allows a 15 per cent flaw on whatever it has that is being sold as a drug or a medicine—15 per cent below or above?

Dr. MORRELL: Did you say 50 or 15?

Mr. WINCH: 15.

Dr. MORRELL: Under the Food and Drug Act regulations there is a tolerance plus or minus allowed on the composition of individual tablets. It is not 15 per cent in all cases. It may be 5 per cent but, in manufacturing a tablet, you must have some discrepancy above and below permitted, because the machinery which makes the tablet is not exact. What we mean by this is that when we examine a tablet, if the single tablet is within the prescribed tolerance—and it is 5 per cent, in some cases, and in some cases it is 10 per cent plus or minus—if it runs from 95 per cent to 105 per cent of the stated potency, we say that tablet is not in violation. Now, when you examine a number of tablets—let us say 20 tablets—the average of these 20 tablets should be on the mark or near it, because we mean as much above as below. So, when we

find that a manufacturer is consistently cutting his composition—say, he goes to 95 per cent, he is in violation; but one tablet, or three tablets, or a given number, could be 95 per cent, and there must be an equivalent number which are 105 per cent. This is the philosophy under which we operate.

Mr. BROOME: On page 430 of the minutes of proceedings and evidence, Dr. Cameron said this:

As Dr. Morrell has explained, if it is a new drug, it cannot be put on the market until Dr. Morrell and his staff have had an opportunity to examine it and consult other experts about it.

That reverts to my first question, in regard to this statement that there is no research being done on drugs in Canada. I would think that your department would know about this because, if there was research and new drugs were developed then, according to this statement they have to be approved, and through you.

Is research being done on new drugs, and are new drugs being developed by Canadian drug companies? Is research going on in Canada, resulting in this?

Dr. MORRELL: Yes, there are some drugs being developed by Canadian companies. But, you must remember that Canada is largely an importing country, in so far as drugs are concerned. It is a country where we are largely supplied, but not altogether. There are some wholly Canadian companies here. However, we are supplied largely by branch houses of foreign manufacturers. These are mostly in Switzerland, the United States, France and the United Kingdom, and research is certainly done there on drugs. However, it will be done in their parent plant, where they can afford economically to have the staff and facilities to carry out research. So, in regard to many of our drugs that come into Canada as new drugs, we have the information from the branch houses, which cover the drug very thoroughly. However, a great deal of that information is obtained in the country of origin. We still have a few manufacturers who are wholly Canadian, where research is done. Of course, those manufacturers carry out the pharmacological, the chemical and pharmaceutical tests in developing the new drug in this country. However, there is no objection to that. Also, some go to the United States for clinical trials.

Mr. BROOME: As I understand you, there is a certain amount of research being done in Canada, but to a very limited extent; and the great majority of research on new drugs is from parent companies in the United States, Italy, or the United Kingdom.

Dr. MORRELL: The United States, Switzerland, Germany, France and the United Kingdom.

Mr. HALPENNY: Dr. Morrell, you mentioned that Mr. Gilbert is not a Canadian. Do you know how long he has been in Canada? Can he be an authority on the amount of research done in Canada? Do you know how long he has lived here?

Dr. MORRELL: I do not know. I have heard that it is just in the last few years.

Mr. HALPENNY: When did you hear first of him?

Dr. MORRELL: Well, I cannot be precise; it might have been four years ago.

Mr. HALPENNY: Well, I am wondering how he can, or why he writes such items as this. Is he a publicity hound?

The CHAIRMAN: I would ask, Mr. Halpenny, how your question is relevant?

Mr. HALPENNY: Yes, it is, in this way. Mr. Broome read out of the *Vancouver Province* a statement by Mr. Gilbert, who stated there was no research done in Canada. That is an absolute lie.

The reason I asked Dr. Morrell this question was to prove that he has not been here long enough to know anything about the industry.

The CHAIRMAN: I assumed that Dr. Morrell had answered your question.

Mr. HALPENNY: He said he did not know. That is why I asked.

Mr. BROOME: Mr. Chairman, I have not completed my questioning.

The CHAIRMAN: Proceed, Mr. Broome.

Mr. BROOME: The whole import of these articles was to show—and I know the price of drugs has nothing to do with this committee and with the work that we are doing.

The CHAIRMAN: That is right; the price of drugs does not have anything to do with the work of this committee.

Mr. BROOME: But the import of the article was that because of the fact that new drugs were developed in the United States, the United Kingdom and other countries, British drugs may be cheaper coming in, and people like Gilbert import these. If these drugs were known by their generic names—and since they are of a uniform standard, because of the inspection by your department—they naturally would be cheaper than brand name drugs.

Mr. HALPENNY: Are they not all labelled by generic names?

Dr. MORRELL: In answer to that, the regulation requires that the proper name, which is our term in the regulations for the generic name, be put on the label, as well as the brand name. The size of type is specified in terms of the brand name. It must be at least half the size of the type of the brand name in order that the physician may be able to see which drug he is specifying, if he wants to write a prescription, in terms of the generic name, he may do so. If he wants to use the brand name, he may do so. That is not our concern. But the information is there for him to judge for himself.

Mr. BROOME: And for the druggist to judge?

Dr. MORRELL: That is right.

Mr. BROOME: In the case of compounds having the same chemical formula, they should be relatively equal in efficiency and in the effect they are supposed to have; this is a generic drug sold under a generic name. Do they all have the same value as drugs which are sold under the brand names?

Mr. HALPENNY: They are all sold under the generic name.

Mr. MCGEE: Coming back to the point that has been raised by Mr. McCleave, I am not satisfied.

The CHAIRMAN: We will come back to that in a moment, Mr. McGee.

Mr. WINCH: I was interested in the remark made by Dr. Morrell that if an analysis of a number of drugs or medicines is made, and some of them are found to be 95 per cent below what they are supposed to contain, that it is a contravention of the act.

Dr. MORRELL: Would you please repeat your question?

Mr. WINCH: I understood you to say that if under your departmental analysis a medicine or drug contains less than the prescribed amount supposed to be in it, in 95 per cent of the cases, then it is a contravention of the act. Is that correct?

Dr. MORRELL: Yes, I would say what you are getting at is this: if we examine a lot, for example, a sample of ASA tablets, not of a certain manufacturer, but just ASA tablets all over the country, and if we find, after examining a large number, depending on the statistics and the tolerances and the standards and so on,—if we find, after examining a large number of these tablets, that they are below the labeled potency, they are infringing the act.

But if we examine one tablet, or two, or five, or ten—it could go that high, depending on where the chance fell—

Mr. WINCH: I understand that; but where you have made any examination where you have found that the amount of whatever it is in the tablets, is above, does the same situation apply? And if the report in the province is correct where it is maintained, or where it goes as high as 15 per cent above, do you take similar action then? And is it possible, because there is that 50 per cent over—is there a possibility of its being dangerous to the person who takes that tablet or drug?

Dr. MORRELL: The action taken would depend on what drug we are talking about. There are some drugs when it might be dangerous to take a 15 per cent overage. There are not many, but there are some.

But if we were talking about ASA tablets, and we found them 15 per cent above after we had examined them, probably we would point this out to the manufacturer and we would take no further action than that. We would write to him and point it out; and I have no doubt that he would correct it.

And if it were below, we would do the same thing. There is no harm being done if it is below or above in the case of some drugs, because a person is not sensitive enough to know the difference; the difference would not have any effect.

Mr. WINCH: Have you at any time had brought to your attention a case of some preparation which might be dangerous?

Dr. MORRELL: Yes, we have taken off the market some samples where it was 145 per cent over the labeled potency, because it was definitely a hazard; and these have been taken off the market.

Mr. CATHERS: I would like to refer to this chicken business. Dr. Morrell said that the only way he could test whether diethylstilbesterol was used in feeding, was in the neck of the chicken.

Dr. MORRELL: Not in feeding but in implantation.

Mr. CATHERS: Is that the way they are circumventing your regulations, by sending in cut up chicken, but not the neck?

Dr. MORRELL: To determine the presence of diethylstilbesterol in a chicken leg or a chicken breast without other evidence would require a biological test. It would be a biological test on animals, immature rats in this case; and it would require two weeks and several hundred rats. The test itself would detect it; it is very sensitive. It will detect perhaps 30 parts per billion parts of chicken. We could examine a few samples. I do not know how many, sir. You can see the practical difficulty in controlling the use of diethylstilbesterol in this way.

Mr. WINCH: What would be the effect?

The CHAIRMAN: Mr. Cathers has the floor.

Mr. CATHERS: Can you give us any idea of the poundage that is refused entry into Canada?

Dr. MORRELL: There were no pounds refused this year; that may be because the United States food and drug administration also have forbidden its use; they have asked that it not be used, and the manufacturers have withdrawn their supply. I do not have the figures of past years, but it was more prominent in our work about three years ago than it has been in recent years.

Mr. CATHERS: According to the figures indicated by the Department of Agriculture in January there were about 800,000 lbs. of cut up chicken brought into this country. I was trying to investigate it from the standpoint of dumping, and this could be the answer, and could indicate the need to prevent it; because as it is injurious to health to eat chicken that has had diethylstilbesterol injected, or however you use it, we are being subjected to these foods, and they are not in proper condition.

Dr. MORRELL: Well, Mr. Chairman, in the first place it is questionable whether the amount of diethylstilbesterol that one would consume in a year, let us say, in chicken that had been treated with diethylstilbesterol, would be significant in affecting one's health; because it is questionable. There is a question about it. So we have prohibited it in this country; and because it is questionable, they have now refused the use of it in the United States.

At the present time there is no poultry, so far as I can find out, in the United States that has been treated with diethylstilbesterol coming into Canada, or being sold on their market.

I think if you will look into the reports on it, you will find that the United States Department of Agriculture bought up from the American farmers a large quantity of poultry that had been so treated.

Mr. CATHERS: What is that again?

Dr. MORRELL: I was trying to say that there is no poultry now in the United States or in Canada that contains diethylstilbesterol.

The CHAIRMAN: Are there any further questions?

Mr. HALES: On that same subject, we are preventing Americans sending whole chickens into this country which have any trace of implementation of diethylstilbesterol.

Dr. MORRELL: Yes, but it is not so. We have not found it.

Mr. HALES: But we allow their cut up chicken to come in.

Dr. MORRELL: Yes.

Mr. HALES: Well, if it is not right in one form, then it is not right in another form.

Dr. MORRELL: But it is not so.

Mr. MONTEITH (*Perth*): It is not there in either form.

Mr. HALES: We prevent the whole chicken from coming in, yet we allow the cut up chicken to come in scot free.

Mr. MONTEITH (*Perth*): It is not used in the United States any more. That is since what date?

Dr. MORRELL: Early December, 1959, in the United States.

Mr. HALES: You had better forget the whole business and let the whole chicken as well as the cut up chicken come in, and never mind the reports.

Mr. FAIRFIELD: I would like to refer—

The CHAIRMAN: Mr. Cathers still has the floor.

Mr. CATHERS: Is the United States health department checking on the neck of these chickens?

Dr. MORRELL: Yes indeed.

Mr. CATHERS: So if it is still over there, they cannot use it.

Dr. MORRELL: They are acting as inspectors for us in that sense.

Mr. FAIRFIELD: The use of heroin was banned in Canada for medical use in 1956, was it not?

Mr. MONTEITH (*Perth*): No. This will be under the next item, under narcotics.

Mr. MCGEE: I want to go back to a matter raised earlier by Mr. McCleave. I have in my business experience had some contact with committees having to do with labeling, and with certain standards to be set; and to put it charitably, some individuals charged with the responsibility of maintaining these, as would seem to be the case here, were inclined to be rather pig-headed. I am sure that is not the case in this department.

The CHAIRMAN: What is your question?

Mr. MCGEE: Might a person not be permitted to lay the groundwork for his question in this committee?

The CHAIRMAN: I suggest that you proceed, Mr. McGee.

Mr. MCGEE: The final conclusion of the exchange between the witness and Mr. McCleave did not satisfy me in that the minister indicated that it would be looked into; and I wondered if there was more positive statement that might be made. Because if that is the pattern that has been followed in this case, and it is followed in others in my experience, I do not think the results of the committee—if I judge the feelings of this committee correctly—would be obtained.

Mr. MONTEITH (*Perth*): Mr. McGee, I think I might put it this way: I have seen advertising which was purely and simply misrepresentation. These people have come to me and I have agreed with the department. And I have had other people come to me with complaints which I think were quite justified. That is exactly what I meant and still mean as far as Mr. McCleave's question goes.

Mr. MCGEE: Thank you.

The CHAIRMAN: Are there any further questions?

Mr. MCCLEAVE: It might help on this subject if I should send along to the minister representations of this company, Moirs' and several others.

Mr. MONTEITH (*Perth*): Give me the complete story, yes, bring it in to me. Ask them to come in and see me.

Mr. HOWE: I wondered, in getting to diethylstilbesterol, if it is combined in all types of stock feeding today?

Dr. MORRELL: No, it is still being fed to cattle that are fattening for market, that is, to cattle of a certain age and weight. But before we allowed that to be done, the manufacturers who were advocating the use of it, spent a couple of years doing research and investigation; and the evidence was that no trace whatsoever of diethylstilbesterol appeared in the meat as consumed. We are quite satisfied that this was on the basis of their information and of our own tests and experiments which we conducted at McDonald college on our own with the same material.

Mr. WINCH: I understood that these injections in concentrated form are cancer inducing. If it is not allowed in poultry, it is allowed in cattle? Do I take it from what you said that it can only be used in cattle for feeding purposes in a diluted form, when I am told it is not a cancer inducing element?

Dr. MORRELL: If I recollect the figures, it is 30 milligrams a day for a 600 or 800 lb. steer, or cow, whatever you call it; and a 25 milligram pellet which is put into the neck of the bird.

There are two distinct differences between poultry and cattle, in that the pellet which was put into the neck of the chicken is not always completely absorbed. If the head was not cut off far enough down, you have a residue of pellet in the chicken which would give you quite a dose; there might be one half or one quarter of it still left.

Also we have found in the tissue of chicken residues of diethylstilbesterol particularly in the liver and the subcutaneous fat. There is nothing left in the cow in terms of residue. No traces of diethylstilbesterol have been found in any of the tissues we have examined, and they included liver, fat, and muscle meats.

Mr. WINCH: I still think this is a heck of a way to use male sex hormones.

Mr. HALES: Has there been any research done in your department concerning the use of antibiotics in dairy feeds? I have heard of aureomycin, an antibiotic, being incorporated into dairy feed for dairy cows in order to

stimulate milk production; and that milk, in turn, was fed to bottle-raised babies, and that they in turn had built up an immunity to antibiotics administered by the medical profession.

Dr. MORRELL: There are antibiotics used in cattle feeding, but we have not found any residue from that source in the milk. The danger is not from that source in so far as our evidence goes. It is from the treatment of mastitis, when you give antibiotics to the cow, and when that cow's milk is used too soon after the treatment.

Consequently we have required all such antibiotics to be labeled as follows: "do not use the milk until 72 hours after treatment"; this means three days after.

Occasionally we may find a trace of antibiotic in milk, but that is because the information has not been heeded, the advice has not been followed. You may get cases where there is antibiotics in the milk under such circumstances.

Mr. CROUSE: Is there any research carried on in your department in regard to the use of antibiotics for the preservation of fish? They have a process called "aquinisan", and while fillets from these fish can be sold in Canada I do not think they can carry out the same process and sell them in the United States. Would you care to comment on that subject?

Dr. MORRELL: A few years ago we received representations from one of the large companies in the United States that they wanted to use antibiotics in the preservation of fish. They proposed to use it in the water from which they made their ice when they went out on fishing trips, so that the fish would be put on this ice and it would have a small concentration of antibiotics in it. They also proposed to dip fillets in a water solution containing this antibiotic. We have had many discussions with this company and are concerned with the things you have mentioned. The first is that no sensitivity be developed in the human who might consume this; secondly, that no resistant strains of bacteria, particularly pathogenic bacteria, be developed. The manufacturer produced volumes of evidence about three times as high as this. We investigated on our own from many angles and came to the conclusion that the particular antibiotic that was to be used and in the quantity that was going to be used, was quite safe from the two standpoints I have mentioned.

First of all the fish would be cooked. In 99 per cent of the cases or more the fish is cooked before consumption. This completely destroys the antibiotic. Secondly, the persons handling it would not suffer anything from the development of sensitivity or of immune strains of bacteria. Because we had no health reason and because there was no indication of fraud, we had no authority to refuse the use of this product under the conditions which were laid down.

We were somewhat in advance of the United States food and drug administration in giving permission through our regulations to that process. They have, however, since followed and fish now may be treated with this particular antibiotic in the United States. They will accept fish in the United States with this, but only in an amount no greater than the upper limit as specified for this antibiotic. They will accept fish with that amount on it.

Mr. CROUSE: The recent changes in the regulations which apply to scallop fishermen, for example, imposes on them the necessity of abolishing the use of wooden washing boxes which they have used. They are required to wash their scallops and their fish in boxes made of monel metal. Does this regulation originate with the Department of Fisheries?

Dr. MORRELL: I would suggest that would be under the Fish Inspection Act.

Mr. HALES: Are we still under the heading of supervision of food and drug inspection?

The CHAIRMAN: Yes.

Mr. HALES: I think there is a great overlapping between provincial and federal inspection, especially in the food end of it. Has the department tried to eliminate the overlapping of food inspection with the provinces?

Dr. MORRELL: There is some apparent overlapping with the provinces. I do not know the particular field, but I will suggest one—dairy production inspections in respect of cheese, for example. In every case we work very closely with the provincial departments concerned. Under the Food and Drug Act we have responsibility for the safety of food and naturally safety involves bacterial contamination and other extraneous matter in the food as well as chemical additives and so forth. We have worked with them very closely and I think by and large we have their support and concurrence in what we do.

Administratively our policy has been to do a study of a particular group of industries or a particular type of industry, prepare a report of the conditions and send a copy of this report to the provinces and people who have a similar interest or an interest from another angle. After discussion with them it is decided what should be done and who is to do it. Actually we have been asked by provincial departments to take legal action in certain cases, which we have done. If the provincial department concerned, however, is willing and able to take legal action as a result of some unsatisfactory condition which we have turned up, we are very happy to have them do so.

Mr. HALES: I would say this is a field where the taxpayers' dollar can be saved. I have had experience where a federal and a provincial man both came in at the same time and both appeared to be inspecting the same thing.

Mr. MONTEITH (*Perth*): I might add that this particular matter is repeatedly discussed at the dominion council of health meetings. The deputy ministers are at that conference which meets twice a year. Therefore, this subject continuously is being studied. I think it might be pointed out that while we make some tests in respect of this sort of thing, actually I believe that much of the work is done by the provincial authorities.

Mr. McDONALD (*Hamilton South*): If the federal food and drug people are interested in the bad food in the country, is the department giving any consideration to licensing rendering plants so that the federal government will have more control over the disposal of bad meat.

Dr. MORRELL: I do not think we have the authority to licence.

Mr. McDONALD (*Hamilton South*): Might I solicit some information. Who has the authority to license rendering plants? Some of them actually are bringing meat and bone across the border from the United States.

Dr. MORRELL: I would say the provincial government has the authority to license such plants.

Item agreed to.

Item 251. Administration of the Opium and Narcotic Drug Act S 247,081

The CHAIRMAN: Before we proceed with this item I would like to thank Dr. Morrell for being with us.

Mr. MONTEITH (*Perth*): We have with us Mr. R. E. Curran, the legal advisor of the department, and Mr. R. C. Hammond, chief of the narcotic control division.

The CHAIRMAN: Gentlemen, you have a statement entitled "Division of narcotic control".

Mr. FAIRFIELD: Heroin is banned for use by practitioners and hospitals in Canada. Was that in 1956?

Mr. CURRAN (*Legal Advisor to the Department*): As of January 1, 1955, in accordance with a change made, no further importations of heroin were

permitted into Canada. There was no action taken to ban the use of heroine by doctors or hospitals. It was only further importations which were banned.

Mr. FAIRFIELD: In other words hospitals which had it in stock could carry on until it was gone. Has there been any appreciable diminution of heroine addiction in Canada since that time?

Mr. CURRAN: There has been no evidence which has come to our attention. Our enforcement inspectors keep a very close eye on this. If heroine which has legally been permitted into Canada for medical use has provided a source of illicit addiction there is no evidence of this. In other words the heroin which has been used in the illicit market has been illegally brought into Canada by procurers. That has always been the great source, and not through legal channels.

Mr. FAIRFIELD: Was this change made by the department in conjunction with the medical association?

Mr. CURRAN: The decision which was made was made on the basis of recommendations by the world health organization and the United Nations narcotics commission. The recommendation was that all countries take steps to abolish importation of heroin.

Mr. FAIRFIELD: There was no representation made by the Canadian medical association or by other provincial agencies to discontinue heroin?

Mr. CURRAN: It was discussed with the Canadian medical association at the time.

Mr. FAIRFIELD: Did they object?

Mr. CURRAN: If I might speak from memory, I think that since 1955 we have had something less than four individual requests or objections if you could call them that. None of them was from the Canadian medical association as such.

Mr. FAIRFIELD: But you did have consultations with the Canadian medical association at the time this was discontinued? Did they at that time raise any objection?

Mr. CURRAN: No. There was no objection taken by the association.

Mr. FAIRFIELD: Since the tranquilizers have become prescription drugs have you any record as to whether or not there has been any noticeable diminution in the use of these or the number of pills used, say, in a year?

Mr. HAMMOND (*Chief, Narcotic Control Division of the Department*): In so far as our division is concerned, we have no record in respect of tranquilizers.

Mr. FAIRFIELD: This is a prescription drug?

Mr. R. E. CURRAN (*Legal Adviser, Legal Division, Department of National Health and Welfare*): Yes, under the Food and Drugs Act.

Mr. FAIRFIELD: Who regulates this, then? Under what regulation do you find the numbers, for instance, of tranquilizers or sedatives?

Mr. CURRAN: Mr. Chairman, if I may just try to explain quickly the extent to which our drugs are under prescription control under the Food and Drugs Act regulations. The Opium and Narcotic Drugs Act has a schedule which lists those things classed as narcotic drugs. This is under a special type of regime, or administration, of the Opium and Narcotic Drugs Act, which does not have any record of the number of tranquilizers which are sold in accordance with the requirements of the Food and Drugs Act.

The CHAIRMAN: The question was really directed to the item we had under consideration. Perhaps the minister might be able to reply. Item 250 is administration of the Food and Drugs Act, and the minister might be able to reply whether they have any record.

Mr. MONTEITH (*Perth*): We do not keep any record of prescriptions for tranquilizers.

Mr. CURRAN: No, other than the druggist is required, under the food and drugs regulations, to obtain and hold all prescriptions available for inspection; and so far as facilities provide, routine inspections are made. But no record is required of individual prescriptions being forwarded to the department, as would be the case with narcotics.

Mr. WINCH: Mr. Chairman, I would appreciate it very much if the minister could explain the divergent responsibilities between his department, on the administration of the Opium and Narcotic Drugs Act, and the great interest—which we all appreciate—of the Department of Justice in trying to work out some plan for the care and the treatment of addicts and a reduction of narcotic addiction. I find myself a little confused on that.

At the same time, would the minister answer the question which I asked under administration, which he said he would answer at this time, as to what assistance is given, or contemplated, or what can be done to assist the work—which I think is very wonderful, and is only done in Canada—done by the narcotic addiction foundation of British Columbia?

The CHAIRMAN: Mr. Winch, may I suggest that we take one question at a time, please.

Mr. MONTEITH (*Perth*): First of all, I think, Mr. Chairman, it is safe to point out that the administration of the Opium and Narcotic Drugs Act is actually under the Department of National Health and Welfare. The R.C.M.P. are our enforcement officers, and I presume it is safe to say that the R.C.M.P. and ourselves work in a similar correlation to the Department of National Revenue and the R.C.M.P., because here again the R.C.M.P. are their enforcement officers.

We do work very closely together and are continuously holding meetings between the two branches of government with a view to studying this problem in all its complexities.

I would point out that our objectives might be put in these words: (a) to reduce as much as possible the amount of drugs that are available for illegal use; (b) to prevent as far as possible the creation of new drug addicts; and (c) to reduce as far as possible, and if possible, eliminate, the demand for drugs by existing addicts. We are trying to work toward that end.

Mr. WINCH: I appreciate that very much. I still do not quite have the information that I require. I am the last one to detract from any department.

Mr. MONTEITH (*Perth*): I think I know what you mean.

Mr. WINCH: But why, on this matter of the reduction of addiction and the treatment of addicts, does it appear that all announcements which are made public are from the Department of Justice, and not from your department?

Mr. MONTEITH (*Perth*): I am going to ask Mr. Curran to explain exactly what happens in a case in point. We will take, in one instance, where there is an addict or, you might say, a distributor, and then correlate our department and the operations of the R.C.M.P.

The CHAIRMAN: May I suggest, Mr. Curran, that when you have replied, this committee should adjourn. You will have an opportunity, gentlemen, to have whatever meetings you desire on this subject.

Mr. WINCH: Perhaps, Mr. Chairman, there is some misunderstanding there. I am not thinking or speaking of the past. I am thinking and speaking of the announcements made that there is going to be, or there may be a new plan on this question of addiction. It has been spoken about very often by the man most interested; that is, the Minister of Justice. How is it that that is not under your department?

Mr. MONTEITH (*Perth*): Any presentations in this respect are made jointly, one might say. A consideration of the subject is jointly between our own department and the Department of Justice. Actually, Mr. Curran is going to be in New York next week and has been invited to inspect a new type of treatment centre in New York at that time.

Your question is why it does not come under this department? I do not think it is a question particularly for me, because while statements have been made by the Minister of Justice, I do not think I have had any addressed to me.

Mr. WINCH: As long as somebody is doing something, I have no objection; but I was just wondering why it did not come under your department.

Mr. MONTEITH (*Perth*): It is the administration of the act; but the enforcement and the incarceration of people who are charged actually comes under the Department of Justice.

The CHAIRMAN: Mr. Curran, would you like to elaborate at all?

Mr. CURRAN: Mr. Chairman, I will try to be brief. The R.C.M.P., by administrative arrangement with our department, looks after the criminal enforcement side of the Opium and Narcotic Drugs Act. Our responsibility is primarily to the legal prescription of drugs for medical and scientific use.

As was pointed out earlier, it is an offence to be in possession of a drug other than with a doctor's prescription—to put it as simply as I can. The people charged with offences under the Opium and Narcotic Drugs Act, to the extent that they are addicted and are in jails or penitentiaries, would come rather within the Department of Justice, as far as the measures are concerned for their treatment and rehabilitation.

Mr. WINCH: Do I gather from what you say now, then, that your department is only interested in the legal sale and the possession of drugs; but if a person is an addict because of illegally having it, then it is strictly a matter for the Department of Justice? The treatment or policies in that regard are not your responsibility?

Mr. CURRAN: In reply to Mr. Winch's question, Mr. Chairman, I would not say that we have no interest—far from it. The jurisdictional responsibility would lie with the Department of Justice, to the extent that the individual is in custody through the commission of a crime.

Mr. MONTEITH (*Perth*): I think Mr. Winch mentioned Dr. Halliday. He is the medical director of the narcotic foundation of British Columbia, and he is also chairman of our working party studying narcotic addiction, which comes under the committee on mental health, which is an advisory committee to the department.

The CHAIRMAN: You will have an opportunity, gentlemen, to carry on this discussion at 9:30 on Thursday. The place of meeting will be announced. We are a little uncertain as to where we will meet: we may lose this committee room to the Railway Committee. Motion to adjourn?

Agreed.

HOUSE OF COMMONS

Third Session—Twenty-fourth Parliament
1960

STANDING COMMITTEE
ON
ESTIMATES

Chairman: ARTHUR R. SMITH, Esq.

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 15

THURSDAY, MAY 5, 1960



Estimates of the Department of National Health
and Welfare 1960-1961

WITNESSES:

The Honourable J. Waldo Monteith, Minister of National Health and Welfare; *assisted by* Dr. G. F. Davidson, Deputy Minister (Welfare); Dr. K. C. Charron, Director, Health Services Directorate; Dr. R. G. Ratz, Principal Medical Officer, Medical Advisory Services; Mr. R. E. Curran, Legal Adviser; and Mr. R. C. Hammond, Chief, Narcotic Control Division.

STANDING COMMITTEE ON ESTIMATES

Chairman: Arthur R. Smith, Esq.,

Vice-Chairman: Ernest J. Broome, Esq.,
and Messrs.

Argue,	Fairfield,	McGregor,
Anderson,	Fleming (<i>Okanagan-</i>	McIlraith,
Baldwin,	<i>Revelstoke</i>),	McMillan,
Benidickson,	Fortin,	McQuillan,
Best,	Gillet,	More,
Bissonnette,	Grafftey,	Parizeau,
Bourbonnais,	Hales,	Payne,
Bourdages,	Halpenny,	Pickersgill,
Bourget,	Hellyer,	Pugh,
Brassard (<i>Lapointe</i>),	Horner (<i>Jasper-Edson</i>),	Ricard,
Bruchési,	Howe,	Richard (<i>Kamouraska</i>),
Campbell (<i>Lambton-</i>	Jorgenson,	Rouleau,
<i>Kent</i>),	Korchinski,	Skoreyko,
Cardin,	MacLellan,	Stewart,
Caron,	Martin (<i>Essex East</i>),	Stinson,
Carter,	McCleave,	Thompson,
Cathers,	McDonald (<i>Hamilton</i>	Vivian,
Clancy,	<i>South</i>),	Winch,
Coates,	McFarlane,	Winkler.
Crouse,	McGee,	
Dumas,	McGrath,	

J. E. O'Connor,
Clerk of the Committee.

MINUTES OF PROCEEDINGS

THURSDAY, May 5, 1960.

(16)

The Standing Committee on Estimates met at 9.45 a.m. this day. The Chairman, Mr. Arthur Smith, presided.

Members present: Messrs. Argue, Benidickson, Bissonnette, Campbell (*Lambton-Kent*), Carter, Cathers, Fairfield, Grafftey, Hales, Halpenny, McCleave, McDonald (*Hamilton South*), McFarlane, McGee, McGrath, Parizeau, Pugh, Ricard, Skoreyko, Smith (*Calgary South*), Stewart, Vivian, Winch and Winkler—24.

In attendance: The Honourable J. Waldo Monteith, Minister of National Health and Welfare; Dr. G. F. Davidson, Deputy Minister (Welfare); Dr. R. G. Ratz, Principal Medical Officer, Medical Advisory Services; Dr. K. C. Charron, Director, Health Services Directorate; Mr. R. E. Curran, Legal Adviser; Mr. R. C. Hammond, Chief, Division of Narcotic Control; and Miss O. J. Waters, Departmental Secretary.

The Chairman observed the presence of quorum and following the tabling of a list of drugs requested at a previous meeting of the Committee (*See Appendix "A"*), again called Item 251—Administration of the Opium and Narcotic Drugs Act.

Mr. Monteith elaborated on a statement made at the last meeting of the Committee outlining the relationship between his department and the Department of Justice with respect to the control of narcotics.

Following the questioning of Mr. Monteith assisted by Messrs. Curran and Hammond and Dr. Ratz, Item 251 was adopted.

Item 242—Departmental Administration—was called and Dr. Charron questioned concerning Staphylococcal infections in hospitals.

Mr. Monteith, assisted by Dr. Davidson, answered questions on the subject of blind persons' allowances and the relationship of this legislation with other welfare programs.

Mr. Monteith and Dr. Charron answered questions relating to the incidence of cancer among cigarette smokers.

At 10.55 a.m. the Committee adjourned to meet again on Tuesday, May 10th.

J. E. O'Connor,
Clerk of the Committee.

EVIDENCE

THURSDAY, May 5, 1960.
9.30 a.m.

The CHAIRMAN: Good morning, gentlemen. We have a quorum, so we can proceed. May I remind you that you are reviewing item 251 on page 50 and that you have already received an outline of the speech made by the minister. In addition to that I believe Mr. Monteith has a short statement elaborating on the relationship of his department with that of the Department of Justice on the subject of narcotic control. Is that correct, Mr. Monteith?

Mr. J. WALDO MONTEITH (*Minister of National Health and Welfare*): Yes, Mr. Chairman.

The CHAIRMAN: Perhaps you may proceed with that.

Mr. MONTEITH (*Perth*): At the last meeting, Mr. Chairman, Mr. Winch seemed to have the idea that possibly there had been some change in the jurisdictions as between National Health and Welfare and Justice as regards narcotic control, and I thought I might just give a brief statement as to the relationship of the two departments. There has been no change of policy or responsibility, but it is necessary to examine the respective interests of the two departments to obtain a clear picture of the situation.

The Department of National Health and Welfare is primarily interested in the addiction problem in two ways:

Firstly, because the administration of the Opium and Narcotic Drug Act, which indirectly brings in the problem of addiction, comes within the responsibility of this department.

Secondly, the Department of National Health and Welfare Act makes health matters a responsibility of the department and drug addiction in certain contexts comes within this area.

The department has for many years been much concerned with the general problem of narcotic control and of addiction. For example, the mental health advisory committee, which is an advisory committee to the Minister of National Health and Welfare, has given considerable attention to the problem. Recently the subcommittee on drug addiction of that committee set up a working party to make an investigation and a report with certain recommendations regarding the treatment and other health aspects of addiction. The chairman of the working party is Dr. Halliday, who is also the head the British Columbia narcotic addiction foundation.

The department, in addition, maintains very close liaison with federal and state authorities in the United States to keep abreast of trends in this area.

The department also has kept in touch with developments in this field through the Lexington narcotic treatment hospital, which is operated by the United States public health service.

As I mentioned at the last meeting, Mr. Curran, our legal adviser, has been in communication with the deputy commissioner of health of New York state and, through him, is arranging to visit two hospitals in New York next week where new narcotic research projects are being instituted.

The interest of the Department of Justice in the problem results from its responsibility for the administration of penitentiaries in Canada and also

because of the correctional planning program which is being instituted in that department. To the extent that an inmate of a penitentiary is in need of treatment and rehabilitation, he is accordingly a responsibility of an agency of the Department of Justice. Drug addicts who have committed a criminal offence and are sentenced to imprisonment in a federal penitentiary come within this area of responsibility.

My officers have worked closely with officials of the Department of Justice in considering the problem of drug addiction and will continue to contribute of their knowledge and experience in endeavouring to reach a solution of the problem in so far as it involves matters within federal responsibility and, in particular, in discharging the role of the Department of National Health and Welfare with regard to advisory health and other services.

I just thought that might give a little clearer picture.

The CHAIRMAN: Mr. Winch?

Mr. WINCH: Mr. Chairman, it has been estimated there are between 1,500 and 2,000 addicts in the city of Vancouver and the narcotic addiction foundation of British Columbia, as the minister knows, over the past year have been conducting an experiment in the helping of addicts who come forward on a voluntary basis. According to their latest report, in one year those who have gone to them in search of help have increased from 8 to 130.

In their last report they said they could not expand because of the limitation of finances and I would like to ask the minister if it is possible for any additional help to be given by the federal government on this experiment.

Mr. MONTEITH (*Perth*): Well, Mr. Chairman, if a request were to come through from the provincial government we would undoubtedly give it the utmost consideration.

Mr. WINCH: You never received any request from the British Columbia government?

Mr. MONTEITH (*Perth*): No, not in the health grants.

The CHAIRMAN: Further questions?

Mr. VIVIAN: What contact does the department have with the narcotic control situation in the United Nations?

The CHAIRMAN: Mr. Curran can possibly answer that.

Mr. R. E. CURRAN (*Legal Adviser*): Mr. Chairman, the answer to that would initially come from the representatives on the United Nations narcotic commission. We have a permanent representative on the commission and he is in close contact with the commission. We have also been corresponding with the United Kingdom home office in regard to the problem there. About two years ago an R.C.M.P. liaison officer in the United Kingdom made a direct contact and went into the problem with them and tried to obtain further information as to their method of handling drug addiction, and actually made some contacts in other European countries. But the problem there is so different that there was not a great deal they could tell us, more than we already know about the problem.

Mr. VIVIAN: A supplementary question. This relates to the treatment of addicts from the point of view of control—the control of shipping illicit narcotics into Canada, particularly through Vancouver. What control is exercised through the United Nations? It seems to be a very big field. Who is getting after it?

Mr. CURRAN: Mr. Chairman, the control of illicit importations of drugs is a matter undertaken by the R.C.M.P. The answer to Mr. Vivian's question

would have to come, really, from the R.C.M.P. because they are the ones who look into the question of illicit importations.

The CHAIRMAN: I do not think that was quite Dr. Vivian's point. Perhaps I should word it this way: in a speech not too long ago the Minister of Justice said that obviously one of the solutions to narcotic control throughout the world is to hit at its source—at its growth—recognizing there is a certain demand throughout the world for narcotics required for medical purposes.

Dr. Vivian, as I understand his question, is concerned with making some correction at the source, and that is obviously not a matter for the R.C.M.P. Is the United Nations the only organization that can effect that control? Is that your question, Dr. Vivian?

Mr. VIVIAN: Yes.

Mr. CURRAN: In 1953 we participated—that is, Canada participated—in the drafting of a protocol to limit the production of opium for medical and scientific purposes. This protocol affected so many producing, so many consuming, and so many manufacturing countries.

That is the United Nations document, but it has not come into force simply because the required number of producing countries have not signed. Canada has signed. But, apart from that, the United Nations narcotic commission meets every year, and one of the problems which they discuss with the representative countries which are there is with respect to the limitation of quantities of opium which can legally be produced in countries. That is the international part of the control.

So far as domestic control is concerned, each country does its utmost to ensure that illicit supplies of opium do not leave a country and do not go into other using countries.

Mr. VIVIAN: Is there any enforcing agent set up to see that this is actually the case? Otherwise it is pretty much of a pious hope, just to sign a protocol, when nothing is prepared to enforce it.

Mr. CURRAN: It is difficult to answer. There is no actual police agency concerned with this problem. This is to some extent a matter of moral responsibility with the various countries. But there is no actual police agency that is actively charged with this as a particular responsibility.

Mr. VIVIAN: And no consideration has been given to the setting up of one?

The CHAIRMAN: Then, do you have a supplementary question, Dr. Fairfield?

Mr. FAIRFIELD: Yes, my question is supplementary. I wonder, through you, Mr. Chairman, if I might ask Dr. Curran what is the greatest source of opium and opium derivatives?

The CHAIRMAN: The question is, as I understand it: where is the greatest source of opium or its derivatives being produced?

Mr. CURRAN: Opium is grown in a number of Asiatic countries. I suppose the greatest source of conversion is the United Kingdom. I am talking, of course, about legal supplies of narcotic drugs.

Mr. FAIRFIELD: I am asking about the source of raw opium, chiefly.

Mr. HAMMOND: India and Lebanon would be perhaps the largest producers.

Mr. FAIRFIELD: Where is the largest source of illegal opium?

Mr. HAMMOND: Today illicit opium is not a very great problem; it is not much of a problem. It is the heroin, the basic ingredient of opium. Opium smoking is all but disappearing.

Mr. FAIRFIELD: It is heroin?

Mr. HAMMOND: There is evidence that heroin is being produced now right in countries where opium has been grown.

Mr. FAIRFIELD: What about China, Red China, as a source?

Mr. HAMMOND: So far as Canada is concerned, we feel that our illicit supplies are not reaching us from Red China.

Mr. WINCH: I find it interesting to read reports of the narcotics commission of the United Nations. I notice that in the statistics they show, or they appear to show from the reporting countries that Canada has a great deal more addiction than the majority of countries. Is it possible for you to give us any reason as to why this is so high in Canada and appears to be so low in a great many of the other reporting countries.

They estimate that there are 5,000 in Canada, approximately. That is a long way from what is reported in the reports of the narcotics commission in respect of other countries.

Mr. MONTEITH (*Perth*): The figures I have show that addiction in Canada has been fairly stabilized over the last several years. For instance, in 1954 there were something like 3,212; in 1955, 3,242; in 1956, 3,241; in 1957, 3,315; in 1958, 3,412, and in 1959, 3,408.

These are broken down into three categories which we call criminal, medical and professional. This is the total.

Mr. WINCH: Comparing those figures with the reports from the Scandinavian countries, for instance, and the United Kingdom, Israel, Belgium and countries like that, our figure seems high.

The CHAIRMAN: Have you those comparisons, Mr. Monteith?

Mr. MONTEITH (*Perth*): No, we have not those figures.

Mr. WINCH: They run about 320 or 121 or 15, or something like that. Why is there this difference? Their populations are so much greater than ours; yet we seem to have greater addiction in Canada. Do you know any basic reason for this?

The CHAIRMAN: I think about two-thirds of the addiction is located in one city in Canada, is it not, Mr. Winch?

Mr. WINCH: Between 1,500 and 2,000 in Vancouver, and 3,000 in British Columbia.

Mr. MONTEITH (*Perth*): Out of 3,408 in 1959, 1,797 are in British Columbia.

Mr. WINCH: I have the last report of the foundation. Their figure is 1,500 to 2,000 in Vancouver, and approximately 3,000 in British Columbia.

Mr. HALPENNY: Mr. Chairman, have you the percentage of codein, the amount of codein used in Canada and in other countries of the world of a similar size? Do we use more codein in Canada than other countries of the world are using per capita?

Mr. HAMMOND: We do not use more codein. But our consumption of codein is relatively high. We use less per capita than does the United States.

Mr. HALPENNY: Codein is a narcotic or is regarded as a narcotic in the United States?

Mr. HAMMOND: Yes.

Mr. HALPENNY: And is not regarded as one here, in small dosages in combination with other things?

Mr. HAMMOND: It is regarded as a narcotic, but it is available in minute quantities to the public, in certain proportions, in combination with other medicinal ingredients.

Mr. CATHERS: The minister gave us three classifications of addiction—criminal, medical and professional. Would he explain what “professional” means?

Mr. MONTEITH (*Perth*): Yes; members of the related medical professions including pharmacists and nurses. In this group the availability of supply applies more particularly to the doctors utilizing narcotics obtained over their own signatures, and nurses generally pilfering supplies from their places of employment. There has been a steady drop in this class since 1954. Names are dropped from this group, so far as our records go, after five years; and a large number of old cases have become inactive through decease or abstinence.

The CHAIRMAN: Dr. Fairfield at the last meeting examined the witness with respect to the ordinary channels through which drugs might be made available. Not only did you state at that time that you were satisfied that there was a very limited amount that reached the illicit market, but also your statement indicated the same thing when you said that with the system of supervision and control it is known that very little of the legal supplies of narcotics are being diverted into illicit traffic. Can you tell the committee a little bit about that? You seemed to be satisfied. Can you tell us how this situation comes about? What is your method of checking?

Mr. MONTEITH (*Perth*): I will ask Mr. Hammond to reply to that.

The CHAIRMAN: How do you come to this conclusion?

Mr. HAMMOND: The problem, so far as the criminal addict is concerned, is heroin. All supplies of heroin that are being used in illicit traffic are smuggled into the country. There is control of domestic material that is imported for domestic use. We do not manufacture basic supplies of narcotics in Canada. All requirements are imported from abroad. All supplies come in under a licensing system, and may only be distributed by licensed dealers. We receive monthly reports from all licensed dealers outlining the exact quantities they sell, and to whom they sell.

In addition we supplement this control by receiving regular reports from all retail pharmacists across Canada at intervals of every three or four months, depending on the work load and the number of pharmacists in one particular area.

From this we feel reasonably confident that little, if any, of our legal supplies of narcotics are being diverted to addicts which present the hard core of our problem, the criminal addicts.

The CHAIRMAN: May I ask further if there is any way in which these legal checks can be circumvented by a distributor or dealer? It is quite obvious that you do make checks. Is there any way in which a person who is dealing with narcotics can rig matters in such a way that your checks are not as accurate as you may think they are?

Mr. HAMMOND: We have a staff of trained pharmacists' auditors, who annually audit, actually audit, the stock and the records of all licensed dealers. The stock of every narcotic item on the premises of these licensed dealers is audited and checked, and it is balanced with their records of transactions.

Mr. HALPENNY: You do not have too many licensed importers into Canada, do you?

Mr. HAMMOND: No.

Mr. HALPENNY: Do you know how many you have?

Mr. HAMMOND: We have 160 odd firms licensed to distribute narcotics.

Mr. HALPENNY: Yes, but to import?

Mr. HAMMOND: All these firms actually may import if they so desire. But importation is limited to specialized firms which—well, they specialize in this field of activity.

Mr. McCLEAVE: Do you feel, Mr. Hammond, that most of the material which reaches the addict in the non-professional category comes from being smuggled into Canada, or is there a leak out of the regular market?

Mr. HAMMOND: The material that the criminal addict or the non-professional addict obtains is heroin, and it is definitely smuggled into the country.

The CHAIRMAN: Shall the item carry?

Mr. GRAFFTEY: Is some type of check applied at the manufacturing level? I am not sure if that has been explained.

Mr. MONTEITH (*Perth*): There is no manufacturing in Canada. It is all imported.

Mr. CATHERS: Is there anything the medical profession can do to use drugs that have not got this habit-forming characteristic, instead of bringing in, even legally, these things? Is there no such substitute that they can use medically that would not have habit-forming effects?

Dr. R. G. RATZ (*Principal Medical Officer*): I would say yes, to a certain extent. Narcotics are used usually for the relief of pain. Many medicinal substances will give that effect. Some of them have higher addiction properties than others. For instance, heroin is much more addictive in its effects than even morphine. Both have the same medicinal effect of relieving pain. That is one of the reasons why heroin has come into disrepute, because you can get the same effect from other drugs, so far as the relief of pain is concerned, without running the great risk of addiction which you get with heroin.

Now, you must use that information with great care, because there are variations in some of these newer synthetic narcotics or sedatives which are said to be less addicting in character than heroin or morphine. Just how much less addicting they are is still an uncertain question which has not yet been answered.

When the newer synthetic sedatives and narcotics first came out they were thought to be relatively safe from addiction, but some of them are proving to be almost as addictive in character as the more serious drugs such as heroin.

So it is very difficult to say that one drug or another drug is a perfectly safe drug. However, I think it is safe to say, that the pharmaceutical industry and the medical profession are constantly seeking for drugs that will give the necessary medicinal effect with a minimum of narcotic addiction property attached to it.

Mr. CATHERS: Do you think that a drink of good rye whisky would not be just as good to ease pain as would heroin?

Dr. RATZ: In some cases.

The CHAIRMAN: I am wondering whether Mr. Cathers is asking a question or giving evidence.

Mr. CATHERS: May I ask the Minister of National Health and Welfare that question?

The CHAIRMAN: This does not present a new problem in connection with narcotic control, because we have it stated that raw narcotics are not produced in Canada. Yet we have synthetics that are manufactured in Canada to which you can develop addiction. Does this not present a problem?

Dr. RATZ: It definitely does present a problem, and I think Mr. Hammond will bear me out when I say that synthetic narcotics, if we may call them that,

are becoming an increasingly large problem in the field of addiction, even with non-professional addicts.

Mr. McCLEAVE: Mr. Chairman, my question concerns the catching of the people who are doing the smuggling. Is it the general experience that these are confirmed criminals, or are they amateur smugglers who have been brought into the smuggling trade?

Mr. HAMMOND: From the records before us, and from the police reports of the Royal Canadian Mounted Police that we receive, it would seem that the people who are involved in smuggling heroin are those who have long criminal records of anti-social activities. They are not juniors of any kind. They are well entrenched in crime.

Mr. McCLEAVE: Then, a further question; would these be addicts themselves, or people who use this to sell to addicts?

Mr. HAMMOND: The importers are not usually addicts themselves, very definitely. They are the king-pins in crime, in criminal activities.

Mr. FAIRFIELD: I wonder if you, Mr. Chairman, or someone could give us the figures as to the percentage of non-addicts who have been addicted because of medical treatment?

Mr. MONTEITH (*Perth*): I think the list is something like 275 out of 3,408 for 1959.

Mr. FAIRFIELD: So that it is not really a very great danger, so far as treatment in hospitals is concerned?

Mr. MONTEITH (*Perth*): I suppose every additional addict is actually a danger.

Mr. CATHERS: Have you any figures showing at what port of entry you have caught the most, or the greatest number of smugglers?

The CHAIRMAN: This is very interesting, gentlemen, but I think it is actually under the Department of Justice, is it not?

Mr. MONTEITH (*Perth*): If Mr. Hammond has the answer, perhaps he would give it.

Mr. HAMMOND: We have not anything. This is a matter that is difficult for even the Royal Canadian Mounted Police to establish, in connection with the activities of these criminal people.

Mr. CATHERS: Well, is it coming from the United States, from the Pacific, or from where?

Mr. HAMMOND: At the present time it may be coming from central European countries; but this is not definite.

Mr. VIVIAN: Mr. Chairman, is our representative on the narcotics commission of the United Nations a member of this department, or is he a member of the Department of Justice?

Mr. CURRAN: Our representative on the United Nations narcotics commission is Mr. Hossick, who was former chief of the division of narcotics control in this department. He has been retained on a part-time consultant basis, for this particular work.

Mr. VIVIAN: It seems to me there is some risk of this matter falling between two wheels. I am not suggesting that it is. However, there is one question we might properly ask here; other questions might be asked of the Department of Justice, with this one exception.

The CHAIRMAN: Are there any further questions? If not, shall the item carry?

Item agreed to.

The CHAIRMAN: Gentlemen, may I now refer you to item 242, the general item—departmental administration.

Item 242. Departmental administration \$ 1,641,729

The CHAIRMAN: I would refer you in connection with this item to the general statement made by the minister on March 8th. You had examined the other items, and this was the general item which we decided to leave open for further questioning, if required.

Before proceeding to that, however, may I thank the gentlemen who have appeared before us. We appreciate very much the assistance they have given us.

Then, to deal with this general item, in addition to the minister we have with us Dr. Davidson and Dr. Charron. I believe Dr. Vivian has a question.

Mr. VIVIAN: Mr. Chairman, I hope this question comes properly under this general item. I am referring to page 45 of the 1959 annual report of the Department of National Health and Welfare where, under the main item of epidemiology division, there is a subheading for staphylococcal infections in hospitals.

The information I am seeking is with respect to these in-hospital infections, particularly of its importance in itself, and also because of the new hospitals plan which is coming into wide operation.

There is also reference made on page 48 to this matter under the heading of staphylococcal investigations.

I shall not read these two paragraphs, except to indicate that the in-hospital infections are considered to be of serious importance, and that there has been or that there is a committee operating to investigate on the basis of information from some 85 hospitals across the country.

My questions are as follows: what steps have been taken to have all hospitals report staphylococcal infections as communicable diseases? I understand that most of this lies under provincial control. I would like to know what has been done by the federal department, because of the grants situation, if for no other reason. Certainly these hospitals which come directly under the federal government should be included in this, because in them they have control.

My second question is this: have the mortality figures from such infections in hospitals in Canada been separated out. If so, what are those figures, by year, by location, by age and by sex?

In referring to this committee, which is an associate committee of the National Research Council, which is mentioned at page 45, I would like to know the state of their investigations, and what recommendations have been made to date.

If recommendations have been made, to date, how have these recommendations been applied at the hospital level? And, if recommendations have been made, what method of control is there to see that the hospitals concerned enforce them?

Then, with that, I should like to make mention of a publication by the New York State Department of Health, published for the joint committee on staphylococcal infections. This booklet is entitled Control of Staphylococcal Infections in Hospitals. This has been published as a guide for the hospitals in the state of New York, and I should like to know if any such publication has been produced by the Department of National Health and Welfare.

Mr. MONTEITH (*Perth*) I wonder if Dr. Charron might not answer this at the moment.

Dr. K. C. CHARRON (*Director, Health Services Directorate*): Mr. Chairman, the reference to page 45 of the annual report of the Department of National Health and Welfare, where reference is made to staphylococcal infections in

hospitals, and in particular the reference to the epidemiology division, represents a particular part of the study that is being supervised by the committee of the National Research Council.

This committee of the National Research Council was set up some two years ago to explore the various aspects of this problem.

A number of subcommittees have been established, and it is anticipated that the first report from the subcommittees will be available during this coming summer.

They have investigated the various aspects of the problem very thoroughly, and they feel that the material that will be produced as a report can be used as guide material in hospitals for the control of staphylococcal infections.

With regard to the specific questions Dr. Vivian has asked, I would suggest that we be given an opportunity to prepare formal replies.

The CHAIRMAN: Fine; that is satisfactory.

Mr. HALPENNY: Mr. Chairman, I wish to have some further information with respect to blind persons. Would such questions come under this heading?

The CHAIRMAN: You may proceed.

May I explain to the committee that you have now the opportunity to review any section of the estimates that you might wish. I only ask, for the sake of continuity, that when each section has been exhausted we then proceed to the next one.

Mr. HALPENNY: I see in the estimates that this year we will spend \$4,240,000 on blind persons' allowances.

I wonder if Dr. Davidson would tell us who get these blind persons' allowances. I think in previous evidence he more or less outlined the categories of the persons regarded as being blind, or the amount of blindness.

Dr. G. F. DAVIDSON (*Deputy Minister of Citizenship and Immigration*): Mr. Chairman, first of all might I say that I gave the figure of approximately 25,000 registered blind persons in Canada, being the total population of blind persons in the country at the present time. While that figure may be a thousand or so out, one way or another, I think it states the maximum number of registered blind persons whose existence and whose status is known to the Canadian National Institute for the Blind, which maintains the register.

Mr. HALPENNY: Do all these 25,000 receive allowances?

Dr. DAVIDSON: No. First of all, about a third of the total number of blind persons in Canada are over the age of 70. They are therefore receiving the old age security pension, by virtue of their age, rather than by virtue of their blindness.

Secondly, there is a group of approximately 8,300 or 8,400 which benefits from the provision of the Blind Persons Act. That is to say, the federal-provincial program authorized by federal legislation—the Blind Persons Act—under which the provincial governments pay blindness allowances on a means test basis to persons who qualify for it between the ages of 18 and 70, with the cost of that benefit being shared 75 per cent by the federal government and 25 per cent by the provinces.

Mr. HALPENNY: Can you explain the means test in Ontario, or are all the provinces the same?

Dr. DAVIDSON: The means test is essentially the same in all provinces, and it is laid down in the federal legislation, and provides that, for an unmarried person, total income including allowance may not exceed \$1,200 a year.

That is that a person can have \$45 a month additional income, as defined in the legislation, without affecting the amount of their maximum blindness allowance.

Mr. BENIDICKSON: Would you compare that with old age assistance?

Dr. DAVIDSON: This is precisely the same, so far as the amount of pension is concerned, I am sorry; the maximum amount of income under the Blind Persons Act is \$240 greater than the maximum amount of income permissible, including the assistance, under the Old Age Assistance Act.

Mr. HALPENNY: What about married persons?

Dr. DAVIDSON: A married couple, where one person is blind and has a sighted spouse—the maximum income for that family, including any allowance they may receive, is \$1,980 a year; and where both the man and wife are blind, they may have an annual income, including allowances payable to both of them, of \$2,100 a year.

Mr. BENIDICKSON: What is the equivalent for a married couple on old age assistance?

Dr. DAVIDSON: We would have to check on that. My impression is that it is \$1,660—no, \$1,680, I should say.

Mr. CARTER: For the married?

The CHAIRMAN: You wish to ask some questions, Mr. Carter? Have you finished, Mr. Halpenny?

Mr. HALPENNY: No. I am not going to make a statement, so do not get frightened—

The CHAIRMAN: Oh, I would not get frightened by your statement, Mr. Halpenny.

Mr. HALPENNY: It seems to me that this is a terrific handicap for a person with any incentive, whatsoever. I was wondering how much it would cost to eliminate the means test entirely in respect of these 8,400 people in Canada. Can you find that out for me?

Dr. DAVIDSON: I can give it to you roughly, if you would accept that. Are you assuming, on the basis of that question, that the ratio of the share of cost between federal and provincial governments remains the same?

Mr. HALPENNY: Yes.

Dr. DAVIDSON: Then, if that is the case, I think you can assume that the cost of paying 8,400 additional, or approximately 8,000 additional pensions, would be about the same as the cost of paying to 8,300 or 8,400 persons under blindness allowances.

Mr. HALPENNY: And how much is that?

Dr. DAVIDSON: That amounts to \$4,500,000 or \$4,250,000 a year.

Mr. MONTEITH (*Perth*): Our share.

Mr. HALPENNY: \$4,250,000 for the federal?

Dr. DAVIDSON: I would point out that a great many of these 8,400 persons who are at present receiving neither old age security benefits nor blindness allowances may be receiving some other form of social welfare benefits.

Mr. HALPENNY: From whom would they receive that?

Dr. DAVIDSON: They could be receiving unemployment assistance from the provincial and municipal authorities, which is shared 50 per cent by us. They could be receiving military pensions. They could be receiving workmen's compensation. They could be receiving provincial mothers' allowances.

There is a very considerable variety of kinds of assistance that are available to this group.

It is also well to remember that, of course, a substantial number of these are institutional cases in our mental hospitals, and in other forms of institutional care.

Mr. HALPENNY: I have heard of several blind persons who have closed up their little shops because they said, "Well, what's the use? If we make a little bit of money we don't get the blind persons' allowances, and we can't get all these other aids." It seems to me that we are destroying the incentive of these young blind people to go out and live normal lives. I have finished now.

The CHAIRMAN: Six members have indicated they would like to ask questions. Are there any further questions in respect of blind persons?

Mr. CARTER: With respect to this matter of blindness, I would support what has been said by Mr. Halpenny in connection with initiative. I have several such cases in my own riding.

But the question I would like to ask is this: does the act stipulate the degree of impairment a person must have to come under the act?

Dr. DAVIDSON: Of blindness?

Mr. CARTER: Yes.

Dr. DAVIDSON: Yes—oh, I am sorry, the act does not, but the regulations set it out.

Mr. CARTER: Can you say what that is, for the record?

Dr. DAVIDSON: Blindness—and I might say that this is in the previous evidence—but, briefly, blindness is defined as visual acuity after correction—of not more than 20/200, or a field of vision reduced to less than ten degrees in each eye.

Mr. PUGH: Mr. Chairman, I would like to support what was said by Mr. Halpenny, as well. Then, there is one thing further, that blind people should be in the category of getting all possible assistance. I feel that this procedure of setting an amount by making a means test is iniquitous. Would you have any figures which would indicate how much it costs the government to operate this means test?

Dr. DAVIDSON: I would merely refer you to the estimates of administrative costs so far as the federal government is concerned. I am speaking now of old age assistance, blind persons' allowances, and disabled persons' allowances, combined.

One unit of our department operates those three programs, so far as the federal supervision of provincial programs is concerned, and the administrative cost of those three programs is \$113,000.

Mr. PUGH: I am only trying to relate the figure to the one given by Mr. Halpenny as to the total cost, if there was no means test.

Dr. DAVIDSON: I think I can safely say that if the Blind Persons Act were amended in such a way as to abolish the means test, that would make almost no difference at all in the administrative costs that are carried by the federal government. That does not refer to administrative costs carried by the provincial governments, of course.

Mr. McDONALD (*Hamilton South*): In preparing the report, I was wondering if the department could prepare memoranda of what they think they should do with regard to these people, in connection with the matter of incentives, with respect to giving them opportunities of earning more money without being in jeopardy of losing their pensions, or being able to get it back right away, as in the case of an arthritic who might work only three or four months in the year.

Mr. MONTEITH (*Perth*): It occurs to me that there are many fields in this department where we would like to do more. However, there is a limit to the public purse. That is a rather harsh statement, but it is so.

As I have indicated before, we would like to do more in various fields. Actually, I would not want to state government policy as to what might be done at some time in the future. I would not like to give my own opinions, beyond this rather broad statement, that in all of these assistance programs there could be more done for the recipients.

In the case of blind persons, actually, the earnings allowed are considerably higher than they are in other cases—under the Disabled Persons Act, for instance, and so on. We are continuously having representations made in all these fields, not only in respect of the blind.

As minister I do not think I would care to set out for the committee my own particular ideas as to what the ultimate might be in all of these fields.

Mr. McDONALD (*Hamilton South*): Is it not the policy of this department to try to help all people, whether they are blind or suffer from some other incapacity?

Mr. MONTEITH (*Perth*): Yes, absolutely.

Mr. McDONALD (*Hamilton South*): Would it not be a good thing for this department to try to find other means of helping these people, rather than to give them a pension, so as to give them greater incentive to go ahead and try to re-establish themselves in the world?

Mr. MONTEITH (*Perth*): We are continuously reviewing the whole situation, with this in view.

Mr. CARTER: I would like to ask Dr. Davidson about that definition he gave a moment ago with respect to blindness. Is that definition subject to review periodically and, if so, when was the last review?

Dr. DAVIDSON: There is a rewording of the definition in the regulations which were discussed, so far as certain changes are concerned, with the provinces last September—and which, I think, are likely to be considered in their final form by the government in the course of the next few weeks.

Mr. MONTEITH (*Perth*): I think it was mentioned at a previous meeting that we did have a conference, the first that had been held in some few years. They are not held every year. But at that time there were various suggested changes in the regulations agreed upon by both the provinces and ourselves.

There were others, other fields, where there is still a variance of opinion. But, as a result of this meeting last September, many of these regulations—well, I think they have gone to the provinces now, for their final approval.

Dr. DAVIDSON: They are now ready for your consideration.

Mr. CATHERS: Blindness carries with it great horror and great sympathy. Is it getting more assistance, however, than, let us say, some of these other things through which a man can be just as handicapped in carrying on his occupation? For example, a man may be knocked out at 50 years of age by a heart condition. He is not collecting anything.

Mr. MONTEITH (*Perth*): Unless he is totally and permanently disabled.

Mr. CATHERS: How would his pension compare with that of a blind person?

Mr. MONTEITH (*Perth*): It would be the same. By the way, the federal government, in respect of the blind, pays 75 per cent of the pension. In the other assistance programs it is 50 per cent. The blind person is allowed an extra earning, before it affects his pension.

Dr. DAVIDSON: May I supplement that by saying to Mr. Cathers—and make a correction at the same time, in connection with an answer I gave to Mr. Bendickson—that a single person, under the Blind Persons Act can have

an income, including his pension, of \$1,200 a year; whereas, under the Old Age Assistance Act and under the Disabled Persons Act, he can have an income, including pension, of \$960 a year.

A married couple, under the Blind Persons Act, if one person is blind—the applicant—and his wife is sighted—can receive an income of \$1,980 a year; whereas under the Disabled Persons Act and under the Old Age Assistance Act a couple, of whom one is disabled, can receive an income of \$1,620 a year.

By comparing those figures, you will see that a single blind person and a married blind couple are given more generous treatment under what we call the income ceiling provision than is the aged person between the ages of 65 and 70, or the disabled person.

Mr. CATHERS: What is your opinion? Why should they not be on a similar basis?

Mr. MONTEITH (*Perth*): I will go back to when these programs were instituted, and ask Dr. Davidson to give you the thinking as of that time.

I would like to point out that since that time, or at any time there has been an amendment to the act, these ceilings have been increased proportionately. I think Dr. Davidson is quite familiar with the thinking that was behind the original setting of the ceiling.

Dr. DAVIDSON: Mr. Chairman, in the first place, the first piece of legislation that came into existence was the original Old Age Pensions Act of 1927. To that, in 1937, was added a provision with respect to blind persons.

When that provision with respect to blind persons was added, it was then decided that the income ceiling for blind persons should be somewhat more generous than the income ceiling for old age pensioners as of that date, who had their sight, but who were not able to remain on the labour market.

Mr. HALPENNY: Was there a means test?

Dr. DAVIDSON: There was a means test at that time.

Mr. HALPENNY: For the old age pension?

Dr. DAVIDSON: Yes; and this was part of the total program, and enabled a blind person at 40 years of age to receive, literally and legally, an old age pension at the age of 40, because of his blindness.

It was at this time that the principle was established in the legislation that the means test for blind persons should be more generous than the means test for sighted persons.

Then, when we came to 1951, and had a major reorganization of all the legislation for these groups of people, we had the Old Age Security Act, and parliament passed a new Blind Persons Act, and a new Old Age Assistance Act for those between 65 and 70 years. Again, in the Old Age Assistance Act of 1951 and the Blind Persons Act of 1951 there were, income ceilings which were more generous in respect of blind persons than they were in respect of sighted persons.

Mr. HALPENNY: Still with a means test?

Dr. DAVIDSON: Yes; but there was an increase in the means test at that time, and the pension was substantially greater in dollar terms than it had been originally.

Then we come to 1954; and when the Disabled Persons Act was passed by parliament in 1954 a decision had to be made as to whether the sighted disabled persons who would benefit from the provisions of the Disabled Persons Act would be given the more generous income ceilings that were provided for the blind persons, under the Blind Persons Act, or the slightly less generous income ceilings provided under the Old Age Assistance Act.

At that time the decision was that the income ceilings for disabled persons would relate to the Old Age Assistance Act income ceilings rather than to the income ceilings for the blind. That is why at the present time the income ceilings under the Disabled Persons Act and the Old Age Assistance Act are precisely the same, whereas the income ceilings under the Blind Persons Act, under which blind persons come, are somewhat more generous.

Mr. MONTEITH (*Perth*): May I add to that that in 1957, when these ceilings were increased, the ceilings in all cases were increased at the same time.

Mr. McCLEAVE: Is it departmental thinking that this is a grant of pension or a grant of allowance? We have been using both terms this morning. If it is treated as a grant of pension, then certainly these arguments as to means test have little validity. They should be scrapped.

Mr. MONTEITH (*Perth*): What was it originally?

Dr. DAVIDSON: It was originally known as the Old Age Pensions Act; and in 1951 when the Old Age Security Act—which is a true pension—was passed, the new legislation providing assistance on a means test basis was written in terms of the Blind Persons Act and the Old Age Assistance Act and, later, the Disabled Persons Act.

In the Blind Persons Act and the Disabled Persons Act reference is made to allowances, so that we are now paying allowances on a means test to disabled and blind persons, and assistance on a means test basis to the aged persons between 65 and 70.

Mr. HALPENNY: And pension.

Dr. DAVIDSON: And pension, after 70.

Mr. CARTER: No; is not that pension called security? I think we have tried to get away from pension altogether, have we not?

Dr. DAVIDSON: The title refers to the Old Age Security Act, but you will find the law refers to it as a pension payment.

Mr. McDONALD (*Hamilton South*): Dr. Davidson, do you feel that through the registration of these 25,000 blind persons, so that you know where they are, they receive proper assistance and proper help, and they have greater opportunities for rehabilitation and proper jobs, because of the centralized amalgamation of these people on the permanent record kept by the Canadian National Institute for the Blind?

Dr. DAVIDSON: I would like to point out that the register is maintained, not by us but by the Canadian National Institute for the Blind. And the Canadian National Institute for the Blind has, of course, over the years developed a very extensive program of rehabilitation. In very large part the work of rehabilitation for the blind in Canada is carried out through the medium of the Canadian National Institute for the Blind as the operating non-governmental activity. I think you undoubtedly know, and I am sure other members of the committee know, from the records of the Canadian National Institute for the Blind, that it has a considerable record of accomplishment, so far as this area of rehabilitation of persons is concerned.

Mr. McCLEAVE: On the subject of blindness, I was wondering if periodic reports are made by different groups. I imagine that there are. I was wondering whether any review is made of this matter.

Mr. MONTEITH (*Perth*): Yes, representations are made by various groups at various times. Each representation is given the greatest consideration. As I said earlier, I would point out that representations are being made not only on behalf of blind persons at various times, but on behalf of all these other assistance programs.

The CHAIRMAN: Gentlemen, I would like to say that I am going to recognize the series of questions to be asked by Mr. Fairfield, Mr. McCleave, Mr. Grafftey and Mr. McDonald, in that sequence. Have you finished the discussion with respect to blind persons?

Mr. FAIRFIELD: Now that the deputy minister has lighted a cigarette—

Dr. DAVIDSON: Oh, it is the minister's cigarette that I have lighted.

Mr. FAIRFIELD: I was wondering if we might consider the implications of smoking, in so far as cancer is concerned, and the growing importance of this subject, as indicated by research studies in the United States and Canada. We have controlled advertising of liquor over the radio and television channels. Yet this is a very serious problem, and studies are being made of smoking by children, or young adults, particularly those in high schools. They are relating this to their studies of the extensive advertising, the come-on advertising—big bold Belvederes, and all such nonsense as that—these are being related to the impressionable child.

Is there any thought in the department of controlling that advertising.

Mr. MONTEITH (*Perth*): We have not considered that at the moment. I would say that the control of liquor advertising is a provincial matter; it is not federal.

Mr. FAIRFIELD: Do you not feel, or does the department not feel that lung cancer is becoming a national problem?

Mr. MONTEITH (*Perth*): We have every concern for that. I think it was mentioned in my original report, that we have been making some studies, which have not yet been reported upon in full. As to the question by Dr. Fairfield, as to whether the department feels that the advertising should be controlled—well, I do not think that is our sphere.

Mr. FAIRFIELD: From the point of view of the over-all responsibility, in so far as health of the nation is concerned, do you not think that it is a serious enough problem that there should be some curtailment of this nonsensical advertising?

Mr. MONTEITH (*Perth*): I think if the facts learned by the scientists are brought to the attention of the public, that this is as far as government departments can go. We do not want to tell people exactly what they have to do—whether they can take a drink of liquor or whether they can smoke a cigarette.

Mr. HALPENNY: Hear, hear.

Mr. FAIRFIELD: I am speaking from the point of view of youth. This is a big problem, and they are making studies in high schools throughout the United States. They are finding a great increase in smoking among children and young adults.

Whether or not this is the direct responsibility of the government, the fact remains that it is a very serious problem.

Mr. MONTEITH (*Perth*): I agree that it is a very serious problem; I have children of my own. I also do not think, because there are smog and certain other conditions, that we can tell everybody in the city that they must get out, or stop breathing, perhaps.

Mr. FAIRFIELD: No, but I just wanted to point out the fact that, particularly in television, there is an enormous amount of nonsensical propaganda—and I can use that word—which is directly opposite to the medical findings of the last few years.

Mr. MONTEITH (*Perth*): I think you will find medical findings on both sides of the picture, of course. But I would admit that there seems to be a preponderance of recent findings which indicates a relationship.

Mr. McCLEAVE: Is it not true that provincial laws tell factories to smoke less?

Mr. CATHERS: Do you not think it would be the right way to approach this if the minister and his deputies, and all these medical doctors, would set an example by not smoking?

The CHAIRMAN: I think this would be a proper point to adjourn. May I remind you that we will be continuing the review of the first item, the general item, at our next meeting on Tuesday, at 11 o'clock.

APPENDIX "A"

DRUGS PERMITTED SALE IN CANADA ONLY ON PRESCRIPTION

(May 4, 1960)

Schedule F of the Food and Drugs Act

PART I

Amphetamine and its salts
Barbituric acid and its salts and derivatives
Bromal and the following derivatives: bromal hydrate, brometone, bromoform
Carbromal and the following derivatives: acetylcarbromal, allylisopropylacetylurea, bromisoval, diethylbromacetamide
Chloral and the following derivatives: chloral hydrate (except in preparations for external use containing not more than 1 per cent), alpha-chloralose, butyl chloral hydrate, chloral formamide, chloralimide
Ethchlorvynol
Ethinamate
Ethyl Trichloramate
Glutethimide
Imipramine and its salts
Iproniazid and its salts
Isocarboxazid and its salts
Mescaline and its salts
Metaldehyde
Methaminodiazepoxide and its salts
Methamphetamine and its salts
Methylparafynol
Methylphenidate and its salts
Methyprylon
Nialamide and its salts
Paraldehyde
Phendimetrazine and its salts
Phenelzine and its salts
Pheniprazine and its salts
Phenmetrazine and its salts
Pipradrol and its salts
Sulphonal and alkyl sulphonals

PART II

Adrenocortical hormones and their salts and derivatives
Aminoglutethimide
4-amino-N-methylpteroyl glutamic acid and its salts

Aminopterin and its salts

4-amino-pteroyl aspartic acid and its salts

Aminopyrine and its derivatives

Antibiotics, the following and their salts and derivatives:

Carbromycin

Chloramphenicol

Cycloserine

Dihydrostreptomycin

Erythromycin

Griseofulvin

Kanamycin

Novobiocin

Oleandomycin

Penicillin (excluding lozenges that contain not more than 3,000 International Units per dose)

Polymyxin B (except for topical use or for local action in the oral cavity or nasal passages)

Spiramycin

Streptomycin

Tetracycline

Viomycin

Anticoagulants, the following:

Bishydroxycoumarin and its salts and derivatives

4-hydroxycoumarin and its derivatives when sold or recommended as anticoagulants

Phenylindanedione and its derivatives

Busulfan

Calcium Carbimide

Chlorambucil and its salts and derivatives

Chlormezanone

Cinchophen and its salts

Diphenylmethane derivatives, the following and their salts:

Azacyclonol

Benactyzine

Captodiamine

Hydroxyzine

Piperilate

2,4-dinitrophenol and its salts and derivatives

Disulfiram

Ectylurea and its salts

Ergot alkaloids and their salts

Hydantoin derivatives and their salts (except preparations for external use)

Isoniazid

Liothyronine

Meprobamate

6-mercaptopurine
Neocinchophen and its salts
Oil of Apiol
Oxanamide
Paramethadione
Phenaglycodol
Phenformin and its salts
Phenothiazine derivatives, the following and their salts:

Acepromazine
Chlorpromazine
Fluphenazine
Levomepromazine
Mepazine
Perphenazine
Prochlorperazine
Promazine
Thiopropazate
Thioridazine
Trifluoperazine
Triflupromazine
Trimeprazine

Phenylbutazone and its salts
Primidone
Pyrazinamide

Rauwolfia and the following Rauwolfia alkaloids, and their salts:

Deserpidine
Rescinnamine
Reserpine

Sex hormones (except cosmetic preparations containing sex hormones,
which are demonstrated to be free from systemic effects)

Sulfinpyrazone and its salts
Sulphonamides and their salts and derivatives
Thiouracil and its derivatives
Thyroid
Thyroxin and its salts
Tolbutamide and its salts and derivatives
Tretamine
Trimethadione

HOUSE OF COMMONS

Third Session—Twenty-fourth Parliament

1960



STANDING COMMITTEE

ON

ESTIMATES

Chairman: ARTHUR R. SMITH, Esq.

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 16

TUESDAY, MAY 10, 1960

Estimates of the Department of National Health
and Welfare 1960-1961

WITNESSES:

The Honourable J. Waldo Monteith, Minister of National Health and Welfare; *assisted by* Dr. G. F. Davidson, Deputy Minister (Welfare); Dr. K. C. Charron, Director, Health Services Directorate; Mr. H. W. Adams, Director, Information Services Division; and Dr. P. E. Moore, Director, Indian and Northern Health Services Directorate.

THE QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1960

STANDING COMMITTEE ON ESTIMATES

Chairman: Arthur R. Smith, Esq.,

Vice-Chairman: Ernest J. Broome, Esq.,
and Messrs.

Argue,
Anderson,
Baldwin,
Benidickson,
Best,
Bissonnette,
Bourbonnais,
Bourdages,
Bourget,
Brassard (*Lapointe*),
Bruchési,
Campbell (*Lambton-
Kent*),
Cardin,
Caron,
Carter,
Cathers,
Clancy,
Coates,
Crouse,
Dumas,

Fairfield,
Fleming (*Okanagan-
Revelstoke*),
Fortin,
Gillet,
Grafftey,
Hales,
Halpenny,
Hellyer,
Horner (*Jasper-Edson*),
Howe,
Jorgenson,
Korchinski,
MacLellan,
Martin (*Essex East*),
McCleave,
McDonald (*Hamilton
South*),
McFarlane,
McGee,
McGrath,

McGregor,
McIlraith,
McMillan,
McQuillan,
More,
Parizeau,
Payne,
Pickersgill,
Pugh,
Ricard,
Richard (*Kamouraska*),
Rouleau,
Skoreyko,
Stewart,
Stinson,
Thompson,
Vivian,
Winch,
Winkler.

J. E. O'Connor,
Clerk of the Committee.

MINUTES OF PROCEEDINGS

TUESDAY, May 10, 1960.
(17)

The Standing Committee on Estimates met at 11.10 a.m. this day. The Chairman, Mr. Arthur Smith, presided.

Members present: Messrs. Baldwin, Bissonnette, Bourdages, Broome, Campbell (*Lambton-Kent*), Carter, Cathers, Clancy, Crouse, Dumas, Fairfield, Fleming (*Okanagan-Revelstoke*), Grafftey, Hales, Halpenny, Martin (*Essex East*), McDonald (*Hamilton South*), McFarlane, McGee, McGrath, Payne, Pugh, Ricard, Skoreyko, Smith (*Calgary South*), Stewart, Vivian, Winch and Winkler.—(29)

In attendance: The Honourable J. Waldo Monteith, Minister of National Health and Welfare; Dr. C. F. Davidson, Deputy Minister (Welfare); Dr. K. C. Charron, Director, Health Services Directorate; Dr. P. E. Moore, Director, Indian and Northern Health Services Directorate; and Mr. Harvey W. Adams, Director, Information Services Division.

The Chairman observed the presence of quorum and called for further consideration, Item 242—Departmental Administration.

Answers to questions asked at a previous meeting of the Committee were tabled to appear as an appendix to the printed proceedings of this day's record. (*See Appendix "A"*).

Mr. Monteith, assisted by Doctors Davidson, Charron and Moore, and Mr. Adams, was questioned concerning the cost and distribution of all departmental publications and the department's information services in general.

Dr. Davidson gave evidence relating to the questions of rehabilitation and provision of housing for disabled persons, and the payment of Family Allowances on behalf of children institutional care.

Mr. Monteith and Dr. Davidson provided information concerning travel expenses, increases in departmental staff and possible studies of the department's organization.

At 12.45 p.m. the Committee adjourned to meet again on Thursday, May 12, 1960.

J. E. O'Connor,
Clerk of the Committee.

EVIDENCE

TUESDAY, May 10, 1960,
11:00 a.m.

The CHAIRMAN: Good morning gentlemen. I see we have a quorum.

No doubt you will recall that we had under consideration the general item 242.

Before proceeding with the examination of any witnesses, there was a question which I believed was asked by Dr. Vivian. Would it be satisfactory, doctor, if I hand this to you. It is rather lengthy. We will have it made a part of the proceedings. You may wish to ask questions on it.

I believe the minister has a short statement in relation to a question asked by Dr. Fairfield. Mr. Monteith, would you like to proceed.

Hon. J. W. MONTEITH, (*Minister of National Health and Welfare*): Thank you, Mr. Chairman. At the conclusion of the last meeting of the estimates committee certain aspects of health education in schools were discussed. I would like to place on record other information concerning this important subject in which my department has a very specific interest.

The primary responsibility for health education in schools rests, of course, with provincial and local education authorities. However, since provincial and local health authorities provide health services in most Canadian schools, health workers are also available as consultants to educators in health matters.

Many of the health education materials produced by my information services division are directed toward the education of school children or teachers of health in schools. Among the divisions with particular interest in this area are the information services division, the child and maternal health division, the mental health division, the nutrition division and the dental health division. Several advisory bodies, the maternal and child health advisory committee, mental health advisory committee, and Canadian council on nutrition, discuss health education matters frequently, and these bodies help to ensure that the information and materials emanating from my department reflect the best scientific opinion. In addition close liaison of the information services division with health educators in provincial health departments helps to ensure the development of materials that are useful to the ultimate consumers, be they teachers or students.

Mr. FAIRFIELD: That seems to be a pretty broad statement. My question is a particular one in connection with the damage which is done by advertising in respect of cigarettes. Since this department has some control over advertising, particularly in so far as health matters, drugs, and so on are concerned, I am wondering what its reaction would be to these cigarettes which are advertised as removing 90 per cent of the harmful ingredients in tobacco, and so on.

Mr. MONTEITH (*Perth*): May I ask Dr. Morrell if he has ever considered this question?

Dr. C. A. MORRELL (*Director, Health Services Directorate, Department of National Health and Welfare*): Mr. Chairman, we are bound by the terms of the Food and Drugs Act in that respect. We cannot classify cigarettes as food, drugs or a medical device, and really have no control over the advertising of cigarettes.

Mr. FAIRFIELD: Within the purview of what department would this come?

Mr. MONTEITH (*Perth*): Would it come under provincial law, Dr. Morrell?

Dr. MORRELL: I do not know. It might come under the criminal code. but I do not know.

Mr. HALPENNY: Is not tobacco a tranquilizer?

The CHAIRMAN: Perhaps we can find out which, if any, department does cover this field. Is there any other comment, Mr. Minister?

Mr. MONTEITH (*Perth*): No, Mr. Chairman.

The CHAIRMAN: I wonder if the chairman might perhaps ask a question dealing with a certain point.

Mr. VIVIAN: Are we finished with this statement of the minister?

The CHAIRMAN: Yes.

Mr. VIVIAN: There are two queries in my mind. The minister mentions the term "health educator". I am anxious to know if these are persons in the provinces who are classified as such by name, and if so at some future time might we have a list of these persons by name, by province and qualification.

Mr. MONTEITH (*Perth*): Yes.

Mr. VIVIAN: The second question is this. I think most of the information available such as the minister mentioned is in pamphlet form and ranges all the way from pamphlets in respect of maternal care, child care, mental health disease and so on. I am wondering if any consideration has been given to extension of the one entitled "Up the Years From One to Six". Also I am wondering whether or not a compound book in one volume might be produced using this information which is available in pamphlet form. I think at the school level there is a great need, particularly in the smaller school districts, for some comprehensive manual which would go along with the series of health information in the schools. Has consideration been given to this?

Mr. MONTEITH (*Perth*): I will ask Dr. Charron if consideration has been given to this particular type of pamphlet.

Mr. VIVIAN: This book *Up the Years From One to Six* is so excellent that I do not believe there is anything else like it.

Mr. MONTEITH (*Perth*): I would like to point out that in respect of the information services division, it has been my endeavour to ensure that informational pamphlets come to me from the division and to make sure in my own mind, as much as I can, that these will be of material value. I have always felt I did not want to see too many publications coming out, some of which possibly might not be considered informative and maybe not entirely worth while. As a consequence I have issued instructions that we watch the production of these pamphlets so that there are none which do not seem to be of real material value.

Perhaps Dr. Charron could answer your particular question.

Dr. K. C. CHARRON (*Director, Health Services Directorate, Department of National Health and Welfare*): Mr. Chairman, I do not believe any consideration as yet has been given to bringing these various pamphlets together into one booklet. It is a matter which could be discussed at the regular meeting of the health educators to see whether or not such an approach would be practicable and whether or not it would meet the needs of all the provinces, if these were brought together under one publication.

The CHAIRMAN: Dr. Vivian has opened up the subject, but I wanted to ask a question. You will recall that at page 157 we were provided with a list of the pamphlets and their respective cost. At the request of Mr. Halpenny the committee asked if this could be given to us. There is no question but

that a number of these pamphlets have been very useful. In view of the fact, Mr. Minister, that you have asked for a special review, have you had any result from that review? I am looking at item 26 as an example. This shows that some \$2,500 was spent on 20,000 pamphlets which were distributed to 70 mothers. Then there are some others here. There is an interesting one on thumb sucking. What I am concerned about is whether or not you feel you are getting the results in relation to the cost of the printing of these pamphlets which represent \$100,000. In other words, is this review being made in such a manner that you are determining the value in relation to cost? Seventy mothers utilizing 20,000 pamphlets at a cost of \$2,500 makes one wonder if these pamphlets are being put to the most satisfactory service.

Mr. MONTEITH (*Perth*): I might also say that some time ago I asked to have a display of all the pamphlets which we had in stock and which we had printed. This was a similar display to that arranged for the committee. At that time I went over these pamphlets with the staff. In discussing with them the uses to which each of these particular pamphlets was put I did so with this in my mind; I will not say I was entirely convinced in every case, but certainly in the huge majority of the cases I was convinced they were being put to a good use.

In so far as this particular pamphlet to which you refer is concerned, I would like to ask Dr. Charron to outline just how this is handled and what it is used for.

Dr. CHARRON: Perhaps Mr. Adams could start off.

The CHAIRMAN: I am not so much concerned about any individual pamphlet; but on page 332 you show a cost of approximately \$100,000 for educational information publications, and educational information material other than publications. Then if you refer to the list of pamphlets at page 157 it is indicated that the department has a very extensive list of what are unquestionably useful publications. My concern is that I have seen departments on previous occasions which, when they get into the enthusiasm of their work, print endless numbers of pamphlets without necessarily having a return from the monies invested in it. I cite this one where we are spending \$2,500 for 70 mothers to obtain this pamphlet.

Mr. CATHERS: Would you explain the 70 mothers and 20,000 pamphlets.

The CHAIRMAN: Perhaps we will receive this information from the witness.

Mr. MONTEITH (*Perth*): First, I wonder if Mr. Adams might be asked to say a few words on the information services division.

Mr. HARVEY ADAMS (*Director, Information Services Division, Department of National Health and Welfare*): Mr. Chairman, first of all I cannot answer the question in respect of the 70 mothers. This comes as a shock to me. I feel there probably is a misprint of some kind.

Secondly, you mentioned the question of over production. Our budget in the information services over the past few years has not increased, but has slightly decreased. Therefore, we are not spending just for the sake of spending.

If I might, I would like to cover the procedure which we follow in the production of a pamphlet, or other literature. I think it might be clearer to the Committee if they know how we do operate. First of all these pamphlets or leaflets are suggested by perhaps five different groups. The first are our principal medical officers; second are the chiefs and their consultants in the divisions; third, the provincial departments of health; fourth, the provincial health educators; fifth, volunteer organizations such as the cancer, arthritic

and cerebral palsy associations and similar voluntary organizations. The subject for the pamphlet, leaflet, booklet, film or film strip might come from any one or several of these groups. The next thing we do is check not necessarily the demand but rather the need for a publication. This is checked against all the available material we have. We have what we consider to be an excellent reference file of all material put out by the various organizations in all the health fields. We check against this in order to avoid duplication. There may be some pamphlets, leaflets, or posters which we decide on which are produced in part by some other organization. In the main, however, we try to avoid, and have done so for years, any duplication of work. The next step is we decide the type of material we will produce which is necessary in order to put over the subject. Perhaps it is a poster for children in the 5 to 7 age group on brushing of teeth, or some such subject. It may be a leaflet, which we decide is the right type of literature for a home and school group. It may be a booklet for mothers in the home, which perhaps would be used by nurses, when they visit mothers. Or, it might be a technical folder for professional use.

When we have made the decision, in consultation with others, our next step is to prepare a draft copy in information services, with the assistance of specialists in our own department and, sometimes, specialists outside our department.

Then, this material goes for pre-evaluation to all the provincial departments of health, the provincial health educators, specialists, and individual groups such as advisory committees on public relations, say in the mental health field. When all these people have done a pre-evaluation and send it back, we sit down and incorporate as many of the ideas and suggestions that can be incorporated, which have come back from these provincial departments.

After that, we do a new draft, and submit it again. At the same time, we are doing the art work, the layout, and the format, which goes out with our second draft to the provinces. When it is approved by all, it goes to the Queen's printer for production.

In regard to the distribution side, when we receive it, all our material is distributed, not by us but through the provincial departments of health. They are the outlets. They make the requests for these materials, and they use them.

Mr. Chairman, that is the general procedure that we take in the preparation of our health educational material.

Mr. HALPENNY: It seems that No. 49—baby talk, is all right; No. 51—bed wetting, is all right; but in regard to No. 77—sex; there seems to be something the matter with sex, as we printed 68,000.

Mr. VIVIAN: What page is that on?

Mr. HALPENNY: Page 159—and we distributed 93,000. I am wondering if there are a lot of mistakes in this. I do not know how you can distribute 93,000 and print only 68,000.

Mr. BROOME: Reproduction.

Mr. MONTEITH (*Perth*): In regard to No. 77, that is the number produced for one year, but the number of copies distributed might be a carryover from previous years. However, I think there are a couple of misprints in this. If you will look at No. 80, you will see that "thumb sucking" is down as "thump sucking". I am assuming that No. 26—baby's first year, where it sets out the number of copies distributed to 70 mothers, might be a misprint also, as Mr. Adams pointed out. However, as this is under Indian and northern health services, perhaps Dr. Moore could clarify this for us.

Dr. P. E. MOORE (*Director, Indian and northern health services directorate*): A text of it was produced in my service, and it is serving a very useful purpose. It was distributed to all our field nurses across the country. They use it in their home service and well baby clinics.

Mr. HALPENNY: Mr. Chairman, I was wondering if this is a true cost of these pamphlets, or is that the actual production cost? Are overhead, salaries, and everything else distributed over the total cost of these?

Mr. ADAMS: No; that is the cost of the publication.

Mr. HALES: Mr. Chairman, Mr. Adams stated that the budget was not cut. I would like to know what the budget was, or how much we spent, in 1956-57 and 1958-59, so that we might be able to make a comparison. I would think that these figures should be available right now.

While they are looking up that information, my second question is this. Are these pamphlets distributed to the provincial departments of health free of charge?

Mr. MONTEITH (*Perth*): Yes, they are.

Mr. HALES: And my third question is this. This \$300,000, altogether, is a goodly sum, and when we get these figures we will see whether there has been a cut in the production or not. But, other than that we have the material other than publications. There was some \$80,000 spent. What does that include? What is taken care of in that expense?

The CHAIRMAN: Mr. Hales, could we clear up the first point? Have you the comparisons, Mr. Minister?

Mr. MONTEITH (*Perth*): Yes, but you will recall that civil defence was under my department from 1954 to 1959.

In 1954-55, the estimate was \$485,000, and the amount spent was \$296,000. These are round figures. In 1955-56, the estimate was \$455,000, and the amount spent was \$326,000. In 1956-57, the estimate was \$419,000, and the amount spent was \$319,000. In 1957-58, the estimate was \$419,000, and the amount spent was \$317,000. In 1958-59, the estimate was \$395,000, and the amount spent was \$319,000. The estimate for 1959-60, is \$395,000 and, as yet, we have not the amount spent.

Mr. HALPENNY: Would it not seem that we are overestimating?

Mr. MONTEITH (*Perth*): Generally speaking, it would seem that there has been more estimated for than spent.

Mr. HALES: It does not bear out the statement that the budget was cut, as Mr. Adams said. We have spent more.

Mr. MONTEITH (*Perth*): Well, actually no. The budget has been cut from \$485,000 in 1954-55 to \$395,000 the last three years.

Mr. HALES: But the last two years we spent \$2,000 more.

Mr. MONTEITH (*Perth*): Last year, we spent \$2,000 more. In 1958-59 we spent \$2,000 more than in 1957-58—the same amount as in 1956-57.

Mr. HALES: My other question concerned material other than publications. Some \$80,000 is in the estimates. What is that for?

Mr. ADAMS: This, Mr. Chairman, is for posters and exhibits. They do not come under the first vote.

Mr. MONTEITH (*Perth*): May I just ask Mr. Adams if this covers films?

Mr. ADAMS: Yes, films.

Mr. MONTEITH (*Perth*): For instance, we were asked to prepare an exhibit for this "do" at the Toronto exhibition grounds a few months ago.

Mr. ADAMS: Yes, for the Canadian medical association.

Mr. MONTEITH (*Perth*): And that would be included?

Mr. ADAMS: Yes. Film, film strips, posters and exhibits would be included.

Mr. HALES: Does this include press releases? Does that come under this department, and this expenditure?

Mr. ADAMS: No, not under my division. My division is concerned with health education only. The cost of producing press releases is covered in the departmental secretary's division, but that cost is only the cost of the mimeograph paper.

Mr. BALDWIN: Mr. Chairman, the witness said that they checked very carefully the need for the pamphlets, which come under this item. Would he very simply tell us the methods they take to assess this need?

Mr. ADAMS: This is done mainly through the provincial departments of health, and our liaison with them, both in information services division and with our departmental chiefs and consultants. They deal with the provincial departments of health as well as outside organizations, to try to assess, as best they can, the actual need for any particular publication. We, in the department, do not produce a publication unless it is required by a majority of the provinces, or the greater proportion of the people.

Mr. HALES: How many people are employed in the publications department?

Mr. HALPENNY: That is the question I was going to ask. If we found out the establishment, and the total cost of the establishment, and added it on to this, then we could see.

The CHAIRMAN: That is a good idea.

Mr. ADAMS: There are 33 people in the information services division at the moment. If you would like a breakdown, I can give it to you. There is a director; eight information officers, one of whom handles production work; three photographers; two technicians; six clerks; nine stenographers; one typist; one storeman; and two packers and helpers.

Mr. BROOME: On what page is the breakdown found?

Mr. ADAMS: The breakdown of the publications is at page 157.

Mr. CARTER: If the outlets are the provincial departments of health, then how are these distribution statistics compiled? Do the departments report how they are distributed. Where do you get the information to say that only 70 mothers received certain pamphlets?

Mr. MONTEITH (*Perth*): Again, this is Indian and northern health services.

The CHAIRMAN: Where is the basis of the information?

Mr. ADAMS: Through the provincial departments of health—each provincial department.

Mr. BROOME: I did not mean in the minutes. Where are the details in the estimates?

Mr. ADAMS: At page 332.

Mr. BROOME: But this is \$100,000, and not \$300,000.

The CHAIRMAN: Would you explain that, Mr. Minister?

Mr. MONTEITH (*Perth*): I will ask Dr. Davidson to explain it for you.

Dr. DAVIDSON: The departmental administration item, which is on page 331, includes all of the central services in the department, including the information services division. It also includes the legal division, the accounts division, the departmental secretary's division, and the minister's office. Whereas a good many years ago we had a much larger number of votes in the list of votes in the department, there was a consolidation of a number of these smaller units under one main heading of "departmental administration".

I understand what you want is an extract from the departmental administration vote, which shows how much of that vote is devoted to information services administration—and the figure I can give you for 1959-60 is \$227,000.

Mr. BROOME: Can you estimate it for 1960-61?

Dr. DAVIDSON: The amount is \$237,000. I hope my arithmetic is right.

Mr. BROOME: Then, under educational and informational publications, and educational and informational material other than publications, the amount is roughly \$109,000. That is shown at the bottom of page 332.

Dr. DAVIDSON: Yes. I have taken those out.

Mr. BROOME: They have to be added to those figures to get the full cost.

Dr. DAVIDSON: Yes. The figures to which you are referring are included in the over-all total, which the minister gave some time ago, in the amount of around \$300,000 to \$400,000 for information services materials as a whole. The figure of \$395,000, which the minister gave for 1960-61, is the sum of the totals of these educational and information materials items, which are included in all the votes throughout the whole department.

Mr. BROOME: The figure given for 1959-60 was \$395,000. When you add the two figures you gave, they amount to \$336,000—and that is \$227,000 for staff and \$109,000 for publications.

Dr. DAVIDSON: I should have said \$100,000 less than that. The figure is \$137,000 and not \$237,000, for 1960-61.

Mr. BROOME: And for 1959-60, it would be \$127,000?

Dr. DAVIDSON: Yes.

Mr. BROOME: The total for 1959-60 is \$236,000, adding in your cost of publication, and yet, according to the minister's statement, the estimate for 1959-60 was \$395,000. So, we are out again about \$160,000.

Dr. DAVIDSON: I can set that straight. We have to get clear two things: first, the administration of the unit—and that is salaries, travelling expenses, and all the expenses of administering and producing the materials—and that is the figure I gave you, Mr. Broome, of \$137,000 for 1960-61. But, that does not produce a single pamphlet; that is salaries and administrative costs.

Add to that, \$395,000, which is scattered throughout the departmental votes under the primaries and educational services and, adding the first figure to the second figure of \$395,000, this is what you get as the total cost of operating the information services division for the year, and producing all the pamphlets and information material that is produced.

Mr. BROOME: Then the \$395,000 does include the \$59,500 and \$49,500, on page 332?

Dr. DAVIDSON: Yes.

Mr. BROOME: So the total cost for the year is over half a million?

Dr. DAVIDSON: Yes.

Mr. HALES: Mr Chairman, I was going to say that I think we have had enough figures and have looked into these estimates to the point where the department, or somebody, better get out the scissors and pencil, and cut some expenses I think rather than spend half a million dollars on what we are talking about—publications and informational material other than publications and so on—and telling the world what a good department it is and what we are doing, we should direct our efforts toward saving a lot of money

The CHAIRMAN: Mr Hales, could you put your comments in the form of a question by asking if the department has at any time reviewed its policy in relation to the value received for the amount spent?

Mr. MONTEITH (Perth): If I may, I will repeat what I said earlier.

However, first of all, I would like to make a statement in reply to Mr. Hales' statement, to the effect that it is not a matter of telling the public what a good department it is, despite the fact that it is a good department.

I can only repeat what I said earlier. I did have a question in my mind, when I first came into the department, concerning the amount of money spent for information services. I have examined it very carefully, and examined all the pamphlets. I had them laid out for my inspection. I inquired about most of them as to their ultimate destination, how they came to be drawn up in the first place, and to be produced. As I mentioned earlier, while I have not been convinced completely in respect of every pamphlet, I think I have been satisfied to a great degree that these are drawn up at the request, in many instances, of nurses, as Mr. Adams pointed out; and certain divisions of our own department have received requests from the provinces, from nursing people, and from the medical profession, that a pamphlet prepared along certain lines would be of benefit in health education.

The question was raised earlier: do we collect any money from the provinces. The answer is no. I would say this is one of the advisory services, in which we give assistance to the provinces.

Mr. HALPENNY: I have a supplementary question on this subject. I would like to ask two questions.

Metropolitan Life and such like companies do duplicate a lot of the information that we produce. Is that correct—or, do you know?

Mr. ADAMS: Several insurance companies produce a fair amount of health education material, and it would be only fair to say there might be some duplication in some of their leaflets; but we take this into consideration before we produce anything requested by any of the provinces. So, we do not put out a booklet which would be duplicated entirely by any insurance company.

Mr. HALPENNY: My second question is this. Would it be possible for the minister, or some other good salesman in his department, to sell the theme to every insurance company to take on these that have been produced—to take the entire expense off our shoulders, and reproduce, in future, copies of these under their names, or as advertising. Not only insurance companies, but certain drug outfits might be glad to do it and, thereby, save the half million dollars, or a portion of it.

Mr. MONTEITH (*Perth*): I do not think I have ever considered this suggestion, Mr. Chairman. I do not think it has ever come to my attention. I would be glad to look into it and see if it is a feasible approach at all. I would not want to commit myself one way or the other at the moment.

Mr. CARTER: I think, Mr. Chairman—to follow on what the minister said—we would have to make sure it would not be added on to our premiums.

Mr. HALPENNY: It is added on now: we are paying for it.

Mr. CARTER: The question I want to ask is whether it is possible to make any kind of check to find out what actual use is being made of these pamphlets.

You distribute them to the departments; the departments distribute so many hundreds; but there is no indication that the pamphlet is actually being used for the right purpose.

Mr. MONTEITH (*Perth*): I have, for many many months now, asked to see the layout of any new pamphlet. There have been reproductions of pamphlets as a result of definite requests from various groups of nurses, doctors, and this sort of thing. But coming to the root of your question, again, Mr. Carter, what was the point?

The CHAIRMAN: Whether or not there was any check on the use of the pamphlets that are printed.

Mr. MONTEITH (*Perth*): I do not know what departmental check there is, but I have asked for that same information and, from what I can determine, the use is there.

I presume that some pamphlets are not reproduced. Mr. Adams can probably say a word on that, as to whether a pamphlet turns out to be not satisfactory. Does this happen occasionally, Mr. Adams?

Mr. ADAMS: It has happened once in seven years, Mr. Chairman.

The CHAIRMAN: Could you perhaps answer that question, Mr. Adams?

Mr. ADAMS: Yes, Mr. Chairman. We are in the process now of undertaking three evaluation studies of our material, as pilot studies. We agree that this is necessary.

Although we have a greater demand for our material from all the provinces than we can possibly meet every year, and have had for a great many years, we still feel that we must undertake a proper evaluation of how our material is used; what motivation there is behind it. We are in the process of doing this with several of our publications at the present time, in coordination with the health educators in the province.

The CHAIRMAN: It is not unusual that the demand is high, when the pamphlets are free; is that not true?

Mr. ADAMS: That is partly true.

Mr. CARTER: What is the breakdown in this kind of material, as between printed material, films and film strips? How much do you spend on each?

Mr. MONTEITH (*Perth*): The \$80,000 covers all films, film strips, exhibits and posters; whereas all the rest of the money for information services is for pamphlets.

Mr. CARTER: I was thinking it should possibly be the other way 'round, if your film strips are being used in schools—as I know a good many of them are, because I used them myself at one time when I was connected with education, and found them very useful.

The CHAIRMAN: Gentlemen, if we have completed the section dealing with pamphlets—I am going to recognize Mr. McGee—may I ask you to give an indication, when you move on to a new idea, of the new subject that you wish to discuss.

Mr. MCGEE: Mr. Chairman, I wish to inquire into the matter of the three photographers mentioned by Mr. Adams. It has come to my attention that newspapers who have a requirement for a certain number of photographers have found it more practical and less costly to get this work done by free-lance photographers and agencies. I was wondering if that had been considered—and if not, why not?

Mr. HALPENNY: Some newspapers.

Mr. ADAMS: Our photographers are not used but very seldom for press information or press photography. They constitute a biological photographic laboratory which does biological photography for our food and drugs laboratory, our laboratory of hygiene, and so on.

I said three photographers. One, of course, is a dark room attendant, and the other two are photographers. But offhand I would say that 90 per cent of their work is biological photography.

Mr. MONTEITH (*Perth*): It is a specialized type of work.

Mr. ADAMS: That is right. It is not for press work.

Mr. BROOME: They are listed under information services, though.

Mr. MONTEITH (*Perth*): Well, they produce the pamphlets.

Mr. BROOME: But 90 per cent of their work is in the biological laboratories.

Mr. MONTEITH (*Perth*): That is producing photographs to be used in pamphlet form; is that right, Mr. Adams?

Mr. BROOME: Under the Food and Drugs Act?

Mr. ADAMS: It is not necessarily for that. Their work would come under the heading of information services, but it is information not for outside use; it is for our own departmental use.

Mr. BROOME: Everybody could be information services. I mean, the deputy minister could be information services to the minister.

The CHAIRMAN: Is there anything further on this?

Mr. McDONALD (*Hamilton South*): On a new subject, Mr. Chairman?

The CHAIRMAN: On a new subject.

Mr. McDONALD (*Hamilton South*): Last week I wanted to ask some questions about the disabled of Canada. What responsibility has this department with regard to the rehabilitation of disabled people in Canada?

Mr. MONTEITH (*Perth*): Dr. Davidson, can you outline our approach to this matter?

Dr. DAVIDSON: Mr. Chairman, the responsibility of the department falls into two parts. First, the responsibility for administering, from the point of view of the federal authority, the Disabled Persons Act, which is the payment of money benefits on a means test basis to persons who can qualify under the disabled persons legislation.

Secondly, apart from that, the responsibility for providing, through the health branch of the department—and I would like Dr. Charron to speak on this—assistance and support through the national health grants program and through a number of other channels to the provinces, in order to enable them to carry out the rehabilitation program which is in existence at the provincial level so far as the health aspects of rehabilitation are concerned.

As I am sure you know, Mr. McDonald, the rehabilitation program at the federal level is centered, so far as the administration of the non-medical services is concerned, in the Department of Labour, under the office of the coordinator of rehabilitation. But the medical aspects of rehabilitation are directed or supervised, so far as the federal responsibility is concerned, by medical officers of the health branch of the department.

I think Dr. Charron might speak on that.

Mr. McDONALD (*Hamilton South*): What studies, if any, has this department made with respect to the rehabilitation of handicapped in Canada—or is this all left to the provincial level?

Dr. DAVIDSON: In 1951, prior to the development of a nation-wide rehabilitation program, a national conference on rehabilitation was held in Toronto. I believe it was held in February 1951.

Mr. McDONALD (*Hamilton South*): Who attended that conference? Was this the medical profession?

Dr. DAVIDSON: No, this was a conference called by the three departments of the federal government, the Ministers of National Health and Welfare, Veterans Affairs and the Department of Labour, since there are aspects of this program which relate to at least two of the departments in civilian terms and since the experience of the Department of Veterans Affairs was considered to be—rightly—relative to the development of a program in this field.

To that conference we invited representatives of a number of provincial government departments which had various kinds of interest in the program, as well as the representatives of a large number of national, non-governmental associations, notably the Canadian mental health association, and so on, and

other agencies specializing in other fields, such as tuberculosis, rheumatism, arthritis, and that sort of thing. They were agencies operating on a voluntary basis in that field.

As a result of that conference held in Toronto in February 1951, the decision was taken to establish a nation-wide rehabilitation program with some leadership and assistance being provided by the federal authority, but with the operation of the program being carried out through the appropriate departments of the provincial governments.

Mr. McDONALD (*Hamilton South*): There are three things that come to my mind with regard to disabled people: pensions, jobs and housing. Has the federal government given any consideration to this matter? I notice that they spent quite a bit of money on pamphlets, et cetera; but has the federal government given any consideration to setting up any policy so that the municipalities across the country could build houses for the disabled as well as the pensioners?

It seems to me that through this type of program they could solve a very great problem, which is the high cost of rent for these disabled people.

Dr. DAVIDSON: On the specific question of housing, I must say that I am not personally familiar with what may have been done in this field. But I am advised that there has been some experimental work done under the auspices of the National Housing Act; and in Montreal in particular—and in one or two other places, possibly—for the purpose of trying to develop advice on housing accommodation that might be suitable for persons who are suffering from some major handicap.

Mr. McDONALD (*Hamilton South*): With regard to the types of houses, I have seen many types. But I want to get at the fact that it costs money, and we spent half a million dollars last year on publications to help people in Canada. If there were \$600,000 spent in Canada next year for the acquisition of land for homes for disabled and pensioners, we could build 3,600 units. I am sure the municipal authorities across the country would take the responsibility of administering these in a non-profit way. I think this would be a great step forward in this type of work.

Mr. MONTEITH (*Perth*): I was just wondering if this might be in the same category as the homes for the aged that are being built by certain service clubs, and so on, who get assistance through Central Mortgage and Housing Corporation.

Mr. McDONALD (*Hamilton South*): They get mortgages from Central Mortgage and Housing Corporation. But what I am trying to bring to your attention is that I have had a lot of representations from people, because of my circumstances, and they seem to be wondering in the wilderness: they do not know where to go. The important thing is that they want rehabilitation; they do not want pensions. The big problem is housing, and unless some department takes an active part with a complete study of this problem, they will never have it.

The CHAIRMAN: Are there any further questions on this, gentlemen?

W. WINCH: If they want to see how to do it, they can come and see our new district. We have a special one for arthritics; but the big problem is the cost. The cost is about one third higher than the normal.

Mr. MONTEITH (*Perth*): Where is that, Mr. Winch—in Burnaby?

Mr. WINCH: Yes. We have one strictly for arthritics; but the cost was terrific. That is why we have never gone beyond it.

Mr. McGRATH: Mr. Chairman, I have a question on family allowances. Do you wish it brought up now?

The CHAIRMAN: Yes.

Mr. McGRATH: On March 15 I asked Dr. Davidson how many Canadian-born children in Canada are not receiving family allowances because of that section in the act which defines children other than orphans living in institutions, or orphaned children in institutions.

I am wondering if that answer was tabled; and if it was, how many children are involved, and does the department or the minister propose bringing in, at some future date, an amendment to the act to make these children eligible for family allowances?

Mr. MONTEITH (*Perth*): Mr. Chairman, I think possibly I would say a word or two about this. I think it might be said that when the act was first drawn up a provision to exclude institutions from receiving family allowances was put in to prevent a situation arising where large institutions housing large numbers of children would benefit directly, thus encouraging the construction of even, possibly, more and larger institutions, instead of having parental care.

I think people generally in child welfare work have viewed the situation this way, that it is better, if possible, to get the children out in foster homes. I know in certain parts of the country this is not done as much as in other parts, but it has been felt that there should be some parental decision. Possibly this can be done by an agency of some kind—this decision. We accept that. An agency can be accepted, such as the children's aid society, as the agency to have the parental jurisdiction.

Under these circumstances they can choose wherever the child may go. He may be put into a foster home; he may be put into an institution, even.

When the act was first brought into force, the number of children in this category for whom family allowances were not received was something like 20,000, I understand.

Since then, in an effort to arrive at the question of parental choice, so that there can be parental choice in the handling of the family allowances, this figure has now been reduced to about 6,000 children who are in institutions and for whom family allowances are not being received.

We are continuously working on this problem and, as I say, this figure has been reduced from some 20,000 to 6,000, and this is still being worked on in an effort to make it possible for family allowances to be paid for all children.

Mr. McGRATH: Could not the department recognize the guardians, or the trustees of orphanages under this category, for the purposes of the act, as the foster-parent, and in that way make them qualify for family allowances? I think most of the 6,000 children involved are living in orphanages which are supported by the churches and various charities, and they need it.

Mr. MONTEITH (*Perth*): That is possibly so. There could be some difficulty arise regarding those children now in institutions—which probably number something like 16,000—for whom family allowances are now being paid either to a children's aid society or to a parent who contributes to the child's maintenance in the orphanage.

There are some 16,000 children now being paid in that respect, and if the institutions were given the parental choice, as one might say, there could be some difficulties arise as to whom then would be entitled to the family allowance. Would it be the children's aid society, the foster-parent who is paying something, or might it be the institution itself?

I can see a division of opinion. Dr. Davidson, of course, had a great deal to do with this in the original drawing up of the act and in the original thinking behind the whole scheme. I think he might be able to put this in more understandable terms than I can.

Mr. McGRATH: Before Dr. Davidson proceeds, perhaps I might interject, Mr. Chairman, with this question. Is not the trouble partly responsible for this, I suggest, the anomaly represented by section 2(f) of the act; and could not that be changed?

Dr. DAVIDSON: That, of course, is a policy question, as to whether it could be changed or not. It could be changed if the government of Canada decides to recommend it to parliament, and if parliament approves the change. So long as the provision in section 2(f) is in the act, we are debarred from paying family allowances—not in respect of a child in an institution, but we are debarred from paying family allowances to the institution as such, because the definition of “parent” as set out in the Family Allowances Act specifically states that it does not include an institution.

The reason for that—if I may go back into the history a little—was precisely what the minister has explained, namely, that it was considered, at the time the legislation was passed, that this was not so much a children’s allowance program as it was a family allowance program, and therefore the primary purpose of the act was to pay an allowance to parents to enable them to raise their children properly in a normal home environment.

Where the family unit, for any reason, breaks down and a child has to be removed from its family environment, the thinking of most child welfare authorities across the country is that the next best place to take care of a child, if it cannot be taken care of in its own family home, is in a family setting as much like a good family home as can be obtained.

Therefore, the first attempt is made through child placing agencies, to pay to the child placing agencies, as the substitute parents of the child, the family allowance which the normal parents would receive if they were caring for that child personally and having financial responsibility for it.

That is where we moved it from the payment of family allowances to parents themselves, to the payment of family allowances to children’s aid societies and to other child welfare organizations across the country which take the responsibility for looking after a child and deciding where that child should be placed.

As a parent myself, or as any other parent who has to make other arrangements for his child, would try to make the right decision as to whether that child should be cared for by relatives, or whether it should be cared for by friends, or whether it should be placed in some alternative place for care, for adoption, or in an institution, so we have at all times recognized the role in this regard of the child placing agency.

Wherever that child placing agency has placed a child that has become its responsibility, we have paid the family allowance to that agency, including children that the agency places or takes responsibility for caring for in the institution itself. As a result of this program there has developed in parts of the country, notably in the province of Quebec—where there were relatively few child placing facilities other than orphanages or institutions prior to the 1940’s—a fairly extensive network of diocesan agencies which are operated as community agencies. They have the responsibility for taking the children into their care, deciding where they should be placed, how they should be cared for, whether they should be placed in a foster-home or institution, and we make payment to the foster-parent for that reason.

The difficulty arises in some situations. I am thinking of a situation in your province, Mr. McGrath, and a number of areas in Quebec, where child

placement agencies have not yet been developed, and it has not yet been possible to work out arrangements whereby a community agency exists which can take the responsibility for these children.

We have reduced the number of children in institutions for whom family allowance is not being paid from a figure of 21,000 to 26,000 down to one of 5,000 or 6,000 and we would be pleased to see agencies established in the community which would take the responsibility for these children, and to whom we could then pay family allowance.

But we must wait until such time as either the act is changed or agencies can be developed in those communities, under community auspices in some situations, or under diocesan auspices in other situations. We find ourselves in the position where we have made good progress in covering this particular group of children, although we have not been able to provide complete coverage.

Mr. McGrath's question was answered in the evidence of March 22 at page 147 where he will find an attempt on our part to reply to his question; but it is only an estimate at the present time of how many children there are who are not yet covered, as far as family allowance payments are concerned.

The CHAIRMAN: There are four others who have indicated that they would like to follow.

Mr. CATHERS: Has the department any comparative costs of maintaining a child, let us say, in an institution, as compared to a foster home, keeping in mind the cost of inspecting or visiting these foster homes?

Dr. DAVIDSON: This will take me back a fair way in explaining about child welfare.

First of all it should be said that the cost varies, depending on the quality of the care received. There are some kinds of institutional care which are cheaper than foster home care; and there are some forms of institutional care which are much more expensive than good foster home care.

I think that if you took into account the capital cost of constructing institutions, it could be fairly said that good foster home care; including the cost of providing the services which are necessary in the case of supervision to make sure that the child is properly cared for in the foster home—that the cost of that good kind of foster home care is on the whole lower than the cost of equally good institutional care in a modern, well constructed, and well administered institution.

But I would like to qualify that in a great many ways, because it depends on how many children are under the one roof. If you have 700 children in one institution, you could probably get your costs down.

Mr. CATHERS: You favour foster homes rather than institutions?

Dr. DAVIDSON: I favour foster homes in those circumstances where the child placement agency, after a proper study of the case, decides that that is the right kind of care for the child; and I think it is so in the majority of cases. But it would be a mistake to assume that all children, regardless of their age when they come into the care of the agency, can be better cared for in a foster home than in an institution, because some do require a specialized kind of discipline, and a state of care which can only be given in an institutional setting.

Mr. VIVIAN: If family allowance is paid to the mother of a child who is in a mental institution, under what circumstances is it paid?

Dr. DAVIDSON: Family allowance is payable to the parent, usually the mother, in those cases, where the parent is maintaining the child within the meaning of the Family Allowances Act and regulations. There has to be some proof that the parent is contributing to the maintenance of the child.

Mr. VIVIAN: Is that done under provincial authority?

Dr. DAVIDSON: No, that is determined by our own regulations. And my recollection is that we require a contribution in the order of \$5 or \$10, in addition to the family allowance; and this can be provided in the way of funds for travelling to visit the child and maintaining parental contact. Usually they accept the responsibility for the child in the mental institution.

Mr. VIVIAN: It is their responsibility?

Dr. DAVIDSON: Yes.

Mr. BROOME: If my addition is correct, the total personnel for the department is 5,142 in 1959-60.

The CHAIRMAN: You are asking a general question about costs?

Mr. BROOME: Yes.

The CHAIRMAN: I would like to clean up this aspect first and stay on the same subject.

Mr. McGRATH: May I finish up with one question to Dr. Davidson. I submit with deference that the institutions are fulfilling the role of foster homes in so far as their responsibility for care and maintenance of the children is concerned, and that they have to provide education for them, and that in many cases they do a better job than some of the foster homes which I have seen.

Mr. MONTEITH (*Perth*): In reply to that, I am aware of the problem, and I would be very happy to continue to look into it.

Mr. McGRATH: Thank you very much.

Mr. BROOME: As I said, if my addition is correct, the total personnel in the department is 5,142 in 1959-60; and 5,156 for 1960-61. I think that 14 is a very modest increase. Has the minister considered when going around the country, that with men skilled in organization and methods, and with better office procedure and so on, does he not think that this figure could be changed so as not to show an increase but a net reduction, and that if this reduction should amount to even one person, it might bring about heart failure because of the violation of Parkinson's law?

Mr. MONTEITH (*Perth*): I think I am very much aware of that. It may be recalled that there was an item in a certain newspaper some months ago to the effect that my particular office was operating under Parkinson's law in reverse. I would say that probably the over all increase in this particular year is caused by the new staff required at the Inuvik hospital. Am I not right, Dr. Moore? That is the new hospital which we are building up there, and it is the primary reason for the increase.

Mr. BROOME: So there actually is a decrease in the number of personnel in your department, when considered against the operations of last year?

Mr. MONTEITH (*Perth*): Speaking operation-wise.

Dr. DAVIDSON: It is terribly complicated. We are losing some civil defence personnel, and then there is the addition of the Inuvik hospital; and also we are converting some positions from casual positions in the Indian health service to established positions. I think we could, however, state that apart from the changes in the Indian health services, there are, due to these two factors, apart from the civil defence question, where there was a net reduction—I think the rest of the department would show a very small decrease over the previous year.

Mr. MONTEITH (*Perth*): If we are considering item 242, the establishment for 1960-61 is 360, which is far less than last year.

Mr. McGEE: Is it the intention of the minister this year or next year to make an increased use of the organization and methods division of the civil service commission?

Mr. MONTEITH (*Perth*): I think it is safe to say—let me put it this way—I am very happy to make increasing use of this particular branch of the civil service, and I will give it every consideration.

The Prime Minister, I think, has mentioned the possibility of setting up a form of commission to study the government. And I would be very happy to have this commission study my department.

Mr. BROOME: Would the minister be equally happy to have outside management consultants make the study?

The CHAIRMAN: May we have a reply?

Mr. MONTEITH (*Perth*): I have no objection to any group of people, be they outside consultants or be they from the civil service commission, or in the form of a commission which has been suggested by the Prime Minister making a study of my department, just as I am of course very happy to have this committee make a study of my department.

The CHAIRMAN: Thank you, Mr. Minister. Is there anything further?

Mr. HALES: In the cost area?

The CHAIRMAN: Generally, yes.

Mr. HALES: I wish to ask two questions concerning travelling expenses; one in respect to the department of Indian and northern affairs, and also one in connection with civil defence. I just made a casual total of the department's travelling expenses, including those two I mentioned, and it comes to \$1,998,000—practically \$2 million.

Now the question is this: has the department given any thought to this very large expenditure, and secondly, who in the department authorizes travelling trips; and thirdly, who okays the payment of travelling expenses?

The CHAIRMAN: What was your first question?

Mr. HALES: Has the department made a survey of this very large expenditure of, roughly, \$2 million?

Mr. MONTEITH (*Perth*): Yes. Each year when the estimates of the department are set up we begin to study them commencing in the early fall for the estimates for the ensuing year starting April 1. They are first prepared by the department. Miss Waters is not here today because she is ill but maybe Mr. Palmer could explain the details of the procedure. We start with the department heads, who have worked out their estimates for the year. Then the secretary's division assembles all this information and it is gone over with the treasury board. A very close study is made of the proposed expenditures, and the estimates are arrived at after a very close study. There may be divergencies of opinion between the treasury board and my departmental officials when the proposed expenditures come to me, at this stage. And, of course, I have to sign the final requisition for the department's estimates, and at that time I ask many questions. I want to be informed as to why there is a certain increase, and why there is not some reduction here or there, and why not whatever it may be.

But finally we possibly do come to a difference of opinion between the treasury board and ourselves, and then the treasury board sits with the officials of each division and questions us very closely on the various aspects of our expenditures, including travelling.

The CHAIRMAN: Might I interject? Your answer is indeed very useful, but I wonder if perhaps, for the benefit of the committee members, we might not deal specifically with the two items to which Mr. Hales referred.

Mr. MONTEITH (*Perth*): Yes. I have two questions which Mr. Hales asked as to who authorizes these trips, and then who authorizes the payment

of expenses. I shall ask Dr. Davidson to answer the first question, but he may not care to answer the second one.

The CHAIRMAN: I think you will require answers to the two items which might be questioned, and which you thought were rather large items.

Mr. HALES: I would get answers.

Dr. DAVIDSON: Mr. Chairman, I would like to answer the second question first, because it is shorter.

The payment of travel expenses is examined in detail as they are submitted, by our departmental accounting section, checked against the travel regulations of the department. These travel regulations are developed within the framework of the overall travel regulations established by treasury board. In some cases they would be more generous, and in other cases less generous.

Our departmental people check each travel claim as it is submitted against the departmental regulations, to make sure the claim is valid.

The travel claim, as approved by our department, has to go over to the chief treasury officer attached to our department, who is an employee not of our department but of the Department of Finance. He has to be satisfied by checking that claim, to the extent of his satisfaction, against the treasury board travel regulations before he will pay the account.

There is a double check, both by the departmental people and officers of the Department of Finance before the travel claim is paid.

So far as your earlier question is concerned, I think it would be useful if I were to give you a breakdown of the travel expenses involved, as between different elements in the department, because I gathered from Mr. Hales' question that the impression perhaps in his mind is that this vast sum of travel expense money, is, in some way, used by officials in Ottawa travelling to all parts of the country or, possibly, to all parts of the world.

29 per cent of the travel amount of \$999,000 for staff travel in the new year, the current fiscal year—29 per cent or \$291,000 covers travelling expenses of Indian and northern health services doctors, nurses, dentists, etc., to and from outlying districts.

18 per cent or \$176,000 covers travelling expenses of those employees whose work requires them almost constantly to be in travel status—for example, the 72 food and drug inspectors.

I mention this to make it clear to Mr. Hales and other members of the committee that really, in a situation of that kind, where a person's entire work depends on his moving about from place to place, it means that there is no question of somebody authorizing each individual trip. These officials' duty is to cover a district, and if the individual official is not travelling he is not earning his salary. Therefore, there is no requirement in such a situation, for the individual authorization of a specific trip.

14 per cent or \$139,500 covers removal expenses incurred in moving professional and other staff from remote hospitals and outposts in the north, largely, because of the Indian and northern health service, or moving back immigration medical doctors from overseas to Canada, and vice versa;

8 per cent or \$75,000 covers fuel and oil for departmental vehicles;

7 per cent or \$66,000 covers travelling expenses of 61 immigration medical officers in the United Kingdom and Europe;

4 per cent or \$47,000 covers travelling expenses of supervisory staff at headquarters, whose work requires them to visit field establishments;

4 per cent or \$43,000 covers travelling expenses of senior staff in the field whose work requires them periodically to be in travel status—for example, family allowances, and old age security people, and so on;

4 per cent or \$41,000 covers civil defence work;

4 per cent or \$36,000 covers travelling expenses of survey teams engaged on various health surveys—for example, nutrition surveys, occupational health surveys, dental health surveys, and so on.

Finally, 8 per cent or \$83,000 covers travelling expenses of senior departmental officers at headquarters, who have to move about throughout Canada or, in some cases, have to move overseas in the course of departmental duties.

Mr. BROOME: What was the figure for fuel and oil again?

Dr. DAVIDSON: 8 per cent or \$75,000—266 vehicles.

Mr. HALES: When it comes to the final analysis who authorizes and who says, "Should a person go here or there"? Who finally gives the okay as to whether they should or should not go?

The CHAIRMAN: Could you take a particular category?

Mr. MONTEITH (*Perth*): I authorized Dr. Willard to go to Manitoba last week. His travelling expenses for that would come out of this last figure.

Dr. DAVIDSON: That is right.

Mr. HALES: In one particular department would it be the head of that department, and would one have to consult with the head of that department whether it was all right or not?

Dr. DAVIDSON: The head of the unit, rather than the head of the department.

Our regional director in Manitoba for family allowances and old age security will authorize the travel of an employee in that office, if they have to go to the northern part of Manitoba, on an old age security or family allowance enquiry. At headquarters, at departmental head level, it will be doctor Morrell or Dr. Moore who will authorize that travel. All air travel has to be authorized by the deputy ministers.

Mr. MONTEITH (*Perth*): I might point out that several of our staff have given service in other countries, assisting in the setting up of Departments of Health, or revising them, and this sort of thing. Under those circumstances their travel expenses are not charged to the department.

Mr. HALES: This 14 per cent with respect to removal of officials. We discussed a similar situation with the Department of National Defence, concerning their removals. Through suggestions of the estimates committee they set a certain maximum figure. I suppose that would not be possible in this department?

Dr. DAVIDSON: All removal expenses, so far as our departmental officers are concerned, relate to removal of a very substantial distance—say, to an Indian Hospital in the north country or to a post overseas, in the case of immigration medical officers, or from one provincial headquarters to another.

I think I can assure you that nobody has received removal expenses within the city of Ottawa, as far as those expenses are concerned.

Mr. MCGEE: 70 odd food and drug inspectors represent a component of this. I wonder if we could take the fourteenth person appearing on that list and select, say, the month of March, and have a look at the expenses for him. Would that be possible?

Mr. MONTEITH (*Perth*): Sure.

Mr. BROOME: I think Dr. Davidson said that fuel and oil cost \$75,000 for 266 vehicles. That amounts to \$280 a year, which is less than \$25 a month for fuel, gas, grease, and so on. This would indicate that either the department is very practical in buying cars which have high mileage characteristics—

Dr. DAVIDSON: That is correct.

Mr. BROOME: —or else the cars are not being driven very much.

Mr. MONTEITH (*Perth*): In the case of every car purchased by this department, I must approve the purchase; and every time it is a tender the lowest price is accepted.

There are only certain types of cars that are suitable. They must be a reasonably cheap model; for instance, a coach is less expensive than a sedan. I do not know anything about the matter you intimated. I assume they are economical to run.

The CHAIRMAN: You do not provide Cadillacs, as I have heard the Department of National Defence did for its ambulances?

Mr. MONTEITH (*Perth*): Not our ambulances; incidentally I explained this in an answer to a question in the house, and maybe Dr. Moore could give you more information concerning how we go about getting ambulances. It has to be a practical vehicle for the territory in which it is used.

The CHAIRMAN: I think you have answered that.

Mr. BROOME: There is one point that was not answered. Of course, I understand that for country and for long-distance driving a heavy car is required. But for city operation, do you accept the compact and small imports?

Mr. MONTEITH (*Perth*): No, to my knowledge we have only bought Canadian made cars.

Mr. BROOME: Canadian "assembled" cars, would be a better description of them. You do not accept these others?

Mr. MONTEITH (*Perth*): Chevrolet and Ford products.

Mr. BROOME: What about the Volkswagon, Volvo and other imported cars? Are they not acceptable to the department?

Mr. MONTEITH (*Perth*): We do not have any, to my knowledge.

Dr. DAVIDSON: I could not answer that, but there has been a recent treasury board directive that in the purchase of cars consideration should be given to the acquisition of small-type vehicles.

Mr. BROOME: They are relatively inexpensive as far as operation is concerned.

I am still wondering about the \$280 a year, and I am wondering whether it is something which the department would like to check on. If they only drive that much, you might consider rental arrangements.

Mr. MCGEE: I wanted to ask a supplementary question to my question about the fourteenth person on the list, whoever he may be. I am not interested in his name, and I do not think it is useful to involve him personally, but I would like to look at his expenses for the month.

Mr. BROOME: I do not think it is right to take any one individual.

The CHAIRMAN: The point Mr. McGee made is that there will be no identification.

Gentlemen, on a new subject, I will recognize Mr. Grafftey at the next meeting, which will be, of course, on Thursday.

Having covered everything from vehicles to thumb-sucking, I suggest perhaps it might be a good thing if the committee gave me some indication, at the next meeting, of the extent of your further examination of this department, so we can assess how long we will be and give some indication to the house leader as to when we will be ready to take a look at another department. If you would be kind enough to indicate to me at the next meeting whether you have a great number of questions or a limited number, it would be useful also to the department.

Gentlemen, thank you very much. A motion to adjourn is in order?

APPENDIX "A"

STAPHYLOCOCCAL INFECTIONS IN HOSPITALS

The whole matter of staphylococcal infections in hospitals is presently under review by a Committee established by the National Research Council and under the Chairmanship of Dr. E. G. D. Murray, London, Ontario. The primary objectives of the Committee are as follows:

- (a) accumulation and dissemination of information concerning staphylococcal infections
- (b) the development of suitable hospital procedures for the prevention and control of such infections
- (c) the promotion and encouragement of research in the field.

The Committee was formed about two years ago with the following membership:

Dr. E. G. D. Murray, Chairman, 126 Regent Street, London, Ontario.

Dr. D. H. Starkey, Vice-Chairman, Chief of Service Pathology, Queen Mary Veterans Hospital, Montreal 26, Que.

Dr. L. O. Bradley, Administrator, Winnipeg General Hospital, Winnipeg 3, Man.

Dr. E. T. Bynoe, Chief, Bacteriological Laboratories, Laboratory of Hygiene, Dept of National Health and Welfare, Ottawa.

Dr. J. C. Colbeck, Chief of Service Pathology, Shaughnessy Hospital, Vancouver, B.C.

Mr. H. G. Hughes, Chief, Hospital Design Division, Department of National Health and Welfare, Ottawa.

Dr. André Leduc, Bacteriologist, Notre-Dame Hospital, Montreal.

Dr. W. H. le Riche, School of Hygiene, University of Toronto, Toronto, Ontario.

Dr. H. S. Morton, Surgeon, Royal Victoria Hospital, Montreal 2.

Dr. H. Roche Robertson, Surgeon-in-Chief, Montreal General Hospital, Montreal 25.

Dr. T. E. Roy, Director of Bacteriology, Hospital for Sick Children, 555 University Avenue, Toronto 2.

Mr. R. N. Wickens, Administrative Housekeeper, Montreal General Hospital, Montreal 25, Que.

Miss Edith Young, R.N., Director of Nursing, Ottawa Civic Hospital, Ottawa, Ont.

The answers to Dr. Vivian's questions are as follows:

1. *Question*—What steps have been taken to have all hospitals report staphylococcal infections as a communicable disease in Canada?

Answer—The Annual Return of Hospitals is designed to provide basic information of value to hospitals and provincial governments and to serve the specific purposes of the Department of National Health and Welfare and the Dominion Bureau of Statistics. This Annual Return is required for all hospitals in Canada as defined in the manual of "Instructions and Definitions for the Annual Return of Hospitals". This joint (D.N.H. & W. and D.B.S.) return was required for the first time for the calendar year 1959.

Part I (Facilities and Services) of this Return includes as a reporting item (page 6) the number of "Newborns with staphylococcal skin infections" during the year. It also includes data concerning the number of post-operative infections in clean surgical cases, although the causal organism is not specified.

In six provinces the standard reporting of primary diagnosis on discharge, all information obtaining from the hospital admission-discharge form would permit tabulation of septicaemia and pyemia due to staphylococcal infections and of staphylococcal food poisoning.

2. *Question*—Are mortality figures available for such hospitals infections in Canada and if so, can these be related to year, location, age, and sex?

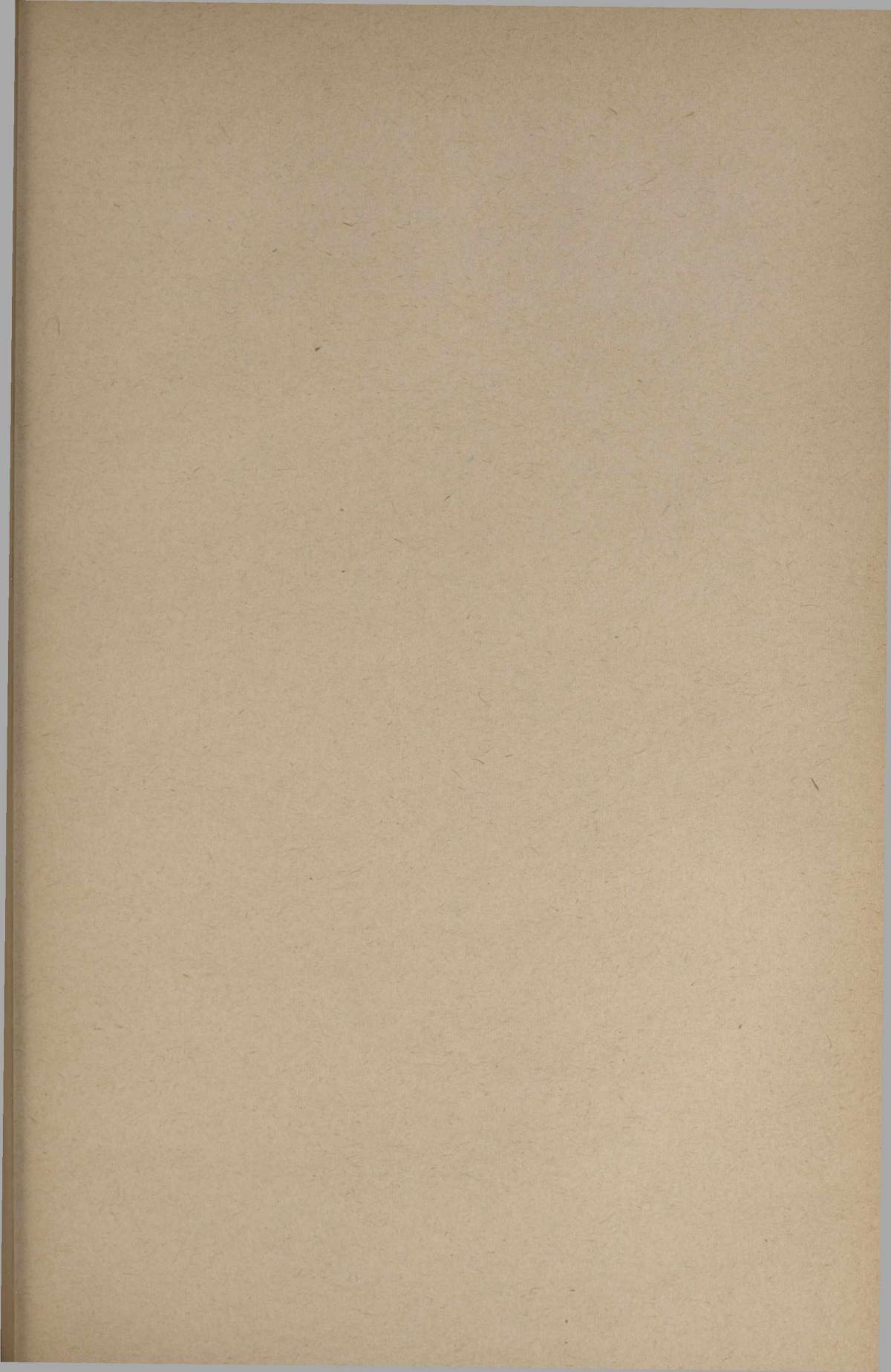
Answer—Yes. This information is available from the Dominion Bureau of Statistics for those deaths in which the underlying cause of death was stated to be due to staphylococcal infection.

3. *Question*—What is the present state of the investigation being carried out by the Committee of the National Research Council? Are their recommendations being acted upon at hospital level? What steps are being taken with regard to enforcement?

Answer—The Committee of the National Research Council is presently engaged in collecting reports on many of the special aspects of this subject. It is anticipated that most of these reports will be available in the next few months and will serve as guide material to hospitals and others in the control of staphylococcal infections in hospitals.

4. *Question*—Reference was made to a publication by New York State dealing with the control of staphylococcal infections and the question was asked as to whether there was a similar Departmental publication.

Answer—It is anticipated that the reports referred to above would take the place of any Departmental publication.



HOUSE OF COMMONS

Third Session—Twenty-fourth Parliament

1960

STANDING COMMITTEE
ON
ESTIMATES

Chairman: ARTHUR R. SMITH, Esq.

MINUTES OF PROCEEDINGS AND EVIDENCE

No. 17

THURSDAY, MAY 12, 1960

Estimates of the Department of National Health
and Welfare 1960-1961

Including Indices to Evidence and Appendices

WITNESSES:

The Honourable J. Waldo Monteith, Minister of National Health and Welfare; *assisted by* Dr. G. F. Davidson, Deputy Minister (Welfare); Dr. K. C. Charron, Director, Health Services Directorate; and J. A. Hickson, Chief, Purchasing and Supply Division.

THE QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1960



STANDING COMMITTEE ON ESTIMATES

Chairman: Arthur R. Smith, Esq.,

Vice-Chairman: Ernest J. Broome, Esq.,

and Messrs.

Argue,	Fairfield,	McGregor,
Anderson,	Fleming (<i>Okanagan-</i>	McIlraith,
Baldwin,	<i>Revelstoke</i>),	McMillan,
Benidickson,	Fortin,	McQuillan,
Best,	Gillet,	More,
Bissonnette,	Grafftey,	Parizeau,
Bourbonnais,	Hales,	Payne,
Bourdages,	Halpenny,	Pickersgill,
Bourget,	Hellyer,	Pugh,
Brassard (<i>Lapointe</i>),	Horner (<i>Jasper-Edson</i>),	Ricard,
Bruchési,	Howe,	Richard (<i>Kamouraska</i>),
Campbell (<i>Lambton-</i>	Jorgenson,	Rouleau,
<i>Kent</i>),	Korchinski,	Skoreyko,
Cardin,	MacLellan,	Stewart,
Caron,	Martin (<i>Essex East</i>),	Stinson,
Carter,	McCleave,	Thompson,
Cathers,	McDonald (<i>Hamilton</i>	Vivian,
Clancy,	<i>South</i>),	Winch.
Coates,	McFarlane,	Winkler.
Crouse,	McGee,	
Dumas,	McGrath,	

J. E. O'Connor,
Clerk of the Committee.

MINUTES OF PROCEEDINGS

THURSDAY, May 12, 1960.

The Standing Committee on Estimates met at 9.50 a.m. this day. The Chairman, Mr. Arthur Smith, presided.

Members present: Messrs. Anderson, Benidickson, Bissonnette, Broome, Campbell (*Lambton-Kent*), Carter, Cathers, Dumas, Fairfield, Fortin, Grafftey, Hales, Halpenny, Jorgenson, Parizeau, Pugh, Smith (*Calgary South*), Stewart, Vivian, Winch, and Winkler—21.

In attendance: The Honourable J. Waldo Monteith, Minister of National Health and Welfare; Dr. G. F. Davidson, Deputy Minister (Welfare); Dr. K. C. Charron, Director, Health Services Directorate; and Mr. J. A. Hickson, Chief, Purchasing and Supply Division.

The Chairman observed the presence of quorum and again called for consideration, Item 242—Departmental Administration.

Answers to questions asked at the last meeting of the Committee were tabled for inclusion as appendices to the record of this day's proceedings. (*See Appendices "A" and "B".*)

Mr. Monteith, assisted by Drs. Davidson and Charron were questioned concerning the subject of "Physical Fitness", and Mr. Hickson replied to questions concerning the purchase of drugs by their generic names.

Following answers by Mr. Monteith and Dr. Davidson regarding the delay in approval of a certain application for Old Age Security, Item 242 was adopted.

The Chairman thanked the Minister and the officers of his department who had appeared as witnesses, and in turn, the Minister expressed his appreciation to Members of the Committee for the opportunity afforded him to explain the estimates of his department.

At 10.23 a.m. the Committee adjourned to the call of the Chair.

J. E. O'Connor,
Clerk of the Committee.

EVIDENCE

THURSDAY, May 12, 1960.
9.30 a.m.

The CHAIRMAN: Good morning, gentlemen, we have a quorum. I think we are rather fortunate, from what I gather, to have a quorum at all. A number of other committees are still waiting for their first member to appear.

Gentlemen, you have under review, as you recall, the general item under 242. Before proceeding with it we have answers to questions which were asked, one by Mr. McGee, who requested a copy of a typical expense claim submitted by a food and drug inspector in the month of March. Mr. McGee is not here. I will have this tabled as part of the evidence and anyone wishing to look at it, if they will ask the secretary it will be made available to them.

The second is a copy of a list of health educators employed by provincial departments, and their qualifications. This will also be tabled as part of the evidence.

Perhaps I should make an explanation in reply to a question which I think I asked dealing with the printed pamphlets by the department. The committee will recall I questioned why only 70 copies of *Baby's First Year* had been distributed in the fiscal year 1958-59. Mr. Monteith has handed me the explanation.

Baby's First Year was first produced for Indian and northern health services in the fiscal year 1958-59. It was delivered for distribution only in late March, 1959. In the period intervening between its delivery to the department and the end of the fiscal year, only 70 copies were distributed.

In the fiscal year 1959-60, 6,960 copies of the booklet were distributed. So *Baby's First Year* is beginning to boom and may become a book-of-the-month-club selection.

Gentlemen, I said I would recognize Mr. Grafftey and following that any others who wish to take up the examination of the area which he is covering.

Mr. GRAFFTEY: Mr. Chairman, by way of very brief illustration, before I get into my question, in my own particular area—I forget the name of it, but the department in conjunction with the national film board had a film on the benefits of proper nutritional guidance. I would like to say it is excellent.

I would also like to make, in passing, a reference to an air force pamphlet, which is very popular now, on a set of physical fitness exercises. I do not know whether this department had anything to do with it, but I imagine it did. It is also widely received and popularly received by the public, an excellent publication.

Now, sir, for my question. Mr. Chairman, I would like to state very briefly that according to information based on advances in physical and nutritional guidance and modern mechanical conveniences—I am going to generalize and say that a lot of people are very concerned that as a nation we are not physically fit, especially referring to the younger generation. In fact, a lot of people would say, especially referring to the younger generation, which we saw by examining the Department of National Defence last year, that in many areas we are a physically unfit nation. My question is,

what practical steps are the department taking to emphasize the benefits of real physical fitness to every Canadian citizen?

Hon. J. W. MONTEITH (*Minister of National Health and Welfare*): Mr. Chairman, Dr. Davidson has been familiar with the physical fitness program as such, whatever it might have been called, over the years as it affects the department. I am going to ask him to say a word in a moment; but I might mention that the National Physical Fitness Act was first brought in in 1943 and under this act it was possible to give assistance to the provinces for physical fitness programs. Now, very few of the provinces saw fit to avail themselves of the funds which were available under this particular act, and some of those that did originally come in eventually dropped out. I think it was in 1953 or 1954 the act was repealed in the House of Commons and there has been no particular piece of legislation governing this effort since then.

Before Dr. Davidson goes on I would point out that we did have a nucleus staff to administer this act and when the act was repealed the staff was pretty well switched to other duties. However, Dr. Doris Plewes is still in the department and I will ask Dr. Davidson to outline her functions. Incidentally, I should mention that I do have a copy of 5BX and do some of the exercises.

The CHAIRMAN: I wonder, Dr. Davidson, when you are replying we might ask you to comment—

Mr. BROOME: Would the minister show us the exercises?

The CHAIRMAN: May I start again? Mr. Grafftey inferred that we were an unhealthy lot and surely this is a relative question. I would ask Dr. Davidson if he would also give us his views as to whether we are any more unhealthy than anyone else in any other country. I think this should be brought into perspective.

Dr. G. F. DAVIDSON (*Deputy Minister of Welfare*): Mr. Chairman I would hesitate really to comment on your last query, because I think that is rather a matter for the health authorities of the department to comment on, and those who have more competence in the medical field. Perhaps Dr. Charron, or one of the other members, could be a little more objective on it.

I am aware of the fact, Mr. Chairman, that there are some medical men on the committee and if I were to presume to speak on behalf of the medical profession I am sure they would be the first to question it.

The CHAIRMAN: May I clarify it? This is seriously intended. The inference is that either through recreation or through health we are perhaps, as I understand the question, not doing a great deal or not doing as much as we should; and I suggest this must be taken in its relative context.

Dr. DAVIDSON: I think there are statistics which have been frequently quoted which purport to show that the physical fitness of the Canadian people is less than it should be, and the most notable statistics are those which relate to the number of rejections in terms of recruitment to the armed forces.

I would merely suggest to the committee, Mr. Chairman, that before the committee jumps to the conclusion that that necessarily means that everybody who is rejected from the armed services is a physical wreck, they should realize that it is a rather specialized test for a specialized purpose and that some of our better Canadian athletes, for example, could not pass the physical fitness tests which are required to get into the armed forces. Therefore, I think that it should be taken in its proper perspective.

Having stated that, I think one could go on to state there are other kinds of tests and surveys that have been made, notably the Kraus-Weber tests in the United States of America which have had the effect of showing a typical North American child in terms of certain basic tests defined to show

his stamina and his basic muscular development. The typical North American child does not measure up too favourably in comparison with some other groups of children from countries of continental Europe where the standards of living are certainly not as high as they are in the United States or Canada.

There has been some translation of these results which were obtained under a United States survey to Canadians, and work is being done in an effort to establish the extent to which the conclusions which were reached by the United States survey authorities are valid for Canada.

It seems to me that it is probably safe to assume that part of the price we pay for our high standard of living in North America and the relevant luxuries that many families are able to enjoy does make for less in the way of physical fitness than is the case in a country where there is a lower standard of living and where people have to walk to work instead of riding in automobiles and where they have to indulge in simpler forms of physical exercise instead of having available several kinds of rather easy entertainment that most of us are familiar with in North America.

Now, what does all this mean in terms of a program, so far as the department is concerned and the various provincial departments which are also concerned?

Mr. Monteith has already referred to the experience we had with the National Physical Fitness Act of 1943 to 1953. I was the deputy minister responsible for that program and had some experience with it, and I think the general conclusion that was reached by nearly all those who were connected with the program was that it was notably lacking in success. It was one of the few pieces of legislation that I have ever seen repealed with the unanimous approval of everyone in parliament at that time. That does not mean that a program of physical fitness is not approved by the Canadian parliament. It merely means, it seems to me, that it was at that time regarded as being an approach which was not sound in the terms in which it had been conceived.

From 1953 until recently we have retained a consultant on physical fitness and recreation in the person of Dr. Doris Plewes, who is a very well qualified person and who has been, I think, very helpful to the provincial departmental authorities and to many other groups and organizations throughout Canada in providing technical and professional advice on various physical fitness problems and programs that they have been undertaking at the provincial or local level. Many of these programs relate to physical education in school systems, and here there is a delicate problem involved of constitutional responsibility. But Dr. Plewes has made herself available on request only, whenever the provincial authorities or the municipal authorities through the provinces have requested consultative services from her in Ottawa.

The pamphlet to which Mr. Grafftey referred, the 5BX produced by the air force, was a program on which Dr. Plewes was able to do a great deal of work in conjunction with Dr. Orban and Wing Commander Tett of the R.C.A.F. In the last year or so I think it is fair to say, as a result of the interest that was stimulated by the Duke of Edinburgh's speech when he assumed the post of president of the Canadian medical association, there has been a substantial reawakening of interest in the possibilities of a physical fitness program. The department has, on the health side, a special committee which is now set up, studying all the aspects of this problem, and is working in conjunction with another committee set up by the Canadian medical association as a result of the initiative taken by the Duke of Edinburgh. It is hoped that something in the way of a plan or proposal or course of action can be developed which would involve both provincial and federal cooperation in doing what seems appropriate today in the way of government acts, and so on.

I might just refer finally to the fact that this was discussed at last October's meeting of the Dominion Council of Health and is still on the agenda for future meetings of the Dominion Council of Health, where we meet with the provincial deputies of health and discuss problems of common interest.

The CHAIRMAN: Dr. Charron, would you like to add anything to this subject?

Dr. K. C. CHARRON (*Director, Health Services Directorate*): Mr. Chairman, as Dr. Davidson has indicated, it is very difficult with the knowledge that is now available, to assess what would be considered to be the optimum as far as physical fitness is concerned, and as related to health and welfare. There are so many different circumstances that prevail and it is difficult to say that the level of physical fitness you require for a person entering the armed services or for a particular field of athletics is necessarily the optimum level of physical fitness for the population as a whole.

As Dr. Davidson has indicated, this matter has been under study by the health branch of the department for the last two years, and we are in the process of trying to define more accurately the levels of physical fitness that would represent goals, as far as health goals are concerned.

In this regard the committee is working closely with the Canadian medical association, which has a comparable committee, and indeed we are working closely with the professors of physiology and others in universities to see if a more positive approach cannot be adopted to this whole problem.

The CHAIRMAN: Anything further, Mr. Grafftey?

Mr. GRAFFTEY: No, Mr. Chairman. I would just like to express my thanks for a very thorough answer to the question.

Mr. CAMPBELL (*Lambton-Kent*): Mr. Chairman, if I have to put it in the form of a question I would ask if you do not think it is good that this matter be reopened and that the authority which was on the books at one time should be put back there again. I am one who has been an ardent advocate of physical fitness for many years; I not only preach it but I practise it. In my opinion there is no more important thing in this world than physical fitness, and I think if there has been legislation on the books and it has not been used, there should be some definite action to promote some interest in it. I think it would be doing a real service, more so than anything we could do for the people of our country.

Mr. MONTEITH (*Perth*): If I might answer Mr. Campbell's question, I do not think the National Physical Fitness Act as it stood at that time could be the answer. I am not saying that there is not some answer and, as Dr. Charron and Dr. Davidson have pointed out, we have a committee studying this along with a committee of the Canadian medical association, at the moment. I think you will recall Ontario set up a committee to study this problem. We are watching this with great interest. We do have the problems as such in our minds and are giving them every consideration. But I do not think that the act, as it existed then, is the answer. I think that is obvious. Perhaps it is safe to say that in this country you cannot legislate somebody into taking physical training. You might encourage it, and to me this appears to be the approach.

The CHAIRMAN: I wonder if perhaps the minister might like to suggest, or perhaps Dr. Davidson, that a method of encouragement would be the distribution of the pamphlet 5BX. I am not going to suggest that this be done without cost to the provinces or to the individuals who might take it, because I think we have perhaps gone a bit too far in this direction already. But this has been one of the most useful publications ever printed in this country and the evidence, of course, is the minister himself. Is this not a thought, that we might

perhaps utilize this, rather than, say, through the field of the parliamentary service or cabinet ministers?

Dr. DAVIDSON: I am not familiar with the policy the air force has adopted for the distribution of this pamphlet. It was my understanding that it is available on a purchase basis for anybody who wants to buy it.

The CHAIRMAN: It has been sold in great quantities, I understand Dr. Charron to say.

Dr. CHARRON: Yes, I understand it has been sold in quite substantial quantities through the Queen's printer.

Mr. BROOME: It is not a classified document.

The CHAIRMAN: Further questions on this item, gentlemen?

While you gentlemen of the committee are considering further questions I might ask the minister this question: on page 156 of the evidence, Mr. Minister, you show a list of the grants or donations to the Canadian Olympic association and at the bottom there is a paragraph which reads:

Grants were made generally to assist in defraying expenses of Canadian teams but special assistance was provided to help meet the costs of the British empire and commonwealth games held in Vancouver in the summer of 1954.

My question is first of all to establish the responsibility for these grants. I assume, as the minister of this department, any requests for grants for a similar body, such as the proposed forthcoming winter Olympics is the responsibility of your office?

Mr. MONTEITH (*Perth*): I would not like to say this definitely, Mr. Chairman. On that list it will be noticed that the Department of Finance has actually been the paying department for many years in the many times that these special grants have been made. However, in 1959-60 the estimates of the Department of National Health and Welfare did include \$60,000, and I suppose if this is an indicator the department can be assumed to include any further items of this nature in our estimates.

The CHAIRMAN: I wonder if I can ask a further question: if you can give me some indication as to how these grants are determined. I am thinking of the special grants, such as the grants to the British empire games held in Vancouver? Is it a matter to be determined by cabinet alone, or by cabinet committee?

Dr. DAVIDSON: Mr. Chairman, I am afraid I cannot answer that question. I should point out that the seven grants which are shown in relation to the British empire games being held at Vancouver amount to a total of \$200,000. They were determined at that time by the Minister of Finance, or by the Department of Finance, and the total of \$200,000 that was decided upon was, I think, decided more or less on an ad hoc basis. It was simply spread over two fiscal years, because it was convenient to spread it in that way.

Mr. BROOME: Is it correct, Mr. Minister, that your department is concerned about the possible study of the Olympic committee of their proposed locations, two of them, Garibaldi or Banff for the winter Olympics. If so, could you advise us on that?

Mr. MONTEITH (*Perth*): Let me put it this way: I have been in one or two informal discussions concerning such a possibility. If a direct request were made either to myself or to the Minister of Finance I am sure it would be given every consideration, but there has not been such a formal request as yet along those lines.

The CHAIRMAN: It would be safe to say there have been discussions on the matter, though, Mr. Minister?

Mr. MONTEITH (*Perth*): Yes. Of course, I think Stratford, Ontario, might well be studied too.

The CHAIRMAN: Further questions, gentlemen? Are there any other areas that you wish to examine?

Mr. BROOME: There is one question I would like to ask. In last night's *Ottawa Citizen* there was an interview with Mr. Jules Gilbert in which it was stated two different government departments have cut the cost of their drugs by 50 per cent by buying under generic names rather than brand names. I was wondering if one of the departments could be the Department of Public Health and Welfare?

Mr. MONTEITH (*Perth*): I cannot give you the history over too long a period, other than, Mr. Chairman, to say we do buy our drugs under this particular method now. Mr. Hickson might be aware of this. This is Mr. Hickson, of the purchasing division, by the way. Will you state the situation in that connection please?

Mr. J. A. HICKSON (*Chief, Purchasing Department, Department of National Health and Welfare*): I would state first, Mr. Chairman, that about 90 per cent of our drugs are obtained through the Department of Veterans Affairs medical stores, and are purchased by generic names.

The CHAIRMAN: Is it not true that they have always been purchased by generic names?

Mr. HICKSON: To my knowledge, yes.

Mr. WINCH: Could I ask one small question? Could the minister explain why it is that in the regional offices that handle old age assistance it takes as long as five months to get a translation of a birth certificate? This seems impossible to me, but I know it is correct.

Mr. MONTEITH (*Perth*): You mean a translation of a birth certificate in a foreign language, or to come to a conclusion that a birth certificate is sufficient evidence?

Mr. WINCH: No, I have a case right now where a woman was born in Poland, and by age and everything else she is eligible for pension, but she had to get her birth certificate in Poland and it is in Polish. That was sent in five months ago and on inquiry I received a letter back from the director that the delay was entirely due to the translation at that time. They were not able to get a translator. This had taken five months.

Mr. MONTEITH (*Perth*): I would like to know myself, Mr. Winch, quite frankly, because I do like to know about these grievances that affect the lives of the citizens of Canada. I am certainly concerned when these grievances are brought to my attention.

I am going to ask Dr. Davidson to enlarge on the procedure of the acceptance of proof of age, but, generally speaking there may be the odd one, but I do not think there could be many go that long. However, I would ask Dr. Davidson to outline this.

Dr. DAVIDSON: I would like to clarify one point. You said old age assistance, Mr. Winch. Do you mean old age assistance or old age security?

Mr. WINCH: Old age security. This woman is in her seventy-first year.

Dr. DAVIDSON: And she is not yet receiving the benefit?

Mr. WINCH: No, and the answer I received from the director was that the hold-up has been the difficulty in getting a translation of the birth certificate, and they have now had it five months.

Dr. DAVIDSON: If you will give me the case I will certainly find out what the cause for the delay is.

Mr. WINCH: Thank you.

The CHAIRMAN: Shall the item carry, gentlemen?

Item agreed to.

The CHAIRMAN: Well, gentlemen, before we adjourn I want on your behalf to thank first of all the minister, Mr. Monteith—

Mr. BROOME: The athlete.

The CHAIRMAN: —for his excellent cooperation with the committee. I think you will agree that he has been very helpful and very cooperative. I want to thank also Dr. Davidson and wish him every success in his new department.

Again on your behalf I wish to thank Mr. Allen, Dr. Willard, Mr. Palmer, Dr. Charron, Dr. Morrell, Mr. Hickson, Dr. Ratz, Mr. Hammond, Mr. Adams, Mr. Brittain and Dr. Moore. All you gentlemen have been very helpful.

Before we adjourn I believe Mr. Monteith has a word or so, but may I remind you that we now have the responsibility of considering a report on the department and we will follow the same practice as in the past. As chairman I will go through the evidence over the week-end and on Tuesday we will be in a position to have enough subject matter from the evidence to consider what should be included in the report. As committee members, however, I would ask you to do a little homework as well, so that you will be in a position to make suggestions for the report.

If we by Tuesday are in a position to have completed the first survey of the evidence to put material in the report, the report then can be submitted to you for final draft at our Thursday meeting. I do not think there is anything further I have to say, although I do want to thank the committee, of course, for, as always, their very great cooperation.

Mr. MONTEITH (*Perth*): Mr. Chairman, I also first of all would like to thank you and congratulate you on the way this estimates committee has been meeting and conducting its business. I would like to thank the members of the committee for their kindness in their approach to the department.

When I first was approached as to whether I would mind having the department estimates before the estimates committee I said I certainly had no objection; I would be very happy. I am sincere when I say that. I have had the experience of sitting as a member of the estimates committee, but never as the one to be grilled before it. I have found it a most interesting and informative experience.

I think I would like to say a word of appreciation to my staff, all the members who have appeared before you and given evidence, and thank them for their cooperation in preparing material to be presented to the committee.

As this is a wind-up session and most of the senior members of my staff are here, I would like to suggest that all members of the committee and my staff, who can spare a few moments, adjourn to my office. It is not a very large office; however I think we might squeeze in one way or another.

At any rate this would give the members of the committee an opportunity to talk more informally with the members of the staff, and maybe you have other questions which you have not thought of up until this moment. I would like to include any members of the press gallery, also, in the invitation to drop into the office if they would care to.

The CHAIRMAN: Any further business at this time? A motion to adjourn is in order.

APPENDIX "A"

TRAVELLING EXPENSES

COPY OF TRAVELLING EXPENSES CLAIM SUBMITTED BY A FOOD AND DRUG INSPECTOR
FOR THE MONTH OF MARCH 1960.

Year and date	Details (including names of places where expenses were incurred)	Time of departure and arrival	Vr. No.	No. of meals	Meals and lodging	All other expenses
1960						
March 1	Parking—Dept. Car.....					.40
2	Parking—Dept. Car..... Lv. Windsor	11:00 a.m.				.35
3	Lunch—Detroit..... Arr. Windsor	2:30 p.m.		1	1.91	
	Tunnel Fare—Detroit and return.....					1.40
	Parking—Detroit and Windsor.....					.80
	Specimen—35369-U.....					3.81
4	Parking Dept. Car..... Lv. Windsor	11:30 a.m.				.25
	Lunch—Chatham..... Arr. Windsor	3:45 p.m.		1	1.85	
7	Parking Dept. Car.....					.35
		Lv. Windsor				
8	Lunch—Leamington..... Arr. Windsor	10:30 a.m. 3 p.m.		1	1.55	
9	Parking Dept. Car.....					.45
10	Parking Dept. Car.....					.75
11	Parking Dept. Car..... Lv. Windsor	11:15 a.m.				.30
	Lunch—Amherstburg..... Arr. Windsor	4:45 p.m.		1	1.65	
14	Dinner—Paris, Ont..... Lv. Windsor	2:00 p.m.		1	2.65	
		Arr. Toronto				
	Parking.....					1.20
	Tip to porter.....					.25
15	B. 1.25; L. 1.90; D. 2.75—Toronto.....			3	5.90	
	Subway Tokens—Toronto.....					.50
16	B. 1.30; L. 1.85; D. 2.50.....			3	5.65	
17	B. 1.25; L. 1.85; D. 2.50.....			3	5.60	
	Parking..... Lv. Toronto	5:00 p.m.				1.20
		Arr. Windsor				
	King Edward Hotel.....		1		24.75	
	Tip to porter.....					.25
18	Parking.....					.40
21	Parking.....					.40
22	Lunch—Chatham..... Lv. Windsor	11:30 a.m.		1	1.70	
	Parking..... Arr. Windsor	4:30 p.m.				.20
23	Parking.....					.10
	San. Insp. Kent Co.—..... Lv. Windsor	11:30 a.m.				
	Lunch—Thamesville..... Arr. Windsor	4:30 p.m.		1	1.65	
24	Parking.....					.35
25	San. Insp. Essex Co..... Lv. Windsor	11:30 a.m.				
	Lunch—Essex..... Arr. Windsor	4:00 p.m.		1	1.65	
	Parking.....					.30
28	Customs & San Insp. Chatham Lv. Windsor	11:30 a.m.				
	Lunch—Chatham..... Arr. Windsor	4:00 p.m.		1	1.85	
	Parking.....					.40
	Specimen 35379-U.....					1.00
29	Parking.....					.25
	Specimens 35380, 81 and 82.....					3.00
30	Parking.....					.30
	San. Insp. Essex Co..... Lv. Windsor	11:00 a.m.				
	Lunch—Essex..... Arr. Windsor	5:00 p.m.		1	1.65	
31	Parking.....					.70
	Purchases of gas and oil for departmental vehicle during March.....					34.79
	GRAND TOTAL.....	\$ 114.46	TOTALS.....	60.01		54.45

N.B.—The costs of specimen foods and drugs in the amount of \$6.81 were charged to Materials and Supplies leaving a net charge to Travel of \$107.65.

APPENDIX "B"

HEALTH EDUCATORS EMPLOYED BY PROVINCIAL DEPARTMENTS
AND THEIR QUALIFICATIONS

VICTORIA—BRITISH COLUMBIA

- 2 Health Educators—one MA and CPH
—other BA
—public health training contemplated for them this fall.

EDMONTON—ALBERTA

- 2 Health Educators—one, degree in teaching and 15 years of teaching experience 16 years with Prov. Alta. in health education—also holds BSC leading towards medicine
—other—Quebec teacher's certificate and taught 4 years
—five years in Div. of Health Education.

REGINA—SASKATCHEWAN

- 9 Health Educators—one, B.A. B. Ed.
B.A., M.P.H.
B.A. B.Ed.
B.A.
B.A.
M.A.
B.A.
B.A.
B.H. Ec.

WINNIPEG—MANITOBA

- 19 Health Educators—one, B.A., BED, MPH
two health educators
two BSC Health Education
one MSC Health Education
three—health educators
one BHEC MSC Health Education
four—student health educator—BA and RN
five—student Health Educator—BA

TORONTO—ONTARIO

- 0 Health Educator

QUEBEC—QUEBEC

- 1 Health Educator

FREDERICTON—NEW BRUNSWICK

- None—at present time—position open—health educator lost to other h. ed. employment

HALIFAX—NOVA SCOTIA

- None—at present time—position open—health educator lost to other employment.

CHARLOTTETOWN—PRINCE EDWARD ISLAND

- none—position open—lost health educator to other employment

ST. JOHN'S—NEWFOUNDLAND

- one—B.A.—plus experience

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HOUSE OF COMMONS

Third Session—Twenty-fourth Parliament

1960

STANDING COMMITTEE

ON

ESTIMATES

Chairman: ARTHUR R. SMITH, Esq.

MINUTES OF PROCEEDINGS

No. 18

TUESDAY, MAY 24, 1960

Second Report to the House



THE QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1960

STANDING COMMITTEE ON ESTIMATES

Chairman: Arthur R. Smith, Esq.,

Vice-Chairman: Ernest J. Broome, Esq.,
and Messrs.

Argue,	Fairfield,	McGregor,
Anderson,	Fleming (<i>Okanagan-</i>	McIlraith,
Baldwin,	<i>Revelstoke</i>),	McMillan,
Benidickson,	Fortin,	McQuillan,
Best,	Gillet,	More,
Bissonnette,	Grafftey,	Parizeau,
Bourbonnais,	Hales,	Payne,
Bourdages,	Halpenny,	Pickersgill,
Bourget,	Hellyer,	Pugh,
Brassard (<i>Lapointe</i>),	Horner (<i>Jasper-Edson</i>),	Ricard,
Bruchési,	Howe,	Richard (<i>Kamouraska</i>),
Campbell (<i>Lambton-</i>	Jorgenson,	Rouleau,
<i>Kent</i>),	Korchinski,	Skoreyko,
Cardin,	MacLellan,	Stewart,
Caron,	Martin (<i>Essex East</i>),	Stinson,
Carter,	McCleave,	Thompson,
Cathers,	McDonald (<i>Hamilton</i>	Vivian,
Clancy,	<i>South</i>),	Winch,
Coates,	McFarlane,	Winkler.
Crouse,	McGee,	
Dumas,	McGrath,	

J. E. O'Connor,
Clerk of the Committee.

REPORT TO THE HOUSE

The Standing Committee on Estimates has the honour to present the following as its

SECOND REPORT

On Tuesday, February 16, 1960, your Committee was constituted by an Order of the House and given the following powers:

Ordered,—That the said Committee be empowered to examine and inquire into all such matters and things as may be referred to it by the House; and to report from time to time its observations and opinions thereon, with power to send for persons, papers and records.

On Tuesday, March 1, 1960, the House referred to your Committee items 242 to 255 inclusive of the Main Estimates 1960-61 relating to the Department of National Health and Welfare.

Your Committee has held twenty meetings during which it examined the estimates of the Department with care and heard expert testimony from officers of the Department. Your Committee approves the Estimates and recommends them to the House for approval.

The Ministers of National Health and Welfare and National Defence assisted by the Clerk of the Privy Council, the Director of the Emergency Measures Organization and senior officers of the Department of National Health and Welfare greatly assisted your Committee in its deliberations.

I—GENERAL

In his opening statement the Minister advised the Committee that the total Budget for the period 1960-61 is estimated at \$1,439,240,729, and that this represented a 2.7 per cent increase over the previous year. From the Committee's standpoint, however, what was more significant was that, of the total Budget, 94.1 per cent represented statutory items. Of the balance of approximately \$84 million of items to be voted by Parliament, the Committee noted that the Department's Estimates showed a decrease of \$8.1 million from the previous year. The Committee does not suggest that any conclusion should necessarily be drawn from this other than to illustrate the clear separation of the Committee's responsibility in examining these two separate accounts.

II—HOSPITAL CONSTRUCTION GRANTS

The Committee examined at some length the relationship between both the senior levels of Government and the Municipal Authorities in providing for adequate hospital beds in Canada. While it is accepted that this responsibility rests with the Provincial and Municipal authorities, the Committee was concerned over reports of hospital crowding and the difficulty of seriously ill patients obtaining admission into a number of Canadian hospitals. It was noted that no accurate estimate was available of the actual waiting list in relation to the demand for hospital beds.

The Committee appreciates that this problem is complicated by nature of the constitutional authority of the Federal Government in providing hospital grants. It further concurs with the opinion of the Minister when he stated

before the Committee that as long as new construction remains a large part of the community responsibility, Canadian hospitals will retain their traditional economy and independence.

Recommendation

Notwithstanding this observation, the Committee recommends that the relationship between the three levels of Government be examined—firstly, to determine the seriousness of the hospital bed shortage in Canada by instituting an immediate review of availability in relation to demand;

Secondly, by discussing the results of this survey with Provincial and Municipal authorities so that any future critical bed shortage may be averted;

Thirdly, in cooperation with the provinces, by attacking the problem of chronic bed care, with a view to providing increased accommodation for the more critically-ill patients.

Fourthly, recognizing that out-patient care and diagnostic services have a direct relation to in-patient hospital congestion, your Committee recommends that the Provincial authorities be encouraged to review both out-patient and diagnostic services under their respective hospitalization schemes: the purpose of such a review to ascertain if adjustment to certain practices now followed might not relieve the in-patient hospital load.

III—HOSPITAL ADMINISTRATION

Closed Hospitals

Your Committee was informed that of the 250 general hospitals in operation at the end of 1958 with a capacity of 100 beds or over, special by-laws existed in 37 of these establishments providing for the operation of a closed medical staff and that an additional 31 function on a similar basis with respect to standard ward accommodation.

While it is appreciated that the administrative responsibility for these hospitals does not come under the jurisdiction of the Federal authority, it should be pointed out that these hospitals are recipients of financial aid from the Government of Canada under the Health Grants Program and the Hospital Insurance and Diagnostic Services Act.

Deterrent Charges

The Committee was informed that certain Provinces, in an attempt to discourage unnecessary occupancy of hospital beds, have established a separate "deterrent" charge of from one to two dollars, applicable to each patient entering the hospital. Under the National Hospital Act, the Federal Government does not recognize these charges as part of ordinary hospital costs, in that they are unconvinced that the amounts levied offer any real deterrent. As a consequence, the Provinces concerned are unable to qualify for the full benefits under the Act. Your Committee was informed that no study had been undertaken to determine the effectiveness of these charges and, therefore, suggests that they be reviewed, in co-operation with the Provinces concerned.

Staphylococcal Infections

The Committee notes that the Department, in its Annual Report, 1959, views the matter of staphylococcal infections in hospitals as a serious one.

The Committee welcomes the information that a Committee of the National Research Council, which has been exploring the various aspects of this problem, will make available their report this coming summer.

While the Committee is reluctant to reach any conclusion on this matter until such time as full information is available to the Department, it respectfully suggests that there be no delay in putting their recommendations into effect, with provincial co-operation, in all hospitals under the National Hospital Plan.

Recommendation

Your Committee is of the view that every effort should be made to prevail on the local authorities to ascertain whether a policy involving any form of restrictions or discrimination places hardship on either patients or non-staff doctors.

IV—MENTAL HEALTH

The Committee carried out an extensive examination of the various aspects of Canada's mental health problem. We were advised by the Minister that the 1959-60 federal Estimate of \$8,531,000 is an increase of \$1,531,000 over the previous year. In addition to this amount, under a separate Vote, the Canadian Mental Health Association receives \$15,000, made as a contribution to defray its organizational expenses.

It was estimated that 70,000 Canadians are in mental hospitals and training schools for the mentally defective, at any one time, and while the Committee acknowledges that the Department had made a sizeable financial contribution toward resolving the problem, it nevertheless questions whether a great deal more should not be done in this field. As an example, it is appreciated that in recent years the improvement in scientific knowledge of mental diseases has advanced considerably; however, it is the opinion of the Committee that too little money has been directed toward research on mental illness.

The problem would appear to be particularly serious in the instance of emotionally disturbed children, and while it is acknowledged that the Department has asked for a survey of the resources and facilities available in Canada to cope with this situation, it is the Committee's opinion that this work could be considerably accelerated.

Your Committee further acknowledges that here again the prime responsibility for attacking the problem constitutionally rests with the Provinces. What does concern Members, however, is the apparent disparity between provinces in the availability of both treatment services and adequate facilities for the training of mentally retarded youngsters. It is the opinion of the Committee that too many private institutions are left with the responsibility of providing custodial care without having available adequate treatment facilities.

Recommendations

Your Committee therefore strongly recommends

(a) that there is an urgent need for an all-out effort to increase scientific knowledge of the causes of mental illness and its treatment, and suggests that consideration be given to the provision of further grants to achieve this goal.

(b) that a new joint study of the problem with Provincial authorities should be initiated immediately with the object of improving the standard of both treatment and facilities for our mentally ill.

V—GRANTS TO HEALTH AND WELFARE AND RELATED ORGANIZATIONS

The Committee was unable to detect any method or system in the determination of departmental grants to institutions. Recommendations are apparently made after an assessment by departmental officials in consultation with the

Minister. However, it would appear that, from the evidence, there is little consistency in making the awards. It was also evident that grants are not determined on merit alone.

Recommendation

It is therefore recommended that a review of the grant structure be made with the object of establishing a criteria for the evaluation of awards and their direct relation to the needs of the institutions and organizations.

VI—CANADA'S NATIVE POPULATION

The Committee was informed of the achievements of the Department in improving the state of health of Indians, and it was noted that the comparable death rate of Indians per capita is only a little higher than that for the rest of Canada's people. It was, however, stated that the infant mortality rate, those under one year of age, account for 11% of all Indian deaths, or expressed as a percentage of this category, it represents just under 40% of the total deaths and is therefore 3 times higher than the average for the rest of Canada.

The Committee was also advised that the health state of Eskimos is considerably more critical, and that about half of all Eskimo deaths are in the infant category. The seriousness of the problem was illustrated when we were informed that 23% of all Eskimo babies born, die before they reach the age of one year. The Department concludes that most of these young victims fail to survive as a result of the ruggedness of the natural way of life of the Eskimo. The Committee considers it significant that the mortality rate appears to be higher under circumstances where Eskimos come in contact with any degree of civilization. Your Committee appreciates that great progress has been made in improving the health of both Indians and Eskimos, but nevertheless recommends:

Recommendation

That every effort be made to accelerate the improvement of health facilities in the most efficient and economical manner possible and particularly your Committee suggests that increased medical care be provided. The more active recruitment of nursing staff for service in Indian and Eskimo communities would appear to be a logical first step.

VII—PHYSICAL FITNESS

With respect to the general health of Canadians, your Committee was advised that the physical fitness of the Canadian people is cause for concern, and that evidence supporting this fact is provided by the number of rejections in terms of recruits to the Armed Services. While acknowledging that this latter observation, because of its specialized nature, can hardly represent a barometer of Canadian health, the Committee is of the opinion that some positive steps should be taken to re-assess measures for the improvement of the general physical fitness of Canada's citizens. It is appreciated that the National Physical Fitness Act of 1943 was not a success; however, it is noted that the Department, through a special committee, is currently studying the problem, in cooperation with the Canadian Medical Association.

Recommendation

Your Committee recommends that this joint body be requested to report on its deliberations in the hope that a comprehensive plan can be formulated to improve the standard of physical fitness in Canada.

VIII—NARCOTIC CONTROL

The Committee was informed that the Department has a dual responsibility for narcotic control, administered under two separate Acts. It was further advised that the responsibility for the enforcement and control of illegal importation of narcotics is assumed by the Department of Justice.

Evidence from Department officials indicated that addiction in Canada has been fairly stabilized over the period from 1954 to 1959, and the Committee welcomed the announcement of the formation of the Mental Health Advisory Committee which is currently undertaking an investigation with respect to the treatment and rehabilitation of narcotic addicts.

From all the evidence submitted, however, it would appear that the principal problem of control of narcotics is the illegal importation into Canada. In this respect, we were advised that the Department has contributed a Government representative to the United Nations Narcotic Commission, and that for some years this body has attempted to limit the growing of raw opium products to the world demand for medical and scientific purposes only.

Recommendation

Your Committee recommends as follows:

- (a) that following the report of the Mental Health Advisory Committee, the Department should take immediate action to augment the present programme for the treatment and rehabilitation of narcotic addicts;
- (b) that every effort should be made through the Canadian representative on the United Nations Narcotic Commission, to restrict the growing of raw opium to the international demand for medical purposes.

IX—FAMILY ALLOWANCES

It was noted that as of March 18, 1960, approximately 5,847 children were not receiving benefits under the Family Allowances Act. The principal reason for this is the presence in the Act of Section 2 (F) which defines a parent as a father, step-father, adopted father, foster-father, mother, step-mother, adopted mother, foster-mother or any other person who maintains or has the custody of a child, but does not include an "institution".

It was explained to the Committee that it is not possible for the Department to recognize institutions as legal guardians and, therefore, children receiving, in many cases, the best of care, are unable to benefit under the provisions of the Act.

In the opinion of the Committee the exclusion of these children from benefits available to all other children in Canada is unfair and unjust.

The question was raised as to the justice of the policy of excluding from Family Allowances the children of Armed Forces personnel stationed abroad. The Minister replied that payments were not made in that "It has always been felt that the children of Service men serving abroad do get 'Special Allowances' but not through Family Allowances." Evidence tabled with the Committee raises doubt as to whether such 'Special Allowances' create a certain discrimination insofar as Service Personnel of junior rank are concerned. It was also not clear as to whether this discrimination did not extend in some degree to all personnel serving abroad.

Recommendations

Your Committee therefore recommends

- (a) That consideration be given to payment of Family Allowances on behalf of children cared for in institutions;

- (b) That the Government review present policy which precludes the payment of Family Allowances on behalf of the children of Service Personnel stationed abroad.

X—BLIND PERSONS' ALLOWANCES

The Committee was informed that the means test applied to the payment of allowances to the blind, provides that the total income, including allowances, for an unmarried person, may not exceed \$1,200.00 a year. In other words, a recipient of the allowances can have an income of \$45.00 per month from any other source without affecting the maximum amount of his allowance. Comparable figures were produced for married persons.

The Committee was further advised that an estimate of the cost of eliminating the means test on a shared basis with the Province, would amount to approximately 4½ million dollars. Recognizing the special nature of the handicap of blindness and the importance of encouraging the self rehabilitation of blind persons your Committee recommends:

Recommendation

That the Government consider the advisability of eliminating the means test in connection with the payment of Allowances to Blind Persons.

XI—DISABLED PERSONS' ALLOWANCES

Your Committee was advised of several attempts to amend the definition of "permanent" and "total disability" which is contained in the present Regulations governing the administration of the Disabled Persons' Act. The uniformity in the application by the Provinces of that part of the Regulations was questioned and the Committee was informed that every effort has been made to achieve comparable standards for assessing disability. Officers of the Department pointed out that while the definition is the same in each Province, it is inevitable that medical opinions will vary; consequently, this variation of judgment can have a direct bearing on the granting of pensions.

Some Committee Members expressed objection to the qualifying provision of the Act related to whether the disability of the applicant was permanent or not. It was argued that such an interpretation places a hardship on certain age groups within our community who are unable to qualify for old age benefits. A further objection expressed by Committee Members was that the Disabled Persons' Allowance should not only be awarded to those who are permanently incapable of assuming any profitable work, but also to those who suffer from severe heart disease or chronic and incurable rheumatic illness. It was pointed out that persons in these two categories are, for all intents and purposes, permanently disabled.

It was drawn to the attention of the Committee that certain Provinces have introduced programmes of their own which provide relief to disabled persons who are unable to qualify under existing Federal Regulations. Where an applicant is disabled and only employable at intervals, or incapable of working except under special circumstances, the Provincial authorities grant relief through the Unemployment Assistance Act. Members of the Committee were of the opinion that as the Federal Government pays substantial amounts to certain Provinces through this Act, a possible solution to the problem referred to above might be found if a similar action were taken in other areas of Canada.

Recommendation

While the Committee was unable to agree on any specific recommendation, it was apparent by the length of the examination and the number of objections to the present definition that the Government should re-examine both

the question of uniformity and the terms under which awards are made. It is suggested that there are a number of anomalies which result from a somewhat inflexible interpretation of the Act, and some attempt should be made to remove these objections.

XII-CIVIL DEFENCE AND EMERGENCY MEASURES ORGANIZATION

Under Item 255 of the Estimates, the Committee was empowered to examine and report on civil defence, health, welfare, and training services. Because of the interlocking relationship, to Vote 311 in the Privy Council Estimates and Vote 233 in the National Defence Estimates, witnesses from these two respective divisions of Government were asked to appear before the Committee for the purpose of distinguishing their individual responsibility in the civil defence programme.

The Committee was impressed not only with the witnesses but with the progress which has been made to co-ordinate the varied and separate activities of the Government departments involved in Civil Defence.

Your Committee recognized its limitations in expressing opinions outside of the terms of reference. However, because of the relationship of all three votes, it respectfully submits the following general recommendations:

Recommendations

- (a) Recognizing the continuing threat to world peace and national apathy toward Civil Defence, every effort should be made to speed up the national survival programme, particular emphasis should be directed by the Federal authority in raising the standard of delinquent Provincial Programmes
- (b) The administrative complex of Emergency Measures Organization should be reviewed after a twelve-month period for the purpose of assessing over-all efficiency;
- (c) Equipment essential for the national survival role should be procured without delay;
- (d) Information in either pamphlet form or through visual aids should be re-assessed so that in the event of a national emergency, instructions will be expressed in concise and simple terms, thus avoiding confusion by too many complicated orders.
- (e) Recognizing that survival in the event of a nuclear war to some extent will be dependent on the availability of uncontaminated food supplies, an active programme to meet this requirement should be considered.

XIII-EDUCATIONAL AND INFORMATIONAL MATERIAL

The Committee was advised that estimates for educational and informational material amount to \$395,000. Added to this is a further amount for salaries, expenses, and travelling allowances, for a staff of 33 people in the Information Services Division, providing an estimated total cost for this section of the Department of over one-half million dollars. The Committee was further informed that the Department distributes many of its publications through the provincial governments at no cost.

The Committee acknowledges that these publications provide a useful service; however, in relation to the size of the staff, the unusually broad scope of their subject matter and the cost per item, with negligible financial recoveries, the Committee recommends

Recommendation

That the Department review its policy with a view to some measure of economy either by reducing the quantity and variety of publications or by establishing a nominal charge for their distribution.

XIV—DEPARTMENTAL EFFICIENCY EVALUATION

Your Committee inquired as to the nature of analysis or surveys made by the Organization and Methods Division of the Civil Service Commission into various aspects of the operational efficiency of the Department. The Committee was pleased to learn that there had been nine such studies made since 1950, and that the tenth is currently in progress. While the Committee commends the Department for its desire to reach a maximum of operational efficiency, it has some doubt, nevertheless, as to whether these studies are comprehensive enough to include an evaluation of such matters as staff requirements and the cost of administration. The Committee acknowledges that it was unable to establish any concrete evidence of a breakdown of operational efficiency, but, nevertheless, it viewed with some concern certain Votes involving large numbers of personnel assigned similar responsibilities. As an example, one Department Vote calls for 21 Economists' positions, all of which are employed in the Research and Statistics Division. We were informed that of these, 16 are now occupied—5 are currently vacant. The same comparison can be made of both Technical Officers and Purchasing Agents—the latter group totalling 5 in number. The Committee has also already made reference to certain expenditures in relation to the publishing of pamphlets and informational material, and suggests that this Vote should also come under the scrutiny of a future survey.

In his evidence, the Minister indicated to the Committee that the Government's proposed study of various departmental administrations will probably include a review of all departments and it is anticipated that the Department of National Health and Welfare will be included. Your Committee therefore recommends:

Recommendation

That the Department request the Organization and Methods Division to undertake a somewhat more comprehensive study of the Department's operations, recognizing that this information will provide a useful basis for any more detailed study anticipated in the future.

A copy of the Committee's Minutes of Proceedings and Evidence is appended.

Respectfully submitted,

ARTHUR R. SMITH,
Chairman.

MINUTES OF PROCEEDINGS

TUESDAY, May 17, 1960.
(19)

The Standing Committee on Estimates met *in camera* at 11.10 a.m. this day. The Chairman, Mr. Arthur Smith, presided.

Members present: Messrs. Baldwin, Best, Bissonnette, Carter, Cathers, Clancy, Crouse, Fairfield, Grafftey, Hales, Halpenny, Hellyer, Howe, MacLellan, McCleave, McFarlane, McGee, McGrath, Payne, Pugh, Ricard, Skoreyko, Smith (*Calgary South*), Stinson and Winch.—25

Following a review of the evidence taken before the Committee and appearing in Minutes of Proceedings and Evidence Nos. 1 to 17, the Committee adjourned at 12.30 p.m. to the call of the Chair.

TUESDAY, May 24, 1960.
(20)

The Standing Committee on Estimates met *in camera* at 11.10 a.m. this day. The Chairman, Mr. Arthur Smith, presided.

Members present: Messrs. Baldwin, Campbell (*Lambton-Kent*), Fairfield, Fleming (*Okanagan-Revelstoke*), Hales, Halpenny, Horner (*Jasper-Edson*), Howe, Jorgenson, McCleave, McDonald (*Hamilton South*), McFarlane, McGee, McGrath, McGregor, Parizeau, Payne, Ricard, Smith (*Calgary South*), Vivian, Winch and Winkler.—22

The Chairman read a draft report to the House, copies of which were distributed to Members, and following consideration of individual paragraphs of the report and their amendment, it was adopted and ordered presented to the House as the Committee's Second Report.

At 12.05 p.m. the Committee adjourned to the call of the Chair.

J. E. O'Connor,
Clerk of the Committee.

